UC Davis PCIT Training Center
pcit.ucdavis.edu

Parent-Child Interaction Therapy

COURSE of TREATMENT MANUAL:
PCIT for TRAUMATIZED CHILDREN (PCIT-TC)
Version: 4.6
3/2017

Attached is an outline and step-by-step process of your PCIT sessions. Behind each section are the forms and handouts you need to successfully complete that session.

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Resources

- WACB-N Español

PCIT Trainee Name: _____

PCIT Agency Name:_____

PCIT for TRAUMATIZED CHILDREN

PCIT COMPETENCIES FOR THERAPISTS

ESSENTIAL COMPONENTS OF PCIT

- Standardized pre/post treatment measurement – ECBI/DPICS
- Inclusion of CDI and PDI
- Coding interactions with the DPICS
- In vivo coaching of the parent-child dyad
- Inclusion of the PRIDE and selective attention/ignoring concepts
- Use of homework
- At least 50% of session spent coaching
- Agency provides appropriate space and equipment, and allows therapists to participate in ongoing training and consultation.

MINIMUM REQUIREMENTS FOR BECOMING A PCIT THERAPIST

- Trainee must: 1) have a master's degree or higher in the mental health field and must be actively working with children and families and 2) be licensed or supervised by a person trained in PCIT. Graduate students enrolled in a master's or doctorate program may participate in training within the context of their overall training program.
- 40 hours didactic training with role-play (including completion of PCIT-TC web course).
- Read revised or updated training handouts, training curriculum , PCIT book (McNeil & Hembree-Kigin, second edition, 2010), and selected research articles.
- Meet PCIT training Competencies for Therapist/Coach (UCDMC CAARE Center, 2000)
- Administer, score and interpret pre/post measures (ECBI, PSI, CBCL, TSCYC and 15-minute observation with DPICS scoring)
- Supervision and case consultation through the course of treatment for one PCIT case.
- Remain current with PCIT research and advancements by attending regional meetings, annual PCIT conferences and other resources (i.e. PCIT Listserve, etc.)
- Complete two PCIT cases through the full course of treatment.

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PCIT Agency Name:_____

PHASE I: FUNDAMENTAL AND SKILL-BUILDING

Date	Approved by	Experiential Competency
		1.1 Complete 10 Hour PCIT –TC Web Course
		Evaluation of Web Course Knowledge
		1.2 Meet Mastery Criteria for Child-Directed Interaction (CDI) Skills in five-minute role-plays (10 labeled praises, 10 reflections, 10 behavioral descriptions with 3 or less questions, commands, critical statements)
		1.3 Code parent-child interaction using DPICS 3 with 80% accuracy
		1.4 Develop Objectives & Goals using information from clinical interview, pre-measures and behavioral observation
		1.5 Role-Play CDI Teaching Session – shows understanding of process
		1.6 Role-Play CDI Coaching Skills – shows understanding of process
		1.7 Role-Play PDI Teaching Sessions – shows understanding of process
		1.8 Role-Play PDI Coaching Skills – shows understanding of process
		1.9 Role-Play Presenting "What Is PCIT?" (pg. 2.37)

PHASE II: EXPERIENTIAL TRAINING

Date	Approved by	Experiential Competency
		Intake and Assessment
		2.1 Utilize standardized behavioral measurements (CBCL, ECBI, PSI, TSCYC) in assessment and treatment planning
		2.2 Conduct Structured Behavioral Observations (Dyadic Parent-Child Interaction Coding System; DPICS) as a component of the assessment process
		2.3 Code 5-minute CDI parent-child interactions with 80% accuracy using DPICS (10 times: check off below)
		| | | | | | | | | | |
		Child-Directed Interaction Didactic
		3.1 Teach and demonstrate behavioral play therapy skills (PRIDE)
		3.2 Teach and demonstrate use of selective attention/ignoring
		3.3 Teach and demonstrate avoidance of questions, commands, and

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PCIT Agency Name:_____

		critical statements
		3.4 Explain and provide rationale for completing daily homework
		3.5 Review toys that are appropriate for special play time
		Child-Directed Interaction Coaching Sessions
		4.1 Model CDI Skills during all interactions with parent and child from the outset of contact to termination of session
		4.2 Use ten-minute check-in phase of therapy to build rapport and briefly review progress/concerns/completion of homework
		4.3 Conduct 5-minute behavioral observation and code parent on PRIDE skills
		4.4 Coach easier-to-master skills (e.g., description, reflection, imitation) before more difficult skills (labeled praise, avoiding questions & commands)
		4.5 Coach CDI skills by modeling, prompting, and explaining the concepts using all levels of coaching
		4.6 Progress from directive to less directive coaching by praising/reinforcing appropriate parent verbalizations (e.g. give more praise than correction)
		4.7 Effectively coach concepts of ignoring and differential attention
		4.8 Coach qualitative aspects of parent-child interaction (e.g., physical closeness/affection, eye contact, vocal and facial expression, developmentally sensitive teaching, task persistence, frustration tolerance, sharing, polite manners, and generalization of positive behavior to other settings.)
		4.9 Provide five minutes of positive feedback to parents on their mastery of skills and discuss homework plan
		4.10 Document parent and child progress, strengths, concerns, and track skill mastery on frequency chart
		4.11 Demonstrate ability to structure the opening and closing of sessions so that feedback, homework, and review of child/parent progress occurs
		4.12 Demonstrate ability to teach parent and use "Skills to Manage Behavior" in coaching sessions
		Mid-Treatment Assessment
		5.1 Use five-minute coding sessions to assess readiness for transition

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		to Parent-Directed Interaction phase of treatment
		5.2 Administer standardized measures for re-assessing treatment goals
		5.3 Develop treatment goals specific for PDI phase of treatment
		Parent-Directed Interaction Didactic Session
		6.1 Provide rationale for teaching discipline skills to parents and emphasize the importance of continuing to use PRIDE skills
		6.2 Teach and demonstrate rules for giving effective commands (BE DIRECT)
		6.3 Teach and demonstrate importance of praise for compliance (COMMAND-COMPLY-PRAISE)
		6.4 Role-play 'practice-minding' and use of progressively more difficult commands
		6.5 Teach and demonstrate time-out warning and time-out process
		6.6 Teach consistent process for managing time-out refusal
		Parent-Directed Interaction Coaching Sessions
		7.1 Continue to model CDI Skills during all interactions with parent and child from the outset of contact to termination of session
		7.2 Use ten-minute check-in phase of therapy to briefly review progress/concerns/completion of homework
		7.3 Conduct behavioral assessment at the beginning of the session according to protocol and code parent on BE DIRECT/Discipline sequence
		7.4 Coach 'practice-minding' before 'real life' or more challenging commands
		7.5 Coach time-out warning and time-out process
		7.6 Coach consistent process for managing time-out refusal
		7.7 Coach 'real life' directions and develop plan for implementing time-out procedures in other settings
		7.8 Accurately explain the House Rules procedure
		7.9 Accurately explain Public Behaviors procedures
		7.10 Provide five minutes of positive feedback to parents on their mastery of skills and discuss plan for carefully selecting necessary commands to practice applying skills at home

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		7.11 Document parent and child progress, strengths, concerns, and track maintenance of PRIDE skill mastery on frequency chart
		7.12 Assess readiness for treatment termination with parent based on level of compliance at home, school, and session, willingness to cooperate with time-out
		Post-Treatment Assessment
		8.1 Assess need for further therapy (e.g., trauma-focused therapy, social skills group) or adjunct services (e.g., home-based services, school consultation, medication assessment)
		8.2 Administer 15-minute behavioral assessment to measure parent's achievement of skill acquisition and child's compliance.
		8.3 Administer standardized behavioral measures (CBCL, ECBI, PSI, TSCYC, and TAI) to assess achievement of treatment objectives.
		8.4 Provide parent and child with certificate verifying achievement of skill
		8.5 Document progress/objectives achieved and discharge plan

Verification of Training Completion:

_____ _____

UCDMC PCIT Trainer Date

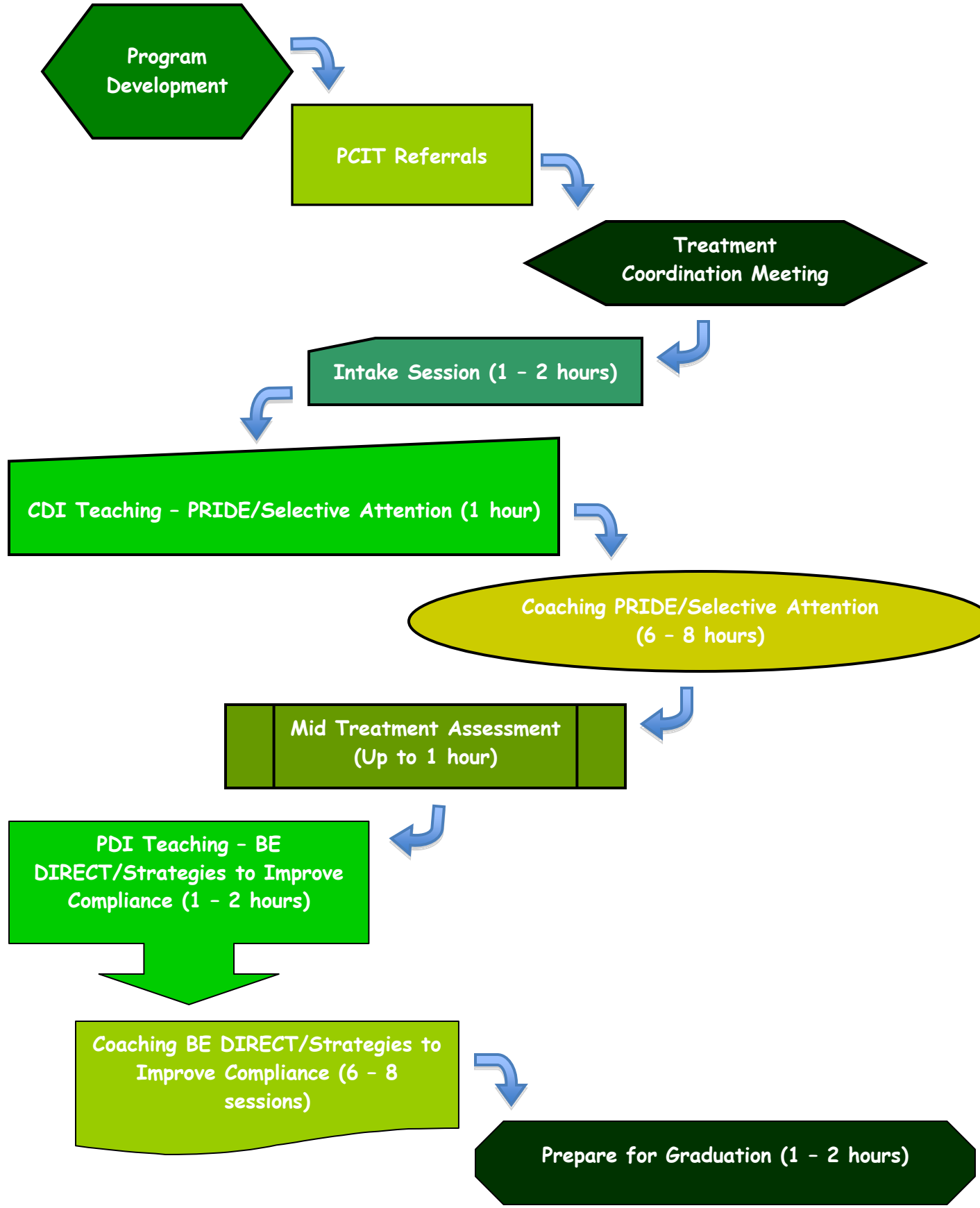
_____ _____

PCIT Trainee Date

GENERAL COURSE OF TREATMENT

Step		# of Sessions	Expectations
1	Intake: Clinical Interview & Assessment	1 – 2 sessions	◆ Parent completes standardized assessments & 15-minute behavioral observation.
2	CDI Didactic	1 session	◆ PRIDE Skills teaching session.
3	CDI Coaching	6 – 8 sessions	◆ Parent reaches mastery.
4	Mid-Tx Assessment	Up to 1 session	◆ Parent completes ECBI & PSI. ◆ Optional to complete other measures and 15-minute observation.
5	PDI Didactic	1 – 2 sessions	◆ Parent learns how to give effective commands and a PCIT timeout.
6	PDI Coaching with Role Play	1 session	◆ Role-play giving effective commands and PCIT timeout with Mr. Bear.
7	PDI Coaching	6 – 8 sessions	◆ Parent masters giving direct commands and time out with the child. ◆ Child's compliance improves
8	Graduation from PCIT	1 – 2 sessions	◆ Parent gives effective commands and manages behavior in different settings. ◆ Completes standardized assessment measures, TAI, & 15-minute behavioral observation.

PCIT Flow Chart



PCIT Flow Chart Key

Program Development

- Outfit and safety-proof the play room (toys, cabinets for toys)
- Outfit the observation room (cabinets for video, & forms)
- Purchase measurements
    - ECBI, PSI, CBCL, TSCYC
- Create case folders
- Create pre- & post-measurement packets
- Create packets of information for teaching PCIT components
- Xerox PCIT Log Sheets – to use a temporary data base
- Schedule room
- Keep supply of ear batteries and DVDs
- Post handouts in PCIT observation room
    - 15-minute observation
    - Lead-in for 5-minute observation
    - Mastery Criteria
- Develop video taping consent form

PCIT Referrals

(Indicate on referral: PCIT only/PCIT adjunct to other treatment)

- Referrals from within agency will contact:
  _____
- Referrals from outside agency will contact:
  _____

Treatment Coordination Meeting

- Assign Case to Therapist
- Input data in database
- Transfer case file to therapist

Intake Session (1 – 2 hours)

- Clinical interview
- Consent to video tape
- Pre measurements completed and interpreted
    - ECBI, PSI, CBCL, TSCYC
- 15 minute recorded observation (after obtaining video release)
- Develop treatment goals using ECBI/Coaching words list

CDI Teaching – PRIDE/Selective Attention (1 hour)

pre-measurements must be completed prior to the PRIDE Training

- Teach the pride concepts/selective attention
- Emphasize practicing to "mastery" (Skill Acquisition Profile)
- Provide packet of handouts to parent
    - PRIDE
    - Ways to Praise!
    - Selective Attention
    - Toys List
    - Daily HomeFun Sheet

Coaching PRIDE/Selective Attention (6 – 8 hours)

- 10 minute check-in
- 5 minute coding at beginning of every session-video tape
- 30 minutes of coaching
- 5 minute of session review and homework assignment
- Coach parent to Mastery*: Skill Acquisition Profile

Mid Treatment Assessment (Up to 1 hour)

Assess whether parent is at Mastery*
* 10 Labeled Praises
* 10 Reflections
* 10 Behavioral Descriptions
* 3 or fewer critical statements/questions/commands
Reassess treatment objectives and goals by completing ECBI and PSI

Conduct 15-minute behavioral observation (as needed)

PDI Teaching – BE DIRECT/Strategies to Improve Compliance (1 – 2 hours)

Teach Strategies to Improve Compliance concepts using Mr. Bear for role play
Give parent handouts

- Skills to Manage Behaviors
- Giving Effective Commands
- Giving Effective Time-Outs
- Strategies to Improve Compliance
- Daily Home-Fun Sheet

Coaching BE DIRECT/Strategies to Improve Compliance (6 – 8 sessions)

- 10 minute check-in
- 5 – 10 minute coding at beginning of every session-video tape
- 30 minutes of coaching
- 5 minute of session review
- Coach parent to Mastery*
    - *command > comply > praise
    - *Following time out process
- Introduce house rules, automatic time-out, and skills to use in public
    - Practice to Mastery
    - Make home-visit or public visit as needed
- Coach to Graduation*
    - *75% of parent's commands must be effective
    - *Child's ECBI intensity score must be lower than 114

Prepare for Graduation (1 – 2 hours)

- Assure that all post measurements are completed
- Complete 15-Minute Recorded Observation
- Refer family to other treatment as needed
- Complete PCIT Log Sheet

SELECTING THE RIGHT TOYS:
A Key to Success in PCIT

When selecting toys for your session, think about your client and what you want to accomplish. The toys you choose will help you achieve your goals.

- Think about how old children are, their motor coordination, and their taste in toys. You may also consider whether a toy poses a safety hazard (e.g., choking).
- Think about whether you want the parent and child to play together or to play apart.
- Think about whether parents need a really fun toy to keep children interested in playing with them.
- Think about whether the child might have a meltdown or require a time out.

While it is all right to use other toys, the toys listed below have traditionally been successful for PCIT sessions.

Toys for Most 2 – 7 yr olds	Toys for Younger Children	Toys for Older Children
Foam blocks	Pop-beads	Small Legos
Little People toys	Duplo blocks (large Legos)	Gears (building gears)
Play-Doh with molds, shapes, & cutters	Megga blocks (giant Legos)	Magnetix
Play food, dishes, pots, & pans	Ring stacker with sounds	Tinker Toys (plastic)
Potato Heads (at least two so that both parent & child can play)	Xylophone, or other musical instruments that do not go in the mouth	Matchbox or Hotwheels cars
Wooden train & track	Pop-up toy	Kid Kinex
Plastic play figures with terrain/play mats: farm animals, dinosaurs, jungle animals	Toys with a small amount of sound, music, or lights	Motorworks (cars to build)
Bristle Blocks (Krinkles brand with wheels and figures)	Soft toys, or small plush animals	Marble Toy
Washable crayons and paper	Sorting blocks, nesting toys	Simple, non-directive arts and crafts

You may also consider selecting the following toys to give you more options in coaching around trauma, and in PDI:

- Games like Candy Land or Chutes & Ladders, or puzzles to help build frustration tolerance and improve turn-taking
- Baby dolls and accessories
- Play family figures, all ages and ethnicities
- Fischer-Price school house and playground
- Play furniture, with beds, toilets, and bathtubs
- Cars and trucks, esp. police cars, ambulances, and fire trucks