Parent-Child Care (PC-CARE): A prevention program for children entering new foster placements

Susan Timmer, Ph.D. & Sarah Kahle, Ph.D.

18th Annual UC Davis PCIT Conference
October, 2018
OBJECTIVES

1. Describe the current project

2. Describe experiences of 1-5 year old children entering foster care in Sacramento County- their characteristics, caregivers, and living situations

3. Understand the effectiveness of PC-CARE for reducing behavior problems, increasing resilience, and improving placement stability
Rates of foster care entry

- In Sacramento County, children were entering 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 appeared 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 as a preventive intervention to those children and their foster caregivers for 6 weeks

• Reduce child trauma-related symptoms

• Increase foster placement stability

• Refer to other services as needed
Who is eligible for treatment?

- Children aged 1-5 years old
- Entered a new foster placement in the previous 90 days
- Children in foster homes: County foster homes, FFA foster homes, kin caregivers
• 7 week intervention
  • (1 Assessment + 6 Sessions)
• Teach & coach parents and children
• PRIDE (positive parenting) skills
• Calming/self-regulation
• Behavior management skills
COURSE OF TREATMENT

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
- Effective Commands
- Removal of privileges

Session 5
- Recovery
- Redo

Session 6
- Review all skills
- Discuss what works and what doesn’t
TYPICAL PC-CARE SESSION

- **Check-In**: 7 Min
  - WACB
  - Review Daily Care

- **Didactic**: 10 Min
  - Teach new skills

- **Coding**: 5 Min
  - Observe caregiver & child

- **Coaching**: 20 Min
  - Live, in-the-moment help using skills

- **Check-Out**: 10 Min
  - Review progress
  - Assign Daily Care
  - Assess motivation
THE CHILD IN THE SYSTEM
How do children get to these resource parents?

• Call to hotline → meets criteria for investigation → assigned to Emergency Response Social Worker → outcome calls for removal

• Child placed into protective custody → child brought to CPSU for placement (Centralized Placement Support Unit).
  1) CPSU Intake Worker handles intake paperwork
  2) Child Worker (assigned for 30 days, collects information)
  3) Placement Worker (assigned to find placement)
  4) If case goes to court, a Court Services Social Worker is assigned (i.e., Juvenile Court Investigator) and has the case for a brief period of time, around a month, if there are no issues with continuances or trials.
  5) Permanency Social Worker is also assigned at this time, who handles all case management duties such as referral to services, visitation, and keeps the case as long as parental rights are not terminated.
What are the reasons for placement changes?

- Emergency and temporary placements
- A kinship home is found
- No home was available for all siblings initially, but when one opens, they move kids to keep them together
- Kinship home doesn’t work out
- Foster family seeking adoptable child and child does not go to TPR
- Foster parents can’t keep visit schedule
- Child develops difficult behaviors
- Child isn’t a good fit for current home for many possible reasons
- Foster family has major life change, e.g., birth of a new child, loss of job, moving
- Increased or decreased medical needs
- Birth parents cause too much drama, so child is moved.
Who is getting referred?

- **209** eligible children referred to PC-CARE (so far)
- Average age = 3.1 years (SD=1.4)
- 59% Male, 41% Female

**Child ethnicity:**

- **White/Non-hispanic**: 25%
- **African American**: 33%
- **Latino**: 15%
- **Asian American**: 4%
- **Other**: 4%
- **Missing**: 19%
Who is getting referred?:

- How many do resource parents report having behavioral concerns at time of call? 53%
- How many have medical problems? 11%
- How many have developmental delays? 25%
- How many had previous mental health services? 11%
- Trauma history: 55% Domestic violence, 89% Neglect, 63% Parent substance abuse, 29% Physical Abuse
THE CAREGIVERS
Are resource parents agreeing to participate?

- How many accepted services? 61% (N=127)
- How many refused services? 34% (N=71)
- Pending a response? 5% (N=11)

How many resource parents start PC-CARE out of those agreeing to participate?

- How many start services? 80% (N=97)
- How many drop early? 26% (N=32)
- How many have completed so far? 44% (N=53)
What do we know about the resource parents?

Home Environment:
- Biological Children in Home: 48%
- Other Foster Children: 18%

Caregiver Ethnicity:
- White/Non-hispanic: 31%
- African American: 17%
- Latino: 6%
- Asian American: 5%
- Other: 5%

Occupational Status:
- Full-time foster: 49%
- Employed: 31%
- Non-Relative Caregiver: 80%

Married or Cohabitating: 74%
How do resource parents feel about their foster kids?

Families have lots of routines and habits:
- 80% of resource parents identified 6-8 areas where they had “ways of doing things.”

**COMMITMENT:**
- 89% of resource parents are committed to parenting these children until permanency is finalized.

**Child behaves the way the resource parent would like in how many areas?**
- 34%: 0 to 3 areas
- 37%: 4 to 5 areas
- 29%: 6 to 8 areas
Pre-Treatment Perceptions about Participating in PC-CARE

- **70%**
  - Parenting strategically can make a difference

- **62%**
  - This intervention will help

- **89%**
  - Willing to spend 5 min a day using skills

- **67%**
  - Investing time in PC-CARE will make parenting easier
OUTCOMES!
Placement Stability

Placement at 1-month follow up
Placement Stability

6-month follow up
PC-CARE OUTCOMES

TRAUMA SYMPTOM CHANGE

Trauma Symptoms Endorsed

ECTSS

(N = 40 caregiver-child dyads in this analysis)
Weekly Behavior Problems

(N = 38 caregiver-child dyads in this analysis)
Weekly Caregiving Skills

Number of Skills Observed

Pride Skills

(N = 38 caregiver-child dyads in this analysis)
Are behavior problems and caregiving skills linked?
Are behavior problems and caregiving skills linked?

- Week 3: $r = -0.12$
- Week 6: $r = -0.43^{**}$
Resilience and Regulation

(N = 20 caregiver-child dyads in this analysis)

DECA (Devereux Early Childhood Assessment)
WRAP UP &

QUESTIONS
CONTACT US

Website:  pcit.ucdavis.edu
Web Course:  pcit.ucdavis.edu/pcit-web-course
Contact info:  stimmer@ucdavis.edu, skahle@ucdavis.edu

www.facebook.com/UCDPCIT  PCIT LinkedIn Group