

## Getting Started With I-PCIT

There is a solid and growing research base for the use of I-PCIT, with results demonstrating similar positive outcomes when compared to clinic-based PCIT. Based on this promising research, more clinics and providers have been providing I-PCIT in recent years, to increase access to PCIT for children and families. As concerns of the growing coronavirus pandemic spread, and many of us are working remotely, many PCITers are considering I-PCIT for the first time. Fortunately, there are many wonderful resources available within the PCIT community to help you get started. This document is designed to consolidate many of the resources that have been shared, and also provide guidance specific to training and the use of co-therapy and remote coaching-the-coach or supervision in I-PCIT.

### *I-PCIT Logistics*

First, although I-PCIT is a wonderful option allowing families to continue services, it is very important that therapists and their agencies prepare adequately prior to beginning I-PCIT. There are many logistics to work out before beginning this work - ethically, clinically, technologically, and practically, and it is crucial for a therapist to work through all of these issues prior to starting I-PCIT. **Weekly phone check ins should be used while a clinician and/or agency is setting up their I-PCIT program.** In the time of COVID, therapists can use the phone check in to assess the family's use of the PCIT skills, and also discuss the many impacts of this public health situation on their individual family. Specifically, therapists may wish to discuss: how parents can talk to their children about COVID, the potential impact of the situation on children's behavior, the new family routine, providing structure for children during an unstructured time, etc. *See resources within the webcourse.*

Many webinars exist on the use of telehealth generally, and some on I-PCIT specifically. There are also research articles describing the use of I-PCIT. It is strongly recommended that a therapist first familiarize themselves with these resources prior to beginning I-PCIT. *See resources within the webcourse.*

Therapists need to ensure that prior to beginning I-PCIT, the family has completed a treatment consent form specific to receiving therapy services online. In most cases, the standard consent families sign at the beginning of treatment will not be sufficient, unless there is a clause specific to online treatment. Families need to understand that no online platform, no matter how secure it is, can be 100% secure. *See resources within the webcourse.*

Jason Jent and his colleagues at the University of Miami developed comprehensive, step by step instructions, guiding caregivers and therapists through the technological set up for I-PCIT. They can be found here. *See resources within the webcourse.*

Online technology is no different from in-clinic technology – even the best equipment will fail at times! **You are required to have a back-up, and preferably a back-up to the back-up, for when the equipment fails during coaching.** This is a matter of when, not “if.” Have both caregivers' cell phone numbers and a landline if they have it, handy during your session.

## ***Walking Tour***

Therapists should schedule a “walking tour” prior to the first I-PCIT session with each family. This will allow the therapist and family to test the technology and problem solve any issues prior to the treatment session. The therapist should ask the family to show the space they will be using for the PCIT session, so they are oriented to the location, and potentially make recommendations (i.e., “Perhaps we should use the bedroom rather than the living room. I’m a little worried about the set of beautiful glass vases you have set up in the middle of the living room.”)

This walk through must be repeated prior to a family entering the PDI phase, if you choose to do the PDI via internet. The therapist and caregiver should decide on the timeout chair, where it will be placed, and the timeout back-up room. Again, the therapist can help the parent problem solve as to the best spaces, and spend some time walking through the PDI procedure in their environment, prior to the start of session.

Therapists should also be mindful of their own space, remembering the family will be able to see whatever is in the background. When you share your screen to show their ECBI graphs/summary sheets during checkout, families may also be able to see your desktop. Make sure you close any confidential files on your desktop prior to the session, or just generally anything you don’t want the family to see. Put a Do Not Disturb sign on your own door to prevent people in your space from accidentally walking in.

## ***I-PCIT and Training***

Therapists first learning PCIT can use I-PCIT with their training cases, although the importance of preparation is even more critical for new learners. If a PCIT trainee is considering using I-PCIT, they should first discuss this possibility with their trainer. There may be cases for which I-PCIT is not appropriate, and the trainee and trainer can discuss this on a case-by-case basis. The trainer and trainee should then schedule time to discuss technological implications, and practice via the online platform the therapist will be using.

Conducting co-therapy with a trainee is possible through I-PCIT, although it does take more planning. Trainers should allow their trainees to practice coaching through the I-PCIT technology set up, with the trainer acting as parent, before the trainee coaches a caregiver. Trainers and trainees should make a plan prior to each session, deciding which therapist will take the lead on which segment of the session. As with clinic-based PCIT, trainers should allow trainees to primarily observe the first few sessions, and then slowly increase their involvement in session. If you are working with a Level II or Global Trainer utilizing this type of consultation, please make sure that appropriate consents have been signed that allow the trainer to be present remotely for sessions. Also, keep in mind any potential violations of practicing outside of your licensed jurisdiction.

“Coaching the coach” can be done through I-PCIT through a variety of different ways:

## Private chat/Written Feedback

- Some videoconferencing software (e.g., Zoom) provides opportunities for private chats within bigger meetings. The trainer can provide written feedback and coaching within the software. Please note, though, that it is easy for the trainer to accidentally make it a group message the caregivers can see, or the therapist may share the screen. General rule of thumb: if feedback is written, you should be comfortable with caregivers seeing the message. Note as well that it is difficult for the trainee to read the chat message as they are focused so intently on the live remote action.
- If concerned about messages accidentally being shared, the trainer could use a secure cloud-based document that both the trainer and the therapist have open in a separate window on their screen to receive coaching feedback. Again, all of these variations need to be tested ahead of the time of a real session to work out the kinks.

## Live Audio Coaching of Coaching

- If therapist and trainer are using different devices than their phones for the video conference session, the trainer and therapist could use their phones to communicate without interfering with the session.
  - **Pause and Consult:** Similar to the University of Oklahoma Polycom teleconsultation approach, the therapist could tell the parent that they are going to pause coaching and speak to their trainer for a moment. The trainer and therapist would need to mute their videoconference session and then they would need to speak by phone briefly. The trainer may want to turn down the volume of the video conference session to reduce potential feedback.
  - **Live coaching of coaching through phone:** If the therapist is in a private space, they can use the computer or tablet speaker for their video conference session. Using their phone and a single headphone, they could receive live coaching of their coaching through a phone call from their trainer who is watching the session with video off and mute on. Again the trainer will need to keep their session volume down to reduce potential feedback.
  - **Coaching within the Video Conference:** Sparingly, the Trainer can model skills for the trainee or help out when a session starts to get out of control by providing direct coaching within the video conference.

## Practice!

PCITers all know the importance of skill rehearsal! Practice with I-PCIT can extend beyond initial testing of technology. Jason Jent and his colleagues have created a list of brief simulations that Trainers and therapists can role play through the telehealth format to assist with the efficiency of service delivery. The more competent that therapists feel with quickly troubleshooting these issues, the more time you will be able to spend in PCIT delivering coaching services.

## I-PCIT Brief Practice Simulations

- Parent cannot connect to Zoom meeting

- Parent audio is not working once they connect to Zoom meeting
- The walking tour of the home
  - Rooms with distractions
  - Rooms with breakables
- Setting up the camera angle based on the equipment that the family has
  - Mount for equipment
  - No mount for equipment
- Bluetooth headset is not charged before session
- Setting up and starting a co-therapy session
- Setting up Time Stamps for DPICS for reliability checks. Make sure you have consent for recording.
- How to handle two parent families via I-PCIT as it relates to coaching and observing the other parent practice
- There is another child home and only one parent
- Having a supervisor provide live remote video observation
- Ensuring parent has correct amount of toys for Pre-Post DPICS and Coach sessions
- Child keeps running off screen
- Prepping the space for PDI
  - Time out chair
  - Time out space
  - Picking the best camera angle for PDI
- When the child goes off camera during time out or time out room
- Tech issues in the middle of coaching

*We are all navigating a new normal. We are committed to helping PCITers provide the best care possible to families. We are not in this alone. That is the beauty of the PCIT community. Consult, consult, and consult. Stay connected with other PCITers. As we all move forward, please remember to take care of yourselves and your family as you take care of your PCIT families.*