

Guide for Referring a Child in Foster Care and Parent or Caregiver for Parent-Child Interaction Therapy (PCIT)

(for children age 2½ to 6 years-11 months)

Prevalence

- Of the 2040 children in Utah foster care placements, approximately 31% are age-appropriate for PCIT.¹
- Approximately 35% of children in kinship placements in Utah are age-appropriate for PCIT.²

Research Findings of Effectiveness of PCIT:

- Improved outcomes for children with disruptive behaviors, ADHD, Autism Spectrum Disorder, disrupted attachment issues, and fetal alcohol effects.^{3, 4, 5, 6, 7, 8, 9, 10, 11}
- Decreased acting out behavior and anxiety of children who have experienced trauma, including child maltreatment.^{12, 13}
- Increased positive parenting behaviors, including praise, differential attention, consistency in discipline and decreased coercive family interactions and parental stress.^{14, 15, 16, 17, 18, 19}
- Reduced risk of placement instability through reducing child behavior problems and parental stress and increasing positive parenting skills in foster homes with children who have significant behavior difficulties.²⁰

Appropriate Referrals for PCIT

- The child needs to be chronologically and developmentally age 2½ to 6 years-11 months old.
- If a child has behavioral or acting out issues in the foster/kinship home, PCIT is recommended immediately for the child and the foster parent(s) or kinship caregiver(s) to preserve the placement and minimize placement disruptions.
- PCIT is effective for children who have experienced trauma. The relationship enhancement phase (Phase 1) helps children have a feeling of safety. Also, the consistency and predictability of the positive discipline phase (Phase 2) helps reduce the fear and/or trauma children have experienced when making a mistake or getting in trouble.
- PCIT is indicated when a child is reunifying with a biological parent(s). Parents receive hands-on learning of effective parenting skills as the PCIT therapist coaches the parent (using a “bug in the ear” technique) while the parent is interacting with their child.
- PCIT enhances the attachment between a child and caregiver(s) and is an effective intervention for children adopted from foster care or soon to be adopted from foster care.

Timing of Referrals for PCIT and Reunification—Timing is Everything

- It is recommended biological parents demonstrate consistency in working on their service plan, including attending visits and following through on their own treatment (as indicated), before starting PCIT.
 - PCIT involves the parent doing 5-minute “special play” homework at least five days a week with their child so the parent can learn and practice PCIT skills, which are effective parenting skills.
 - In the beginning, parents may do “special play” homework with another child, if necessary, to complete the homework. Homework consistency is vital and a required component to learning PCIT skills.
 - Starting PCIT when the parent has moved to 3rd party supervision is helpful because the parent is more likely to see their child multiple times a week and be able to do “special play” homework and practice Phase 1 PCIT skills with their child.
- Generally, biological parents need extended time to become competent in the parenting skills of Phase 1 (relationship enhancement/positive interaction skills) and Phase 2 (positive and consistent discipline skills).
 - Biological parents often discontinue therapeutic services when the DCFS case is closed and so starting PCIT early enough in the case is important. Parents may need PCIT therapy sessions two times a week instead of just one time a week (approved by DCFS) in order to complete PCIT before the case closes.

- PCIT therapists who work with biological parents with DCFS involvement have found that approximately 24-36 sessions are required to successfully complete PCIT.
- Therefore, at the **6-month Finding Review** (or before, if indicated) it is recommended that all parties involved evaluate whether PCIT is appropriate for the biological parent and child.
- PCIT experts strongly recommend not starting Phase 2 (positive and consistent discipline skills) until a parent is able to do the “special play” homework with their child at least 4 days a week and child overnight visits have begun.
 - A timing goal/guideline is for a biological parent to start Phase 2 of PCIT when unsupervised overnight visits are allowed.

Problem-Solving Obstacles

- Rethinking 3rd party and unsupervised visit schedules is critical to a parent successfully completing PCIT.
 - Often unsupervised visits start with an extended visit (6 to 8 hours) on one day, such as a weekend day.
 - However, a majority of working parents spend a couple of hours at night with their children on days the parent works.
 - Therefore, replicating this pattern (by having the biological parent visit with the child multiple days a week for shorter periods) is not only beneficial for PCIT, but is also helpful for transitioning to full parental custody.
 - NOTE: This is not a recommendation to replace or discourage longer unsupervised visits.
- Multiple-day, shorter visits may be easier to coordinate with a kinship placement.
 - Perhaps the biological parent could do “special play” homework and help with the after-school (or if appropriate) bedtime routine at the kinship caregiver’s home four days (or more) a week. These kinds of visits would also help the child transition to the biological parent’s home because the parent would be practiced in the child’s routine.
- Ideas for successfully creating multiple-day, shorter visits when a child is in a foster care home include:
 - When the weather is good, a park or public outdoor place would work for Phase 1.
 - If possible, using visit rooms at DCFS offices (when not occupied) would be helpful.
 - A parent could use other community resources, such as libraries with classrooms that can be scheduled.
- It is recommended that DCFS offices keep a bin of “special play” toys specifically for parents who are doing PCIT that can be used during supervised visits or that DCFS offices supply each visit room with PCIT toys.
- PCIT therapists can help parents brain-storm ideas of low-cost toys that can be used for “special play.” See pcitutah.org for resources and ideas.

Important Exclusion Criteria of Parents/Caregivers for PCIT

- If a caregiver has documented (*or even an accusation*) of sexual abuse as a perpetrator, they are NOT appropriate for PCIT.
- A caregiver with intellectual delays requires an experienced and certified PCIT therapist.
- A biological parent who has not started and/or made significant progress on their DCFS service plan is not appropriate for PCIT. PCIT should not be considered until the 6-month mark of the case AND the parent is actively working on the service plan. Foster parents are immediately encouraged to begin PCIT in order to stabilize the placement.
- A caregiver with active substance abuse is not ready for PCIT. As stated above, the caregiver should have 3 months of abstinence and active recovery before PCIT is considered.

Other Considerations

- Telehealth is a very effective way for PCIT therapists to work with families, therefore biological parents and foster/kinship caregivers across the state of Utah can access PCIT.

- Substance abuse residential treatment facilities often include children age-appropriate for PCIT in their programs. It is recommended that PCIT (via telehealth) be provided to parents and children in these facilities, if the program does not have a certified PCIT therapist onsite, and after the caregiver has achieved a minimum of 90 days sobriety.
- It is also recommended that PCIT therapists include additional specific training to biological parents (as indicated), including creating a predictable schedule with daily routines, labeling and validating emotions, establishing age appropriate household responsibilities as well as family rules.

For links to resources and more information visit [pcitutah.org](https://pcit.utah.gov)

References

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