

## **CENTER FOR CHILD**& FAMILY HEALTH

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Center for Child & Family Health
Virginia Department of Health & Developmental Services

PCIT TRAINING INFORMATION CALL NOVEMBER 6, 2019

# PCIT & CARETRAINING FACULTY AND STAFF

#### **PCIT Training:**

Robin H. Gurwitch, PhD Director, PCIT & CARE Training Master Trainer, PCIT International

Daren White, LPC Associate Director, PCIT & CARE Training Level I Trainer, PCIT International

Erika Wray, LCSW Level II Trainer, PCIT International

George "Tripp" Ake, PhD Level II Trainer, PCIT International

Kelly Sullivan, PhD Level II Trainer, PCIT International Senior Leader Faculty: Heather T. Pane Seifert, PhD

<u>Program Manager:</u> Breanna Williams

Contracts Manager: Katharine Cannon

### **CALL ADENGA**

- PCIT Training Overview
- Overview of PCIT
- Participation Requirements and FAQs
- Key Project Dates
- Questions and Answers





OVERVIEW OF PCIT



### **ACCOLADES**

- Families First Prevention Services Act (2018)
- California Clearing House for Evidence Based Practices
- SAMHSA's National Registry of Evidence-based Programs and Practices reviewed PCIT (2009)
- National Child Traumatic Stress Network (2005) selected PCIT as an evidence based practice
- Ewing Marion Kauffman Foundation (2004)
   determined PCIT to be one of three "best practices"
   for working with children with a history of
   maltreatment

# PARENT-CHILD INTERACTION THERAPY

Balances Two Factors...

- 1. Positive Interaction with the Child
  - Child Directed Interaction (CDI
  - Increase positive attention
  - Decrease negative attention
- 2. Consistent Limit Setting
  - Parent Directed Interaction (PDI)
  - Consistency, Predictability, & Follow through

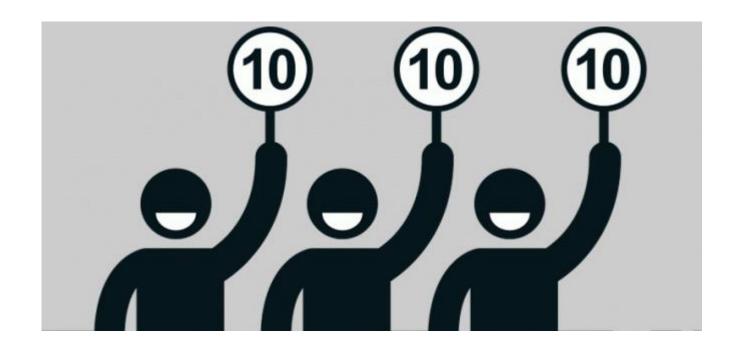
#### **OUTCOMES OF PCIT**

- Increased positive parent-child interactions
- Increased parent-child attachment
- Improved parent-child relationship
- Reduced negative behaviors
- Improved frustration tolerance and emotion regulation
- Improved school behaviors
- Improved behaviors in untreated siblings
- Improved attention
- Reduced parenting stress
- Improved maternal depression

### WHAT MAKES PCIT DIFFERENT

- Emphasis on parent-child interaction patterns
- Assessment driven
- Mastery (Criteria) based
- Parents and child together in treatment
- Live coaching of skills





# APPROPRIATE CASE SELECTION FOR PCITTRAINING



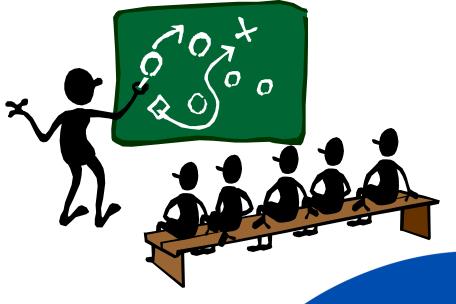
#### PCIT KIDDOS

- Who is appropriate for PCIT during training?
  - Families with children 2.5 6 years
  - Presenting problem: behavior challenges due to a variety of reasons, including trauma
  - Child may have other mental health concerns
  - At least one caregiver able to participate regularly and with ability to practice at least 3 times
     weekly with the child in addition to therapy session

#### **PCIT PARENTS**

- Treatment success requires:
  - Regular attendance and practice
    - Assess parent ability to attend weekly sessions
    - Discuss "homework" component up front
  - Parent skill acquisition
    - Some tailoring possible for delayed parents
    - IQ < 75 likely inappropriate
  - Parent may have mental health concerns

PARTICIPATION
REQUIREMENTS &
FREQUENTLY ASKED
QUESTIONS





### AGENCY REQUIREMENTS

- Must serve children within the appropriate age range (2  $\frac{1}{2}$  to 6) and their caregivers for a length of time sufficient to complete treatment
- Must allow time for trainees to participate in ongoing training and consultation for approximately 13 months
- Must have appropriate clinical treatment space
  - Traditional set-up
  - Alternative set-up
- Must have the ability to record sessions, including video and audio of the family and audio of the therapist coaching
- Must provide internet access for clinicians to engage in on-line training calls, uploading materials, and access training resources
- Must have the capacity to purchase and provide clinical assessments (i.e., Eyberg Child Behavior Inventory)

# SENIOR LEADER ROLE & RESPONSIBILITIES

- At least one Senior Leader is required per agency team
- Should be someone with authority to make decisions within the agency regarding time and resources
- Required to attend at least parts of the face-to-face learning sessions with their team and participate group and/or individual calls monthly

# CLINICIAN ROLE AND RESPONSIBILITIES

- Must meet the requirements of PCIT International
  - Masters level clinician, licensed or under supervision for licensure
  - Currently serving children and families in the PCIT age range (2 ½ to 6)
  - Able to meet requirements for participation including:
    - Attendance at all face-to-face training sessions,
    - Timely and ongoing case identification and enrollment,
    - 60 minute consultation calls every other week with assigned clinical faculty until all training requirements have been met.

### KEY PROJECT DATES

#### PCIT FUNDAMENTALS APPLICATION & TRAINING - IMPORTANT DATES

NOVEMBER 7, 2019	Application opens
SEE BELOW	Informational Webinars
DECEMBER 20, 2019	Application deadline
LATE JANUARY 2020	Notification of acceptance
JANUARY - MARCH 2020	Virtual site visits/"Space and Tech" consultation to accepted agencies
SPRING 2020	In-Person Learning Session 1 - 4 Days
SUMMER 2020	In-Person Learning Session 2 - 3 Days
SPRING 2021	Learning Collaborative Ends: Trainees who have completed requirements apply for PCIT Certification

We hope you will join us for any additional questions on our next webinar on November 19, 2019!

#### TO APPLY:

- Team applications are available at: <a href="https://duke.qualtrics.com/jfe/form/SV">https://duke.qualtrics.com/jfe/form/SV</a> 6DO3QNZWHkraL5P
- Please note: Applications have TWO parts:
  - Part I: Should be completed by an agency Senior Leader
  - Part 2: Should be completed by each of the clinicians applying
- If you have any questions please contact Breanna Williams at <a href="mailto:breanna.williams@duke.edu">breanna.williams@duke.edu</a> or 919-385-0716

## **QUESTIONS?**



For more information on PCIT please use the following links:

www.ccfhnc.org www.pcit.org