PCIT Provides Needed Resource for Families Struggling With Disruptive Behavior

By Jennifer Lowther and Rachel Beaudry

Parent-Child Interaction Therapy (PCIT) is becoming more widely available in Maryland, largely due to its effectiveness in reducing disruptive behavior among young children and maintaining that reduction over time.\(^1\) Developed by Dr. Sheila Eyberg,\(^2\) PCIT is based on Hanf’s (1969) two-stage treatment model, which integrates approaches derived from social learning and attachment theory.\(^3\) It is designed for caregivers and children between two and seven years old, and is intended for children who exhibit disruptive behavior disorders, as well as families at high risk for child abuse, and children who are displaying risk factors for disruptive behavior disorder, such as family disruptions and developmental delays.\(^4\) During therapy, parents are coached by therapists on play therapy skills and discipline techniques to help improve parent-child relationships.

In August and September 2014, Baltimore County Local Management Board utilized funding from the Children’s Cabinet Interagency Fund to support a training by PCIT International, coordinated by The Institute, for a cohort of service providers. Six providers (Catholic Charities, Center for Children, Dundalk Youth Services Center, Greenbelt Cares Youth Services Bureau, Family Connections, and House of Ruth) representing nine Maryland jurisdictions (Baltimore City and Anne Arundel, Baltimore, Calvert, Carroll, Charles, Montgomery, Prince George’s, and St. Mary’s counties) were included in this cohort, including Catholic Charities, Center for Children, Dundalk Youth Services Center, Greenbelt Cares Youth Services Bureau, Family Connections, and House of Ruth. These providers—in addition to Carroll County Youth Services Bureau (CCYSB) and Kennedy Krieger, which have been implementing PCIT for several years—will provide families across Maryland with a much needed evidence-based practice to provide treatment for young children with significant disruptive behaviors.

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The existing PCIT programs in Maryland have had promising results with populations that traditionally present complex needs. For instance, CCYSB compiled data for families who participated in PCIT in FY11 and FY12 (through May 2012). The majority of their referrals were from Carroll County’s local Department of Social Services (70 percent), with a smaller number of families coming from other social agencies (15 percent), family/friends (7 percent), and schools (7 percent). Of these families, 82 percent ended services with improvement in the quality of parent-child social interactions (well above the PCIT target of 75 percent). Further, 80 percent did not have a new indicated or substantiated finding from Child Protective Services or experience an out-of-home placement within 12 months of treatment. Families participating in PCIT also reported high satisfaction with services at discharge. All indicated their relationship with their child had improved and the treatment program helped with other general personal and family problems.

The Institute hosted this cohort’s first PCIT provider collaborative meeting in October 2014, during which Mindy Yard, a seasoned PCIT therapist and trainer from CCYSB, was invited to share her expertise in referral selections, room set-up, and other implementation issues. Collaborative participants also discussed the data collection fields and protocols, which will be used to track PCIT implementation in Maryland moving forward. The 16 therapists trained in this cohort will practice the model with at least two families throughout the year while receiving support through coaching and session recording reviews with experts from PCIT International.

The Villa Maria (Catholic Charities) team, which is currently implementing the model as part of this cohort, proudly publicized their therapists’ completion of the rigorous 5-day training curriculum as they begin to implement the model in Baltimore County. View the announcement posted on their website by clicking here. Additional opportunities may also support further PCIT expansion in the coming years and increase access to a much-needed resource for families in Maryland.

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