



**Successful Implementation and  
Sustainability of Parent Child Interaction  
Therapy (PCIT)**

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# **Successful Implementation and Sustainability of Parent Child Interaction Therapy (PCIT)**

Gayaneh Karapetian, LMFT, MA



# Key Factors Before Implementation

- **Build Consensus**
- **Clarify Misunderstandings**
- **Address Fear of Change**
- **Delineate Change in Responsibilities**
- **Crunch the Numbers**
- **Ask for Help**
- **Create an Action Plan**



# What is PCIT?

- **Empirically-based practice that focuses on building a positive relationship between parental figure and child.**
- **Addresses difficult behaviors (*i.e. tantrums, defiance, aggression, hyperactivity, whining*).**
- **Ages 2 – 7**





# What is PCIT? Cont.

- **Phase 1: Child Directed Interaction – Relationship Enhancement**

- ❖ **PRIDE Skills:**

- ✓ Praise
- ✓ Reflection
- ✓ Imitation
- ✓ Description
- ✓ Enthusiasm

**Goal: Engage child in a playful environment to strengthen the parent child relationship**



# What is PCIT? Cont.

- **Phase 2: Parent Directed Interaction – Behavior Management**

- ❖ **Compliance Strategies:**

- ✓ Time Outs
- ✓ Incentive Removal
- ✓ Redoing
- ✓ Prompting
- ✓ Direct Commands

**Goal: Reduce behavior problems, increase compliance**



# Session Coding

- **Every session has coding results that measure parental use of PRIDE skills.**
- **Coding along with relational improvement between parent and child determines transition from phase 1 to phase 2**
- **Coach and Parent review results after every coaching session**





# Research

**Evidence-base: Extensive research on efficacy of the model:**

- **Large control studies with 600+ preschool aged children**
- **Individual Case studies**
- **Provider Outcomes Data**



# Research cont.

- **Journal of Clinical Child Psychology, 1998:**  
“Results indicated that parents in the IT [received PCIT] condition interacted more positively with their child and were more successful in gaining a child’s compliance”
- **1999: Case study of PCIT used with physically abusive family:**  
“Results suggest that PCIT was effective in reducing the child’s behavior problems and the mother’s stress, and increasing the number of positive parent-child interactions”
- **2006: Parent-child Interaction Therapy With a Spanish-Speaking Family**  
“Results suggest that PCIT was effective in increasing positive parent behaviors, decreasing child behavior problems, and reducing parental stress level”

<http://pcit.ucdavis.edu/resources/research-publications/>



# Training

- **Train the Trainer model**
- **Didactic training (UC Davis)**
- **Training on outcomes assessment**
- **Successful completion of 2-4 cases**
- **Presence of trainer in coaching sessions**
- **Evaluation/coding of clinician by trainer**



# Implementation

- **Generate interest on all agency levels:**
  - ✓ Board of Directors
  - ✓ CEO/Management
  - ✓ Clinical staff
  - ✓ Quality Improvement Department
  - ✓ Administrative Support Staff
  - ✓ County Liaison
- **Business Plan:**
  - ✓ Better Outcomes based on current research
  - ✓ Shorter Length of Stay
  - ✓ Financial Considerations



# Implementation at a small agency

- **RFP process**
- **Planning meetings with directors**
- **Presentation to Board and CEO**
- **Planning with Quality Improvement**
- **Presentation to Staff**
- **Budgeting**



# Implementation at a small agency

- **Train the Trainer model-**
- **Didactic Training (UC Davis/Online)**
- **Case Selection (Parent/child characteristics, inclusion criteria, diagnostic considerations, referral source, cultural considerations)**
- **Relationship with Developers**



# Training Staff

- **Staff selection**
- **Trainer time and availability**
- **Training time versus billing hours**  
*(Reducing billable time expectations)*
- **Client selection** *(Consumer involvement)*
- **Outcomes-based decision making**  
*(Assessment tools as outcomes measures: Parenting Stress Index (PSI), Child Behavior Checklist (CBCL), Eyberg Child Behavior Inventory (ECBI))*



# Supervision and Consultation

- **Individual Supervision (Weekly Case Review)**
- **Consultation/Group Supervision**
  - ✓ Viewing and Coding of all cases/discussion of discrepancies
  - ✓ Discussion of inclusion/exclusion criteria for new referrals
  - ✓ Barriers
  - ✓ Successes
  - ✓ Review of Outcomes
  - ✓ Review of Drop-outs
  - ✓ Cultural Considerations
  - ✓ Clinician Needs/Support





# Relationship between Agency and Developers

- **Create and maintain key contact with developing entity**
- **Join monthly/quarterly consultation groups held by developing entity**
- **Present difficult cases to developing entity and other agencies**
- **Allow time for clinicians who have billing expectation collaboration with developing agency**



# **On-going Training and Professional Development**

- **On-going discussion with Director and Finance department regarding budget for training**
- **Attend annual PCIT conference**
- **Budget in advance for costs of training (airfare, hotel, conference fees, etc.)**
- **Presentation to Board and CEO to ensure continued funding support**



# Cultural Considerations and Modifications

- **Mindful presentation of the model to every family before initiation of treatment**
- **Ongoing dialogue between family and clinician around language of PCIT**
- **Inclusion of extended family**
- **Ongoing dialogue with family about dropout possibilities and problem solve to ensure successful completion**
- **Ensure collaboration with family at every step to prevent premature dropout (transportation, CPS involvement, etc.)**



# Outcomes Evaluation

- **No Evaluation, No results! (for county, stakeholders, family, and board)**
- **Engaging Quality Improvement in data discussions to make sense of results**
- **Board presentations**
- **Transparency with families**
- **Monitor & evaluate at all times**



# Policies and Systems

- **Encourage administration to write policies regarding use of evidence-based practices**
- **Create written systems/procedures:**
  - ✓ Clinical
  - ✓ Administrative
  - ✓ Financial
- **Ongoing review of policies and systems/procedures to incorporate changes as they occur**



# Marketing

- **Present to schools**
- **Create professional brochures and flyers**
- **Disseminate materials to crises nurseries, family resource centers, and 0 to 5 providers**
- **Post videos to website**
- **Share results with county contract monitors**



# Stakeholder Involvement

- **Invite families to discuss successes and challenges of treatment**
- **Encourage parent panel discussions with Board of Directors**
- **Fundraise**



# Lessons Learned

- **Plan and Budget for every fiscal year**
- **Choose cases for training mindfully**
- **Invest in trainings**
- **If possible, maintain a case load as the trainer**
- **Become familiar with technical issues with equipment**
- **Always share positive results with administration and Board to ensure continued support**
- **Lead by example – bring enthusiasm to the project!**
- **Acknowledge staff burnout**
- **Convey agency mission to utilize evidence-based practices.**







# Thank you!

Gayaneh Karapetian, LMFT, MA  
[gkarapetian@cibhs.org](mailto:gkarapetian@cibhs.org)

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