**PCIT Webinar Questions**

**11/6/19**

**Can providers deliver PCIT and receive Title IV-E Family First Funding if they have training outside of this opportunity?**

Yes, VDSS would like to partner with any provider who is certified to deliver PCIT, whether that is through this training opportunity, or another training opportunity. We know there are multiple providers who currently deliver PCIT across the state!

**Can more than one child be in treatment with one parent at the same time?**

Typically, we assess family need and select the child presenting with the most challenging behaviors. One of the benefits of PCIT is that the skills and improvements are generalized to untreated children in the home too, as we encourage caregivers to implement them with all their children. The exception *may* be when twins are in need of treatment. Consultants will help trainees through these decisions throughout the training process.

**Can this model be delivered in the home setting?**

Home based PCIT has growing evidence to support its effectiveness; however, in training clinicians must deliver PCIT within a clinic setting to learn it as true to form as possible. Post training, it would be possible to implement in home.

**Are face to face trainings provided locally or does it require travel?**

For this training opportunity, face-to-face training will be held in Roanoke, VA and Durham, NC. Travel expenses are the responsibility of the agencies.

Outside of this training opportunity, our training program offers face-to-face trainings in Durham, NC every 6 months. We would also be happy to talk with agencies about traveling to them depending on the number of clinicians they would want trained. Travel expenses would be the responsibility of the agencies.

**What if we want to hire staff for PCIT? Would an application be considered if staff do not already work in the agency?**

We would encourage agencies/providers who currently have the staffing capacity to deliver this training. However, we would not automatically rule out staff that are not already hired. Staff should be hired and be prepared to receive training by the identified training dates.

**Can a sole practitioner be PCIT certified?**

This model is best implemented with at least 2 clinicians working together in the same agency/practice.

**Are providers reimbursed for travel/lodging for this training opportunity?**

VDSS will cover costs for the training and all training materials. Unfortunately, VDSS cannot reimburse for travel and lodging. Individual agencies or clinicians will be responsible for this cost.

**How long are families usually in the service and how many families are typically on a therapist’s case load at a time?**

According to the research, PCIT takes 14-16 weeks; however, we know that in community mental health it typically takes more like 20-24 weeks. Additionally, it can take a bit longer for newer clinicians to get their families through the model, as everyone is learning something new.

The number of PCIT cases clinicians carry is variable by clinician. It can depend on their role/responsibilities, comfort with PCIT, total number of cases they carry, agency needs, etc. Some clinicians may have a fulltime PCIT caseload (15-25), while others prefer to carry a few at a time (2-5). During training, we will encourage trainees to start small and gradually increase the number of cases they have as they become more familiar with the model. It is ideal for clinicians to have at least 2-4 cases going throughout their training process. Typically, we see that clinicians will need at least 6 cases over the course of the year to graduate the required 2 cases for certification.

**Is VDSS covering training costs beyond the one held in Roanoke**?

VDSS will pay for 7 days of training in either Roanoke or Durham, PCIT materials, consultation calls (26 bimonthly calls over a 13-month training period), video session review (5 reviews per trainee), and CEU’s.

**For an agency applying for PCIT training, is there a limit on the number of clinicians per application?**

It is preferred that agencies apply with at least 2 clinicians (housed at the same site), as we know this is better for implementation and sustainability of EBTs generally, including PCIT. There isn’t a limit on the number of clinicians per application, but agencies should think about the number of referrals they have (the need of their population) when deciding how many clinicians to send to training. Knowing that each clinician will need at least 6 clients, agencies should make sure they have the referrals necessary to support the number of clinicians they would like to have trained.

**How many training slots are available?**

We have a total of 18 clinician slots: 12 in Roanoke and 6 in Durham. Supervisors are not included in these numbers.

**If someone is providing PCIT are they able to have a case load of other modalities?**

Yes.

**What are the ongoing training/consultation requirements?**

Post-training, we encourage all clinicians to become nationally certified through PCIT International (<http://www.pcit.org/pcit-certification.html>). Certification as a PCIT Therapist is renewable every 2 years and requires documentation of at least 3 hours of PCIT Continuing Education in programs of learning that have been preauthorized by PCIT International. Additionally, we highly encourage ongoing weekly/bi-weekly/monthly (at minimum) peer consultation where maintaining skills through video reviews (coding reliability and coach coding) and fidelity monitoring (integrity checklists) are central. PCIT International hosts an international conference every 2 year, which therapists are encouraged to attend to brush up on skills and learn of new research and innovations in PCIT.

**Is national certification required by VDSS to deliver this service through Title IV-E Family First funding?**

National certification is preferred, but not required. Agencies will need to provide documentation that clinicians are trained/certified to deliver this service.

**Do clinicians have to be Licensed?**

Clinicians must:

1. Have a master’s degree or higher, or an international equivalent of a master’s

degree, in a mental health field

AND

2. Be an independently licensed mental health service provider (for example,

licensed psychologist, psychiatrist, licensed marital and family therapist, licensed

practicing counselor, licensed clinical social worker, etc.) or be working under

the supervision of a licensed mental health service provider.

OR

1. Be a psychology doctoral student who has completed the third year of training

and be conducting clinical work under the supervision of a licensed mental

health service provider.

2. Special Note Concerning Timing of Training: Students may receive PCIT

training before completion of their master’s degrees. However, they cannot be

certified as PCIT therapists until their master’s degree is complete or until they

have completed the third year of their doctoral training.