







PCIT Training Center

PC-CARE: Fostering Secure Placements for Traumatized Children in Transition

UC Davis PCIT Training Center September, 2017





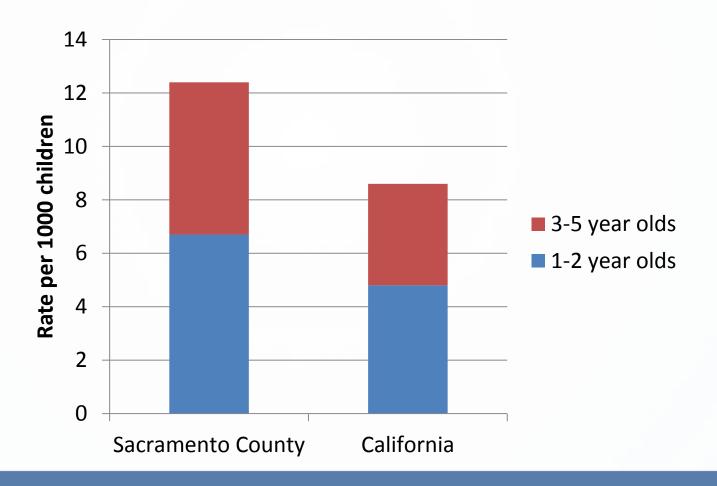
OBJECTIVES

- 1. Hear about the state of foster care in Sacramento County
- 2. Understand the goals of this project
- 3. Hear about the PC-CARE protocol
- 4. See some PC-CARE data so far

Rates of foster care entry



 In Sacramento County, children enter foster care at a higher rate than children statewide (Webster et al., 2016)

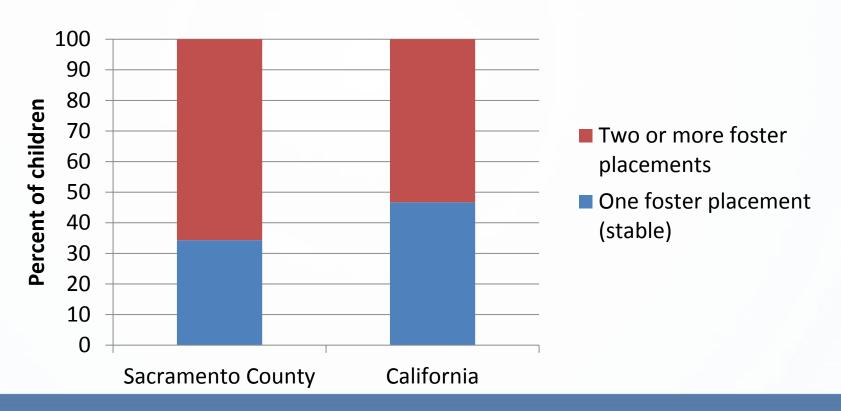


Placement stability: an essential part of young children's mental health



 Young children in Sacramento County appear to change placements more frequently (Webster et al., 2016)

Placement stability between January and June 2015



Project Goals:



- Provide trauma screener to all 1 5 year old children entering new foster homes
- Provide PC-CARE intervention for those children and their foster caregivers for 6 weeks
- Increase foster placement stability
- Reduce child trauma-related symptoms
- Refer to other services as needed

Project Goals:



- Year 1: 250 children
- Year 2: 500 children
- Year 3: 500 children
- Year 4: 500 children
- Year 5: 375 children
- Project lifetime: 2,125 children served over 5 years







The Process: Where we come in



Child placed in new foster home

CPS clerical logs/tracks and sends to UC Davis











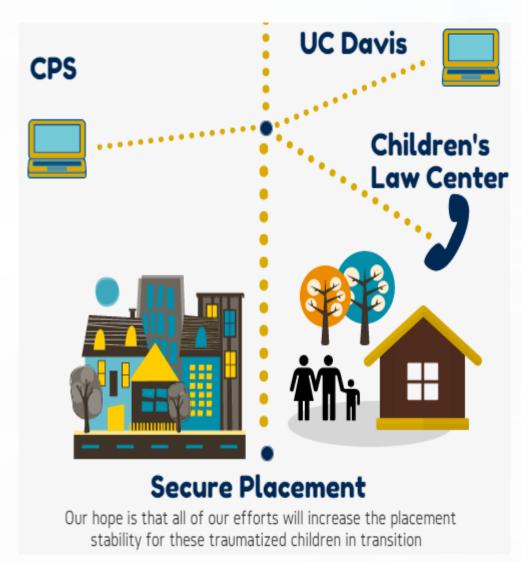
CPSU: Submit PC-CARE referral to UCD-PC-CARE-Referrals inbox

UC Davis contacts family

Communication

 As part of our efforts to increase placement stability, we plan to provide aggregate information to all parties regarding outcomes







So what is involved in PC-CARE?



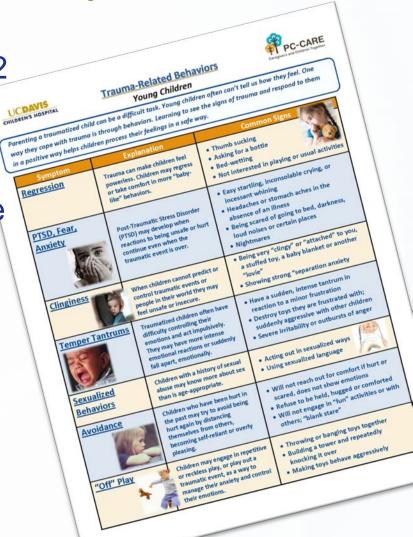
Trauma Screening (1st session):

1. Therapist goes to home first 1-2 months of placement

2. Engage with foster family

3. Assess child's trauma exposure and adjustment to new family, using ECTSS (0-6yrs)

- 4. Assess for disruptive behaviors and trauma-related symptoms
- 5. Provide psycho-education to foster caregivers regarding common reactions to trauma



PC-CARE Course of Treatment





Intake

Collect information: clinical interview, standardized measures;
Define treatment goals, describe treatment; 12-minute observation; Trauma Didactic

Session 1

 PRIDE Skills; Transitions; Creating a compliance-friendly environment

Session 2

Selective Attention; Redirect; Modeling; Calming

Session 3

• Rules; Choices; When-then & If-then

Session 4

• Direct Commands; Two-choice removal of privileges

Session 5

Recovery; Redo; Hand-over-hand (for very young children)

Session 6

Review all skills; Discuss what works and what doesn't;
12-minute observation; Collect standardized measures





Who will we treat in PC-CARE?

- Children aged 1-5 years old
- Entered a new foster placement in the previous 60-90 days
- Children in foster homes: County foster homes, FFA foster homes, kin caregivers

Assessment, preventive intervention

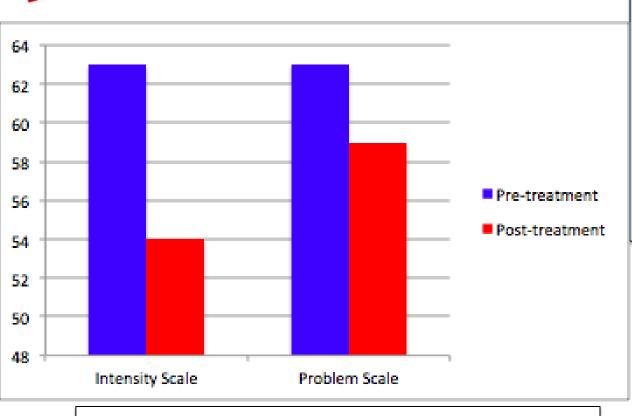




FIRSTGLANCE

PC-CARE OUTCOMES





- N = 40 caregiver-child dyads
- Variety of referral sources
- Aged 1.3 10.9 yrs
- 74% had clinical levels of behavior problems pre-PC-CARE; 32% at post
- Behavior problems decreased significantly from pre- to post-PC-CARE
- •93% retention rate



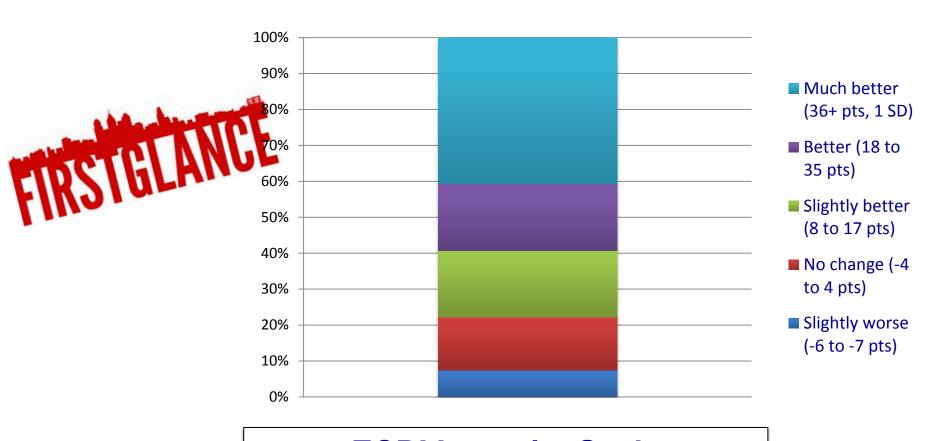
Eyberg Child Behavior Inventory



PC-CARE OUTCOMES



HOW MUCH IMPROVEMENT?



ECBI Intensity Scale

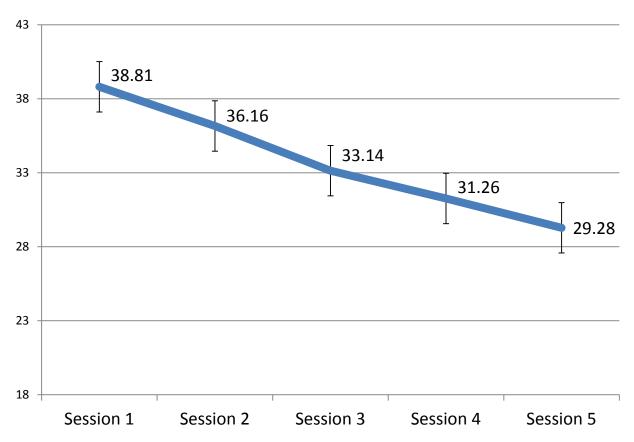
(N = 40 caregiver-child dyads)



GLANCE

PC-CARE OUTCOMES





WACB-N Intensity Scale

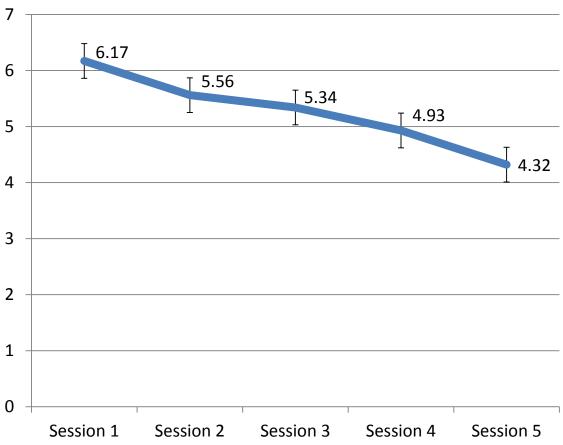
(N = 43 caregiver-child dyads)

NCTSN

PC-CARE OUTCOMES







WACB-N Change Scale

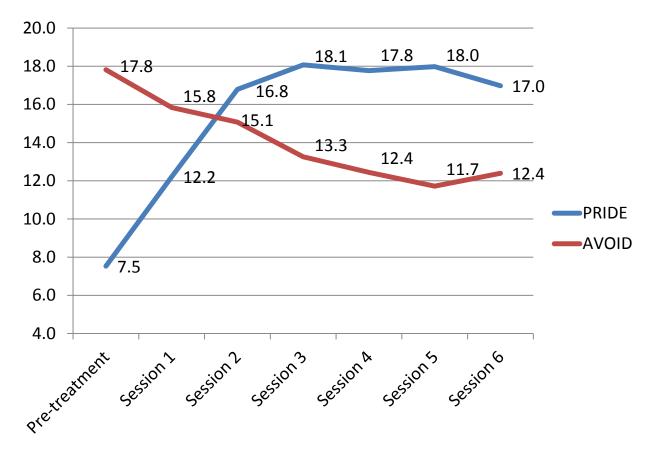
(N = 43 caregiver-child dyads)



TRSTGLANCE

PC-CARE OUTCOMES





Caregiver Skill Acquisition

(N = 43 caregiver-child dyads)

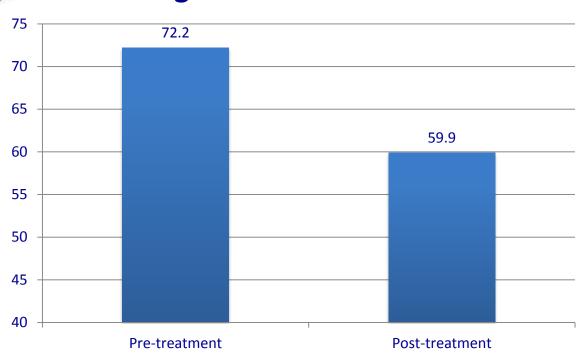


PC-CARE OUTCOMES



TRAUMA SYMPTOM CHANGE

Change in PTS-Total T-Scores



TSCYC

(N = 10 caregiver-child dyads)



Project so far...

- Barriers:
 - CPS: Where do we fit into a well established system
 - Refusal of services
 - Training SWs and resource caregivers
- Completed Tx with 3 clients!
 - All with good outcomes!
- 14 clients currently in Tx









WRAP UP &

QUESTIONS



CONTACT US

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