# REQUEST FOR APPLICATIONS

For

## Parent-Child Interaction Therapy (PCIT) Training and Implementation Services

Learning Collaborative for Louisiana Medicaid Behavioral Health Agencies

Issued by

**LSUHSC-NO, School of Public Health- Center for Evidence to Practice**

Release Date: DECEMBER 4, 2024

**Applications must be received by JANUARY 18, 2025**

All applicants will be notified by FEBRUARY 4, 2025

Please direct questions to the Center for Evidence to Practice at
EvidencetoPractice@lsuhsc.edu

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# 1. PROJECT OVERVIEW

## A. INTRODUCTION

The Center for Evidence to Practice (Center for E2P) has written this Request for Application (RFA) in order to identify behavioral health practitioners in Louisiana who are equipped to successfully participate in ***Parent-Child Interaction Therapy (PCIT)*** training and implementation.

PCIT has been selected by the Office of Behavioral Health (OBH) as an evidence-based program that will be expanded statewide, to serve youth as well as adults. OBH has published a Medicaid service definition for PCIT in their LA Behavioral Health Services Manual, which demonstrates their support for this EBP model.

Through this Request for Applications (RFA), the Center for E2P along with Dr. Ashley Scudder, Ph.D., and Dr. Cheryl McNeil, Ph.D., look forward to identifying a strong cohort to participate in this training and learning collaborative opportunity.

The **goal of this RFA** is to help providers determine if this EBP is a good fit for their clinicians, organization, and the youth, families, and adults they serve. *It should also help providers determine if they are able to commit to the expectations of participating in this training opportunity and of delivering the EBP.* The application requests information about the providers' qualifications, the services they provide to Medicaid-insured children and families, and readiness to participate in the training and to deliver the EBP. Dr. Scudder, Dr. McNeil, and the Center for E2P staff will be reviewing applications based on the ***Application and Selection Process (Section 3) to select providers that are best able to take advantage of this training opportunity and to sustain delivery of the EBP.***

## B. INFORMATION ABOUT THE LOUISIANA CENTER FOR EVIDENCE TO PRACTICE

The Center for E2P is a partnership between the Louisiana Department of Health – Office of Behavioral Health and the Louisiana State University, Health Sciences Center – School of Public Health, which is tasked with improving access to evidence-based behavioral health practices for Louisianan children and families insured by Medicaid. Our mission is to support the state and its agencies, organizations, communities, and providers in selecting and implementing evidence-based interventions to promote youth and family well-being, improve behavioral health outcomes, and address challenges related to sustaining quality practice. For more information on E2P please visit our website and subscribe to our newsletter for updates.

## C. CONTINUING EDUCATION CREDITS

The Center has been authorized as a social work continuing education (CE) pre-approval organization through the Louisiana State Board of Social Work Examiners (LABSWE). Additionally, the National Board for Certified Counselors (NBCC) has approved the Center to become an NBCC Approved Continuing Education Provider (ACEP). Pending completion of training, complying with Center Training Guidelines & Expectations, meeting the required amount of training minutes, and completing the end-of-training evaluation, participants should receive a CE certificate for their participation in

this training opportunity. The Center encourages participants who are not licensed social workers or licensed professional counselors to submit their certificates to their respective licensing board upon renewal for CE credit.

### D. Training Commitment Expectation and Form

Dedication and commitment to this training is the utmost importance to participating in this training opportunity. *These trainings are typically very costly and would be a significant financial investment for practitioners if they were to participate on their own; however,* if an agency/practitioner team is chosen for this opportunity, it is provided at no cost to them. With that in mind, **for each entity that is chosen for this training opportunity, we emphasize the necessity of completing all the training components as intended.** Should an entity drop out of this opportunity, it can impact their selection in a future training opportunity offered through E2P.

All chosen applicants are required to commit to participating in the training in its entirety. Upon selection, all applicants will be required to complete a **TRAINING COMMITMENT** between the applicant and E2P. ***As this is a free, state-funded training, all participants must demonstrate their commitment to participate in ALL training days and to actively use the training approach with clients.***

### . Training Costs

There will be no cost to agencies for the course itself; however, agencies must financially commit to the time and effort required to complete the training and the delivery of the EBP. Agencies and clinicians must set aside the allotted training time to fully participate in this training opportunity, including any expectations outside of training (e.g. reading training manuals and related materials, completing web-based training, changing operations to accommodate delivery of the EBP). This includes agencies and clinicians setting aside time for each of the required training days/times to fully participate in this training opportunity. For in-person trainings, the provider is responsible for covering the cost of travel and travel time. Training manuals will be provided by the Center for E2P.

## 2. SCOPE OF WORK

### A. Information about Parent Child Interaction Therapy (PCIT)

(Source: LA Medicaid Provider Manual)

Parent-child interaction therapy (PCIT) is an evidence-based behavior parent training treatment developed by Sheila Eyberg, Ph.D. for young children with emotional and behavioral disorders that places emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns. Children and their caregivers are seen together in PCIT. Parents are taught and practice communication skills and behavior management with their child in a playroom while coached by therapists. The activities and coaching by a therapist enhance the relationship between parent and child and help parents implement non-coercive discipline strategies.

PCIT is a model used within the service Outpatient Therapy by Licensed Practitioners, so follows the requirements set out in the "Outpatient Therapy by Licensed Practitioners" section of this manual

**Target Population Characteristics**

PCIT serves children ages 2.5-7 years old (can be up to 9 based on clinical judgement) with:

- Disruptive behavior problems;
- Attention-Deficit/Hyperactivity Disorder (ADHD);
- Child Welfare Involvement;
- Selective mutism; or
- Anxiety.

PCIT may not be clinically appropriate for individuals with significant social reciprocity deficits. PCIT effectively serves children whose parents:

- Have limited experience with children;
- Have limited support;
- Feel overwhelmed by their child's behavior;
- Feel angry at their child;
- Have a history of using harsh or punitive discipline approaches;
- Have a child with an opposing temperament from their own; or
- Feel their child is out of control.

**Philosophy and Treatment Approach**

PCIT is based on many of the same theoretical underpinnings as other parent training models. However, the treatment format differs from many other behavior parent training programs that take more of a didactic approach to working with families. Specifically, parents are initially taught relationship enhancement or discipline skills that they will practice in session and at home with their child.

In subsequent sessions, most of the session time is spent coaching caregivers in the application of specific therapy skills. Therapists typically coach from an observation room with a one-way mirror into the playroom, using a "bug-in-the-ear" system for communicating to the parents as they play with their child.

More recent advances in technology have allowed for coaching via video feed from another room which has reduced the need for adjoining clinical spaces. Concluding each session, the therapist and caregiver together decide which skills to focus on most during daily 5-minute home practice sessions the following week.

**Goals:**

- Improve parent/caregiver-child relationships;
- Improve children's cooperation;
- Increase children's abilities to manage frustration and anger
- Increase children's appropriate social skills;
- Improve children's attention skills;

- Build children's self-esteem;
- Increase parenting skills; and
- Decrease caregiver's stress.

**Specific Design of the Service**

PCIT can be provided in a clinic or home-based setting, and is typically provided in weekly therapy sessions. A typical course of treatment may average 15-20 sessions. However, traditional PCIT differs from other parent training treatment strategies in that treatment is not session limited. Specifically, families graduate from treatment when parents demonstrate mastery of skills and rate their child's behaviors as being within normal limits. The model duration depends on clinical outcome.

Specifically, the first portion ("child directed interaction" is completed when a parent meets specific criteria defined as "mastery" of the skills of child directed intervention. The therapist first teaches the parent the Child Directed Interaction (CDI) skills in a didactic, parent-only session. Then in subsequent sessions, the therapist coaches the parent (through a "bug-in-the-ear" system") in the parents' use of those CDI skills during play with their child. CDI skills include the "PRIDE" skills: Praise, Reflect, Imitate, Describe, and Enjoy.

The second portion ("parent directed interaction") similarly depends on parental successful achievement of specific mastery criteria. The therapist first teaches the parent the Parent Directed Interaction (PDI) skills in a didactic, parent-only session. Then in subsequent sessions, the therapist coaches the parent (through a "bug-in-the-ear" system") in the parents' use of those PDI skills during play with their child. PDI skills include effective commands, and compliance strategies, including predictable and consistent consequences such as time out and removal of privileges.

## B. TRAINING PROGRAM INTRODUCTION

The goal of this training and implementation program is for participating Medicaid agencies to successfully implement PCIT into their agency and community. Providers should be able to demonstrate the capacity to identify and engage appropriate young children and families for PCIT, deliver the model to fidelity, and sustain the model long-term.

E2P expects all selected practitioners, supervisors, and administrators to complete all required responsibilities over the duration of the training. Once training is complete, clinicians will be expected to apply for certification with PCIT International.

Ashley Scudder, Ph.D., and Cheryl McNeil, Ph.D., PCIT International Certified Global Trainers are who have been contracted to lead this Learning Collaborative.

Identified clinicians, supervisors, and administrators from selected agencies will participate in a training and implementation program lasting approximately one year. This period will include preparation for implementation, training in the PCIT model, and the provision of PCIT to children and their caregivers. To ensure optimal success in application, trained staff will receive biweekly consult with a PCIT trainers throughout the training year. Also with the support of the training team, agencies will track progress by administering structured change measurements throughout the implementation process.

## C. Training Approach

The Training and Implementation Process will follow all PCIT International guidelines, which can be found here: http://www.pcit.org/therapist-requirements.html

To be eligible to participate in training, clinicians must have a master's degree or higher in a mental health field and be an independently licensed mental health service provider or be working under the supervision of a licensed mental health service provider.

Training will include multiple organizations; each organization is encouraged to send clinicians and/or supervisors to training sessions, which occur over the course of a year. Training will begin with a Launch Phase, which will include activities for participants to complete that will help organizations prepare to offer PCIT services (e.g., reviewing materials, setting up PCIT rooms). Next, two Learning Sessions will occur, each followed by "action periods." During the learning sessions, clinicians and supervisors attend PCIT training. During action periods, participants will be encouraged to use PCIT with families as well as apply implementation strategies, such as collecting and evaluating improvement data and attending PCIT conference calls with the trainers. The training team will also be available to administrators as needed for implementation and clinical support. All training will be executed virtually.

Over the course of the training year, clinicians will be required to attend all training sessions, participate in at least 80% of consultation calls, graduate 2 families from PCIT, and submit 4 treatment sessions for a PCIT Trainer to provide feedback on.

***The training phases will unfold as follows:***

| Events | Date |
|---|---|
| **Informational Webinar** | December 3, 2024 |
| **RFA Released** | December 4, 2024 |
| **APPLICATION DEADLINE** | **JANUARY 18, 2025** |
| **Notification of Application Status** | February 4, 2025 |
| **TRAINING COMMITMENT DUE** | **FEBRUARY 14, 2025** |
| **MANDATORY PCIT Orientation Meeting:** | February 20, 2025 12pm-1pm CST |
| **PCIT Leadership Meeting** | March 10, 2025 12pm-1pm CDT |
| **PCIT Online Learning Session 1 (LS1):** | March 26-28 & March 31-April 1, 2025 9am-5pm CDT |
| **CE Evaluation Deadline for LS1 Training:** | April 8, 2025 |
| **PCIT Online Learning Session 2 (LS2):** | September 18-19, 2025 9am-5pm CDT |
| **CE Evaluation Deadline for LS2 Training:** | September 26, 2025 |
| **Consultation Call Commitment:** | 1-hr Bi-weekly calls for 1 year |

## D. PCIT Informational Webinar

The Center for Evidence to Practice is hosting an informational webinar on PCIT, which will be facilitated by the trainers, Dr. Scudder and Dr. McNeil. This webinar offers an opportunity for all agencies interested in pursuing PCIT to learn more about the training, implementation and the certification process. A Question and Answer (Q&A) session will follow.

**Date: DECEMBER 3, 2024**

**Time: 12:00 PM – 1:00 PM CST**

**REGISTER HERE FOR INFORMATIONAL WEBINAR**

Agencies are encouraged to come prepared with questions pertaining to PCIT training and implementation.

Following the webinar, E2P will post the recording of the webinar as well as a summary of the Q&A for those unable to attend.

## E. Launch Phase

The Launch Phase of training occurs between the kick-off call (March 10, 2025) and the first training session (i.e., Learning Session) on March 26, 2025. Goals of this phase include to: 1) provide participants with exposure to the treatment model, 2) promote knowledge acquisition regarding the intervention, 3) support teams in ensuring readiness for treatment implementation (e.g., room set-up, equipment), and 4) familiarize teams with core components of the training and implementation model.

Launch activities include reading and reviewing introductory materials related to the treatment (such as the treatment manual, relevant articles) as well as obtaining the required technology and physical room changes to be prepared to begin PCIT immediately following the first learning session (see Technology Capabilities). Agencies will also be expected to identify young child referral pathways and sources of referrals. Additionally, agency clinicians will be expected to complete pre-requisite training in early childhood development (unless prior training has been received) so that learning session time is optimized.

## F. Learning Sessions

Throughout the course of the training and implementation, clinicians will participate in two Learning Sessions. The first Learning Session will last five days. The second Learning Session will last two days. During each Learning Session, participants engage in a variety of activities. Goals of the learning sessions are to: 1) provide exposure and skill practice related to the intervention, 2) support teams in engaging with one another to build collaborative network, and 3) support understanding of the training and implementation methodology (such as using metrics, focusing on local expertise, and embedding practices).

## G. Action Periods

Following each Learning Session, agency teams participate in Action Periods. During Action Periods, teams implement and study the knowledge and skills acquired during training as they administer PCIT to child-caregiver dyads. Throughout the Action Periods, clinicians are supported through participation in bi-weekly consultation calls as they use PCIT with families.

## H. SUSTAINED PRACTICE

Following the completion of the full training and implementation program, agencies will be expected to independently sustain PCIT, including facilitating ongoing referrals and engagement, maintaining case load, and ensuring supportive supervision, leadership, and policy. Having an agency's leadership (e.g., CEO, supervisors, and other decision-makers) directly involved in the implementation of an EBP is key to its long-term success. Strategies of an engaged leadership include the CEO being knowledgeable about PCIT and directly involved in: 1) supporting clinicians and supervisors in maintaining fidelity to PCIT, 2) recruiting staff to participate in learning and using the EBP, 3) integrating the EBP into the culture of the agency, and 4) demonstrating commitment to the EBP through follow-through with the implementation plan. In addition, each agency should also consider how their policies might support or conflict with EBP practice and identify ways to integrate PCIT into their policies and procedures.

Examples may include:

- Considering an applicant's knowledge of (or openness to) EBPs in hiring decisions and integrating information about PCIT into new employee orientations
- Setting participation in EBP supervision as a regular requirement
- Creating processes to track fidelity and measures
- Integrating PCIT into clinical documentation
- Recognizing EBP clinicians formally in performance reviews and merit raises and informally in newsletters, websites etc.

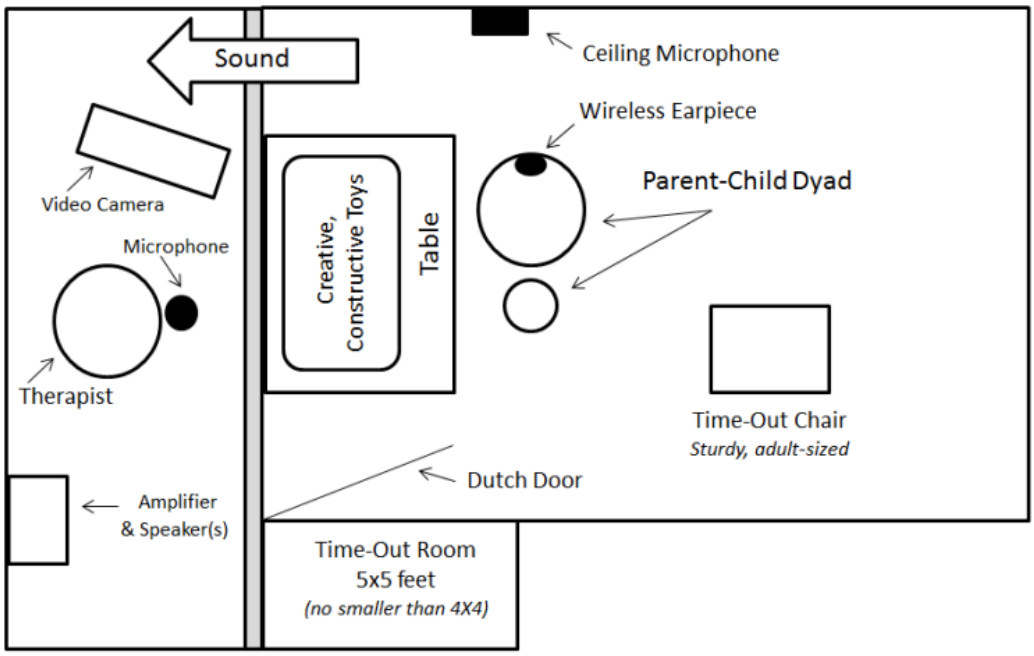
## I. MONITORING AND REPORTING REQUIREMENTS

The tracking of change is an integral part of PCIT, as well as essential to understanding what is working well within the training and implementation. The E2P and PCIT trainers will collaborate with selected agencies to develop an outcomes monitoring plan. Support will be provided in the development of the operational procedures for collecting and regularly reporting/reviewing data with E2P and PCIT trainers. Monitoring requirements will be discussed during training.

## J. TECHNOLOGY CAPABILITIES

Applicants must have the technological capabilities required to perform the proposed activities in this RFA. The following space details and tools are important for an agency to maintain in order to provide PCIT. Agencies must have a backup space, a plan to develop a space, or appropriate alternative back up. Please make note if you do not plan to have a backup space. Additional information on alternative backup options will be provided in the PCIT orientation meeting and through requested consultation prior to training participation.

**PCIT room:** This includes a one-way mirror between an observation room and a therapy office large enough to accommodate a play area and timeout chair (see layout below). Agencies that do not currently have this set-up should have the capabilities to implement, for example, ability to construct a one-way mirror between two existing rooms.




**Time-out space:** This is a space in addition to the timeout chair. It can be a room adjoined to or near the PCIT room that can accommodate the child alone. In keeping with Policy on Seclusion/ Restraint, the room should be childproof, of a recommended size of 5'x5', no smaller than 4'x4', and must allow the caregiver and child to be able to see one another throughout the timeout. If the timeout space is within the PCIT room, one of the four walls defining the space must be between 4' and 5'2" in height, again allowing for caregiver and child to see one another. Agencies that do not currently have this set-up should have the capabilities to implement.

**Communication and sound devices**: Bug-in-ear, microphone, cable, speaker, amplifier.

**Recording equipment:** Video camera and privacy-protected space to store media.

**Creative and constructive toys:** Toys that can be easily handled and described, for example, Mr. / Ms. Potato Head, foam building blocks, wooden train and track, plastic play figures with terrain/ play mats, such as animals and barn/ silo.

Selected agencies will receive support regarding the preparation of their space and technology during the Launch phase. Please direct questions to the Center for Evidence to Practice at EvidencetoPractice@lsuhsc.edu.

# 3. APPLICATION AND SELCTION PROCESS

## A. Eligibility Requirements and Expectations

Selection will be based upon organization readiness for PCIT implementation, acceptance of Medicaid-insured families, and relevance of PCIT to the population served by the applicant organization. ***Preference will be given to organizations with multiple practitioners applying to be trained, in recognition of the long training process PCIT entails and necessity of inter-practitioner support.*** Organizations must also demonstrate understanding of the necessary changes to practitioner caseload in order for a trainee to include PCIT, the training for which is highly time-intensive as compared to standard therapy. ***Additionally, we highly encourage participation from supervisors and administrators as their understanding and support of the model contributes to long-term sustainability.***

*All interested agencies are highly encouraged to participate in the PCIT Informational Webinar, hosted by E2P on* ***DECEMBER 3, 2025 at 12:00PM-1:00PM CST****. You can* ***REGISTER HERE FOR THE PCIT INFORMATIONAL WEBINAR.***

All behavioral health agencies selected to participate in the PCIT training will be expected to complete all training components and apply for certification. Upon selection, all agencies will be requested to sign a Training Agreement between the agency and E2P. As this is a free, state-funded training, all agencies must demonstrate their commitment to the training and sustaining implementation of PCIT implementation.

## B. Role Descriptions and Commitments

***Administrators must be able to:***

- Provide oversight of day-to-day activities of core team members (i.e. the supervisor and clinicians participating in trainings
- Participate in one-hour meetings quarterly with the E2P and PCIT Training team

***Supervisor who holds a master's or doctoral degree who will:***

- Supervise/ work directly with clinicians receiving PCIT training
- Receive PCIT training in full
- Participate in one-hour clinical consultation calls with PCIT Trainer twice per month
- Carry a caseload of 5-7 child-caregiver dyads
- Complete monthly metrics as part of a Continuous Quality Improvement Process

***3-5 Clinicians who hold a master's or doctoral degree who will:***

- Work directly at the target site with young children
- Receive PCIT training in full
- Participate in one-hour clinical consultation calls with PCIT trainer twice per month
- Carry a caseload of 5-7 child-caregiver dyads
- Complete monthly metrics as part of a Continuous Quality Improvement Process

## C. Application Review Process

Upon receiving all the training applicants, an initial review of the applicants that meet the threshold requirements outlined in the **Eligibility Requirements** section will be executed. Following that initial review, the E2P staff will meet with the trainers and review the applicants based on their individual trainee application and agency agreement responses.

## D. Application Materials

The **PCIT** online training is scheduled for **Spring 2025.** The course instructors for this training opportunity are Drs. Ashley Scudder and Dr. Cheryl McNeil. The learning collaborative is limited to **12-16 participants.**

1.) The **TRAINEE APPLICATION** must be completed by each applicant and can be accessed by filling out the **online application (through REDCap)** by **SATURDAY, JANUARY 18, 2025.**

2.) The **AGENCY AGREEMENT** **must** be filled out and signed ELECTRONICALLY by a supervisor and/or administrator at the agency requesting participation in the PCIT training using **Adobe PDF (or a similar PDF editing/filling software**). The agency agreement **MUST BE SUBMITTED in the REDCap Application** by **SATURDAY, JANUARY 18, 2025.**

***BOTH FORMS MUST BE SUBMITTED TO BE CONSIDERED FOR THIS TRAINING OPPORTUNITY***

## E. Application Checklist

- ☐ Please review the **Request for Application (RFA)** to be aware of training expectations.
- ☐ *(HIGHLY RECOMMENDED)* **ATTEND THE WEBINR OR WATCH RECORDING OF THE INFORMATIONAL WEBINAR** so applicants are aware of the training expectations and time commitment.
- ☐ **SAVE ALL IMPORTANT TRAINING DATES:** See **pg. 7 of the RFA** for important dates and deadlines.
- ☐ Submit a **TRAINEE APPLICATION** on behalf of yourself as an applicant. Acceptance into the program will be evaluated on an individual basis based on the application responses.
- ☐ Submit an **AGENCY AGREEMENT** on behalf of your agency. *This step is necessary for those that are sole practitioners as well, please fill it out on behalf of yourself.*

## F. Notification of Application Status

*Applicants will be notified via email by FEBRUARY 4, 2025 regarding their status in the training.*

## G. NON-DISCRIMINATORY POLICY

The Center for Evidence to Practice appreciates diversity and does not discriminate based on race, national origin, religion, color, ethnicity, age, sex, ability status, sexual orientation, or gender identity.

*Thank you for your commitment to serving Louisiana's children and families. We look forward to reviewing your application!*