



PCIT Leadership Implementation Meeting #1

Center for Evidence to Practice

Wednesday, September 30, 2026

12:00PM-1:00PM

LSU Health
NEW ORLEANS
School of Public Health

 **LOUISIANA**
DEPARTMENT OF HEALTH



Unlocking potential with

Parent-Child Interaction Therapy



Welcome! Who is on the call?

- *Name*
- *Agency, Location & Role*
- *Clinicians:*
 - *What are you looking forward to with this training opportunity?*
- *Leaders:*
 - *How many clinicians are you supporting in this PCIT cohort?*
 - *Have you been PCIT trained before?*

The word "Hello" written in a large, yellow, cursive script font on a light gray rectangular background.

Hello





PCIT Training Team

-Ashley Scudder, Ph.D., PCIT International Certified Global Trainer

-Cheryl McNeil, Ph.D., PCIT International Certified Global Trainer

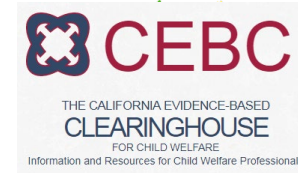
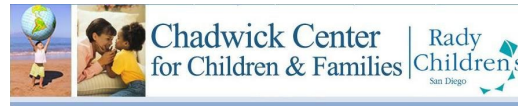
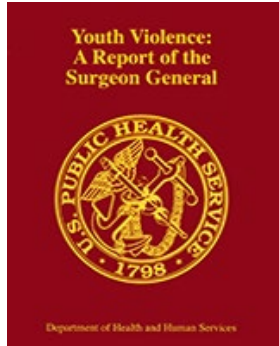


Our Time Today

What is PCIT? (10 Mins)
Orientation & Space Layout (25 Mins)
PDSA and Metrics of Measurement (25 Mins)
Breakout with Agency (10 Mins)
Questions and Discussion (20 Mins)



Our Anchor: PCIT is Recognized as an Evidence-Based Treatment and Best Practice



PCIT Training Trainee Evaluation Feedback

“I enjoyed being able to witness a live family receiving
PCIT therapy.” *– PCIT Part 1*

Trainee

“The amazing trainers, their shared knowledge, and
role -plays.” *-PCIT Part 1*

Trainee

“PCIT works and is beneficial for any family anywhere. [It]
can be done with multiple siblings and with more than one
caregiver for the same child/children. It is a win/win.”

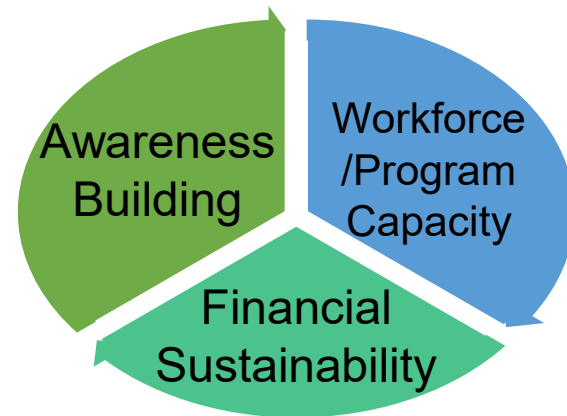
-PCIT Part 1 Trainee





Administrators are Vital to Growing PCIT at Your Agency

- **Agency Resources** (PCIT Brochure, PCIT Listed on Agency Website, Social Media Posts, PCIT Knowledge/Understanding of other staff (e.g., reception, intake coordinators))
- **PCIT Referrals** (2 graduated cases, 2 session case reviews)
- **Clinician Schedules** for Case Delivery, Supervision, Bi-weekly consultation
- **PCIT Billing** (2 Parent-Only sessions, Observation and Coding in each session, Initial PDI Coach Session)
- **PCIT Clinician Certification**
- **PCIT Program Supervision/Developing Within Agency Trainers**
- **PCIT Space, Equipment, Supplies** (One-way mirror, headset, backup setup, assessment measures)



PCIT Therapist Training

- 1 year of formal training and consultation with PCIT Trainer
 - 5-Day Basic Training
 - 2-Day Advanced Training
 - Biweekly Clinical Consultation Calls
 - 4 Clinical Video Reviews
 - 2 Graduated PCIT Cases



Guidelines

Training Requirements for Certification as a PCIT Therapist

These requirements were developed by the PCIT International Training Task Force in collaboration with the PCIT International Board of Directors. This document should be considered “dynamic” in that the training and certification requirements will evolve as new research arises in intervention, training, and dissemination. Currently, there are several formats used in training therapists to deliver PCIT effectively with adherence to its essential elements. These training requirements reflect the minimum training necessary within any of these formats to develop competence as a PCIT Therapist using the 2011 PCIT Protocol (Eyberg & Funderburk, 2011).

I. Definition

Certified PCIT Therapists are individuals who have received appropriate and sufficient PCIT training to be qualified to provide PCIT services to children and families.

II. Training Requirements for Certified PCIT Therapists.

In order to apply for certification as a PCIT therapist, therapists must document applicable graduate education, basic PCIT training, and consultation training which includes completing two cases as described below.

A. Graduate Education.

1. Have a master's degree or higher, or an international equivalent of a master's degree, in a mental health field
- AND**
2. 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, etc.) or be working under the supervision of a licensed mental health service provider.

OR

1. Be a psychology doctoral student who has completed the third year of training and be conducting clinical work under the supervision of a licensed mental health service provider.
2. **Special Note Concerning Timing of Training:** Students may receive PCIT training before completion of their master's degrees. However, they cannot be certified as PCIT therapists until their master's degree is complete or until they have completed the third year of their doctoral training.

[Link to access PCIT Guidelines:
pcit_therapist_training_guidelines - 10.22.20.pdf](#)



Competency and Case Tracker

	A	B	C	D	E	F	G	H	I	J	K	
1	Therapist Info	Therapist name:			Clinician Name							
2		Agency:			Clinician Organization							
3		Credentials (e.g., MSW, LPC, PhD):			Clinician Credentials							
4	Title	Therapists	Child Initials (first and last)	Child's DOB (mm/yy)	Child race and ethnicity	Child diagnoses	Insurance type	Parent-Reported Corrections Involvement	Clinician Perception of Corrections Involvement	Living Outside of Home	How was the child referred to treatment?	Caregiver (relative/child) known (ph)
5	Description											
6	Case 1	ATS	ATS		ATS	XXX	XXX					
7	Case 2	ATS	ATS		ATS	XXX	XXX					
8												



PCIT Service Delivery: 2 Phases of Support

1



Child-Directed Interaction

**Attachment-Foundation
Phase: Parent follows
child's lead**

- Play therapy skills
- Positive attention skills
- Differential attention

2

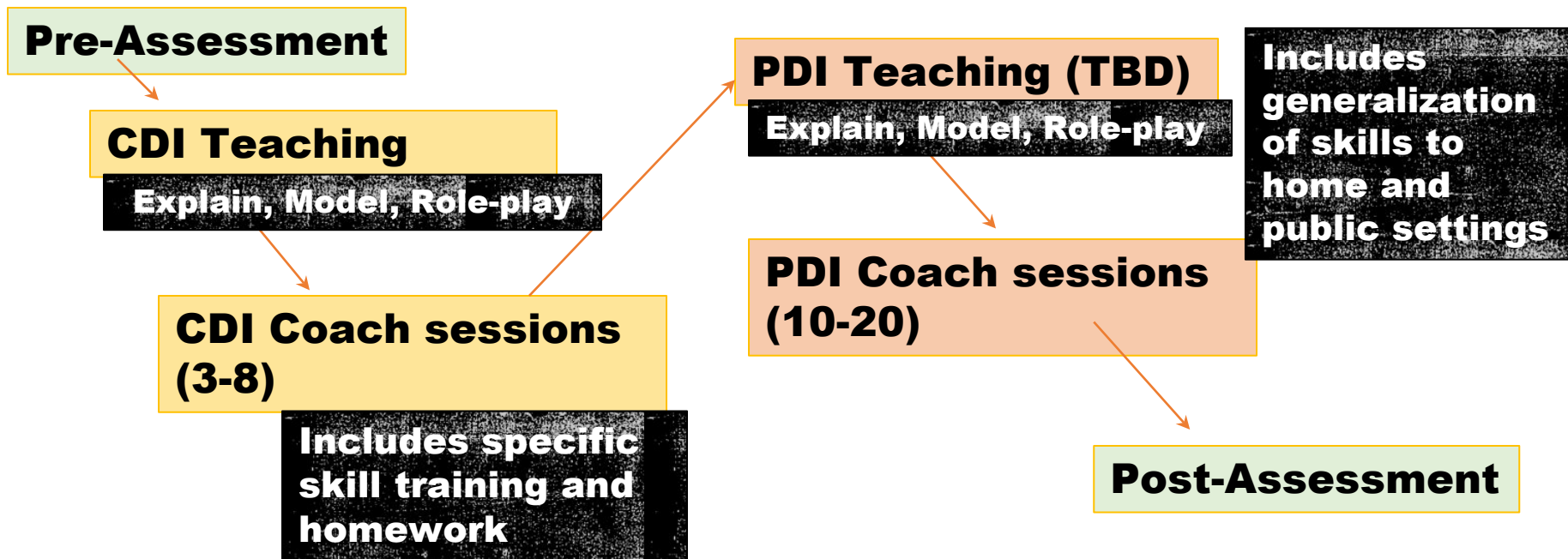
Parent-Directed Interaction

**Discipline Phase:
Parent leads child**

- Clear communication
- Consistency
- Reasoning skills



Progression of PCIT



Coding in PCIT

DPICS Coding Sheet for Pre- and Post-Treatment Assessments

Child ID: _____ Date: _____

Assessment: ☐ PRE ☐ POST **Coder:** _____

Parent: D Mother D Father ☐ Other _____

Situation: ☐ Child Led Play ☐ Parent Led Play ☐ Clean Up

POSITIVE		TALLY CODES	TOTAL
Neutral Talk (TA)			
Behavior Description (BD)			
Reflection (RF)			
Labeled Praise (LP)			
Unlabeled Praise (UP)			
AVOID		TALLY CODES	TOTAL
Question (Q)			
Negative Talk (NTA)			
Direct Command (DC)	Comply (CO)		
	Noncomply (NC)		
	No Opportunity (NOC)		
Indirect Command (IC)	Comply (CO)		
	Noncomply (NC)		
	No Opportunity (NOC)		

How typical was this interaction? 0 Typical 0 Not Typical How?

Category:	TA	BD	RF	LP	UP	QU	DC+IC	NTA	Calculate % agreement:	
Smaller value									(sum of smaller values)	x 100= %
Larger value									(sum of larger values)	



Coaching in PCIT



“Nice labeled
praise.”

“He is so
funny!”

“Good job of
keeping him in
the lead.”

“Excellent
imitation.”

“You two have
such a sweet
bond now.”

“Your reflections are
really helping his
language skills.”

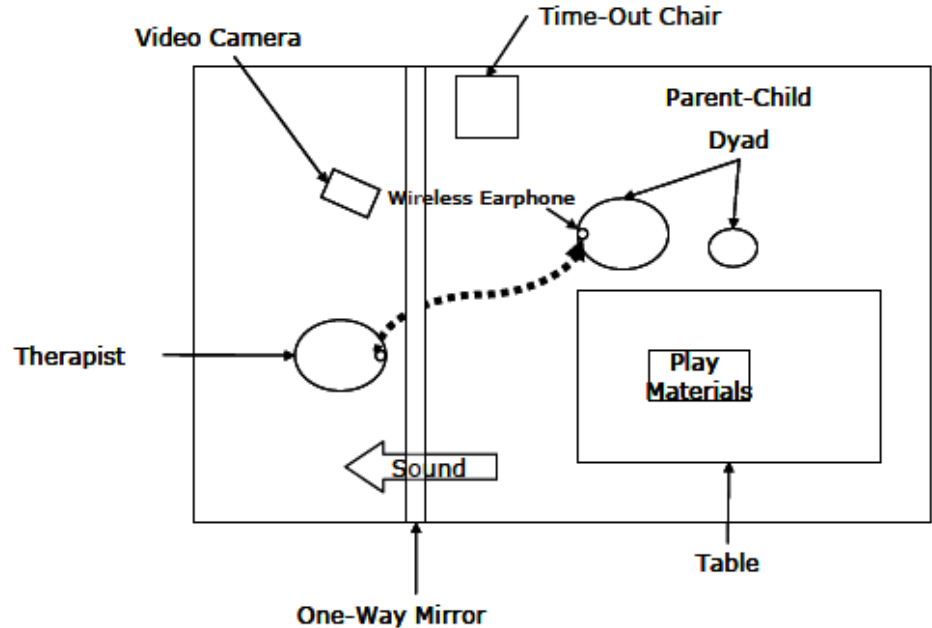
“Great
behavior
description!”

16

PCIT Room Setup

Necessary Materials

- Adult sized table and 3 adult sized chairs (one for time-out)
- Appropriate toys
- Timer
- Hearing helper (bug-in-the-ear)
- Video camera with tripod
- Sound system (microphone and amplifier)
- One way mirror between coaching and therapy room



Room Setup- Technology

1. Standard (One-Way Mirror)
2. Livestream
3. Telehealth



PCIT Play Room Setups



Coaching with One-Way Mirror



Alternative to One-Way Mirror

- In-House Video Coaching and Telehealth



Focus of PDI



CONSISTENCY



PREDICTABILITY



FOLLOW-
THROUGH



PCIT Backup Time Out Space Guidelines:



Shared by Cheryl McNeil



Wesley Spectrum



Time Out Chair: Chair positioned away from toys, but within play area.

Time Out Space: Area that is sectioned off (perhaps by a Dutch door) **without** a lock. This keeps a safe physical barrier between parent and child, but still **allows for the child to maintain visual contact** with the parent, ensuring no seclusion.



Time Out Space Guidelines



Stern Center Uniontown, PA



Matilda Theiss

- The use of the time out chair and time-out space is done under the guidance and monitoring of the clinician
- Parent must be visible to child at all times
- Time Limits:

Time Out Space

1 minute (with a 5 second quiet period)

Time Out Chair

3 minutes (with a 5 second quiet period)



Alternatives to Timeout

Back Up Space

- **Swoop-and-Go:** Parents takes toys and stands outside of room



- **Adjoining room:** Parent guides child to empty room next to PCIT play room.



Our PCIT Training Week

Dates: 5-Day October 21-23 & 26-27

Time: 9 am- 5 pm CST/ 10 am- 6 pm EST

Format: Virtual

Breaks: Two, 15-min AM/PM, 1-hour Lunch

Activities: Didactics, Videos, Case Demos, Breakout Rooms, Role-Plays, Skills Practice, Competency Checkouts



PCIT Training Resources & Materials

1. Manuals (**PCIT manual**, **PCIT book**, DPICS manual, DPICS workbook mailed by the Center)
2. Assessment Measures (ECBI mailed by the Center)
3. Canvas Login (Sent to Clinicians)
4. Electronic Materials to Print (Note Slides & Participant Packet)



PCIT Training Cohort 7 Dates

<u>Events</u>	<u>Date</u>
TRAINING COMMITMENT DUE	Friday, September 25, 2026
TEXTBOOK REQUEST FORM DUE	Friday, September 25, 2026
PCIT <u>MANDATORY</u> ORIENTATION and LEADERSHIP MEETING #1	Wednesday, September 30, 2026, from 11:30am-1:00pm CDT
LEARNING SESSION 1 (LS1)	Wednesday-Friday and Monday-Tuesday, October 21-23 & 26-27, 2026 from 9:00am-5:00pm CDT
LS 1 CE EVALUATION DUE	Tuesday, November 3, 2026
LEARNING SESSION 2 (LS 2)	Thursday-Friday, February 25-26, 2027, from 9:00am-5:00pm CST
LS 2 CE EVALUATION DUE	Friday, March 5, 2027
CONSULTATION CALL COMMITMENT	1-hr Bi-weekly calls for one (1) year

CEs will be provided for **social workers and counselors** who are accepted into this current PCIT training cohort. Other licensed individuals can apply through their licensing boards.



PCIT Leadership Meeting Dates

<u>Events</u>	<u>Date</u>
PCIT LEADERSHIP MEETING #1	Wednesday, September 30, 2026, from 11:30am-1:00pm CDT
Ldrshp Mtg #1 CE Eval Deadline	Wednesday, October 7, 2026
PCIT LEADERSHIP MEETING #2	Tuesday, January 26, 2027, 12:00pm-1:00pm CST
Ldrshp Mtg #2 CE Eval Deadline	Wednesday, February 3, 2027
PCIT LEADERSHIP MEETING #3	Wednesday, March 24, 2027, 12:00pm-1:00pm CDT
Ldrshp Mtg #3 CE Eval Deadline	Wednesday, March 31, 2027
PCIT LEADERSHIP MEETING #4	Wednesday, June 2, 2027, 12:00pm-1:00pm CDT
Ldrshp Mtg #4 CE Eval Deadline	Wednesday, June 9, 2027

Continuing Education (CE) hours will be provided for leadership participants who meet time requirements and complete a CE Evaluation within a week of attending the meeting. We are an CE Approved Entity through the LABSWE and NBCC. Other licensed individuals can apply through their licensing boards.



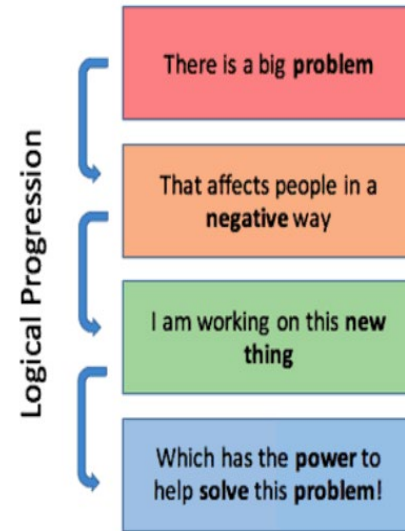
The Elevator Speech

- A concise and persuasive speech used to spark interest around your agency's commitment to evidence-based practices, specifically **PCIT**.
- A chance to make the case for why your agency is the best choice for providing trauma-focused care for youth and families.
- Intended to spur decision makers to action.
- Can be delivered in the time it takes to ride an elevator (60 seconds).



Constructing Your Elevator Speech (Pitch)

- Be prepared
- Think big picture
- Say why your work is important
- Know your goal
- Practice, practice, practice
- Avoid jargon
- Know your audience
- Be enthusiastic
 - American Psychological Association
 - Cassandra Willyard

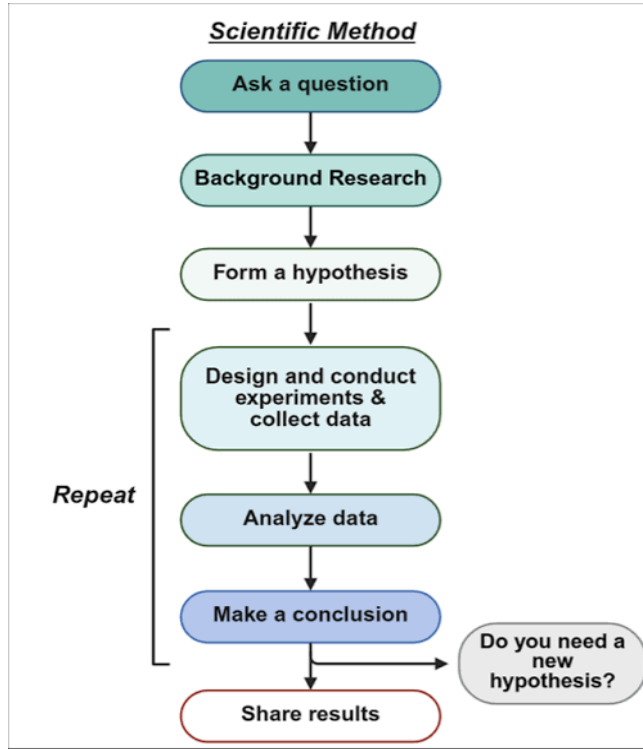


Constructing Your Elevator Speech

- **Tell them who you are.**
 - Hello, my name is Cheryl McNeil and I am a Professor at University of Florida.
- **Use a compelling hook.**
 - I am a PCIT Certified Global Trainer of an evidence-based treatment model called Parent-Child Interaction Therapy (PCIT). PCIT is widely considered a highly effective evidence-based treatment for young children (typically ages 2 to 7) who struggle with frequent tantrums, aggression, defiance, or emotional regulation difficulties.
- **Focus on the why.**
 - I can help your agency implement PCIT as a way to provide the highest quality of care that strengthens the parent-child relationship while teaching caregivers how to manage behavior in a supportive, consistent way.
- **Conclude with a vision of the future.**
 - Within a year, your agency could have clinicians who are PCIT Certified in this model. This will improve referrals and provide meaningful data for funding streams.



IHI Model for Improvement



- [Institute for Healthcare Improvement \(IHI\)](#)
- A scientific method adapted for action-oriented learning and change.
- Simple, practical framework used to guide changes and improve quality of services delivered.



Three Fundamental Questions (Global)

1. What are we trying to accomplish?
 - Implement PCIT
1. How will we know that a change is an improvement?
 - Reduce disruptive behaviors while strengthening the parent-child relationship
1. What change can we make that will result in improvement?
 - Train clinicians in the PCIT model

This Is Too Big



✧ Story by Bruce Larkin ✧



Three Fundamental Questions (Actionable)

1. What are we trying to accomplish?
 - Identify clients/families with young children ages 2 to 7 years old who are struggling with behavior problems.
1. How will we know that a change is an improvement?
 - There will be an increase in the number of children and families receiving PCIT.
1. What change can we make that will result in improvement?
 - Begin to track the data.



The PDSA Cycle



- **PLAN:** design a small test and write down what you expect to happen.
- **DO:** run the test on a small scale and log any problems and the results of the change made.
- **STUDY:** review the data and compare what you found to your first hypothesis.
- **ACT:** adjust your plan, drop the idea, or get ready to test it on a larger scale.



The PDSA Cycle

- **PLAN:** design a small test and write down what you expect to happen.
 - One clinician will screen their existing caseload to identify possible candidates for PCIT.
- **DO:** run the test on a small scale and log any problems and the results of the change made.
 - The selected clinician will report back to the group how the process went (qualitative) and number of potential PCIT cases identified (quantitative).
- **STUDY:** review the data and compare what you found to your first hypothesis.
 - The implementation team will consider the findings and look for additional tweaks that might be helpful.
- **ACT:** adjust your plan, drop the idea, or get ready to test it on a larger scale.



Using Metrics to Inform Implementation

- **Uptake and Fidelity**

- Number of clinicians participating in the PCIT training & consultation each month.
- Participation in required bi-weekly consultation calls.
- Number of PCIT cases implemented per clinician.
- Session dose (pacing of the model) to ensure fidelity (start date and current component).
- Use of standardized PCIT evaluated by trainer.
- Number of successful completions.
 - PCIT Certification: 2 Graduated Cases



Using Metrics to Inform Implementation

- **Screening & Assessment**

- Total number of children screened and assessed for disruptive behaviors.
- Percentage of existing clients who have been screened and assessed.
- Percentage of intakes who have been screened and assessed.
- Number of Eyberg Child Behavioral Inventory (ECBI) screenings and assessments completed.



Suggested Metrics for PCIT Implementation

1. Number of consultation calls attended.
2. Number of PCIT cases reviewed for fidelity by either a supervisor or peer.
3. Current number of active PCIT cases (number of cases added and number of cases that have dropped).
4. Number of active cases in PDI or CDI of the model
5. Number of completed cases.
6. Assessment scores at pre-, mid-, and post-treatment.
7. Number of cases retained in services post completion of the model.





Breakout Groups by Agency!

Questions to Ask:

1. *How are you feeling taking in this information?*
2. *How prepared do you feel to use metrics?*



Discussion:

Let's have 2 groups share out their group thoughts:

- 1. How are you feeling taking in this information?*
- 2. How prepared do you feel to use metrics?*



***FUTURE* PCIT Agency Leadership Call 4-Part Series**



Upcoming PCIT Agency Leadership Meetings:

- ~~1. Senior Leadership 1: Wednesday, September 30, 2026, from 12pm-1pm~~
2. **Senior Leadership 2: Wednesday, January 26, 2027, from 12pm-1pm**
 - **Meeting 2 - Zoom registration accessible by clicking here:**
<https://lsuhsc.zoom.us/meeting/register/Oh8OnQlvRPmK38JKxK6Glw>
3. Senior Leadership 3: Wednesday, March 24, 2027, from 12pm-1pm
 - Meeting 3 - Zoom registration accessible by clicking here:
<https://lsuhsc.zoom.us/meeting/register/X45oqH8CRUCu1MjwZgn4AA>
4. Senior Leadership 4: Wednesday, June 2, 2027, from 12pm-1pm
 - Meeting 4 - Zoom registration accessible by clicking here:
<https://lsuhsc.zoom.us/meeting/register/GjirDv1WQLG2S7sKSoTxEQ>



Homework for Leaders for Next Meeting!

DUE: Tuesday, January 19, 2027 (1-week BEFORE Leader Meeting #2)

Meeting Homework:

1. *Create and insert your Elevator Speech for your agency/organization below.*
2. *What metrics are you currently tracking and how?*

You can **CLICK HERE** to submit your home in a Google Word File, or click this link: **Submit Homework Here**

Parent-Child Interaction Therapy (PCIT) - Cohort 7
Agency Leadership Meeting #1 - September 30, 2026
Elevator Speech & Metrics - Homework Submissions
DUE: Tuesday, January 19, 2027 (1-week BEFORE Leader Meeting #2)
Click Here to Register for the next meeting: [Senior Leader Mtg 2](#)
[Registration Link](#)

What is an Elevator Speech?

- A concise and persuasive speech used to spark interest around your agency's commitment to evidence-based practices, specifically PCIT.
- A chance to make the case for why your agency is the best choice for providing trauma-focused care for youth and families.
- Intended to spur decision makers to action.
- Can be delivered in the time it takes to ride an elevator (60 seconds).

Constructing your Elevator Speech:

- Be prepared
- Think big picture
- Say why your work is important
- Know your goal
- Practice, practice, practice
- Avoid jargon
- Know your audience
- Be enthusiastic

Example Language:

Tell them who you are.
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Use a compelling hook.
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Focus on the why.
I can help your agency implement PCIT as a way to provide the highest quality of care that strengthens the parent-child relationship while teaching caregivers how to manage behavior in a supportive, consistent way.
Conclude with a vision of the future.
Within a year, your agency could have clinicians who are PCIT Certified in this model. This will improve referrals and provide meaningful data for funding streams.

Helpful Resource: [Model for Improvement](#) | [Institute for Healthcare Improvement](#)

Meeting Homework:

1. Create and insert your Elevator Speech for your agency/organization below.
2. What metrics are you tracking and how?

Insert Responses Below:



Do you want a CE Certificate?

- Please complete the EBP Implementation Leadership Meeting CE Evaluation
 - Accessible by clicking here:
<https://redcap.link/ebpleadershpmtgeval2026>
- You have **one (1) week** to complete the evaluation. Following please allow us 1-2 weeks to issue your CE certificate.



Where can I learn more about PCIT?

***Visit the PCIT Website for further information
on the model and additional resources:***

- <https://www.pcit.org/about/>



Contact Information:

- ***Center for Evidence to Practice***
- Email: EvidenceToPractice@lsuhsc.edu
- Phone: (504) 568-5731





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