

Addictions and Mental Health Division
Children's Mental Health
Fact Sheet on Parent Child Interaction Therapy (PCIT)

Why are we concerned?

Disruptive behavior:

- Is the most frequent cause of child outpatient or inpatient referral.
- Affects up to 23% of young children.
- A child with severe behavioral problems is about ten times more costly to serve than a child without such problems.
- Worsens with age and impairs scholastic, social, and self-help skills over time.

What is being done?

Oregon has invested \$2 million in four Oregon Children's Plan sites that implement and develop local and statewide training programs in Parent Child Interaction Therapy (PCIT). Children who are uninsured as well as those covered by the Oregon Health Plan, benefit from service provision. Bilingual and bi-cultural therapists and trainers ensure services for our most rapidly growing Hispanic community.

PCIT is an evidence based treatment for children 2-7 years old with disruptive behaviors, including aggressive, defiant, and impulsive behaviors. A PCIT therapist provides live coaching for the parent and child during sessions using a "bug in the ear" while behind a one-way mirror.

- In the first phase the focus is on improving the closeness and bonding between the parent and child through a decrease in parental questions, comments and criticisms, while increasing statements praising the child, describing their behavior, imitating their play and engaging with them enthusiastically.
- During the second phase of treatment, the parent learns to issue simple direct commands, provide appropriate follow up when the child either complies or doesn't, including praise or a warning regarding time out. The parent responds quickly and effectively, and maintains the requirement that the child comply with the command following "time-out".

The outcomes of PCIT are:

- Increase in mutual enjoyment and appreciation of the parent-child relationship
- Increase in child compliance with parental direction, and
- Increased child safety decreased risk for abuse in families.
- The practice generalizes to other settings and other individuals, and is effective for both biological and foster parents.
- Cost of a complete program is estimated at \$1,296.
- The monetary benefits of PCIT, within the seven areas of crime, substance abuse, educational outcomes, teen pregnancy, teenage suicide attempts, child abuse/neglect, and domestic violence, were measured at \$4,724 per child—acost offset of nearly \$3,500.

PCIT is implemented in a small number of counties and programs. Ten out of 36 counties identified providers implementing PCIT for the AMH inventory of evidence based practices. Learning to implement this practice with fidelity requires not only training, but substantial clinical supervision and case staffings over time. Funding is needed to:

- Support PCIT trainers provide training and development of therapists in other programs and counties.
- Support other sites to invest in site modification (one-way mirror, bug-in-the ear equipment, and appropriate toys), staff training, supervision and ongoing case staffings.
- Support to ensure implementation with fidelity.