

Parent-Child Interaction Therapy (PCIT) Quality Assurance (Q/A) 2016-2017

The Quality Assurance (Q/A) plan is a PCIT state-wide model fidelity system that applies to all Washington State PCIT agencies and providers listed under a Children's Administration (CA) PCIT contract in both clinic and home-based practices. The primary goal of the Q/A is to monitor and maintain model fidelity; provide technical assistance and ensure that all PCIT providers and agencies under a PCIT contract are equipped with the skills and the knowledge necessary to serve children and families in the CA child welfare system. Additionally, the Q/A allows newly trained PCIT providers to address fidelity early enough by putting systems into place to identify concerns or deficits to model delivery through additional training and system supports. Lastly, the Q/A Plan will afford all State Providers support to prevent model drift.

Definition of Roles

- **Certified Level 2 Trainer (L2T):** An L2T is a Master Level State Trainer/Consultant/Provider. The L2T is Certified by PCIT International and employed in a CA PCIT contracted agency and is contracted to provide state-wide PCIT trainings, consultation and support to all State contracted PCIT Providers and their agencies.
- **Certified Level 1 Trainer (L1T):** Level 1 Trainers who have been certified by PCIT International to conduct training in their agency that will allow all trainees trained by the certified trainer to be eligible to be certified when they have met certain qualifications.
- **Level 1 Trainer (L1T):** Level 1 Trainers are individuals who have received such PCIT training as to be qualified to teach and supervise therapists in their own program or agency, with a scope of trainer-ship that is limited to their physical location or site during a trainer ship of one year.
- **Supervisor:** An individual who oversees a PCIT program within an organization/program who may or may not be trained to provide PCIT. **Note: A L1T and supervisor may be the same person.**
- **Experienced or Certified PCIT Providers:** Providers who have completed all training and skill requirements, passed model fidelity, met treatment integrity and graduated 2 families successfully are eligible to apply for certification. An experienced or certified PCIT Provider can independently implement PCIT services with intermediate consultation. If certified, the Experienced Provider has successfully passed certification requirements through PCIT International to become a Nationally Recognized Certified PCIT Therapist.
- **New PCIT Providers:** A newly trained individual who has completed a 40 hour PCIT training led by an L1T or L2T. PCIT Providers are considered New Providers until they have completed all training and skill requirements to become an experienced and/or certified Provider.

Definition of Terminology

- **Eyberg 2011 PCIT Protocol:** The therapy Model Fidelity Manual used by all practicing providers.
- **Dyadic Parent-Child Interaction Coding System (DPICS) Clinical Manual:** The DPICS is a PCIT International coding guide used by a trained PCIT Provider to accurately coach, code and assess when a family has achieved language "Mastery".

- **Dyadic Parent-Child Interaction Coding System (DPICS) Workbook:** This workbook was developed for use with the clinical manual of the fourth edition of the Dyadic Parent-Child Interaction Coding System (DPICS-IV) Clinical Manual. The aim is to provide coding exercises for clinicians and coders learning the DPICS. Trainees should use the workbook as one of several steps towards becoming a reliable DPICS coder.
- **PCIT Integrity Checklist:** The Integrity Checklist is located at the end of each assessment/teach/coach session in the Eyberg 2011 PCIT Protocol. New providers must complete the checklist for the first two families graduated and maintain a copy for their own file and place a copy in the agency file with appropriate signatures.
- **PCIT Skill Requirement Checklist:** A form that documents whether core elements of the PCIT model have been achieved by the New Provider over the course of the first family graduated. The trainer will document core elements competed in the basic 40 hour training and the L2T or the L1T will document what the newly trained provider achieved within the first year following training or once two families are graduated with trainer satisfaction of model fidelity. (Appendix A)
- **Real-Time:** The observation of a PCIT session through a remote system that can transmit video images across a secure network.

Quality Assurance Plan (Q/A):

- A state-wide system put in place to ensure statewide PCIT model fidelity.

PCIT Model Fidelity Improvement Plan:

- **Technical Assistance (TA) Support Plan (Phase 1):** A written plan that is implemented when any Provider does not meet model fidelity successfully either in the first year or when there is concern at any level to the quality of the work being completed with a family. The TA applies to any Provider who demonstrates model drift. The TA is a plan implemented for approximately 30 days from the date TA Support Plan is put into place. This TA plan is initiated by the L2T or L1T.
- **Formal Improvement Plan (FIP) (Phase 2):** A written plan that is a follow-up to the TA and implemented only if a Provider does not make satisfactory program while in the TA Support Plan. After the initial 30 days, a FIP will be implemented and the Provider enters into a 30 day formal plan that is shared with the Provider/agency contractors and at this point the CA Regional Manager is involved.

A. New PCIT Provider Requirements

The following activities will occur subsequent to and during the first year the PCIT Therapist is implementing the model as a newly trained Provider. If the New Provider training requirements are not met within the first year or first two complete cases, and there have been sufficient cases to practice, please see Section E: Improvement Plans

New PCIT Provider Requirements		
Activity	Who is Responsible	Quality Assurance Actions
1. Minimum Educational Requirement	New Provider	Providers are eligible to train in a 40 hour basic training if they hold: a master's degree or above in social services with an emphasis or focus in the treatment of adult or child mental health. Exceptions may be granted by the L2T in conjunction with Children's Administration if the trainee is in a credited school and seeking a Master's degree. This pertains to all providers trained by either the L2T or the L1T per the PCIT International Training Guidelines.
2. Attend a 40 hour training	New Provider L1T L2T	<p>L1 trained: 10 hours can be achieved through a PCIT nationally approved web course and the other 10 can be classroom focused. The remainder of the 20 hours must be completed in a co-therapy model for each newly trained PCIT hire. If the trainee does not meet fidelity within the trainer hours, the trainee is expected to work with the L1T until all skills are mastered.</p> <p>L2 trained: 10 hours can be achieved through a PCIT internationally approved web course and 30 hours of face to face training with hands on interactive practice of the skills taught during the training. To supplement hands on families, child actors or families will be used to demonstrate the skills over the training week.</p>

New PCIT Provider Requirements		
Activity	Who is Responsible	Quality Assurance Actions
3. PCIT Cases	CA Agency New Provider	New Providers' will adhere to model fidelity using the current: 1) PCIT 2011 protocol; 2) DPICS Clinical Coding Manual; and 3) DPICS Clinical Workbook (4 th edition) in all PCIT family interactions.
4. New Provider case reviews	New Provider L1T L2T Supervisor	<p>L1 trainer: The New Provider, as the lead therapist, will conduct co-therapy with the L1T during the New Provider's first case and second case as needed. The co-therapy will be done in person or real-time. The L1T will co-coach and provide feedback before and after each co-therapy session. Please note: co-therapy for the New Provider continues <u>ONLY</u> if the New Provider does not demonstrate mastery within the core 40 hours. The L1T will only focus on the skills the New Provider has not yet mastered to ensure the New Provider is able to successfully meet fidelity. This focus does not have to be with the same family.</p> <p>L2 trainer: The L2T will review 4 videos (of providers the L2T trained) within the first year after the basic training or review Providers' work via real-time. As needed, Co-therapy is available. Tapes requested within 6 month post training or prior to the end of the first year post training:</p> <ol style="list-style-type: none"> 1. CDI Teach 2. CDI Coach 1 3. PDI Teach 4. PDI Coach 1

New PCIT Provider Requirements		
Activity	Who is Responsible	Quality Assurance Actions
5. Training and Skill Requirements	New Provider L1T L2T	<p>L1 trainer: -certified to train new Providers' "within-agency" and co-therapy is required.</p> <p>L2 trainer: certified to train new providers "within state" and to review four (4) tapes within the first year after the training.</p> <p>Trainees: must achieve an 80% score on the Treatment Integrity Checklist at the end of each session reviewed as the primary therapist to achieve model fidelity on the first two cases graduated. If less than 80%, the trainer will assess if the new trainee needs additional support. (Refer to Appendix A for the PCIT Skill Requirement Checklist.)</p>
6. Consultation	New Provider L1T L2T	<p>L1 Trainer: Consultation will be conducted through the co-therapy model to include modeling. Once co-therapy is completed, supervision/consultation will occur on a routine basis between the trainer and the trainee to discuss each new PCIT family of the trainees' and to support the trainee into certification.</p> <p>L2 Trainer: Consultation will be conducted through tape reviews, real-time and monthly consultation sessions until the New Provider has achieved Experienced Provider status.</p>

New PCIT Provider Requirements		
Activity	Who is Responsible	Quality Assurance Actions
7. National or Local PCIT Conferences Booster trainings PCIT International videos	All Providers L1T L2T	<ul style="list-style-type: none"> Attend a national and/or regional PCIT Conference attendance at a minimum of once every two years to remain current with the research and to keep Provider skills and knowledge of PCIT current. A yearly booster workshop - scheduled either “within program” from an L1T or through the State Consultant. If the State Consultant schedules, Boosters will be adjunct to the regional conference. PCIT International produced videos – a “with-in program” provider will review at the discretion of the L1T.

B. Experienced or Certified PCIT Provider

To be designated as an Experienced PCIT Provider, an individual must be a practicing PCIT provider who has completed all training and skill requirements of a New Provider and successfully graduated two families and passed all tape and live coach sessions with fidelity. The PCIT Skills Checklist must be filled out for each family graduated, approved for fidelity and signed by a PCIT L1T or L2T Trainer/Consultant.

Experienced PCIT Provider Requirements		
Activity	Who is Responsible	Quality Improvement Actions
1. PCIT Cases	Experienced PCIT Provider	It is the responsibility of all Providers to keep their agency L1T or administrators up to date on referral rates.
2. Provider case reviews/ Consultation	L1T L2T Supervisor Experienced Provider	With-in agency experienced Providers will interact with their Agency L1T; Supervisor and/or Consultant and present cases individually or as a team monthly.

Experienced PCIT Provider Requirements		
Activity	Who is Responsible	Quality Improvement Actions
3. Treatment Integrity Checklists	Experienced PCIT Provider	Once the New Provider has achieved fidelity and graduated two families successfully, or achieved certification status, the Experienced Provider is no longer required to keep a file of a checked off Integrity Checklist after the successful graduation of two families but should continue to meet with the Agency Supervisor and/or Consultant for a minimum of x2 a month and reference the checklist after each session to maintain fidelity and to acquire or maintain PCIT International certification if certification is the focus.
4. National and/or regional PCIT Conferences. Booster trainings. PCIT International videos.	Certified and/or Experienced PCIT Provider	<ul style="list-style-type: none"> • Attend a national and/or regional PCIT Conference attendance at a minimum of once every two years to remain current with the research and to keep Provider skills and knowledge of PCIT current. • A yearly booster workshop - scheduled either “within program” from an L1T or through the State Consultant. If the State Consultant schedules, Boosters will be adjunct to the regional conference. • PCIT International produced videos – a “with-in program” provider will review at the discretion of the L1T.

C. PCIT Level 1 Trainer (L1T) (formerly “In-House Lead”)

PCIT Level 1 Trainers are (“With-in Agency Trainers”) in a Trainer ship model. Following the 8-hour training course, the Level 1 in trainer ship is entered into a one year Learning Collaborative that consists of monthly 1 hour consultation sessions. Refer to Appendix B for trainer guidelines or www.pcit.org.

PCIT Level 1 Trainer (L1T) Requirements		
Activity	Who is Responsible	Quality Assurance Actions
1. L1T Skill Requirements	L1T	Master’s degree or higher, or the International equivalent of a master’s degree in a child and adult mental health field or be a psychology doctoral student on predoctoral internship or a psychology trainee completing postdoctoral fellowship, and treating families under the supervision of the predoctoral internship or postdoctoral site.
2. L1T Case Experience	L1T	<p>Prior to acceptance into the 8 hour L1T trainer ship course, the L1T will have successfully:</p> <p>Served as a therapist/experienced Provider for a minimum of four PCIT cases to graduation under the criteria as defined by the 2011 PCIT Protocol.</p> <p>For three of those cases, the Level 1 Trainer applicant must have been the primary therapist.</p> <p>At the time of the trainer ship application, the L1T applicant must have served as the Primary therapist or supervisor within the past two years. (Appendix B)</p>
3. PCIT Cases	L1T	The L1T will keep agency administrators up to date on referral rates and instruct all trainees to adhere to model fidelity using the current PCIT 2011 Protocol and a current DPICS Clinical Coding Manual in family interactions.

PCIT Level 1 Trainer (L1T) Requirements		
Activity	Who is Responsible	Quality Assurance Actions
4. L1T Trainer ship Supervision/ Consultation Certification Requirement	L1T L2T Agency	To qualify for the L1T Trainer-ship, the L2T/Master trainer approves application with feedback. To apply for PCIT International certification, the L1T will require a letter of endorsement from the L2T/Master Trainer. (Appendix B or Level 1 Trainer guidelines at www.pcit.org)
5. L1T Co-Therapy Model	L1T New Provider Agency	The co-therapy model is used to teach and model the PCIT skills in session, in “real-time” with the PCIT trainee. This “hands on” teaching method gives the trainee case experience while under the direct observation and supervision of the L1T. (Appendix B or Level 1 Trainer guidelines at www.pcit.org).
6. Agency Requirements	Agency	The agency that the L1T is employed in will maintain appropriate space and equipment for PCIT. All PCIT Providers affiliated with the agency will serve clients within the age range of PCIT (2 to 7 years of age) to ensure the L1T and the L1T trainee are able to practice the skills. The agency will allow time for the L1T’s in trainer ship to participate in monthly consultation (12 months) with the L2T. To assess experienced status, refer to Appendix A.
7. L1T responsibility to all new PCIT Providers in training:	L1T New Provider	Any new PCIT Provider in training within an agency led by an L1T must complete 20 hours of the training in a co-therapist model with the L1T. The remaining 20 hours of the training can be completed at the discretion of the L1T.
8. Co-therapy sessions	L1T New Provider	Co-therapy sessions are to occur between the L1T and the New Provider and must be completed in person. However, exceptions can be made if the New Provider and L1T are equipped with the technology to allow the L1T to observe the sessions in real time.

PCIT Level 1 Trainer (L1T) Requirements		
Activity	Who is Responsible	Quality Assurance Actions
9. L1T Video Submission Requirements to L2T during the year-long learning Collaborative (LC)	L1T New Provider	The L1T will demonstrate co-therapy/consultation skills in two videotaped sessions (CDI and PDI) during the yearlong trainer ship (per PCIT International requirements) and send to the L2T for review. The sessions do not have to be of the same family. Videos consist of a pre-session discussion; the co-coaching of a PCIT family and a post-session discussion. The L1T must demonstrate co-coaching/consultation skills with fidelity for each segment received.
10. National and/or regional PCIT Conferences. Booster trainings.	L1T New Provider	<ul style="list-style-type: none"> • National and/or regional PCIT Conference attendance at a minimum of once every two years to remain current with the research and to keep Provider skills and knowledge of PCIT current. • A booster workshop - Boosters will be adjunct to the regional conference.
11. Facilitate a “within agency” booster workshop.	Agency L1T L2T	The L1T may coordinate a “within agency” booster workshop to meet the specific training needs of agency trained PCIT Providers only.
12. L1T Certification Supervision/Consultation Requirement	L1T Trainer ship Agency PCIT International	To qualify for the L1T Certification, the L1T must contact www.pcit.org website for additional guidelines or review Appendix B.
13. PCIT Cases	Agency L1T CA	L1T’s will carry a caseload and adhere to model fidelity using the current PCIT 2011 Protocols and a current DPICS Clinical Coding Manual.

D. PCIT Certified Level 2 (L2T) Trainer

The L2T is recognized both locally and nationally as a Certified Trainer/Consultant and a PCIT Provider. The L2T is an individual who has mastered National PCIT training and consultation guideline standards and has satisfied agency and state requirements to act as a Trainer/Consultant/Provider under a Washington State PCIT contract with the Children’s Administration with expertise in successfully graduating over ten PCIT families (120 – 200 hours of direct coaching) and adhering to model fidelity and treatment integrity.

State Level 2 Trainer(L2T)		
Activity	Who is Responsible	Quality Assurance Actions
1. PCIT Cases	L2T	The L2T will carry a caseload.
2. Schedule PCIT New Provider trainings.	L2T	The L2T will provide the initial required PCIT trainings, including feedback to new trainees, review of tapes, live coach sessions, remote coaching and initiation of consultation calls with the new provider for 1 hour x1/monthly. Live coach or real-time may be initiated as well.
3. Coordinate statewide New Provider trainings, booster workshops and PCIT regional conferences.	L2T	The L2T will initiate and facilitate larger scale trainings, boosters and conferences in an effort to support fidelity and Provider knowledge of the PCIT Model.
4. Statewide Consultation	L2T	<p>The L2T will consult with CA Headquarters; CA Regional EBP Leads, community contracted agencies and statewide Providers to support fidelity and Consumer/Provider knowledge of the PCIT Model.</p> <p>The L2T will act as resource and consultant to New Providers, Experienced Providers, Certified Providers and L1T’s as stated in each category above.</p>
5. National Consultation	L2T	<p>The L2T must remain in active contact for a minimum of 1 hour x2/yearly with a Master Level Trainer.</p> <p>The L2T must follow the PCIT National Trainer Guidelines for all Provider levels.</p> <p>The L2T is required to remain abreast of recent research findings and model updates on a National level.</p>

E. PCIT Improvement Plans

As Needed: If any provider does not demonstrate skill mastery of the PCIT and had not achieved after an initial training or fails to maintain model fidelity after a video or live coach observation, the L1T or (in the absence of an L1T) the L2T will initiate a TA Support Plan after discussing the fidelity drift with the New or Experienced PCIT Provider and the immediate supervisor or agency director.

TA Improvement Plan		
Activity	Who is Responsible	Quality Assurance Actions
<p>TA Support Plan (not to exceed 90 days)</p>	<p>L1T or L2T PCIT Provider</p>	<p>The plan may include one or more of the following:</p> <p>Additional fidelity monitoring to include video reviews; live coaching and/or additional training.</p> <p>The Provider will report weekly to the initiator of the plan in person, by email or through videotapes depending on the trainer preference.</p> <p>The TA plan will be shared with the Agency Supervisor and PCIT Provider. The L1T or L2T will evaluate the success of the TA Support Plan by the review date identified in the letter to the Provider.</p> <p>The L2T is authorized by the CA to initiate a TA plan if the Provider is an L1T.</p> <p>On all levels, If satisfactory progress is demonstrated, the file is closed. If not, a Formal Improvement Plan will be initiated in writing and shared with the CA regional EBP Lead as well as the Agency Supervisor and PCIT Provider.</p>

FIP Improvement Plan		
Activity	Who is Responsible	Quality Assurance Actions
<p>Formal Improvement Plan (FIP) (Not to exceed 90 days)</p>	<p>PCIT Provider Supervisor L1T CA Regional EBP Lead (L2T in the absence of an L1T)</p>	<p>LIT or L2T informs the CA Regional EBP contractor, PCIT Provider and Provider’s Supervisor of the FIP. The FIP will include a written outline of additional requirements necessary to meet model fidelity. The Provider will meet weekly and report progress accomplished to the initiator of the FIP and incorporates all feedback to satisfaction for 30 days.</p> <p>At the end of the 90 days FIP period, the initiator of the FIP will submit a final report to the CA regional manager for necessary follow-up with the PCIT Provider and Providers’ immediate supervisor. The CA regional manager over the agency will make final recommendations and inform L1T or L2T of the outcome.</p>

PCIT Skill Requirement Checklist

APPENDIX A:

Provider:		
Agency:		
Date of PCIT training:		

The following are core skills of PCIT. Each skill must be accurately demonstrated and signed off by a PCIT Consultant or Agency Lead. If the agencies lead is a supervisor or an L1T: Provider skill levels must be demonstrated through co-therapy or real-time and regular consultation sessions. If L2T/Master is in the lead: Demonstration may be completed via videotape, live session, or role play. Completion of this form with signatures is the responsibility of the Provider.

Competency	Date	Sign
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PCIT ASSESSMENT / DPICS SKILLS

Achieved 80% on written DPICS quizzes		
Achieved 80% reliability during 5-minute live coding or with a criteria tape		
Administered, scored, and interpreted the ECBI correctly		
Used DPICS coding data to develop session goals and to guide coaching		

CDI SKILLS

Met the parent criteria		
Performed CDI Teach		
Used child's problem behaviors to identify		
Demonstrated effective		

PDI SKILLS

Accurately met parent PDI skill mastery		
Accurately explained House Rules procedure		
Accurately explained Public Behavior procedure		
Accurately conducted in vivo Public Outing		

Performed PDI Teach with actual client with 90% treatment integrity		
Explained PDI (minding practice, time-out) to the child during PDI session		
Demonstrated effective PDI coaching with actual client		

PCIT GENERAL SKILLS AND CASE REQUIREMENTS

Determined clients appropriateness for PCIT		
Determined appropriate guidelines met for graduation		
Structured opening and closing of sessions – including check-in, homework review/assignment, feedback on skills, and time management		
Participated in 75% of group consultation sessions for 1 year (minimum 10 if x1 a month out of 12 consults) Minimum 22 if x2 a month out of 24 consults)		
Complete 2 PCIT cases as primary provider		

Please Note: When the first two Skill Requirement checklists are completed on two families, present the completed forms to the Trainer/Consultant for signature. The Trainer/Consultant will send the Provider a signed original and retain a copy. It is recommended that the agency retain a copy in the Provider's files. The PCIT Provider should retain the original form for recordkeeping. After successful graduation of two families with fidelity, tapes, real-time or co-therapy sessions are no longer required once the Provider reaches 80% fidelity on the PCIT Skill Requirement checklist and can independently become a lead therapist with a family. The exceptions are if there are concerns from the consultant, the agency or the community that warrant additional reviews or an FIP.

Level 1 Trainer Training Requirements

Appendix B:

Purpose:

The purpose of the PCIT L1T training program is to allow organizations to create a sustainable and viable PCIT program without relying on outside trainers to train organizational staff.

L1T Trainer-ship Course Requirements:

L1T applicants must meet all training requirements for certification as a Level 1 Trainer per the PCIT International requirements (www.pcit.org) prior to being eligible to participate in the L1T Trainer-ship program. Please refer to the **Training Requirements for Certification as a Level 1 Trainer (“within Program Trainer”)** document found on the PCIT website www.pcit.org. Once the L1T trainer trainee has been approved to take the L1T Trainer-ship course, the following requirements must be met to become an L1T:

L1T Responsibilities:

1. Participate in the 8 hour L1T trainer-ship course and 12 months of once a month, hour-long consultation with a Master Trainer or Level II Trainer (L2T):
2. L1T to provide training and supervision/consultation to PCIT Provider trainees in the L1T organization/location:
 - a. Provide 40 hour training which includes a **minimum** 20 hours of co-therapy
 - b. L1T will provide a minimum of 20 hours of co-therapy with each new PCIT provider trainee trained for up to two families.
 - i. Co-therapy with one PCIT case (through graduation). As the parent reaches mastery, the L1T lead is coaching only 51% of the time.
 - ii. Co-therapy with one PCIT case where the PCIT provider trainee is the lead therapist and the L1T is the co-therapist.
 - iii. Once the PCIT provider trainee meets fidelity as a PCIT therapist, co-therapy will not be required.
 - c. Complete PCIT supervision/consultation to at least one PCIT therapist-in-training while consulting with a Master Trainer or L2T. Implement the PCIT protocol with fidelity with therapist-in-training during co-therapy sessions.
 - d. Demonstrate competency in maintaining a working alliance with supervisee/therapist trainee through sensitive and effective methods of training.
 - i. Follow the L1T Training guidelines as written.
 - ii. Maintain a “Within Program” training model. PCIT International created the “Within Program” L1T model to allow program sustainability. L1T’s are expected to only train and consult within their own agency program.

Agency requirements:

1. Provide and maintain appropriate space and equipment for PCIT.
2. Serve clients within the age range of PCIT (2 to 7 years of age).
3. Allow time for L1T trainees to participate in monthly consultation (12 months) with a Master Trainer or L2T.
4. Allow time for the L1T trainees to supervise/consult with and complete co-therapy session (refer to the co-therapy model below) with each new PCIT provider trainee trained for up to two families.

Level 1 Trainer Training Requirements

Co-Therapy Model

1. The Co-therapy model is used to teach and model the PCIT skills in session, in “real-time” with the PCIT provider trainee. This “hands on” teaching method gives the trainee case experience while under the direct observation and supervision from the L1T. The co-therapy model involves seeing clients with a trainee in a co-therapy model in real-time or in person. The L1T initially takes the role of lead therapist with the expectation that the first case will be led by the L1T and the second case will be led by the PCIT trainee.
 2. L1T Trainers are responsible for instructing trainees in therapy, procedure, and implementation of PCIT
 3. Trainees are responsible for collecting/scoring measures; maintaining client records; completing additional exercises, readings.
 4. The L1T Trainer is responsible for sending the L2T or Master Trainer two videos of a co-therapy session: one of a CDI co-therapy session and one of a PDI co-therapy session.
 5. PCIT provider trainees’ are allowed to videotape a session ONLY if the L1T’s’ absence from the co-therapy session is unavoidable (unexpected illness). However, there is an expectation that the PCIT provider trainee and the L1T will review the videotape **prior to** the next PCIT co-therapy session.
- **Lead Therapist Responsibilities**
 - Direct the course and content of each session (i.e. do most of the talking)
 - Be the primary coach
 - Code DPICS, check reliability
 - Discuss session with co-therapist (before and after)
 - Read session outlines and associated materials before sessions
 - Complete DPICS workbook and code along-side the trainee in the session
 - Gather necessary materials (homework sheets, etc.) for each session
 - Assist with technology (set up camera, etc.)
 - Provide an opportunity to discuss theory of PCIT, application in areas of: adherence to protocol, adapting to individual family needs, coding, and coaching

Master Trainer or L2T Responsibilities to the L1T:

The Master Trainer or L2T will provide written feedback on each video or real time session reviewed in regards to the content and style of the Level I Trainer applicant’s competence in supervision/consultation and will determine whether additional session observations are necessary to document adequate skill for the Level 1 Trainer applicant. The Master Trainer or the L2T is looking for a co-therapy model approach to the Level 1’s interaction to their trainee and will ask the following questions in the video or real time reviews:

- a. Did the L1T take PRIDE in their supervision/consultation with Trainee?
- b. Was the L1T Positive, Respectful, Involved, Descriptive and Honest in the feedback and able to give valid examples based on the trainee’s actual session being presented?

L1T Expectations:

In order for the PCIT Providers trained under an L1T to get certified as a PCIT Certified Provider, the L1T must have met all the Trainer-ship training and supervision requirements, received a letter of endorsement from their trainer, completed the Level 1 Trainer Application and received approval and certification from PCIT International. For more information go to www.PCIT.org