

## Internet-Based PCIT: Beyond the Pandemic

### *Meeting the needs of children and families during COVID-19*

Public health crises are shown to take a considerable toll on families. Increased rates of parental stress and increased reports of child behavior problems are cyclical during such events (Gurwitch, et al., 2020). Utilizing available technology, organizations can take steps to provide equitable access to evidence-based treatments such as Parent-Child Interaction Therapy for children and families who are finding it difficult to navigate through the COVID-19 pandemic.



*Photo: Kate Bennett (PCIT International Certified Clinician & Trainer) conducting a virtual PCIT session from her home in Oconomowoc, WI.*

### Parent Child Interaction Therapy

Parent-Child Interaction Therapy (PCIT) is a nationally-recognized, evidence-based parent management program for families who have young children presenting with internalizing and/or externalizing behavior problems. PCIT was developed in the early 1970s by Dr. Sheila Eyberg and is unique in comparison to other therapeutic treatments because it involves live coaching of parents or caregivers as they interact with their child. PCIT is traditionally delivered in a clinic-based setting through use of a one-way mirror and a bug-in-the-ear device while the therapist is typically in another room coaching the caregiver during dyadic sessions (PCIT International, 2018).

### Internet-Based PCIT

Internet-based PCIT (I-PCIT) refers to the remote delivery of the treatment that maintains all of the core PCIT components. Provision of PCIT via telehealth was initially explored as a way to provide access to families that may not otherwise seek services for a variety of reasons. Utilizing accessible tools and technology, I-PCIT can be effectively delivered through a HIPAA compliant web-based treatment platform such as Zoom or GoToMeeting (Gurwitch, et al., 2020). Preparation for sessions is key, assuring that both the therapist and caregiver have a functioning web camera and way to communicate directly through headphones and microphone or a Bluetooth device. Kohlhoff et al. (2019) assert that it is also necessary for families receiving I-PCIT services to prepare ahead of time by setting up a small play area in the home that will be conducive to successful parent-child therapy sessions.

## Family Engagement in Treatment

Attrition concerns are often cited as a potential obstacle to PCIT treatment. Comer, et al. (2017) have found that families are more likely to stay engaged in treatment and attend services if they do not have to travel to a provider. Caregivers concerned about the stigma of being seen with a mental or behavioral health provider are also more likely to opt for services in an online format from home (McGoron & Ondersma, 2015). Attending therapy from the home setting also empowers parents to recognize reduction in problematic child behavior as well as in their own stress while in the family's natural environment (Barnett, et al., 2017).

## COVID-19 and PCIT

I-PCIT is supported by PCIT International Global Trainers and is identified by Gurwitch, et al. (2020) as a practical solution to continuity of care for families during the COVID-19 pandemic. A clear digital divide exists among mental health practitioners in the field (Bullock & Colvin, 2015); however, research continues to demonstrate the need for both providers and agencies to expand service access by leveraging technology. Comer, et al. (2017) and Gurwitch, et al. (2020) furthermore identify limitations of funding for prolonged telemental health services beyond the pandemic, citing the need for additional advocacy around continued reimbursement for I-PCIT.

## Conclusion & Future Directions

PCIT's unique setup is most favorably utilized over telehealth due to the particularity of the intervention (Kohlhoff, et al., 2019). With an incredible amount of families experiencing stressors and additional mental health challenges at this time, it seems most appropriate for organizations to move forward with expansion in telehealth service offerings. I-PCIT can be safely and effectively delivered to fidelity for families in need; however, accommodations must be a primary consideration for families who have limited and disproportionate access to technology. The evidence demonstrates clear support for internet-based delivery as an essential format for PCIT treatment provision during the current COVID-19 crisis as well as in the future.

## Key Findings

**PCIT has been successfully delivered via internet-based services internationally.**

(Kohlhoff, et al., 2019)

**Accessibility to web-based services is highlighted as a benefit to families who may not be able to seek in-clinic treatment.**

(McGoron & Ondersma, 2015)

**It is common for families disproportionately affected by poverty to have difficulty accessing traditional treatment for disruptive behavior problems in children.**

(Fowles, et al., 2018)

**In one study, 70% of I-PCIT respondents reported significant improvement in child behavior during treatment while only 55% of respondents receiving clinic-based PCIT reported similar improvements.**

(Comer, et al., 2017)

**There is a call for additional empirically supported research on the effectiveness of PCIT and other parent management programs through a telehealth format.**

(Gurwitch, et al., 2020)

## Citations

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