

OUHSC PCIT Training Center
Readiness Assessment

Thank you for your interest in implementing PCIT at your agency.

Before an agency commits to adopting PCIT, there are many details to consider. We are committed to helping agencies begin, develop, and maintain successful PCIT programs. Please carefully complete the following checklist to determine if your agency and PCIT are a good match. Answering “no” to any of these questions will not preclude you from implementing PCIT. Rather, we will work together with you to address any obstacles.

After you complete this questionnaire, if you and we believe that PCIT may be a good match for your agency, we may ask you to complete a further assessment to address the detailed logistics and other factors that will define our work together.

Name of person filling out this form:

Title:

Agency/ Affiliation, including address:

Email:

Phone:

Fax:

Website:

How did you hear about us?

Questionnaire (Please place checks next to each item with a “yes” answer as you review it)

YES	NO	Question
<input type="checkbox"/>	<input type="checkbox"/>	Does your location or agency serve families with children between three and six years of age who could benefit from PCIT services? Specifically, do you serve young children with behavior problems or families with treatment needs related to enhancing the parent-child interaction and developing effective discipline strategies?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have procedures to ensure referrals of children who need PCIT services to your organization? We ask that your agency have two families available for PCIT for each trainee to begin seeing as soon as they have completed their first week of training. Ideally, trainees will complete at least 4 cases during the consultation period (1 year).
<input type="checkbox"/>	<input type="checkbox"/>	Are you and your leadership team committed to implementing a manualized intervention? Because this intervention as a whole has been shown to work, we ask your commitment to implement it in its entirety and not in a piece-meal fashion.
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a plan for financing the implementation of PCIT? Specifically, do you

		<p>have funds in your budget that can be allocated for: possible room renovation, equipment, staff time for training and consultation, necessary assessment measures, toys, and handouts?</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>Do you have the ability to accommodate PCIT requirements in your program? The following are some features of PCIT:</p> <ul style="list-style-type: none"> ○ PCIT therapists meet with families once per week in a clinic setting for approximately 1 hour per week. Some therapy sessions, particularly for beginning therapists, or those in the second phase of treatment, may last longer. ○ PCIT therapists use a therapy room with an adjacent observation room and one-way mirror during sessions to observe the client and parent, and provide coaching. This therapy also requires the use of a bug-in-the-ear FM transmitter (for therapist) and receiver (for parent), as well as a microphone (in therapy room) and receiver (in observation room). In some cases, it is also necessary to videorecord therapy sessions. ○ PCIT therapists/trainees need time to review session protocol and ongoing assessment data, set-up and take down the room, write case notes, and participate in weekly consultation. ○ If participating in remote live consultation using the Polycom machines, the observation room also needs to be equipped with high-speed internet access and a static IP address. It is helpful to have a local IT support person who can work with our IT staff to install and maintain the machine. ○ Case loads are generally limited to approximately 18-20 families per PCIT therapist. New trainees should start with a smaller load of PCIT cases until they have attained basic mastery. ○ PCIT therapists may learn best by seeing cases together, in co-therapy. This is especially true if there are not enough cases for all therapists to have their own. ○ If participating in grant-related training and evaluation, therapists may need additional time to videorecord sessions, gather and submit data, and complete paperwork. ○ Periodic (we recommend quarterly) implementation meetings should be held that include management and staff. The purpose of these meetings will be to assess your organization's progress in implementing PCIT, program successes, and problem-solving for things that are not going optimally. ○ We highly recommend having a "time-out room" –a small unfurnished room with a dutch door that is adjacent or close to the PCIT therapy room.
<input type="checkbox"/>	<input type="checkbox"/>	<p>Are your therapy staff willing, interested, and able to be trained and to implement PCIT? This involves:</p> <ul style="list-style-type: none"> ○ Being licensed to provide therapy, or being under supervision for licensure ○ Experience working with preschool children and their families ○ Completing workshop training in PCIT: One 5-day workshop, followed by a 2-day continuation workshop approximately 8-12 weeks later. Trainees are expected to attend the training in its entirety and complete all assigned homework. ○ Commitment to implementing PCIT with fidelity to the model ○ Participating in weekly consultation via phone or remote live consultation.

		For phone consultation, therapists are expected to attend at least 80% of weekly consultation calls, regardless of whether PCIT cases have been seen that week. These calls will be scheduled at the therapists' convenience.
<input type="checkbox"/>	<input type="checkbox"/>	<p>Do you have at least one staff member who is willing to be trained as a PCIT within-agency trainer?</p> <ul style="list-style-type: none"> ○ Before being trained as a within-agency trainer, a PCIT therapist must be trained in PCIT, complete at least 2 cases, and achieve proficiency (this usually takes about 12-18 months). Within-agency trainers will participate in one day of additional training in order to provide training to other therapists at their agency. ○ The responsibility of the within-agency trainer is to see PCIT cases with a trainee and provide didactic information, assessment, and guidance. Each trainee should see 4 complete cases with their trainer (2 as a co-therapist, and 2 as a lead therapist), which usually takes about 12 months. ○ Being a within-agency trainer does not allow trainers to conduct group-based trainings in PCIT. Rather, they are expected to training individual trainees using a co-therapy model.
<input type="checkbox"/>	<input type="checkbox"/>	<p>Do you have the material resources needed to implement the program (or the ability to obtain such), including:</p> <ul style="list-style-type: none"> ○ Therapy room ○ Observation room with one-way mirror ○ Bug-in-the-ear or similar equipment ○ Rechargeable batteries and chargers ○ Toys ○ Photocopies of all session outlines, forms, and handouts ○ Purchased copies of copywrited measures ○ See attached handout for more information on these requirements
<input type="checkbox"/>	<input type="checkbox"/>	Is your staff able to travel to OUHSC for the necessary trainings?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have funds available to cover travel expenses?
<input type="checkbox"/>	<input type="checkbox"/>	<p>Please indicate below how many individuals you would like for us to train in PCIT:</p> <ul style="list-style-type: none"> ○ How many individuals would you like for us to train as PCIT therapists? _____ ○ How many of these therapists would you like for us to train as within agency trainers? Note: Within-agency trainers must complete PCIT therapist training. _____

Thank you for completing this questionnaire.

Materials and equipment necessary for PCIT implementation

- Therapy room with: an adult sized table big enough to accommodate two people on one side and about three sets of toys; three adult size chairs (one will be used as a time out chair – the best option for this is a very sturdy, large, and washable chair); clock with a second hand high on the wall; no additional furniture or materials in the room unless they can be put out of the child access (e.g., in a locked cabinet). A relatively small room is usually sufficient; larger rooms may pose a challenge.
- Observation room with one-way mirror, and sound access to play room (usually via microphone and receiver); room for 2-3 adults, plus equipment. A cabinet for materials is helpful. It should have no windows or light blocking shades so that the observation room remains darker than the therapy room (so the family cannot see through the one-way mirror)
 - If participating in remote live consultation using the Polycom machines, the observation room also needs to be equipped with high-speed internet access and a static IP address. It is helpful to have a local IT support person who can work with our IT staff to install and maintain the machine.
- Digital kitchen timer
- Bug-in-the-ear or similar equipment allowing therapist to talk with parent from the observation room.
- Rechargeable batteries and chargers for bugs
- Toys appropriate for children ages 1-7 (excluding board games, puzzles, action figures, videogames). We recommend creative toys (crayons, markers, magna-doodle, play doh, etc.), toy sets (play food and dishes, farm set, toy garage, Mr. Potato Head, etc.), and building toys (Duplos, Legos, Lincoln Logs, K'Nex, etc.). It is helpful to have at least a few toys in each category. At least a few toys that are appropriate for children under three should be available for young children or those with developmental delays. Toys that are soft and will not hurt another person if thrown at or hit with are also very helpful to have on hand. Toys should be durable, free from sharp corners or breakable parts, and easy to clean.
- Photocopies of all session outlines, forms, and handouts
- Purchased copies of copywrited measures, such as the Eyberg Child Behavior Inventory.