Virginia's Evidence Based Services
Open House FAQs

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Parent Child Interaction Therapy (PCIT):

1. **What is the age limit for the child?**

   PCIT is for children between the ages of 2-7.

2. **Can you speak more about why this is helpful treatment targeted towards autism? Do we mean if there are behavioral difficulties from autism? Or because some children with autism may have communication limitations and talk therapy is difficult?**

   As with many populations, including children with Autism, PCIT improves caregiver-child relationships and child compliance. PCIT does not treat Autism, but it treats behavioral concerns that may be present for children with Autism. It is important that the child meet minimum requirements for PCIT and/or the provider is trained in (or seeks consultation for) model-specific modifications to PCIT. PCIT has the capacity to create connection between the child and the caregiver that is, among other reasons, important for improved compliance. Additionally, PCIT provides a structured, consistent, and predictable form of discipline that can be more effective with children who have a hard time with transitions, change, and inconsistency.

3. **Why are Mexican American families among those identified as people who especially benefit from PCIT?**

   PCIT has been researching efficacy across populations for decades and therefore has a robust research and literature base. One of the populations in which at least one research study has been conducted is with Mexican American families. Research has shown that PCIT is an effective intervention for this population, among others.

4. **When you provide PCIT to children in foster care, who is the "parent"? Is it the birth mother or birth father or is it the foster parents?**

   For any PCIT case we are looking to involve the primary caregivers; whoever is providing that primary caregiving at that time. For children in foster care, often times it is the foster parents who do PCIT. If the family is closer to reunification and has the ability to participate at the level of minimal requirements (consistent contact with the child at least 3 times a week for at least 30 minutes outside of the weekly scheduled 1-hour treatment session), then they might be appropriate to involve in treatment. It is also common that children in foster care participate in PCIT with their foster family and again with their biological family upon returning to their care.

5. **Is PCIT better reinforced with any other treatment modality?**

   Motivational Interviewing (MI) techniques pair nicely with PCIT and are often used within the context of PCIT. Additionally, many agencies have successfully implemented PCIT within the context of their Intensive In-Home (IIH) or wrap around services. In these situations, the PCIT therapist is one of the team members and provides PCIT to the family, and they work with others on the team to help support PCIT goals and principles when they are working with the family. It's also common that children and families participate in auxiliary services (e.g. OT, PT, S/L, etc.) concurrently. It is not recommended that the identified PCIT client participate in any other form of mental health treatment (e.g. TF-CBT, CBT, CPP, etc.) concurrently with PCIT. This could be overwhelming to the family, introduce competing solutions, make it a challenge to know what is working, etc. Similarly, as PCIT is known to improve the family system, there are times when it may not be necessary to separately treat other children in the home who are within the PCIT age range and are exhibiting the same symptoms. However, it is perfectly appropriate to treat other children in the home using other interventions for other presenting concerns and/or those outside of the PCIT age range.

6. **Is PCIT ever provided in the home?**

   Yes. PCIT is traditionally done as an office-based intervention, but there is growing literature supporting the use of PCIT as a home-based service. Additionally, as the world of telehealth is evolving, PCIT has been done successfully using a telehealth platform. There is data predating the COVID-19 pandemic supporting outcomes using telehealth as a delivery method as well.

7. **What about a child and a caregiver who have regular supervised contact but the concern is with protective capacity of the caregiver due to allegations of sexual abuse?**

   It is not recommended to provide PCIT to perpetrators of sexual abuse. We encourage consultation with a trained provider or endorsed trainer regarding specific cases and questions.

8. **Where can I find research on PCIT?**

   PCIT International has a taskforce devoted to research and maintains a list of PCIT publications. It can be found here: http://www.pcit.org/pcit-research.html

9. **What is the website to search for providers?**

   PCIT International hosts a list of nationally certified clinicians. It can be found here: http://www.pcit.org/find-a-provider1.html

Functional Family Therapy (FFT)

10. **Who should we reach out to if we are interested in becoming certified in FFT?**

    Please contact Holly DeMaranville, FFT Communications Director at hollyfft@comcast.net She will send you general information, training outline and fees, and a site application.

11. **Do you know if you have FFT providers that speak other languages?**

    It may vary by agency, but generally many agencies employ bilingual therapists, typically Spanish/English.

12. **What is the wait time between referral and start of service?**

    When a standard referral is received, the family is contacted within 24-48 business hours and the first session is scheduled for within seven days.

13. **Can FFT be funded by Medicaid?**

    FFT will be eligible for Medicaid funding beginning 12/1/21

14. **Could FFT services be provided in the home or are they only available virtually?**

    It is preferred that services are provided face to face. Due to COVID, services are being provided both in the home face to face and virtually depending on the agency.

15. **What is the associated costs of becoming trained and certified to provide FFT?**

    Please contact Holly DeMaranville, FFT Communications Director at hollyfft@comcast.net She will provide any interested provider with the training and fees for certification as well as additional information.

16. **Are there eligibility requirements as to who can become trained to provide FFT?**

    Masters-level clinical staff are preferred; however, exceptions can be made for highly skilled Bachelor's-level clinical staff. A minimum of two years of human services experience is required for Bachelor's-level staff. Degrees for both Masters and Bachelors include counseling, social work, psychology, marriage and family. The team lead, who eventually serves as the FFT Site Supervisor for the team, must have a Master's degree. FFT, LLC advises all agencies to comply with state licensure requirements.

Multisystemic Therapy (MST):

17. **What age group is MST most effective for?**

    The evidence of effectiveness for MST covers the age groups of 12-17.

18. **How do you ensure fidelity to the model over time with providers? Is there continuing education or training?**

    The MST QA Process ensures fidelity to the model through the following:
    - Training and ongoing support (orientation training, boosters, weekly expert consultation, weekly supervision)
    - Organizational support for MST programs.
    - Implementation monitoring (measure adherence and outcomes, work sample reviews)
    - Improvements to MST implementation as needed, using feedback from training, ongoing support, and measurement.

    The QA/QI processes above demonstrate the different components of the MST model that are designed to set therapists and families up for success and to get the best possible outcomes (i.e. decreasing antisocial behavior, improving family functioning, etc.).

    You will notice that the QA/QA process is ongoing, and feedback is received at all levels within MST. Please see the attached slide (QAOverview PDF) for more detail.

19. **Does MST help families with no court involvement?**

    Absolutely, youth do not have to be involved in the court to be referred to MST. Youth who are appropriate for MST can be identified and referred via various avenues, depending on the approach of local service systems to youth with anti-social behaviors These avenues might include youth who are:
    - Involved with Juvenile Justice, Mental Health, Social Care, and/or Child Welfare systems
    - Identified via the school system

- Being diverted from placement and/or court system involvement
- Returning from placements in justice, psychiatric, crisis, or social care facilities for delinquent behavior or serious externalizing behavior
- Returning from foster care placement
- Currently in foster care with a plan for permanency in that placement.