

REQUEST FOR APPLICATIONS

For

PARTICIPANTS IN THE PARENT-CHILD INTERACTION THERAPY (PCIT) TRAINING FOR CHILD OUTPATIENT PROGRAMS

Issued by

COMMUNITY BEHAVIORAL HEALTH

Date of Issue

August 31, 2018

**Applications must be received no later than
2:00 P.M. on September 28, 2018.**

Questions related to this RFA should be submitted via e-mail to:

Ruby Maldonado at ruby.maldonado@phila.gov

**EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER – WOMEN,
MINORITY INDIVIDUALS AND PEOPLE WITH DISABILITIES ARE
ENCOURAGED TO RESPOND**

Contents

I. Overview	4
A. Introduction/Statement of Purpose	4
B. Organizational Overview.....	4
C. Project Background.....	5
D. DBHIDS System Transformation	5
E. General Disclaimer	6
II. PCIT (PCIT) Training and Implementation.....	6
A. Training and Implementation Opportunity	6
B. Overview of Training and Implementation Program	6
1. Training Program Goals.....	6
2. Overview of Training.....	7
C. Provider and Clinician Requirements.....	8
1. Provider Requirements	8
2. Clinician Requirements	9
3. Level 1 Trainer Requirements	9
D. Certification	9
E. Monitoring and Reporting Requirements.....	9
F. Technology Capabilities.....	10
G. Continuing Education Credits	10
III. Application and Selection Process	10
B. Application Process.....	10
C. Questions about the RFA	11
D. Notification	11
E. Cost Information	11
IV. General Rules Governing RFAs/Applications; Reservation of Rights; Confidentiality and Public Disclosure.....	12
A. Revisions to RFA.....	12
B. Reservation of Rights	12
1. Notice of Request For Applications (RFA).....	12
2. Miscellaneous.....	12
C. Confidentiality and Public Disclosure.....	12
D. Incurring Costs	13
E. Disclosure of Application Contents	13
F. Selection/Rejection Procedures	13

G. Non-Discrimination..... 13

APPENDIX A..... 14

Application Cover Sheet PCIT Training and Implementation Request for Applications (RFA) 14

Appendix B: Applicant Questions..... 15

Appendix C: PCIT Trainee Information Form 17

Appendix D: PCIT Level 1 Trainer Information Form 19

Appendix E: PCIT Clinician Certification 20

Appendix F: Level 1 PCIT Trainer Certification 23

Appendix G: Clinician PCIT Skills Checklist (Procedures) 25

Appendix H: Level 1 Trainer Skills Checklist 28

I. Overview

A. Introduction/Statement of Purpose

Community Behavioral Health (CBH) is soliciting clinician participants for a training program to build clinical capacity in Philadelphia to provide Parent-Child Interaction Therapy (PCIT). CBH would like to expand on a previous PCIT Training and Implementation Initiative by offering organizations with current PCIT capacity the opportunity to send additional clinicians to receive training; this opportunity is being offered to all organizations with PCIT capacity, including those who have not previously participated in a CBH-sponsored PCIT training. Organizations selected through this Request for Applications (RFA) will be able to send one or more clinicians to receive training and consultation support to be able to deliver PCIT; organizations may also opt to select a clinician already trained in PCIT to receive training to become a Level 1 PCIT Trainer (a "Within Agency Trainer").

To apply for this RFA, an organization must 1) be a current CBH in-network outpatient mental health provider, 2) have delivered PCIT within the last 3 years OR have current clinician(s) on staff who have delivered PCIT, 3) have current room set-up in alignment with PCIT International¹, and 4) demonstrate commitment and the ability to develop and sustain a PCIT program. CBH is not seeking to initiate new PCIT programs at this time; **organizations without demonstrable PCIT capacity as described will not be considered for this RFA.**

CBH will be providing PCIT training for a total of 18 clinicians and PCIT Level 1 Trainer training for 6 PCIT clinicians across all selected organizations. CBH is not setting a limit for the number of organizations to be selected through this RFA, and will select as many qualified organizations as needed to fill allotted slots for clinician and Level 1 training. There will be no cost to providers for the PCIT clinician training, and organizations will pay \$300 per for the Level 1 Trainer training. A significant organizational commitment will be required to successfully implement and sustain this evidence-based practice (EBP). Following the training it is expected that organizations obtain, or continue to meet, EBP Program Designation² through the DBHIDS Evidence-based Practice and Innovation Center (EPIC) and sustain and expand PCIT programs over the long-term.

B. Organizational Overview

The City of Philadelphia contracts with the Commonwealth of Pennsylvania Department of Human Services for the provision of behavioral health services to Philadelphia's Medicaid recipients under Pennsylvania's HealthChoices behavioral health mandatory managed care program. Services are funded on a capitated basis through this contractual agreement. The City of Philadelphia, through the Department of Behavioral Health and Intellectual disAbility Services (DBHIDS), contracts with CBH to administer the HealthChoices program.

CBH was established by the City in 1997 to administer behavioral health care services for the City's approximately 700,000 Medicaid recipients. As a result, CBH manages a full continuum of medically necessary and clinically appropriate behavioral health services. CBH employs more than 450 people and has an annual budget of approximately \$850 million.

DBHIDS has been actively transforming Philadelphia's behavioral health system for the last ten years. This system transformation is rooted in approaches that promote recovery, resilience and self-determination and build on the strengths and resilience of individuals, family members and other allies in communities that take responsibility for their sustained health, wellness, and recovery from behavioral health challenges. System transformation takes place in an environment of self-determination and is individualized, comprehensive, flexible, person-first (culturally responsive), and designed to support health and wellness across the lifespan. In administering behavioral health services for

¹ <http://www.pcit.org/pcit-room-set-up-and-treatment-materials.htm>

² <https://dbhids.org/epic/EBP-program-designation>

Philadelphia's Medicaid recipients, CBH has been actively involved in the support and implementation of this system transformation.

DBHIDS is committed to developing a system of care that is grounded in evidence-based practices. In 2012, DBHIDS created the Evidence-based Practice and Innovation Center (EPIC) to support the alignment of resources, policies and technical assistance to support the ongoing transformation of the system to one that promotes and routinely utilizes evidence-based, empirically-supported, and outcomes-oriented practices.

C. Project Background

Parent-Child Interaction Therapy (PCIT) is an internationally recognized, evidence-based parent training program for families who have children with challenging behaviors, including hitting, yelling, and defiance. In addition, PCIT is an effective intervention for families with a history of child physical abuse. Caregivers are actively supported by a PCIT clinician to apply specialized skills to increase positive child behaviors, such as sharing and following directives. The program is unique in that it involves coaching caregivers as they interact with their young children (ages 2.5 to 7 years). The intervention is short-term, typically from 12 to 20 weeks in duration, and tailored to the needs of individual families. PCIT treatment is skill-based, with a goal of helping parents to gain mastery in techniques taught during sessions. Upon completion of the program, the family graduates from treatment equipped to continue using the skills independently, thus sustaining child behavioral improvements.

According to the Child Welfare Information Gateway, a growing body of research supports the effectiveness of PCIT, including studies examining application for various populations. At least 30 randomized clinical outcome studies and more than 10 true randomized trials have found PCIT to be useful in treating at-risk families and children with behavioral problems. Research findings include positive outcomes for mother-child dyads exposed to interpersonal violence, reductions in the risk of child abuse, improvement in parenting skills, reduction in caregiver stress, improvements in child behavior, effectiveness in treating multiple issues - including separation anxiety, self-injurious behavior, and attention deficit hyperactivity disorder - adaptability across genders and ethnic groups, and treatment gains being maintained over time.

Based on systematic reviews of available research, the following expert groups have highlighted PCIT as a model program or promising treatment practice: The California Evidence-Based Clearinghouse for Child Welfare, The National Child Traumatic Stress Network, and National Crime Victims Research and The Center for Sexual Assault and Traumatic Stress; Office for Victims of Crime, U.S. Department of Justice.

In 2016, CBH issued a RFA to provide opportunities for new and existing PCIT providers to receive clinician training; the 2016 PCIT Training and Implementation RFA emphasized geographic spread to ensure access for families across Philadelphia, with focus on increasing access to PCIT for families with child welfare involvement. Anecdotally, responses to PCIT training and treatment from both clinicians and families have been positive. Specifically, one of the participating providers reported promising outcomes including reunification, adoption, and stabilization of a foster placement that was previously at risk of disrupting.

The goal of this RFA is to bolster sustainability and expand capacity of current in-network PCIT programs, both those trained within and outside of the previous CBH PCIT Training, by offering 1) additional PCIT clinician training for clinicians within the organization not yet trained in PCIT as well as 2) Level I Trainer training for an identified clinician currently trained in PCIT to become a "Within Agency Trainer."

D. DBHIDS System Transformation

In 2005, DBHIDS initiated a system transformation to change service delivery for people who live with behavioral health challenges. Transformation in Philadelphia moves beyond the field's historical focus on pathology and disease processes to a model directed by the person in recovery's needs, wants and desires and that emphasize the individual's culture,

resilience and unique recovery processes. A recovery/resilience-oriented system attends to the issues of symptom reduction but ultimately provides access to services, supports, environments and opportunities that help individuals restore a positive sense of self and rebuild a meaningful and fulfilling life in their community. Through the implementation of recovery/resilience-oriented, innovative, evidence-based, evidence informed and promising practices, the system transformation holds the potential to improve quality of care and the lives of service recipients and their families. The core values of the transformation can be found in the Practice Guidelines for Recovery and Resilience Oriented Treatment.

Also relevant to any organization developing children's services are the core principles of the Office of Mental Health and Substance Abuse (OMHSAS) Child and Adolescent Social Service Program (CASSP)³ and The Mayor's Blue Ribbon Commission on Children's Behavioral Health, *Final Report*, January 2007.⁴

E. General Disclaimer

This RFA does not commit CBH to award a training opportunity to any program. This RFA and the process it describes are proprietary and are for the sole and exclusive benefit of CBH. No other party, including any Respondent, is intended to be granted any rights hereunder. Any response, including written documents and verbal communication, by any Applicant to this RFA, shall become the property of and may be subject to public disclosure by CBH.

II. PCIT (PCIT) Training and Implementation

A. Training and Implementation Opportunity

CBH is sponsoring an innovative training and implementation program provided by Amy Herschell, Ph.D. Dr. Herschell is a PCIT International Master Trainer with expertise in providing training and implementation support to organizations within community mental health. Dr. Herschell and her team led the CBH PCIT Training and Implementation Initiative in 2016. Through the current RFA, 2 types of PCIT training will be provided. The first is a PCIT clinician training to qualify clinicians to deliver PCIT. The second training is a Level 1 Trainer training to qualify PCIT-trained clinicians to train other clinicians in PCIT. A pre-work phase will begin in October and will include a 10-hour online training. The face-to-face trainings will begin in December 2018, and the consultation and implementation phase will last 1 year thereafter. Integration of PCIT in outpatient services is then expected to be sustained and expanded over the long-term, with organizations meeting EBP Program Designation⁵ if they have not already.

B. Overview of Training and Implementation Program

1. Training Program Goals

The goal of this training and implementation program is to expand and successfully sustain PCIT as an evidence-based practice within child outpatient services in Philadelphia to support young children with behavioral health challenges and strengthen their resilience in all settings. As noted, CBH is extending this training opportunity to organizations with current PCIT capacity who would like to identify candidates to receive PCIT clinician training and/ or PCIT Level 1 Trainer training. The expectation is for participating organizations to continue to independently sustain and grow their PCIT program following the end of this training initiative.

Participating clinicians will complete a 10-hour online training prior to the in-person training, 6 days of in-person PCIT training (2 training sessions: first a 4 day-session, then a 2-day session), followed by 1 year of delivering PCIT, during

³ Office of Mental Health and Substance Abuse Services (OMHSAS) Child and Adolescent Social Service Program (CAASP) <http://www.dhs.pa.gov/parecovery/guidingprinciples/cassp/index.htm>

⁴ The Mayor's Blue Ribbon Commission on Children's Behavioral Health⁴, *Final Report*, January 2007, <http://dbhids.org/wp-content/uploads/2015/01/BlueRibbonCommission1.pdf>

⁵ <https://dbhids.org/epic/EBP-program-designation>

which they will complete a minimum of 2 cases, with the support of 1 year of biweekly phone consultation with Dr. Herschell's team, to include a minimum of 4 clinical case videos for review.

The participating Level 1 trainers will receive 1 day of face-to-face training and provide PCIT training to at least 1 clinician, with monthly phone consultations with Dr. Herschell's team, and the submission of 2 videos showing supervision of a PCIT clinician in training.

An additional commitment for participating organizations will be quarterly phone calls between provider administrators and Dr. Herschell's team to review the progress of training and determine any modifications or supports needed.

2. Overview of Training

Overview of Training for PCIT Clinicians*

Description	Dates	Location
Full team kick-off call (administrators, supervisors and clinicians)	October 2018 2-3:30pm	Phone call
10-hour on-line training	Friday, October 1, 2018 through Sunday, December 2, 2018	Online at own pace, MUST be completed before attending face-to-face training on December 3 rd
Agency administrator check-ins	Quarterly Beginning in November 2018 To be scheduled at administrators' convenience	Phone call
4-day face-to-face training	Monday, December 3, 2018 through Thursday, December 6, 2018	Community Behavioral Health 801 Market Street
2-day face-to-face training	Thursday, March 14, 2019 and Friday, March 15, 2019	Community Behavioral Health 801 Market Street
Phone consultation	December 10, 2018 through December 31, 2019	1-hour conference calls every other week; 24 calls throughout the training period
Video review	December 10, 2018 through December 31, 2019	Each clinician will be required to submit a minimum of 4 clinical case videos for review and will receive individual support and feedback from PCIT trainer related to demonstration of skills and treatment fidelity.
Experience	December 10, 2018 through December 31, 2019	Must work with families using PCIT and see 2 families through treatment graduation.

* The dates of this training overview are subject to change.

Overview of Training for Level 1 PCIT Trainer*

Description	Dates	Location
1-day face-to-face training	Friday, December 7, 2018	Community Behavioral Health 801 Market Street
Phone Consultation	December 10, 2018 through December 31, 2019	1-hour conference calls every month; 12 calls throughout the training period
Video Review	December 10, 2018 through December 31, 2019	Each clinician will be required to submit a minimum of 2 videos of him or her supervising a therapist he/she is training for review.
Experience	December 10, 2018 through December 31, 2019	Must train at least one person in PCIT during the training year. Specifically, the Level 1 Trainer applicant must supervise a therapist- in-training to complete all PCIT International Therapist skill requirements and minimally have a trainee successfully graduate one case (where the trainee is the primary therapist) during the Level I applicant's period of monthly consultation.

* The dates of this training overview are subject to change.

C. Provider and Clinician Requirements

1. Provider Requirements

- a. Eligible applicants must provide child outpatient services in Philadelphia County under contract with CBH. These services must also have current licenses from the Pennsylvania Department of Human Services and be a service provider in good standing with the City and CBH. CBH will determine if a provider is in good standing by reviewing information gathered through various departments across DBHIDS. A determination is based on, but not limited to, the following criteria: re-credentialing status history, compliance error rate history, quality improvement plan status, financial solvency, and state licensure status. In each case, CBH will review the findings and make a final determination of standing and the provider's eligibility to apply for the RFA.
- b. Eligible organizations must have delivered PCIT in the last 3 years OR have clinicians on staff who have delivered PCIT. Additionally, applicants must have a facility with PCIT room set-up in alignment with PCIT International.⁶
- c. Participating providers must continue to sustain and expand their PCIT programs, with the intention of achieving EBP Program Designation⁷ if that has not occurred already. Applicants must be willing and able to meet the expectations indicated below.

⁶ <http://www.pcit.org/pcit-room-set-up-and-treatment-materials.html>

⁷ <https://dbhids.org/epic/EBP-program-designation>

2. Clinician Requirements

Organizations are also encouraged to select clinicians with strong potential for longevity within the organization.

At minimum, clinicians identified for the PCIT Training must:

- a. Have a master's degree or higher, or an international equivalent of a master's degree, in a mental health field (**with a strong preference for licensed or licensed-eligible staff**);
- b. Work directly with young children at the target site;
- c. Receive PCIT training in full (see section B.2. for training overview);
- d. Participate in 1-hour clinical consultation calls with PCIT trainer twice per month for one year;
- e. Complete treatment graduation for at least 2 cases; and
- f. Carry a caseload of 5-7 child-caregiver dyads, once training and consultation is complete.

3. Level 1 Trainer Requirements

Organizations opting to send a clinician through Level 1 Training should anticipate having at least one clinician who is not trained in PCIT, so that this person may be trained by the Level 1 Trainer as required. At a minimum, clinicians identified for the PCIT Level 1 Training must:

- a. Have a master's degree or higher, or the international equivalent of a master's degree, in a mental health field;
- b. 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); or actively working toward licensure (see Appendix F for Level 1 Trainer Certification requirements);
- c. Have served as a therapist for a minimum of four PCIT cases to graduation criteria as defined by the 2011 PCIT Protocol.⁸ On at least three of those cases, the Level I Trainer applicant must have been the primary therapist (i.e., lead therapist or equal co-therapist);
- d. Have served as a primary therapist or supervisor on at least 2 PCIT cases within the previous 2 years; AND
- e. Be certified as a PCIT Therapist by PCIT International or be able to meet the certification standards.

D. Certification

See Appendices E and F for certification requirements for PCIT clinicians and Level 1 PCIT trainers. **All licensed clinical staff who complete the PCIT training will be eligible for certification through PCIT International through a separate process coordinated directly with PCIT International.** The identification of licensed or licensed-eligible clinical staff for the training is strongly recommended so that these staff can pursue PCIT certification. This RFA does not, however, preclude applicants who are not licensed or licensed-eligible.

E. Monitoring and Reporting Requirements

Selected providers will be subject to the standard oversight and monitoring procedures of CBH and the Network Improvement and Accountability Collaborative (NIAC). Additionally, clinicians will be assessed via the Clinician PCIT Skills Checklist (see Attachment F) to measure and track developing PCIT competencies.

⁸ Eyberg & Funderburk, 2011

F. Technology Capabilities

Applicants must have the technology capabilities required to perform the proposed activities in this RFA. At a minimum, applicants must have PCIT room set-up in alignment with PCIT International.⁹

G. Continuing Education Credits

For the PCIT clinician training, Continuing Education Credits (CEUs) will be provided through the Behavioral Health Education and Training Network (BHTEN). See below for the types of credits offered.

- International Association for Continuing Education and Training (IACET) credits will be provided as BHTEN is an Accredited Provider.
- Pennsylvania Certification Board (PCB) credits will be awarded through the PCB.
- Social Work (SW) credit hours will be awarded. This conference is co-sponsored by Bryn Mawr College Graduate School of Social Work and Social Research (GSSWSR). Bryn Mawr College GSSWSR, as a Council of Social Work Education (CSWE) accredited School of Social Work, is a pre-approved provider of continuing education for Social Workers in PA and many other states.
- CE credit hours for Psychologists will be awarded. BHTEN is approved by the American Psychological Association to sponsor continuing education for psychologists. BHTEN maintains responsibility for the program and its content.
- Certified Psychiatric Rehabilitation Practitioners (CPRP) CEUs will be awarded. BHTEN is approved by the United States Psychiatric Rehabilitation Association (Provider #011190) to sponsor continuing education for CPRPs. BHTEN maintains responsibility for the program and its content.

For the Level 1 Training, Continuing Education Credits (CEUs) will be provided by the trainers.

III. Application and Selection Process

A. Application Process

The application consists of Appendices A, B, C, and D.

- Appendix A is a cover sheet to be completed by an official at the agency requesting participation in PCIT training and signed by the Executive Director. This should be the first page of your application.
- Appendix B is the Application Form that contains questions that must be completed by each agency.
- Appendix C is the PCIT Trainee Questionnaire that must be completed by each identified clinician to be trained in PCIT.
- Appendix D is the Level 1 PCIT Trainer Questionnaire that must be completed by each identified PCIT clinician to be trained as a Level 1 Trainer. If your organization is not requesting Level 1 Trainer training, this appendix can be skipped.
- Appendix E lists the requirements to become a Certified PCIT Clinician.
- Appendix F lists the requirements to become a Certified Level 1 PCIT Trainer.
- Appendix G is the PCIT Clinician Skill Checklist.
- Appendix H is the PCIT Level 1 Trainer Skill Checklist

Completed application documents must be submitted to Ruby Maldonado by **2 pm on September 28, 2018**. Responses submitted after the deadline will be returned unopened. Responses will also be returned unopened to agencies that are ineligible to apply because they do not have a current contract with Community Behavioral Health (CBH). Submissions are to be addressed as follows:

⁹ <http://www.pcit.org/pcit-room-set-up-and-treatment-materials.html>

**Community Behavioral Health
801 Market Street
7th Floor
Philadelphia, PA 19107**

ATTN: Ruby Maldonado

Submissions should be marked "PCIT Training Application." Applications submitted by any means other than mailing, courier, or hand delivery will not be accepted.

Applicants must submit the following:

- An electronic version of the entire application (minus the online survey) prepared as a PDF document placed onto a compact disc or flash drive (Appendices A, B, C, and D).
- One (1) clearly marked, signed original hardcopy application. The agency Executive Director must sign the cover sheet of the Application (Appendix B)
- Eight (8) additional hardcopies of the complete application (Appendices A, B, C, and D).

B. Questions about the RFA

All questions regarding the RFA must be sent via email and directed to Ruby Maldonado at ruby.maldonado@phila.gov. No phone calls will be accepted. The deadline for submission of questions is **September 13, 2018**. Answers to all questions will be posted on the CBH Provider section of the DBHIDS website under Contracting Opportunities (www.dbhids.org) by **September 19, 2018**.

C. Notification

Applicants will be notified via email by **October 24, 2018** about their acceptance for training. Applicants who have been accepted will be given additional information about the training and expectations via an orientation session.

D. Cost Information

There will be no cost to providers for the PCIT clinician training, and the Level 1 Trainer training will cost providers \$300 to send one clinician. Additionally, a significant organizational commitment will be required to successfully implement and sustain the PCIT evidence-based practice model within the outpatient program.

IV. General Rules Governing RFAs/Applications; Reservation of Rights; Confidentiality and Public Disclosure

A. Revisions to RFA

CBH reserves the right to change, modify or revise the RFA at any time. Any revision to this RFA will be posted on the DBHIDS website. It is the applicant's responsibility to check the website frequently to determine whether additional information has been released or requested.

B. Reservation of Rights

By submitting its response to this notice of Request For Applications as posted on the DBHIDS website, the Applicant accepts and agrees to this Reservation of Rights. The term "notice of request for applications," as used herein, shall mean this RFA and include all information posted on the DBHIDS website in relation to this RFA.

1. Notice of Request For Applications (RFA)

CBH reserves and may, in its sole discretion, exercise any one or more of the following rights and options with respect to this notice of training opportunity:

- to reject any and all applications and to reissue this RFA at any time;
- to issue a new RFA with terms and conditions substantially different from those set forth in this or a previous RFA;
- to issue a new RFA with terms and conditions that are the same or similar as those set forth in this or a previous RFA in order to obtain additional applications or for any other reason CBH determines to be in CBH's best interest;
- to extend this RFA in order to allow for time to obtain additional applications prior to the RFA deadline or for any other reason CBH determines to be in CBH's best interest;
- to supplement, amend, substitute or otherwise modify this RFA at any time prior to issuing a notice of intent to develop a provider agreement or consultant contract to one or more Applicants;
- to cancel this RFA at any time prior to the execution of a final provider agreement whether or not a notice of intent to develop a provider agreement has been issued, with or without issuing, in CBH's sole discretion, a new RFA for the same or similar services;
- to do any of the foregoing without notice to Applicants or others, except such notice as CBH, in its sole discretion, elects to post on the DBHIDS website.

2. Miscellaneous

Interpretation; Order of Precedence In the event of conflict, inconsistency or variance between the terms of this Reservation of Rights and any term, condition or provision contained in any RFA, the terms of this Reservation of Rights shall govern.

Headings The headings used in this Reservation of Rights do not in any way define, limit, describe or amplify the provisions of this Reservation of Rights or the scope or intent of the provisions, and are not part of this Reservation of Rights.

C. Confidentiality and Public Disclosure

The successful applicant shall treat all information obtained from CBH and DBHIDS which is not generally available to the public as confidential and/or proprietary to CBH and DBHIDS. The successful applicant shall exercise all reasonable precautions to prevent any information derived from such sources from being disclosed to any other person. The successful applicant agrees to indemnify and hold harmless CBH and DBHIDS, its officials and employees, from and against

all liability, demands, claims, suits, losses, damages, causes of action, fines and judgments (including attorney's fees) resulting from any use or disclosure of such confidential and/or proprietary information by the successful applicant or any person acquiring such information, directly or indirectly, from the successful applicant.

By submission of an application, applicants acknowledge and agree that CBH, as a quasi-public corporation, is subject to state and local public disclosure laws and, as such, is legally obligated to disclose to the public documents, including applications, to the extent required there under. Without limiting the foregoing sentence, CBH's legal obligations shall not be limited or expanded in any way by an Applicant's assertion of confidentiality and/or proprietary data.

D. Incurring Costs

CBH is not liable for any costs incurred by applicants for work performed in preparation of a response to this RFA.

E. Disclosure of Application Contents

Information provided in applications will be held in confidence and will not be revealed or discussed with competitors. All material submitted as part of the RFA process becomes the property of CBH and will only be returned at CBH's option. Applications submitted to CBH may be reviewed and evaluated by any person other than competing applicants. CBH retains the right to use any/all ideas presented in any reply to this RFA. Selection or rejection of an application does not affect this right.

F. Selection/Rejection Procedures

Applicants will be notified in writing by CBH as to their selection. Information will be provided in this letter as to any issues within the application that will require further discussion or negotiation with CBH. Applicants who are not selected will also be notified in writing by CBH.

G. Non-Discrimination

The successful applicant, as a condition of accepting training from CBH through this RFA, agrees to comply with all relevant sections of the Civil Rights Act of 1964, the Pennsylvania Human Relations Act, Section 504 of the Federal Rehabilitation Act of 1973, and the Americans with Disabilities Act, hereby assuring that:

The provider does not and will not discriminate against any person because of race, color, religious creed, ancestry, national origin, age, sex, sexual orientation, handicap or disability in providing services, programs or employment or in its relationship with other contractors.

APPENDIX A

Application Cover Sheet PCIT Training and Implementation Request for Applications (RFA)

Agency: _____

Organizational Type: ___ For Profit ___ Not For Profit

Address: _____

City: _____ State: _____ Zip Code: _____

Agency Contact: _____

Title: _____

Telephone: _____

Email: _____

Fax: _____

List all personnel applying for PCIT training (additional details of participating staff to be included in Appendices C and D)

Name	Position	PCIT Clinician or Level 1 Trainer

Appendix B: Applicant Questions

DBHIDS is looking to understand your agency's interest and motivation in building and integrating PCIT into your agency's services. It is important for providers to engage in a thoughtful process for planning and supporting the long-term sustainability of PCIT. **Please respond to the following sections.**

1. **Executive Summary:** Provide a summary of the reasons the clinicians from your agency should be selected to participate in the training and to provide PCIT.
2. **Population Served:** Describe the geographic area (including zip codes) and population served at your agency. Include the number of individuals served, numbers of children ages 2.5 to 7 currently served, and any unique characteristics of the population (e.g., primarily Spanish speaking).
3. **Need for Expanded PCIT and Plan to Integrate:**
Describe the need in your community for specialized treatments and interventions for young children with emotional and behavioral challenges and their families, as well as families with history of harsh parenting practices. Explain here your rationale for the number of PCIT Clinicians and Level 1 Trainer (if requesting this training) you have identified (e.g., staff attrition, expansion of PCIT program due to increased referrals).
4. **PCIT Capacity:**
 - a) Does your facility have PCIT room set-up in alignment with PCIT International¹⁰?

 Yes. If yes, please proceed with remaining questions.

 No. If no, your organization is not eligible to apply for this RFA.
 - b) Does your outpatient program currently have EBP Program Designation through EPIC as a PCIT Provider?

 Yes. If yes, no additional information is required. **You have completed Appendix B.**

 No. If no, please proceed to 4c.
 - c) Does your program currently offer PCIT (but does not have EBP Program Designation)?

 Yes. If yes, please review the EBP Program Designation¹¹ requirements to ensure your organization can meet the requirement to work toward designation following this training. Please proceed to question 5.

 No. If no, please proceed to 4d.
 - d) Has your outpatient program provided PCIT in the last 3 years (but not currently)?

 Yes. If yes, please explain reasons for loss of capacity and proceed to 4e.

 No. If no, please proceed to 4e.
 - e) Does your outpatient program have a clinician trained in PCIT¹²?

¹⁰ <http://www.pcit.org/pcit-room-set-up-and-treatment-materials.html>

¹¹ EBP Program Designation: <https://dbhids.org/epic/EBP-program-designation>

¹² <http://www.pcit.org/initial-therapist-training.html>

___ Yes. If yes, how many and how recently have they delivered PCIT? Provide certificates of PCIT training and/or PCIT certification and proceed with remaining questions

___ No. If you answered no to a, b, c, d, and e your organization is not eligible to apply for this RFA.

5. **Sustainability:** Please describe the plan to ensure that the implementation of PCIT can be sustained long term, addressing the commitment of executive director and other agency leaders, policies, staff retention strategies, and continued education/ training for all ancillary staff to maintain model. Please note, this question is important and the answer will be heavily considered during the review process.

The following signature is required to confirm your agency's interest in applying for PCIT training slated to begin in December 2018.

EXECUTIVE DIRECTOR NAME (Print) _____

EXECUTIVE DIRECTOR SIGNATURE _____

DATE _____

Appendix C: PCIT Trainee Information Form

Parent-Child Interaction Therapy (PCIT) is an internationally recognized, evidence-based parent training program for families who have children with challenging behaviors, including hitting, yelling, and defiance. In addition, PCIT is an effective intervention for families with a history of child physical abuse. Caregivers are actively supported by a PCIT clinician to apply specialized skills to increase positive child behaviors, such as sharing and following directions. The program is unique in that it involves coaching caregivers as they interact with their young children (ages 2.5 to 7 years). PCIT treatment is tailored to individual needs and skill-based, with a goal of helping parents to gain mastery in techniques taught during sessions. Upon completion of the program, the family graduates from treatment equipped to continue using the skills independently, thus sustaining child behavioral improvements.

The training will target agencies currently providing PCIT outpatient services. Participants will be expected to:

- Attend two PCIT training sessions (one 4-day and one 2-day training), scheduled 3 months apart (December 2018, March 2019).
- Participate in 1-hour biweekly PCIT consults through the training year.
- Begin providing PCIT following the first 4-day training. Build to and sustain case load of 5-7 and complete treatment graduation for at least 2 cases.

To be trained in PCIT, clinicians must have a master's degree or higher in a human services field (**with a strong preference for licensed or licensed-eligible staff**)

This questionnaire is to be completed by each potential participant.

Your full name: _____

Your title: _____

Your educational degree(s) and year(s): _____

Your professional discipline: _____

Licensed: Y N License(s) held in PA _____

Credentialed: Y N Credential(s) held in PA: _____

Your agency name: _____

Your full agency address (where you are located): _____

Full Time Part-time Fee for Service

Do you primarily provide services to children / families / adults?

Do you have training and/or education focused on early childhood development? Yes ___ No ___

Please provide details about your training:

Please describe your theoretical orientation:

Please describe your interest in learning about PCIT:

Appendix D: PCIT Level 1 Trainer Information Form

Parent-Child Interaction Therapy (PCIT) is an internationally recognized, evidence-based parent training program for families who have children with challenging behaviors, including hitting, yelling, and defiance. In addition, PCIT is an effective intervention for families with a history of child physical abuse. Caregivers are actively supported by a PCIT clinician to apply specialized skills to increase positive child behaviors, such as sharing and following directions. The program is unique in that it involves coaching caregivers as they interact with their young children (ages 2.5 to 7 years). PCIT treatment is tailored to individual needs and skill-based, with a goal of helping parents to gain mastery in techniques taught during sessions. Upon completion of the program, the family graduates from treatment equipped to continue using the skills independently, thus sustaining child behavioral improvements.

The training will target agencies currently providing PCIT outpatient services. Participants in the Level 1 training will be expected to:

- Attend a 1-day training in December 2018.
- Participate in 1-hour monthly PCIT consults through the training year.
- Train at least 1 clinician in PCIT
- Submit a minimum of 2 videos of him or her supervising a therapist he/she is training for review

To be trained as a Level 1 Trainer in PCIT, clinicians must have a master's degree or higher in a human services field (e.g., social work, psychology) and be licensed or license eligible.

This questionnaire is to be completed by each potential participant.

Your full name: _____

Your title: _____

Your educational degree(s) and year(s): _____

Your professional discipline: _____

Licensed: Y N License(s) held in PA _____

Credentialed: Y N Credential(s) held in PA: _____

Your agency name: _____

Your full agency address (where you are located): _____

Full Time Part-time Fee for Service

Do you primarily provide services to children / families / adults?

Please describe your interest in becoming a Level 1 trainer _____

Appendix E: PCIT Clinician Certification

To apply for status as a Certified PCIT Therapist, an applicant must demonstrate appropriate participation in the following Basic Training, as evidenced by:

1. Basic Training

- 40-hours of face-to-face training with a PCIT Level II or Master Trainer that includes an overview of the theoretical foundations of PCIT, Dyadic Parent-child Interaction Coding System (DPICS) coding practice, case observations, and coaching with families, with a focus on mastery of Child-Directed Interaction (CDI) and Parent-Directed Interaction (PDI) skills, and a review of the 2011 PCIT Protocol. The 40 hours of training may be conducted via didactic training, a mentorship model, or any combination of the two. PCIT training is ideally offered over a period of time rather than limited to one timepoint, for example CDI training at one time, followed by PDI training at a later date.

OR

- 10 hours of online training from a program endorsed by PCIT International and 30 hours of face-to-face contact with a PCIT Level II or Master Trainer. Online training must be supplemented with skills review from a PCIT Trainer. Therefore, the 30 hours of face-to-face training may be conducted in didactic training, a mentorship model, or any combination of the two. This training will include an overview of the theoretical foundations of PCIT, DPICS coding practice, case observations, and coaching with families, with a focus on mastery of CDI and PDI skills, and a review of the 2011 PCIT Protocol.

OR

- 40 hours of PCIT training with a PCIT International Level 1 Trainer using a combination of didactic training and live co-therapy and supervision. Training from a PCIT Level 1 Trainer must include a minimum of 20 hours of co-therapy and/or live case supervision and continue until the trainee meets CDI and PDI coaching competencies. Video review or phone consultation cannot be used in lieu of the co-therapy or live-supervision requirements. This training will include an overview of the theoretical foundations of PCIT, DPICS coding practice, case observations, and coaching with families, with a focus on mastery of CDI and PDI skills, and a review of the 2011 PCIT Protocol.

2. Consultation Training

Until the two PCIT cases meet graduation criteria, the applicant must remain in contact via real-time consultation (e.g., telephone conference or live, online, or telehealth observation) or video review with feedback with a certified PCIT Trainer at least twice a month.

- The applicant must serve as a therapist for a minimum of two PCIT cases to graduation criteria as defined by the 2011 PCIT Protocol. At least one of the cases must be conducted with the applicant as the primary therapist (e.g., lead therapist or equal co-therapist).

3. Skill Review

- Applicants must have their treatment sessions observed by a certified PCIT Trainer. Observations may be conducted in real time (e.g., live or online/telehealth) or through video recording. Level I Trainers can only use video review after trainees have met competencies in CDI and PDI (see above).
- To demonstrate skill development, the applicant's competence will be observed by a PCIT Trainer in the following sessions conducted by the applicant:
 - CDI Teach
 - PDI Teach
 - CDI Coach
 - PDI Coach

- The PCIT Trainer will review these sessions and determine whether the applicant has demonstrated mastery of each skillset; as such, the applicant must be prepared to provide additional session observations as necessary to document adequate skill.

4. Therapist Competency Requirements

- **Assessment Skills:** By the end of the training process, the applicant should be able to:
 - Administer, score, and interpret the required standardized measures for use in assessment and treatment planning. (Required measures: Eyberg Child Behavior Inventory (ECBI); Recommended measures: Therapy Attitude Inventory (TAI), Parenting Stress Index-Short Form (PSI-SF), Sutter-Eyberg Student Behavior Inventory-Revised (SESBI-R), and Behavior Assessment Scale for Children (BASC) or Child Behavior Checklist (CBCL)
 - Administer behavioral observations from the DPICS-IV Coding System.
 - Achieve a minimum of 80% agreement with a PCIT Trainer using the DPICS-IV during 5 minutes of either live coding or continuous coding with a criterion video recording.
- **CDI-Related Therapist Skills:** By the end of the training process, an applicant should be able to:
 - Conduct the CDI Teach session, adequately explaining all items on the treatment integrity checklist in the 2011 PCIT Protocol as observed by the PCIT Trainer.
 - Meet the parent criteria for CDI skills (10 labeled praises, 10 behavioral descriptions, 10 reflections; 3 or fewer negative talks, questions, plus commands) in a 5-minute interaction with a child or a 5-minute role-play with an adult portraying a child.
 - Demonstrate for the PCIT Trainer how to determine the coaching goals for a CDI session by interpreting the DPICS-IV data from the CDI Progress Record.
- **PDI-Related Therapist Skills:** By the end of the training process, an applicant should be able to:
 - 1. Present the PDI Teach Session, adequately explaining all items on the treatment integrity checklist in the 2011 PCIT Protocol as observed by the PCIT Trainer.
 - Effectively manage a PDI Coach session and accurately demonstrate the discipline sequence with a child in treatment. In the case when a full discipline sequence does not occur or cannot be video recorded, the applicant must demonstrate the skills through video role-play.
 - Demonstrate the ability to explain the discipline procedure in concise, developmentally appropriate terms to a child (or ability to coach a parent through this).
 - Accurately explain the House Rules procedure as described in the 2011 PCIT Protocol. Accuracy can be assessed through role-play, and does not require observation of an actual session.
 - Accurately explain the Public Behaviors procedure as described in the 2011 PCIT Protocol. Accuracy can be assessed through role-play, and does not require observation of an actual session.
- **General Coaching Skills:**
 - By the end of the training process, an applicant is expected to demonstrate adequate and sensitive coaching as observed by the PCIT Trainer.
 - By the end of the training process, an applicant is expected to model CDI skills during all interactions with parents and children throughout the treatment.

5. Application Requirements

- Upon completion of Consultation Training, an applicant for Certified PCIT Therapist status must complete the Certified PCIT Therapist Application (available from PCIT International Certified Trainers or at www.pcit.org.)
- Following acceptance of the Certified PCIT Therapist Application, the applicant must successfully complete the PCIT Certification Experience which reviews concepts covered in Basic and Continuation Training (available at www.pcit.org).
- Final decisions about certification of PCIT Therapists will be made by PCIT International.

6. Responsibilities of Certified PCIT Therapists

- Use the 2011 PCIT Protocol and 2013 Clinical Manual for DPICS-IV as disseminated by PCIT International.

- Remain current in PCIT research by activities such as attending conferences, reading research or practice articles for continuing education credit, or conducting research.
- Certified PCIT Therapists are required to obtain at least 3 hours of PCIT Continuing Education credit every 2 years through educational activities sponsored by the PCIT International Task Force on Continuing Education. PCIT International is an APA.

7. Maintaining Certification

- Certification Period Therapists are certified for 2 years from the beginning date on their Certified PCIT Therapist Certificate.
- Re-Certification: Certification as a PCIT Therapist is renewable every 2 years. To renew, Certified PCIT Therapists must submit a brief application for re-certification and document successful completion of 3 hours of PCIT Continuing Education in programs of learning that have been preauthorized by PCIT International. The Certification Experience is required only for the initial certification application.

Appendix F: Level 1 PCIT Trainer Certification

Certified PCIT Therapists intending to apply for Level I Trainer status must complete the following training experiences:

1. Training/ Consultation/ Case Experience

- Initial Level I Training: A minimum of 8 hours of initial Level I training with a Master Trainer or Level II Trainer that occurs *before* beginning other Level I training activities. The 8 hours of initial training should emphasize the Level I Trainer applicant's provision of training and supervision to others and may be conducted via didactic training, a mentorship model (e.g., the Level I Trainer applicant serving as a co-facilitator with a Master Trainer or Level II Trainer during a therapist training workshop), or any combination of the two.
- Supervision/Consultation: The Level I Trainer applicant must also receive follow-up supervision/consultation from a Master Trainer or Level II Trainer that occurs continuously over the course of at least 12 months and has a frequency of at least once a month. The Level I Trainer applicant's oversight from the Master Trainer or Level II Trainer may include co-consultation with the Level 1 Trainer and their therapist-trainee or telephone/video conference consultation with the Level I Trainer applicant, at the discretion of the Master Trainer or Level II Trainer.
- Case Experience. While under the supervision/consultation of a Master Trainer or Level II Trainer, the Level I Trainer applicant must complete provision of supervision to at least one therapist-in-training. Specifically, the Level 1 Trainer applicant must supervise a therapist-in-training to complete all PCIT International Therapist skill requirements and minimally have a trainee successfully graduate one case (where the trainee is the primary therapist) during the Level I applicant's period of monthly consultation.

2. Skill Review

- Level I Trainer applicants must have their supervision sessions observed by a Master Trainer or Level II Trainer. Observations may be conducted in real time (e.g., live or online/telehealth) or through video recording. Sessions submitted for skill review may include the Level I trainer serving as co-therapist to the trainee or of the Level I trainer observing a trainee's session from the observation room and providing a recorded or written account of the feedback that they provided to the trainee.
- To assess the Level I Trainer applicant's skill in the provision of supervision, the Master Trainer or Level II Trainer will observe the Level 1 applicant supervising a CDI coaching session and a PDI coaching session (ideally an early coaching session in each phase).
- The content and style of the Level I Trainer applicant's competence in supervision will determine whether additional session observations are necessary. The Master Trainer or Level II Trainer will provide written feedback on the Level I applicant's skill in:
 - Attending to core elements of the 2011 PCIT Protocol with fidelity, and
 - Fostering skills development and maintaining a working alliance with the therapist-trainee through sensitive and effective methods of training and supervision

3. Application Requirements

- The applicant must be a Certified PCIT Therapist in order to begin training as a Level I trainer.
- Following successful certification as a PCIT Therapist, the Level I Trainer applicant must complete 8 hours of Level I training provided by a Master Trainer or Level II Trainer and document receiving subsequent monthly consultation/supervision from a Master Trainer or Level II Trainer for at least 12 months.
- Upon completion of consultation/supervision an applicant for Level I Trainer status must complete the Level I Trainer Application (available from PCIT International Certified Trainers or at www.pcit.org).
- The Level I Trainer applicant must also submit a letter of recommendation to PCIT International from their Master Trainer or Level II Trainer that provides evidence of:
 - Completion of 8 hours of Level I training
 - At least 12 months of follow-up consultation with a Master Trainer or Level II Trainer, and

- Successful completion of skill review (as in section II E)
- Final decisions about certification of Level I Trainers will be made by the PCIT International Board of Directors.

4. Responsibilities of Certified Level I Trainers

- Follow the most current PCIT Training Requirements in the training of PCIT Therapists. The Training Requirements are disseminated by the PCIT International Training Task Force and posted on the PCIT International website (www.pcit.org).
- Train PCIT Therapists using the 2011 PCIT Protocol and 2014 Clinical Manual for DPICS-IV as disseminated by PCIT International.
- Remain active in PCIT service delivery either by providing PCIT to families directly or by providing supervision to PCIT Therapists within your agency or program.
- Promote PCIT to both professional and lay communities.
- Remain current in PCIT research by activities such as attending conferences, conducting PCIT research, presenting research at conferences, writing articles, or completing other approved research-related continuing education offerings.
- Level I Trainers are required to obtain at least 6 hours of PCIT Continuing Education credit every 2 years through educational activities sponsored by the PCIT International Task Force on Continuing Education. PCIT International, Inc. is approved by the American Psychological Association to sponsor continuing education programs for psychologists. PCIT International, Inc. maintains responsibility for the programs and their contents.

5. Maintaining Certification

- Certification Period: Level I Trainers are certified for 2 years from the beginning date listed on their PCIT Level I Trainer Certificate.
- Re-Certification: Certification as a PCIT Level I Trainer is renewable every 2 years. To renew, Level I Trainers must submit a brief application for re-certification and document successful completion of 6 hours of PCIT Continuing Education in programs of learning that have been preauthorized by PCIT International.

6. Structure of Training to be Provided by Level I Applicants:

- Level I Trainers must provide 40 hours of PCIT training to their trainees. While Level I trainers should use a combination of didactic or live co-therapy and supervision with their trainees, Level 1 trainers must conduct a minimum of 20 hours of co-therapy and/or live supervision and must include
 - Live supervision or co-therapy of the trainees during CDI until they reach CDI coaching competencies.
 - Live supervision or co-therapy of the trainees during PDI until they reach PDI coaching competencies.
 - Live supervision is defined as supervision in which the trainer is present with the trainee during the PCIT session either in person or through real-time virtual technology. Video review or phone consultation cannot be used in lieu of the co-therapy or live-supervision requirements listed above.
- In certain rare circumstances, such as APA-accredited internship training centers, Level 1 trainers may develop training programs that do not include the full 20 hours of co-therapy. If a Level 1 trainer wishes to develop a program that does not meet the 20-hour co-therapy training requirement, they must first get approval from a master trainer. Then, the master trainer needs to submit an exemption request to the PCIT International Board of Directors for approval of their alternate training program.

Appendix G: Clinician PCIT Skills Checklist (Procedures)

Overall Core Competencies

Last Updated – November 26, 2013

Therapist Name & Credentials								
Training Location								
	D1	D2	D3	D4	D5	D6	D7	TOTAL
Dates of Didactic Training								

PCIT Assessment/DPICS Skills		
1. Administered, scored, and interpreted the ECBI Correctly		
Procedure: Clinician will score up to 4 versions of mock ECBI's until they have successfully scored it. Four ECBI's are completed as if a parent rated their child, and labeled with the appropriate number (1-4). Clinicians will continue to score versions of the ECBI until they can administer, score, and interpret it correctly.	Training Activity	
Documentation: ECBI Forms 1 through 4		
2. Achieved a minimum of 80% reliability using the DPICS while coding a 5-minute criterion video.		
Procedure: Clinician will continuously code a 5-minute video of CDI during a training session or on line. Criterion videos are coded to 100% agreement by two outside PCIT experts using the DPICS-III. Clinicians must achieve a minimum of 80% agreement on the first viewing of a video.	Training Activity	
Documentation: CDI Coding Sheet		
3. Administered behavioral observations from the DPICS coding system.		
Procedure: During consultation clinician will report administration of behavioral observations from the DPICS (Child-led play, Parent-led play, and Clean-up) during a pre-treatment assessment session with an actual client. Trainer document clinician competency on procedures checklist.	Consultation	
Documentation: N/A		
CDI Skills		
1. Performed CDI Teach with actual client at 80% treatment integrity per treatment integrity checklists consistent with PCIT International 2011 Manual.		
Procedure: Clinician will submit a videotaped CDI Teach session of an actual client to be coded by their trainer. Trainer will code clinician using the Treatment Integrity Checklist for Orientation and CDI Teach Session from the PCIT International 2011 Manual. Clinician will continue to submit videotapes until 80% treatment integrity is met.	Tape Review	
Documentation: Treatment Integrity Checklist for Orientation & CDI Teach Session		
2. Met the parent criteria for CDI Mastery (10 labeled praise -10 behavioral descriptions -10 reflections with 3 or fewer commands, questions, and criticisms) in a 5-minute coding during in vivo interaction with a child or in a role-play.		
Procedure: Clinician will demonstrate parent CDI mastery criteria, as coded by a trainer, during a 5-minute role-play at a training session. Clinician will perform new 5-minute role-play interactions until they have met parent mastery criteria.	Training Activity	
Documentation: CDI Coding Sheet (scored by trainer)		

3. Used child's problem behaviors to identify positive opposites /alternative behaviors to reinforce in CDI Sessions with PRIDE Skills.		
Procedure: Clinicians will review examples of positive opposites during training then complete a positive opposite worksheet. Clinician will correct responses that are incorrect and resubmit for trainer to review.	Training Activity	
Documentation: Positive Opposites Skills Check Out Worksheet		
4. Demonstrated effective CDI coaching with actual client via video.		
Procedure: Clinician will submit a videotaped CDI coaching session of an actual client to be reviewed by their trainer. Trainer will review clinician's coaching and integrity of CDI session and provide written feedback. Clinician will continue to submit videotapes until effective coaching is demonstrated.	Tape Review	
Documentation: Treatment Integrity Checklist for CDI Coach session, Written Feedback, CDI Coaching Checkout Form		
5. Demonstrated how to determine the coaching goals for a CDI session by interpreting the DPICS coding sheet gathered at the start of the session.		
Procedure: Clinician will submit a videotaped CDI coaching session of an actual client to be reviewed by their trainer. Using the Treatment Integrity Checklist for CDI Coach session, trainer will document whether clinician used DPICS observations to set goals for the session. Clinician will continue to submit videotapes until competency is met.	Tape Review	
Documentation: Treatment Integrity Checklist for CDI Coach session and Written Feedback		
PDI Skills		
1. Performed PDI Teach with actual client at 80% treatment integrity per treatment integrity checklists consistent with PCIT International 2011 Manual.		
Procedure: Clinician will submit a videotaped PDI Teach session of an actual client to be coded by their trainer. Trainer will code clinician using the Treatment Integrity Checklist for PDI Teach Session from the PCIT International 2011 Manual. Clinician will continue to submit videotapes until 80% treatment integrity is met.	Tape Review	
Documentation: Treatment Integrity Checklist for PDI Teach Session		
2. Met the parent criteria for PDI Mastery in a 5-minute coding during in vivo interaction with a child or in a role play.		
Procedure: During a 5-minute PDI role-play at a training session, clinician will complete the time-out sequence as the parent. Trainer will observe and code clinician's PDI skills. Clinician will demonstrate parent criteria for PDI Mastery (issuing at least 4 commands, with at least 75% effective commands and at least 75% correct follow through after effective commands). Clinician will complete each of the following: 1) Giving good direct commands & follow through of labeled praise for compliance; 2) Warning for noncompliance; 3) Time out for repeated noncompliance; 4) Back up space for escaping time out	Training Activity	
Documentation: PDI Mastery Role Play Checkout Form		
3. Explained PDI to the child during PDI 1 Session or during a role-play.		
Procedure: Trainer will observe clinician explaining PDI in a developmentally age appropriate manner during a 3-minute role-play at a training session, or during a videotaped PDI Coach 1 session submitted by clinician.	Training Activity	
Documentation: Teaching PDI to the Child Mastery Role Play Checkout Form		

4. Demonstrated effective PDI coaching with actual client via video.		
Procedure: Clinician will submit a videotaped PDI coaching session of an actual client to be reviewed by their trainer. Trainer will review clinician's PDI coaching, including the ability to manage a PDI coach session and appropriate use of time-out sequence. Clinician will continue to submit videotapes until effective coaching is demonstrated.	Tape Review	
Documentation: Treatment Integrity Checklist of PDI session, Written Feedback, PDI Coaching Checkout Form		
5. Accurately explained House Rules as described in the 2011 PCIT Protocol, to client or through role play.		
Procedure: Trainer will observe clinician explaining house rules during a 3-minute role-play at a training session or during a videotaped role-play or session with client.	Training Activity	
Documentation: House Rules Mastery Role Play Checkout Form		
6. Accurately explained Public Behavior as described in the 2011 PCIT Protocol, to client or through role-play.		
Procedure: Trainer will observe clinician explaining public behaviors procedure during a 3-minute role-play at a training session or during videotaped role-play or videotaped session with client.	Training Activity	
Documentation: Public Outing Mastery Role Play Checkout Form		
PCIT General Skills and Case Experience		
1. Structured the opening and closing of sessions (including homework assignment/review, feedback on skills, and time management).		
Procedure: Trainer will review submitted videotapes (CDI or PDI coaching) to monitor clinician's skill in structuring the opening and closing of sessions using the Treatment Integrity Checklist for the corresponding session from the PCIT International 2011 Manual. Written feedback will be provided and clinician will continue to submit videotapes until competency is met.	Tape Review	
Documentation: Treatment Integrity Checklist and Written Feedback		
2. Participated in 80% of group consultation calls, occurring twice a month for 12 months.		
Procedure: Trainer will document clinician attendance on all consultation calls. Clinician is required to attend 80% of 24 consultation calls scheduled over 12 months.	Consultation	
Documentation: Consultation Attendance Record		
3. Completed 2 PCIT cases as the primary therapist or co-therapist.		
Procedure: Clinician will graduate at least 2 PCIT cases as the primary therapist or co-therapist. Trainer will record dates of graduated cases on procedures checklist and ensure graduation criteria were met during consultation.	Consultation	Case 1:
Documentation: N/A		Case 2:

Appendix H: Level 1 Trainer Skills Checklist

Level I Trainer Skills Checklist

Overall Core Competencies

Level I Trainer Name & Credentials

Master or Level II Trainer/Site

D1 D2 D3 D4 D5 D6 D7 TOTAL

Dates of Level I Trainer Course*

Hours of Each Training

	Group	Real-Time	Individual	Observation	Video Review	Total Supervision
Consultation Hours						
Core Competency						Date Achieved
THERAPIST SKILLS / PRE-TRAINER SKILLS						
1. Met all therapist skill competencies with a Certified PCIT Trainer: <i>Name of Trainer:</i> _____ <i>Trainer Type (circle one):</i> Level I Level II Master						
2. Passed Certified PCIT Therapist experience.						
3. Completed a minimum of 4 PCIT cases to graduation criteria as a therapist (with 3 of 4 cases as a primary therapist (e.g., lead therapist or equal co-therapist). <i>Number of cases completed:</i> _____						
TRAINER SKILLS						
1. Observed in provision of supervision/therapist consultation for at least 1 CDI coaching session , either live or prerecorded.						
2. Observed in provision of supervision/therapist consultation for at least 1 PDI coaching session , either live or prerecorded.						
3. Implemented feedback from a Master Trainer or Level II Trainer on content and style of supervision .						
4. Attended to teaching a therapist-in-training core elements of PCIT with fidelity .						
5. Demonstrated competency in maintaining a working alliance with supervisee/therapist trainee through sensitive and effective methods of training.						
CASE REQUIREMENTS						
1. Completed provision of supervision/consultation with at least 1 therapist-in-training while receiving consultation from a Master Trainer or Level II Trainer.						
2. Participated in 80% of monthly group consultation sessions led by a Master Trainer or Level II Trainer over the course of at least 1 continuous year.						
3. Completed at least 1 year of Level I Trainer consultation with a Master Trainer or Level II Trainer. <i>Start Date:</i> _____ <i>End Date:</i> _____						
4. Served as primary therapist or supervisor on at least 2 PCIT cases within the previous 2 years . <i>Date 1:</i> _____ <i>Date 2:</i> _____						

*Alternatively, may be dates served as a co-facilitator with a Master Trainer or Level II Trainer during a therapist training workshop.

Additional Notes: