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

- Two or more foster placements
- One foster placement (stable)
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
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

IT LOOKS GOOD!
ECBI Intensity Scale
(N = 40 caregiver-child dyads)

Much better (36+ pts, 1 SD)
Better (18 to 35 pts)
Slightly better (8 to 17 pts)
No change (-4 to 4 pts)
Slightly worse (-6 to -7 pts)
WACB-N Intensity Scale
(N = 43 caregiver-child dyads)

PC-CARE OUTCOMES

First Glance
WACB-N Change Scale
(N = 43 caregiver-child dyads)
Caregiver Skill Acquisition

(N = 43 caregiver-child dyads)
TRIUMA SYMPTOM CHANGE

Pre-treatment: 72.2
Post-treatment: 59.9

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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