

PCIT Trainee Name:	
PCIT Agency Name:	

# PCIT for TRAUMATIZED CHILDREN

### PCIT COMPETENCIES FOR THERAPISTS

### **ESSENTIAL COMPONENTS OF PCIT**

- Standardized pre/post treatment measurement ECBI/DPICS
- Inclusion of CDI and PDI
- Coding interactions with the DPICS
- In vivo coaching of the parent-child dyad
- Inclusion of the PRIDE and selective attention/ignoring concepts
- Use of homework
- At least 50% of session spent coaching
- Agency provides appropriate space and equipment, and allows therapists to participate in ongoing training and consultation.

#### MINIMUM REQUIREMENTS FOR BECOMING A PCIT THERAPIST

- Trainee must: 1) have a master's degree or higher in the mental health field and must be actively working with children and families and 2) be licensed or supervised by a person trained in PCIT. Graduate students enrolled in a master's or doctorate program may participate in training within the context of their overall training program.
- 40 hours didactic training with role-play (including completion of PCIT-TC web course).
- Read revised or updated training handouts, training curriculum, PCIT book (McNeil & Hembree-Kigin, second edition, 2010), and selected research articles.
- Meet PCIT training Competencies for Therapist/Coach (UCDMC CAARE Center, 2000)
- Administer, score and interpret pre/post measures (ECBI, PSI, CBCL, TSCYC and 15minute observation with DPICS scoring)
- Supervision and case consultation through the course of treatment for one PCIT case.
- Remain current with PCIT research and advancements by attending regional meetings, annual PCIT conferences and other resources (i.e. PCIT Listserve, etc.)
- Complete two PCIT cases through the full course of treatment.

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## PHASE I: FUNDAMENTAL AND SKILL-BUILDING

Date	Approved by	Experiential Competency
		1.1 Complete 10 Hour PCIT –TC Web Course
		Evaluation of Web Course Knowledge
		1.2 Meet Mastery Criteria for Child-Directed Interaction (CDI) Skills in five-minute role-plays (10 labeled praises, 10 reflections, 10 behavioral descriptions with 3 or less questions, commands, critical statements)
		1.3 Code parent-child interaction using DPICS 3 with 80% accuracy
		1.4 Develop Objectives & Goals using information from clinical interview, pre-measures and behavioral observation
		1.5 Role-Play CDI Teaching Session – shows understanding of process
		1.6 Role-Play CDI Coaching Skills – shows understanding of process
		1.7 Role-Play PDI Teaching Sessions – shows understanding of process
		1.8 Role-Play PDI Coaching Skills – shows understanding of process
		1.9 Role-Play Presenting "What Is PCIT?" (pg. 2.37)

## PHASE II: EXPERIENTIAL TRAINING

Date	Approved by	Experiential Competency									
			Intake and Assessment								
			2.1 Utilize standardized behavioral measurements (CBCL, ECBI, PSI, TSCYC) in assessment and treatment planning								
		Inte	2.2 Conduct Structured Behavioral Observations (Dyadic Parent-Child Interaction Coding System; DPICS) as a component of the assessment process								
			2.3 Code 5-minute CDI parent-child interactions with 80% accuracy using DPICS (10 times: check off below)								
		Child-Directed Interaction Didactic									
		3.1 Teach and demonstrate behavioral play therapy skills (PRIDE)									
		3.2 Teach and demonstrate use of selective attention/ignoring									
		3.3 Tea	3.3 Teach and demonstrate avoidance of questions, commands, and								

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critical statements
3.4 Explain and provide rationale for completing daily homework
3.5 Review toys that are appropriate for special play time
Child-Directed Interaction Coaching Sessions
4.1 Model CDI Skills during all interactions with parent and child from the outset of contact to termination of session
4.2 Use ten-minute check-in phase of therapy to build rapport and briefly review progress/concerns/completion of homework
4.3 Conduct 5-minute behavioral observation and code parent on PRIDE skills
4.4 Coach easier-to-master skills (e.g., description, reflection, imitation) before more difficult skills (labeled praise, avoiding questions & commands)
4.5 Coach CDI skills by modeling, prompting, and explaining the concepts using all levels of coaching
4.6 Progress from directive to less directive coaching by praising/reinforcing appropriate parent verbalizations (e.g. give more praise than correction)
4.7 Effectively coach concepts of ignoring and differential attention
4.8 Coach qualitative aspects of parent-child interaction (e.g., physical closeness/affection, eye contact, vocal and facial expression, developmentally sensitive teaching, task persistence, frustration tolerance, sharing, polite manners, and generalization of positive behavior to other settings.)
4.9 Provide five minutes of positive feedback to parents on their mastery of skills and discuss homework plan
4.10 Document parent and child progress, strengths, concerns, and track skill mastery on frequency chart
4.11 Demonstrate ability to structure the opening and closing of sessions so that feedback, homework, and review of child/parent progress occurs
4.12 Demonstrate ability to teach parent and use "Skills to Manage Behavior" in coaching sessions
Mid-Treatment Assessment
5.1 Use five-minute coding sessions to assess readiness for transition

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to Parent-Directed Interaction phase of treatment
5.2 Administer standardized measures for re-assessing treatment goals
5.3 Develop treatment goals specific for PDI phase of treatment
Parent-Directed Interaction Didactic Session
6.1 Provide rationale for teaching discipline skills to parents and emphasize the importance of continuing to use PRIDE skills
6.2 Teach and demonstrate rules for giving effective commands (BE DIRECT)
6.3 Teach and demonstrate importance of praise for compliance (COMMAND-COMPLY-PRAISE)
6.4 Role-play 'practice-minding' and use of progressively more difficult commands
6.5 Teach and demonstrate time-out warning and time-out process
6.6 Teach consistent process for managing time-out refusal
Parent-Directed Interaction Coaching Sessions
7.1 Continue to model CDI Skills during all interactions with parent and child from the outset of contact to termination of session
7.2 Use ten-minute check-in phase of therapy to briefly review progress/concerns/completion of homework
7.3 Conduct behavioral assessment at the beginning of the session according to protocol and code parent on BE DIRECT/Discipline sequence
7.4 Coach 'practice-minding' before 'real life' or more challenging commands
7.5 Coach time-out warning and time-out process
7.6 Coach consistent process for managing time-out refusal
7.7 Coach 'real life' directions and develop plan for implementing time-out procedures in other settings
7.8 Accurately explain the House Rules procedure
7.9 Accurately explain Public Behaviors procedures
7.10 Provide five minutes of positive feedback to parents on their mastery of skills and discuss plan for carefully selecting necessary commands to practice applying skills at home

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	7.11 Document parent and child progress, strengths, concerns, and track maintenance of PRIDE skill mastery on frequency chart
	7.12 Assess readiness for treatment termination with parent based on level of compliance at home, school, and session, willingness to cooperate with time-out
	Post-Treatment Assessment
	8.1 Assess need for further therapy (e.g., trauma-focused therapy, social skills group) or adjunct services (e.g., home-based services, school consultation, medication assessment)
	8.2 Administer 15-minute behavioral assessment to measure parent's achievement of skill acquisition and child's compliance.
	8.3 Administer standardized behavioral measures (CBCL, ECBI, PSI, TSCYC, and TAI) to assess achievement of treatment objectives.
	8.4 Provide parent and child with certificate verifying achievement of skill
	8.5 Document progress/objectives achieved and discharge plan

<b>Verification of Training Comple</b>	etion:
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UCDMC PCIT Trainer	Date
PCIT Trainee	