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

Application Release Date: October 3, 2025

APPLICATIONS MUST BE RECEIVED BY SUNDAY, OCTOBER 26, 2025

All applicants will be notified by Monday, November 3, 2025

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

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1. TRAINING 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.
Due to the identified need for Medicaid behavioral health services specific to children and their caregivers, PCIT has been selected by the Louisiana Department of Health (LDH) - Office of Behavioral Health (OBH) as an evidence-based program that will be expanded statewide. OBH has published a Medicaid service definition for PCIT (pg. 413-421) in their LA Medicaid Behavioral Health Services Provider Manual.

The **goal of this RFA** is to help providers determine if this EBP is a good fit for their clinicians, organization, and the communities 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 their readiness to participate in the training and to deliver the EBP. The trainers, Dr. Ashley Scudder, Ph.D., and Dr. Cheryl McNeil, Ph.D., along with 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.***

Through this Request of Applications (RFA), the Center for E2P and the trainers look forward to identifying a strong cohort to participate in this training and learning collaborative opportunity.

B. INFORMATION ABOUT THE LOUISIANA CENTER FOR EVIDENCE TO PRACTICE

The Center for E2P is a partnership between LDH-OBH and the Louisiana State University Health Sciences Center, New Orleans (LSUHSC-NO) – 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 is a continuing education (CE) pre-approval organization through the Louisiana State Board of Social Work Examiners (LABSWE) and the National Board for Certified Counselors (NBCC) as an Approved Continuing Education Provider (ACEP). Upon the conclusion of training, trainees who have complied with the Training Guidelines, met the minimum time requirements, and completed the post-training evaluation, will receive a certificate of completion containing their CE hours. For trainees whose credentials are outside of LABSWE and NBCC; the Center encourages applying for CE hours with their respective licensing board independently upon renewal.

Trainees who do not adhere to the Training Guidelines or who do not meet the minimum time requirements will have the opportunity to receive a certificate of participation denoting the number of hours completed. This certificate can then be used to apply for CE hours independently with their respective licensing board upon renewal.

D. Training Commitment and Expectations

Dedication and commitment to this training is of the utmost importance to participating in any training opportunity offered by the Center. These trainings are typically very costly and would be a significant financial investment for practitioners and agencies were they to enroll independently. *However, the Center offers these trainings at zero cost to trainees*. Due to this, **we emphasize the necessity of completing all components and adhering to the Training Guidelines for those selected to join this training**. Should an individual or agency drop out of this opportunity, it may impact whether or not they are selected for future training opportunities offered through E2P. ***All participants must demonstrate their commitment to participating in all days of training and consultation as well as actively using the model with clients.***

This training and implementation program aims for participating Medicaid agencies to successfully implement PCIT in their agency and community. Providers should be able to demonstrate the capacity to identify and engage appropriate children and families for PCIT, deliver the model to fidelity, and sustain the model long-term.

Upon selection, all applicants will be required to complete a TRAINING COMMITMENT between their agency, themselves, and E2P to indicate their commitment to completing all training components in their entirety as presented in this RFA.

E. 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). Trainees are encouraged to work with their agency leadership to ensure their schedules are open and available to complete all training components without other work obligations interfering.

For in-person training, the provider is responsible for covering the cost of travel and travel time. If applicable, training materials will be provided by the Center.

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 parent behavior 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". Therefore, it follows the requirements set out in the "Outpatient Therapy by Licensed Practitioners" section of the LDH Behavioral Health Services Provider Manual from pages 413-421.

B. Target Population Characteristics

PCIT serves children aged 2.5-7 years old (can be up to 9 based on clinical judgement) with any singular or combination of the following:

- Disruptive behavior problems
- Attention-Deficit/Hyperactivity Disorder (ADHD)
- Child Welfare Involvement
- Selective mutism
- 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
- Feel their child is out of control

C. Philosophy and Treatment Approach

PCIT is based on many of the same theoretical underpinnings as other parent training models. However, unlike other parent behavior training programs, PCIT takes more of a didactic approach to working with families. Traditional PCIT also differs from other parent training treatment strategies in that treatment is not session limited; families graduate from treatment when parents demonstrate mastery of skills and rate their child's behaviors as being within normal limits.

Initially, parents are taught relationship enhancement or discipline skills that they will then 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 for the following week.

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, but the duration is dependent on clinical outcome.

The first portion, titled Child Directed Interaction (CDI), 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 CDI skills in a didactic, parent-only session. In subsequent sessions, the therapist coaches the parent on

the use of the CDI skills using the bug-in-the-ear system during play with their child. CDI skills include the "PRIDE" skills: Praise, Reflect, Imitate, Describe, and Enjoy.

The second portion, titled Parent Directed Interaction (PDI), similarly depends on parental successful achievement of specific mastery criteria. The therapist first teaches the parent the PDI skills in a didactic, parent-only session. In subsequent sessions, the therapist once again coaches the parent through the bug-in-the-ear system on the use of the 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.

D. GOALS

The goals of PCIT are to:

- 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.
- Decrease caregiver's stress.

E. LEARNING COLLABORATIVE APPROACH

The Training and Implementation Process will follow all PCIT International guidelines, which can be found here: https://www.pcit.org/become-a-pcit-provider.

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

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.

All training will be executed virtually and will take place over one (1) year. During this time, selected clinicians will be required to:

- Attend all training sessions,
- Participate in at least 80% of consultation calls,
- Graduate at least 2 families from PCIT, and
- Submit 4 recorded treatment sessions, on which a PCIT trainer will provide feedback.

Multiple organizations will be selected to join this training opportunity; each organization is encouraged to send clinicians and/or supervisors to the training, which occur over the course of a year.

Each PCIT team will be required to have the following staff:

Administrators, who 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

Supervisors who hold a master's or doctoral degree and 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 degrees and 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

Training includes: a Launch Phase, two Learning Sessions, and two Action Periods following each Learning Session.

1. Launch Phase includes tasks aimed at helping agencies prepare to offer PCIT services, such as:
    a. Occurs between the Kick-Off Call and Learning Session 1
    b. Includes reading and reviewing introductory materials related to treatment
    c. Goals include
        i. Provide participants with exposure to the treatment model
        ii. Promote knowledge acquisition regarding the intervention
        iii. Support teams in ensuring readiness for treatment implementation (e.g., room set-up, equipment)
        iv. Familiarize teams with core components of the training and implementation model
    d. Encourages agencies to identify young child referral pathways and sources of referrals Additionally,
    e. Gives the agency clinicians the opportunity to complete pre-requisite training in early childhood development (unless prior training has been received)
2. Learning Sessions are the periods in which clinicians will participate in the training and include:
    a. Providing exposure and skill practice related to the intervention
    b. Supporting teams in engaging with one another to build a collaborative network
    c. Supporting understanding of the training and implementation methodology, such as:
        i. Using metrics
        ii. Focusing on local expertise
        iii. Embedding practice
    d. Five (5) days of instruction for Learning Session 1
    e. Two (2) days of instruction for Learning Session 2
3. Action Periods follow each Learning Session and are the time in which clinicians are expected to:
    a. Implement and study the knowledge and skills acquired during training
    b. Use PCIT with families/child-caregiver dyads
    c. Apply implementation strategies, including:
        i. Collecting and evaluating improvement data
        ii. Attending bi-weekly PCIT consultation calls with the trainers

Throughout training, the trainers will be available to agency administrators as needed for implementation and clinical support.

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

The Center for 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.

Upon achieving PCIT certification status, licensed practitioners will be able to specifically use an EBP tracking code to document the delivery of this model within Outpatient Therapy. The EBP Tracking code for PCIT (EB03) is outlined in the Louisiana Medicaid Behavioral Health Services Provider Manual on pages 413-421. Practitioners can also reference the EBP Qualifications & Billing Guide, which provides a summary of the EBP tracking codes and Medicaid billing guidance. Upon certification, it is ***highly recommended*** that practitioners utilize the EB03 tracking codes to document the utilization of the EBP model.

F. PCIT Leadership Development Meetings

The Center has found that having agency 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 engaged leadership include 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 PCIT.
3. Integrating PCIT into the culture of the agency.
4. Demonstrating a commitment to PCIT via 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 in electronic medical records.
- Integrating PCIT into clinical documentation.
- Recognizing EBP clinicians formally in performance reviews and merit raises, and informally in newsletters, websites etc.

Agencies with clinicians accepted into this training opportunity will be expected to have agency leadership representation at three (3) separate PCIT-specific Agency Leadership Meetings. These meetings are intended to offer agency leadership support in supervising their staff who are learning and implementing the PCIT model. The meetings are also intended to give insight into the commitment to training and consultation expected of clinicians and will serve to assist leadership in working with their clinicians' schedule to ensure they are able to properly commit to the training requirements.

G. PCIT Application Timeline

Events	Date
INFORMATIONAL WEBINAR:	Available as a FREE online course on E2P:Learn; Enroll HERE
REQUEST FOR APPLICATIONS (RFA) RELEASE:	Friday, October 3, 2025
APPLICATION DEADLINE:	**SUNDAY, OCTOBER 26, 2025**
NOTICE OF APPLICATION STATUS:	Monday, November 2, 2025

H. PCIT Virtual Training Timeline

Events	Date
TRAINING COMMITMENT & TEXTBOOK REQUEST FORM DUE:	Friday, November 14, 2025
PCIT AGENCY LEADERSHIP MEETING #1:	Wednesday, November 19, 2025, from 12-1pm CST
MANDATORY PCIT ORIENTATION MEETING:	**Wednesday, December 10, 2025, from 12-1pm CST**
LEARNING SESSION 1 (LS1):	Wednesday-Friday and Monday-Tuesday, January 7-9 and 12-13, 2026 from 9am-5pm CST
LS 1 CE EVALUATION DUE:	**Tuesday, January 20, 2026**
PCIT AGENCY LEADERSHIP MEETING #2:	March 2026 *Each agency will schedule a 1:1 with trainers and E2P staff*
LEARNING SESSION 2 (LS 2):	Thursday-Friday, April 30-May 1, 2026 From 9am-5pm CDT
LS 2 CE EVALUATION DUE:	**Friday, May 8, 2026**
PCIT AGENCY LEADERSUP MEETING #3:	June 2026 *Each agency will schedule a 1:1 with trainers and E2P staff*
CONSUTATION CALL COMMITMENT:	1-hr Bi-weekly calls for 1 year

CE Eligibility: *The total number of hours required for participants to attend all parts of the PCIT training will be* ***approximately 59.5 hours****. Participants will be eligible to receive up to* ***approximately 49.0 CE hours*** *should they participate in all training components and meet the online training requirements. Trainees missing more than 15 minutes of instruction outside of the scheduled break time on any given day of the training will be* ***ineligible*** *to receive continuing education (CE) credit.*

I. Sustaining EBP Practice and Achieving EBP Qualifications

As soon as clinicians begin training, they are encouraged to identify potential cases with which they can begin practicing the model.

Consultation calls have shown to be integral to growing and sustaining EBP practices. To further develop PCIT confidence and competence, clinicians will be required to participate in **1-hour bi-weekly consultation calls for one (1) year** following training. These calls will be offered from **January 2026-January 2027**. The purpose of these calls is to help support clinicians in implementing PCIT with their clients.

Following the completion of the full course, consultation calls, and implementation program, agencies will be expected to independently sustain PCIT, including:

- Facilitating ongoing referrals and engagement.
- Maintaining a caseload.

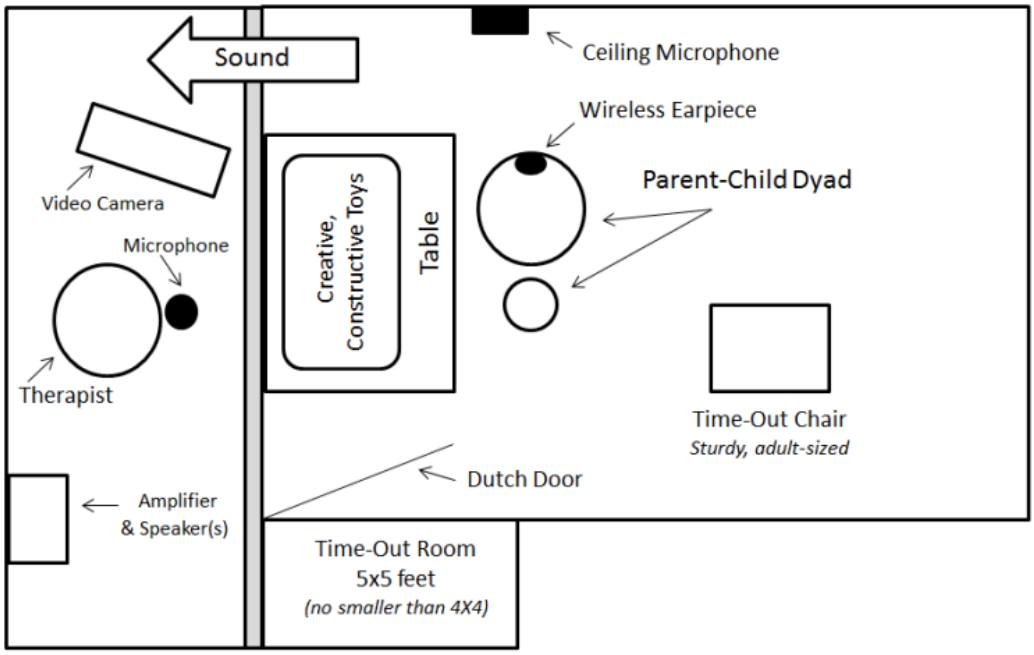
- Ensuring supportive supervision, leadership, and policy.

Agency leadership will be expected to provide support to the PCIT program and the clinicians by ensuring that schedules are adjusted to meet the needs of all aspects of the PCIT program.

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 on organization's 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 the necessity of inter-practitioner support.*** Organizations must also demonstrate an understanding of the necessary changes to practitioners' caseload in order for a trainee to include PCIT in their sessions. ***We highly encourage participation from supervisors and administrators as their understanding and support of the model contributes to long-term sustainability.***

Training Acceptance Criteria: *Qualified behavioral health agencies/providers will be those who:* serve Medicaid-insured individuals and/or provide clinical therapy services to children and their caregivers in Louisiana free of charge; are licensed (or actively working towards licensure); and are actively (i.e. currently) treating children and their caregivers.

Note: Only complete applications will be considered. Applications consist of two components, the Agency Agreement and the Individual Application. All applicants, ***including sole practitioners****, must submit a* ***FULLY FILLED*** *and* ***SIGNED*** *Agency Agreement with their Individual Application to be considered as having a "complete application". All applicants from a given agency must be listed on the same Agency Agreement and each applicant must submit a copy of the same Agency Agreement via the upload portal on the Individual Application.*

B. PCIT Informational Webinar and Introduction to PCIT Online Course

The Center for E2P previously hosted a PCIT Webinar where attendees had the opportunity to meet the trainers, learn about the basics of the modality, and get an overview of the application process. A question and answer (Q&A) session followed. This informational webinar was recorded and has been added as a free course on our learning platform, E2P:Learn. ***If you plan on applying to the upcoming PCIT training, it is highly recommended that you take the free online course to learn more about the model and training requirements.*** Individuals who already have an account can self-enroll.

Make an account here: Register for a FREE Account
Sign-Up for the course here: Introduction to PCIT

C. Application Review Process

Upon the closure of the application window, an initial review will be executed to assess which of the applicants meet the threshold criteria outlined in the Eligibility Requirements section. Following the initial review, E2P staff will meet with the trainer(s) to further review the applicants based on their individual application and agency agreement responses.

D. Application Materials

The **PCIT** online training is scheduled to start in **Winter 2026.** The course instructors for this training opportunity are Dr. Ashley Scudder and Dr. Cheryl McNeil. The learning collaborative is limited to **12-16 participants.**

1. The **TRAINEE APPLICATION** can be accessed via REDCap and must be completed by each applicant by SUNDAY, OCTOBER 26, 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 training using **Adobe Acrobat (or a similar PDF filling/editing software)**. *Even if an applicant is a sole practitioner, they must submit an agency agreement on behalf of themselves.* The agency agreement **MUST BE SUBMITTED in the Individual Application via REDCap by SUNDAY, OCTOBER 26, 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)* **WATCH RECORDING OF THE INFORMATIONAL WEBINAR via E2P:Learn** to be aware of the training expectations and time commitment.
- ☐ **SAVE ALL IMPORTANT TRAINING DATES:** See **pg. 9 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 **Monday, November 3, 2025**, regarding their status in the training.

G. Artificial Intelligence (AI) Policy

Applications that appear to have been completed with the assistance of AI will not be considered. Additionally, due to confidentiality concerns, the Center strictly prohibits the use of all AI notetakers in training. If selected to join training, participants will be expected to ensure that any AI notetakers are DISABLED prior to the start of training; otherwise, we will remove them from the meeting manually. Not following these guidelines could lead to removal from the training and may affect your eligibility for future opportunities.

H. 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!