The
PCIT for Traumatized Children’
Web Course

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Vision of the PCIT Training Center

• To improve the quality of mental health services to children and families.

• Increase the number of trained and qualified mental health providers in rural and urban areas with the expertise to comprehensively respond to the special needs of children and families through the delivery of PCIT services.

• Bridge the gap between effective research and effective practice.

• Expand the depth and breadth of scientific knowledge in mental health, child maltreatment, and PCIT.
Established in 1999 to train 13 California agencies in PCIT

Attain a competency level among trainees that will enable agency therapists to provide PCIT services.

Train designated agency therapists (TOTs) to provide agency supervision of PCIT services and train future staff (2nd generation+) in PCIT service delivery.

Children who receive PCIT services from the trainee agency will demonstrate significant behavioral improvements and symptom reduction after completion of PCIT.

Currently we have trained approximately 90 community mental health agencies throughout California and other states/countries
Agencies with PCIT Programs

Humboldt-3  Glenn  Yolo-2  Placer  Sacramento-4  Sonoma  Santa Clara  Mammoth Lakes
Shasta  Butte  Yuba  Marin-2  Amador  San Mateo  Fresno  San Benito  Monterey-2  Los Angeles-11+
Tehama  Lake-2  Nevada-2  Solano  San Joaquin-2  Alameda  Merced  Ventura-2  Santa Barbara  Kern
San Bernardino  Riverside-3  Orange-2  San Diego-5  Yolo-2

See www.pcittraining/referrals.tv for complete list

A PARTNER IN NCTSN
The National Child Traumatic Stress Network
Quick Survey of PCIT Training Center Agencies  
(N = 69 agencies)

Current PCIT program  
59 agencies 84%

No current PCIT program  
10 agencies 16%

Problems: Agency no longer exists, Therapist turnover

1-2 active PCIT therapist  
43%

3+ active PCIT therapists  
57%

Currently training a PCIT therapists  
64%

PCIT Agency Caseload Size  
Mean: 23.61 cases/agency

- ~1,500 families/week receiving PCIT (people we trained directly)
- ~4,000-5,000 families/week receiving PCIT in California (via TOTs)
Eyberg Child Behavior Inventory- Problem Scale: T-Scores from Pre-, Mid-, & Post-Tx Assessments

Data represent scores from 269 Clients and 10 Agencies
Parenting Stress Index- Total Stress: %ile Scores from Pre-, Mid-, & Post-Tx Assessments

Data represent scores from 251 Clients and 8 Agencies
Activities below occur over the 10-month training period:

1. Site visit (therapist competencies, equipment, therapist selection)
2. Three-day “Fundamental and Skill-Building Training’ (i.e., didactic/role-play training (theory, assessment, CDI)
3. Seven days of on-site ‘coach coaching’ for first half of PCIT.
4. Seven days on-site PDI ‘coach coaching’ for second half of PCIT.

18 days of training is A LOT!  >X3 days/didactic training
> X15 days of on-site coach coaching

Complies fully with the 2009 – National PCIT Training Guidelines!
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SAMHSA/NCTSN - Funded $1.8 Million Training

Year One Web Course Development

1. PCIT Training Center: Development of preliminary web course modules
   >Theory >Culture >Course of treatment
   >Assessment >Coding >CDI didactic
   >Mastery Criteria >PDI Didactic >Generalization

2. Workgroups: Each Web Course module posted on NCTSN intranet
3. Revise, revise, revise each module
4. PCIT Web Course Executive Committee
5. Final Web course curriculum approval
6. Web course development
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What does this web course look like?
Revised PCIT Training Model

**On-site Training Model**
1. Program Development (1)
2. Fundamentals Training (1)
3. Skills-Building (1)
4. Advanced Training & Consultation (15)
5. Quality Assurance
6. Continuing Education

Total on-site visits: (18)

Agency site visits: (#)

**Telemed Training Model**
1. Program Development (1)
2. Fundamentals Training
3. Skills-Building (1)
4. Advanced Training & Consultation (2)
5. Quality Assurance
6. Continuing Education

Total on-site visits: (4)
Total telemed ‘visits’: (15)
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Years 2-3 PCIT Training & Web Course Assessment

1. Identify X10 community mental health agencies to train
   (one agency needs to be a U.S. Military facility)
2. Site development, telemedicine equipment installation
3. Therapists at identified agencies take PCIT web course
4. Coach-coaching conducted via telemedicine
   >Most of the training will occur via videoconferencing (coach coaching)
5. Therapists (TOTs) at each agency reach training competencies – so they can train other therapists at their agency.
PCIT and Telemedicine

Challenge:
Putting telemedicine equipment into existing audio-visual system.

Training distant mental health Providers to use telemedicine equipment
PCIT Training Center

Thank you!

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