



Regional Trainer Application

Purpose: These requirements are consistent with the *Training Requirements for Certification as a Regional Trainer* (RT). The most current version of the RT Requirements is posted on the PCIT International website (www.pcit.org). These requirements represent what PCIT experts consider to be the minimum training and skill qualifications necessary for an RT.

Process: Please note that the certification process for becoming an RT has multiple steps to demonstrate competence as a PCIT trainer, summarized as follows:

Scope and Limitations of Regional Trainership

- A. Regional Trainers are individuals who **have met all of the PCIT International requirements for being a certified PCIT Therapist, a Within Agency Trainer, and are deemed** qualified to teach and supervise therapists internal and external to their own program or agency. However, when training therapists outside of their own program or agency, **Regional Trainers are limited to** training within **their** geographic region.
- B. Regional Trainers are approved to conduct the training and consultation of:
 - Individuals who have a master's degree or higher in a mental health field **AND** who are independently licensed as a mental health service provider (for example, licensed psychologist, licensed psychiatrist, licensed marital and family therapist, licensed practicing counselor, licensed clinical social worker, etc.) **OR** who are working under the supervision of a licensed mental health service provider.
 - Graduate-level students seeking a master's degree or higher in a mental health field (counseling psychology, clinical psychology, social work, etc.).
 - Psychology doctoral students on pre-doctoral internship, psychology trainees completing postdoctoral fellowship, or psychiatry residents who are treating families under the supervision of the pre-doctoral internship or postdoctoral site.
- C. Regional Trainers must limit their training and consultation to individuals and programs within their named geographic region determined at the time of certification. Geographic region is typically defined as a state or a metropolitan area. Regional trainers may request a specific region at time of application.

- D. Unless assisting a Global Trainer, Regional Trainers may not train individuals outside of their predetermined geographic region.
- E. Regional Trainers may train certified PCIT Therapists within their geographic region to become Within Agency Trainers, but they may not train other Regional Trainers unless they are assisting a Global Trainer.

****Please note that to successfully complete the certification process to become an RT, applicants must *demonstrate competence* in core areas of the PCIT protocol and PCIT training. PCIT International reserves the right to deny certification to any individual if minimum standards of competence are not met and appropriately documented, as outlined in the *Training Requirements for Certification as a Regional Trainer*.****

Application Process and Instructions:

- Completed applications may be sent via scanned .pdf file to pcitcertify@gmail.com OR

Applications may be sent through the mail **PCIT International Certification** to

PCIT Certification
P.O. Box 47
Milligan College, TN 37682
- If application is sent through the mail, applicants are encouraged to make a copy of their application to keep for their records before mailing the application.
- When a completed application is received, it will be assigned by the PCIT International Certification Committee to a reviewer. The application will be reviewed by a global trainer or Regional trainer who has not been directly involved with the applicant's training. The applicant should allow at least 2 months for processing beyond the review assignment date to receive the results of the review.
- If materials are approved by the outside reviewer, the PCIT International Certification Committee will assign a site visitor to the applicant's file. The applicant is responsible for coordinating the site visit with the site visitor. During the site visit, applicants must provide evidence of adequate training and consultation skills by allowing the site visitor to: 1) observe a supervisory/consultation session between the Regional Trainer applicant and trainee(s), 2) observe live, online, or prerecorded therapy sessions conducted by the Regional Trainer applicant's trainees or former trainees, or discuss session feedback review provided by the off-site application reviewer, 3) hold discussions with current trainees, and 4) review all of the applicant's training materials and facilities. The applicant should allow at least 4 weeks for processing beyond the review assignment date to receive the results of the review.
- Email is the primary method used by PCIT International to communicate with applicants. Communications will occur within the outlined time schedule. Checking and responding to

your email frequently can expedite the application process. PCIT International is not responsible for messages that are not received in a timely manner due to the applicant's failure to check email, the applicant's failure to notify PCIT International of an email address change, or email that is undeliverable due to applicant email server restrictions (e.g., full mailbox). To ensure that important messages from PCIT International are not blocked by SPAM and junk email filters, add pcitcertify@gmail.com to your address book.

Fees

Payment of the full application fee, \$2,500, is due at the time of application submission. Please note that the administration fee and application review fee (\$1,150) are non-refundable. If an application is not approved after the review and no site visit is scheduled, the \$1,250 site visitor fee will be refunded within thirty (30) days of notification. If a site visit is conducted, but not passed, the site visitor fee and travel costs will not be reimbursed. Site visitor travel costs are not payed up front and arrangements for these fees will be made with the site visitor and include but may not be limited to travel, lodging, and meals. Application submission and payment does not guarantee application approval or Regional trainer status. Please make checks payable to: PCIT International. Application fees can be payed by mailing a check to:

PCIT Certification

P.O. Box 47

Milligan College, TN 37682

PCIT International Administration Fee	\$400
Application Review Fee:	\$750
Honorarium for Site Visitor:	\$1,250 + travel costs
TOTAL COST	\$2500 + travel costs

Regional Trainer Application

IDENTIFYING INFORMATION FOR THE WEBSITE LISTING

(Please leave a field blank if you do not wish it posted on the website)

Full Name and Credentials:	
Agency/Institution:	
Address:	
City, State, Zip	
Phone number:	
Email:	
Payments accepted, please check all that apply:	<input type="checkbox"/> Free; restrictions apply (e.g., grant or study eligibility) <input type="checkbox"/> Federal insurance programs (e.g., Medicaid, Medicare, government insurance, national health insurance) <input type="checkbox"/> Private health insurance (HMOs, PPOs, HSAs) <input type="checkbox"/> Out-of-network provider (billed for services and submit to insurance for reimbursement) <input type="checkbox"/> Self-pay sliding scale (based on family income) <input type="checkbox"/> Self-pay professional rate

Personal Contact Information if changed from Certified Within Agency Trainer application (If different from website posting)

Full Name:			
Agency/Institution:			
Address:			
City, State, Zip			
Phone number:			
Email:			
Years of Clinical Practice:		Years at Current Agency:	

GRADUATE EDUCATION

Highest Degree Completed (MS, PhD, PsyD, etc.):		Field of highest degree completed (social work, counseling psychology, clinical psychology, etc.):	
Date of Degree (MM/YYYY):		Institution:	
Licensure	State	Type (LCSW, LMFT, LPC, HSP, etc.)	Number

CASE EXPERIENCE AS A PCIT THERAPIST

What are the total number of PCIT cases you have completed as a primary therapist or co-therapist (not in supervisory role) to graduation criteria? _____

PCIT International Certification

1. Are you currently a PCIT International Certified PCIT Therapist? Yes No
2. Are you currently a PCIT International Certified Within Agency Trainer? Yes No

CASE EXPERIENCE AS A PCIT TRAINER

Please document the therapists you have trained while under supervision/consultation with a PCIT trainer (at least 1 case to graduation criteria required):

What is the estimated number of PCIT cases you have supervised to graduation criteria? _____

What is the total number of PCIT therapists you have trained to certification criteria? _____

What is the total number of certified PCIT therapists you have trained? _____

EVIDENCE OF ACTIVE INVOLVEMENT IN THE PCIT COMMUNITY

A. Have a documented history of at least 7 years of active involvement in the PCIT community (section 2.C.1).. List involvement and dates (task force, conferences, collaborations, etc.)

a. _____

b. _____

c. _____

d. _____

e. _____

f. _____

g. _____

- B. Have contributed at least 3 PCIT publications or presentations (section 2.C.2) at state, national or international PCIT conferences and/or other established evidenced-based conferences (i.e., APA, ABCT, ISTSS, AACAP, etc.)**

Contribution 1: _____

Contribution 2: _____

Contribution 3: _____

Other Contributions

EXPERIENCE AS A PCIT TRAINER AND CASE REQUIRMENTS

- A. Completed 2 Basic- Initial 40 Hour Training - cohorts- with two different Certified PCIT Global Trainers (section 2.B.2.a.2).**

Training 1 with Name of Global Trainer: _____

Training format: _____

Dates of training: _____

Training 2 with Name of Global Trainer: _____

Training format: _____

Dates of training: _____

- B. Co-lead one Basic Training consultation call series under consultation of a Certified B. Regional Trainer or Global Trainer (section 2.B.2.a.2i). (RT Trainee takes lead on calls after 4 months of GT or RT demonstrating how to lead calls).**

Name of Trainer: _____

Start Dates / Time of Calls: _____

- C. Co-lead one Basic Training consultation call series as equal roles with a Certified Regional 2 Trainer or Global Trainer (section 2.B.2.a.iv).for the required 12 months. (must be a different cohort than #2 listed above, can be the same GT or RT co-leading)**

Name of Trainer: _____

Start Dates / Time of Calls: _____

- D. Experience training Within Agency 1 applicants as a **training assistant** for at least **one Initial Within Agency Trainer** training conducted by a Regional or Global Trainer with continued consultation to trainees (section 2.B.2.a.v).

Name of Within Agency Trainee(s): _____

Name of Trainer: _____

- E. Experience **co-leading** one cohort of Within Agency Trainer calls with a Regional or Global Trainer (section 2.B.2.a.vi):

Name of Within Agency Trainee(s): _____

Name of Trainer: _____

- F. Completed training for at least **10 new therapists** (section 2.B.2.a.i) who are eligible for PCIT Certification (includes therapists trained in conjunction with a Global Trainer).

Name of Trainee: _____

Name of Trainee: _____

Name of Trainee: _____

Name of Trainee: _____

Name of Trainee: _____

Name of Trainee: _____

Name of Trainee: _____

Name of Trainee: _____

Name of Trainee: _____

Name of Trainee: _____

- G. Served as a primary therapist or supervisor on **at least 5 PCIT cases annually**/in the last 12 months (section 2.B.3.a).

Number of cases in the last 12 months: _____

- H. Regional Training Development

1. Plan for recruitment efforts outside of internal PCIT program as a RT (section IV.A-G) as demonstrated by:

a. Attach sample training application

b. Attach plan for recruitment/advertising:

c. Attach a sample agenda with time structure and note how trainee competencies assessed

2. Provide examples of experience with large systems of care and overcoming obstacles for treatment delivery

a. _____

b. _____

3. Provide a personal statement related to changes in moving from an WAT to a regional RT trainer position.

TRAINING AS A PCIT TRAINER

Please describe the training you received to become a PCIT Trainer:

Face-to-Face (Didactic) Training:

Trainer Name:			
Trainer Affiliation:			
Site of Training:			
Format of Training (e.g., 8-hour course, co-training with a Global Trainer or Regional Trainer):			
Date Training Began (MM/YYYY):		Date Training Ended (MM/YYYY):	
Total Hours PCIT Trainer Training Received:			

Please discuss any further experiences that you have had that would qualify you as a PCIT Trainer:

Documentation of Skills in Training PCIT Therapists.

In an attached word document, please describe how you have implemented the following skills in training PCIT therapists :

1. Exhibited **expertise in presenting**: Structure of CDI (PRIDE skills, avoid skills, selective attention); CDI Coaching, PDI Sequence; PDI Coaching; DPICS.
2. Attended to the **core elements** of the 2011 PCIT Protocol and commitment to treatment fidelity (section 2.F.1).
3. **Structured training** that is conducive to effective learning (e.g. balance of didactics and skills rehearsal; establish rapport with trainees, attention to principles of adult learning), (section 2.F.2).
4. Effectively teach and explain PCIT **theory and research during** didactic raining

5. Demonstrate excellence in **checking and tracking trainee competencies** (section 2.F.4).
6. Accurately **calculate DPICS reliability** with their trainees (section 2.F.5).
7. Communicate the PCIT International **certification procedures** during didactic training (section 2.F.6).
8. Effectively **problem-solve** challenging PCIT coaching situations during training (section 2.F.7).
9. Effectively **problem-solve** challenging PCIT coaching situations during consultations calls (section 2.F.7).
10. Effectively communicate the importance of **PCIT fidelity** during didactic training (section 2.F.8).
11. Effectively communicate the importance of **PCIT fidelity** during consultation and written feedback (section 2.F.8).
12. Maintain a **working alliance** with trainees through sensitive and effective methods of training and consultation (section 2.F.9).
13. **Guide their trainees** to meet PCIT International certification requirements during consultation calls (section 2.F.10).
14. Describe the methods you use to train and evaluate trainees' coaching skills.

Documentation of Skills in Training PCIT Within Agency Trainers.

Please describe how you have implemented the following skills with your Within Agency Trainees:

1. Accurately reviewed of WAT Trainee **calculation of DPICS reliability** with your trainees (section 2.F.5).
2. Effectively **taught a Code the Coach system to Within Agency trainees** and name the Code the Coach System you implemented (section 2.F.3).
3. Effectively used a **Code the Coach system** with **Within Agency trainees** (section 2.F.3).
4. Provided excellence in **checking and tracking WAT Trainee competencies** (section 2.F.4).

5. Implemented feedback from a Global Trainer on **content and style of training and consultation**.
 6. Attended to teaching therapist-in-training **core elements of PCIT with fidelity** (section 2.F.1).
 7. Demonstrated competency in **maintaining a working alliance** with supervisee/therapist trainee through sensitive and effective methods of training (section 2.F.9).
- Please describe any additional informal training you have had to become a PCIT trainer. As above, include any additional names and affiliations of your trainers and supervisors.

IV. Developing trainees' PCIT skills

- A. To demonstrate your fidelity to the PCIT protocol, please submit two video recordings of the following treatment sessions conducted by your trainee with you providing clinical feedback and supervision of the session for an early phase of session with: (a) CDI coach session; and (b) PDI coach session; within the past 18 months
- B. The sessions must be recorded in their entirety. Begin each session by obtaining written parent consent to tape for purposes of this therapist qualification application. During each of the two sessions, please face camera towards the caregiver and child during coaching. Please make sure the trainer and trainee can be heard on the video as well as the family. "
- C. Videotapes, videodisks or electronic files are acceptable. Please check videos for audio and visual quality before submitting. Any recording without good audio and visual quality will be returned to be replaced with a recording of the same type of session with better quality to enable adequate review. Following review, recordings may be returned upon request.
- D. **Distance Training Information:** Trainer Skills to PCIT trainees outside of the RT applicants internal PCIT program:

Location of training outside of applicant's internal PCIT agency: _____

Format utilized for distance consultation (i.e., Zoom, Cisco, GoToMeeting, etc.): _____

Method of feedback to distant trainees (emails, formal letter, integrity checks, etc): _____

Case examples

Please consider the following case scenarios. In an attached word document, please answer based on your training and experience.

- A. A trainee tells you that therapists in his agency do not want to stress their patients with coding at the beginning of PCIT sessions. Instead, they find that coding at the end of the session works better for their population of very high-risk families. What would you do?
- B. A trainee tells you his agency has no timeout room available. What would you do?
- C. How would you help a trainee who is having trouble achieving mastery of the CDI skills during his initial training?
- D. You discover that one of your trainees has added rules or discipline to the CDI phase of treatment because many of the families she sees have highly disruptive children and have parents who tend to have difficulty developing differential attention skills. The trainee believes adding this sort of structure to CDI is the only way to keep these families engaged in treatment. How would you address this issue?
- E. During a CDI coaching session, a child frequently stops engaging with the toys and begins walking around the edge of the room asking repeated questions about when they will leave or who is in the room next door or if he can have candy. How would you teach the therapist to shape the child's appropriate behaviors?

Follow-Up Capacity (requirements post RT certification to maintain status)

- A. Region/State boundary requested for RT (Section IC): _____
- B. During the first year of practice as a Regional Trainer, the Regional Trainer should engage in monthly consultation calls with a Global Trainer (section 2.E.1).
 - a. Global Trainer agreed to consultation period: _____
- C. After the first year of practice, the Regional Trainer must consult with a Global Trainer at least once every 6 months throughout each 2-year certification period and provide an update on current training activities and an overview of training curriculum (section 2.E.2).
 - a. Global Trainer agreed to consultation period: _____
- D. The Regional Trainer is responsible for scheduling the consultation with a Global Trainer and failure to do so may result in removal of Regional Trainer certification (section 2.E.3).
 - a. Plan for scheduling consultation: _____

Please initial stating you have read, understood, and agree to the following:

- A. Applicant expected to cover the travel costs of the Global Trainer for the site visit.
(section 2.D.1.b).
Applicant Initials: _____
- B. Applicant understands completing the application process, including the site visit, does not guarantee that the applicant will meet the requirements for Regional Trainer status (section 2.D.1.c & 2I.D).
Applicant Initials: _____

REQUIRED MATERIALS

Please indicate that you have attached the following documentation for verification:

- To demonstrate your fidelity to the PCIT protocol, please submit two video recordings of the following treatment sessions conducted by your trainee with you providing clinical feedback and supervision of the session for an early phase of session with: (a) CDI coach session; and (b) PDI coach session; within the past 18 months
- The sessions must be recorded in their entirety. Begin each session by obtaining written parent consent to tape for purposes of this therapist qualification application. During each of the two sessions, please face camera towards toward the caregiver and child during coaching
- Videotapes, videodisks or electronic files are acceptable. Please check videos for audio and visual quality before submitting. Any recording without good audio and visual quality will be returned to be replaced with a recording of the same type of session with better quality to enable adequate review. Following review, recordings are typically shredded or deleted.
- Attach letters of endorsement to PCIT International from two Global Trainers who co-trained with the applicant under an active training agreement. Letters of endorsement should provide evidence of competence in training other PCIT Therapists and/or Within Agency Trainers with competence in core elements and commitment to treatment fidelity (section 2I.C).
- Please attach a printout of the PowerPoint presentations and syllabus or agenda that you use to conduct PCIT trainings.

Checklist

- ___ Curriculum vitae
- ___ Copies of your DPICS coding sheets
- ___ Syllabus or agenda of a PCIT training with time structure and note how trainee competencies assessed

- ___ Sample training application
- ___ Plan for recruitment/advertising:
- ___ PCIT protocol (if not www.pcit.org protocol)
- ___ Two video recordings with good audio and visual quality
- ___ Forms used to record trainees' CDI and PDI skills mastery
- ___ Forms used to record trainees' DPICS coding skills mastery
- ___ Letters of endorsement as specified in trainer requirements

ELIGIBILITY AFFIDAVIT**

MANDATORY QUESTIONS

1. Do you have a physical or mental condition or addiction to any substance that could impair competent and objective professional performance of PCIT services and/or jeopardize public health and safety?
 Yes No **Explain any "YES" responses on an attached sheet of paper.**

 2. Have you been subject to an investigation or disciplinary action by a health care organization, professional association, governmental entity, or regulatory or licensing agency or authority, and/or have you ever been convicted, found or entered a plea of guilty, or are you presently being investigated or charged with any felony or misdemeanor directly relating to PCIT services or public health and safety?
 Yes No **On an attached sheet of paper you must identify ALL investigations, allegations, charges and outcomes. Attach documentation if available.**
- Note: If you are currently imprisoned, on probation or parole or involved in a case being appealed, PCIT International may deny certification or recertification until three (3) years following the exhaustion of your appeal, completion of probation or parole, or final release from imprisonment, whichever is later.

YOU MUST NOTIFY PCIT INTERNATIONAL IMMEDIATELY IF ANY CIRCUMSTANCES ARISE THAT WOULD MODIFY A RESPONSE YOU HAVE PROVIDED ON THIS APPLICATION.

MANDATORY CERTIFICATION PROCESSING AGREEMENT**

PCIT International agrees to process this application subject to your agreement to the following terms and conditions:

1. It is the policy of PCIT International not to release candidate information provided and contained in PCIT International applications, unless such information is requested by a state or federal licensing authority, agency, court of law, or otherwise properly subpoenaed.

2. PCIT International offers an online Certified Therapist and Trainer Registry to successful applicants. By applying, you authorize PCIT International to publish and/or release your successful certification or recertification status on the Certified Therapist and Trainer Registry.
3. To hold PCIT International harmless, and to waive, release and exonerate PCIT International, its officers, directors, employees, committee and task force members, and agents from any claims that you may have against PCIT International arising out of PCIT International's review of this application, or any future applications relating to eligibility for certification, renewal, recertification or reinstatement, conduct of the examination, issuance of a disciplinary (professional conduct) sanction or decision, and/or publication or third-party disclosure of information related to the status of your application for certification by PCIT International.
4. To accurately identify to others (including employers and clients) that PCIT International certification, if granted, acknowledges that you have met PCIT International's minimum standards, but does not warrant or guarantee your competence to provide professional services, and to indemnify PCIT International from and against any liability that may arise from PCIT International's issuance of your certification or recertification and your professional practice.
5. To provide only information in your application to PCIT International that is true and accurate to the best of your knowledge. You agree to revocation or other limitation of your certification, if granted, should any statement made on this application or hereafter supplied to PCIT International be found to be false or inaccurate.
6. Once your application is approved by PCIT International, you will receive notification within 5-10 business days. Your website listing will be changed to reflect your Regional trainer status and you will be listed on the Regional Trainer webpage.

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ACKNOWLEDGMENTS/ATTESTATION

I acknowledge the following:

Initials	Acknowledging Statements
	I understand that final decisions about Certification of PCIT Regional Trainers will be made by PCIT International.
	I have read and understand the Eligibility Affidavit and Mandatory Certification Processing Agreement.
	I have read and understand the fee arrangement section on page 3 of this application.

I attest that the information I have provided herein this application and accompanying materials is a true and accurate representation of my experiences and abilities.

*Signature:		Date:	
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*May insert electronic copy of written signature; or print, sign, and scan this page of the form to a PDF file.