UC Davis PCIT Training Center
pcit.ucdavis.edu

PC-CARE
Caregivers and Children Together™

COURSE of TREATMENT MANUAL:
PC-CARE
Version: 1.3
1/2021

Attached is an outline and step-by-step process of your PC-CARE sessions. Behind each section are the forms and handouts you need to successfully complete that session.

UC Davis CAARE Center
3671 Business Drive, Ste. 100
Sacramento, CA 95820

Anthony Urquiza, Ph.D., Director
ajurquiza@ucdavis.edu

Table of Contents

Pre-Treatment Assessments

- WACB-N (Weekly Assessment of Child Behavior)
- ECTSS (Early Childhood Traumatic Stress Screen) – Ages 0-6 Years
- CATS (Child and Adolescent Trauma Screen) – Ages 7-17 Years
- Family Life Questionnaire
- TAI (Therapy Attitude Inventory)
- PSI-Short Form (Sample)
- Talking About Treatment – for Biological Parents
- Talking About Treatment – for Resource Parents

Pre-Treatment Parent Handouts

- Child Stress Handout (Ages 2-6)
- Child Stress Handout (Ages 6-10)
- Child Trauma Handout (Young Children)
- Child Trauma Handout (Older Children)
- Difficult Behaviors Handout
- What is PC-CARE? Handout
- What to Expect in PC-CARE Handout
- PC-CARE Syllabus Handout
- The How & Why of Daily CARE Handout

Section D: SESSION 1 MATERIALS

Weekly Assessment

- WACB-N

Section E: SESSION 2 MATERIALS

Weekly Assessment

- WACB-N

Section F: SESSION 3 MATERIALS

Weekly Assessment

- WACB-N

Section G: SESSION 4 MATERIALS

Weekly Assessment

- WACB-N

Section H: SESSION 5 MATERIALS

Weekly Assessment

- WACB-N

Section I: SESSION 6 MATERIALS

Weekly Assessment

- WACB-N

Section J: FOLLOW UP SESSION MATERIALS

Follow Up Assessment

- WACB-N

Appendices: SPECIAL POPULATIONS

Appendix 1: BABIES & TODDLERS

Appendix 2: ASD & IDD

Appendix 3: PROBLEMATIC SEXUAL BEHAVIORS

PC-CARE

Section A: General Information

- PC-CARE Training Competencies Checklist
- Non-Standard Protocol: Multiple Children, Multiple Caregivers
- Inclusion & Exclusion Criteria
- Selecting the Right Toys

PC-CARE Trainee Name: _____

PC-CARE Agency Name:_____

PC-CARE COMPETENCIES FOR PROVIDERS

ESSENTIAL COMPONENTS OF PC-CARE

- Standardized pre/post treatment measurement – Brief PSI, ECBI, ECTSS
- In vivo coaching of the parent-child dyad
- Inclusion of the PRIDE and strategies for managing behaviors concepts
- Use of Daily CARE handout
- Agency provides appropriate space and equipment, and allows providers to participate in ongoing training and consultation.

MINIMUM REQUIREMENTS FOR BECOMING A PC-CARE PROVIDER

- Trainee must: 1) Be able to enroll at least two families in PC-CARE and 2) have approval to work individually with children and families.
- Read revised or updated training handouts, training curriculum
- Meet PC-CARE training Competencies for Therapist/Coach (UCDMC CAARE Center, 2016)
- Administer, score and interpret pre/post measures (PSI, ECBI, ECTSS, 12-minute observation with behavioral coding)
- Supervision and case consultation through the course of treatment for two PC-CARE cases.
- Complete two PC-CARE cases through the full course of treatment.

PC-CARE Trainee Name: _____

PC-CARE Agency Name:_____

PC-CARE COMPETENCIES

Date complete	SECTION 1: SKILL BUILDING									
	1-1. Completion of PC-CARE pre-work									
	1-2. Ability to code 4 minutes of parent verbalizations with 80% reliability using PC-CARE coding sheet (10 times: check off below)									
	SECTION 2: DIDACTIC COMPETENCE- Effectively deliver the following mini-didactics in a brief time frame.									
	2-1. Discuss possible catalyst behind child behavior problems and effects of caregiver-child relationship (e.g., trauma, developmental delays, parent illness)									
	2-2. Description of PC-CARE intervention and goals									
	2-3. Explain how to use and the value of doing "Daily CARE" (i.e., homework) for child & family									
	2-4. PRIDE & AVOID skills plus transitions (Session 1- 10 min)									
	2-5. Calming & coping skills, selective attention (what to ignore, how to ignore), redirect, modeling positive opposites (Session 2- 10 min)									
	2-6. Using rules and positive incentives (choices, when-then, or if-then statements) to get compliance and how to do it (Session 3- 10 min)									
	2-7. Giving effective commands and consistent consequences (Session 4- 10 min)									
	2-8. Recovery and "re-doing" (Session 5- 10 min)									
	2-9. Review PC-CARE strategies, identify strengths, problem solve behaviors and solutions (Session 6- 10 min)									
	SECTION 3: PROCESS COMPETENCE- Perform the following activities during treatment sessions									
	3-1. Collects and interprets pre- and post-treatment measures for clinical purposes, and discusses results with parent									
	3-2. Accurately delivers standard instructions for observational assessments									
	3-3. Provides feedback on parent skill use and child response from behavioral observation									

PC-CARE Trainee Name: _____

PC-CARE Agency Name:_____

	3-4. Collect and interpret weekly WACBs and PC-CARE coding; graph results for parent				
	3-5. Coached the information scheduled to be covered in session				
	Sess. 1	Sess. 2	Sess. 3	Sess. 4	Sess. 5
	3-6. Collect and review Daily CARE, addressing strengths and areas for improvement				
	3-7. Communicates with parent about their strengths and child responsiveness (i.e., what is working, achievements of session); administer and discuss "Using Strategies at Home" questionnaire				
	3-8. Communicates with child and incorporates child as needed – teaching and coaching child when indicated				
	SECTION 4: COACHING COMPETENCE- Conduct coaching during treatment sessions				
	4-1. Effectively directs parent to increase use of PRIDE skills and strategies to manage behavior (Level 1)				
	4-2. Follows and reinforces parent's use of PRIDE skills and strategies to manage behavior (Level 2)				
	4-3. Explains to parent the positive effects of PRIDE skills and strategies to manage behavior (Level 3 – Explanations)				
	4-4. Makes goal-focused observations of child behavior, parent effects on child, and interaction quality for parent (Level 3 – Observation)				
	4-5. Helps parent generalize skills to daily life (Level 3 – Generalization)				
	4-6. Constructs real-life situations in coaching				

PC-CARE Trainee Name: _____
PC-CARE Agency Name:_____

☐ Completed two cases with fidelity

Verification of Training Completion:

_____ _____
UCDMC PC-CARE Trainer Date

_____ _____
PC-CARE Trainee Date

Non-Standard Protocol: Multiple Children

Pre-Treatment Session with TWO CHILDREN	
Session Component	**Adjustments for Two Children**
Pre-Work	Parent completes all measures for each child separately.
Assess Child 1	Explain 12-minute observation with parent and both children together. Conduct 12-minute observation with one child.
Assess Child 2	Switch children, and conduct 12-minute observation with the second child. Bring parent and both children together for observation feedback.
Didactic	Give trauma/ASD/etc. didactic with parents and both children together. You may need to use more than one handout depending on the children's ages. If so, focus most on the symptoms you observe with these children. Discuss how children can present differently due to age and personality.
Describe PC-CARE	With parent and both child together. Ensure that both children will attend all sessions.
Set Goals	Set goals for each child separately.
Prepare for Daily CARE	With parent and both children together. Explain the importance of 5-min of play with each child separately.

Sessions 1-5 with TWO CHILDREN	
Session Component	**Adjustments for Two Children**
Check-In (10 min)	Parent completes WACB-N and returns Daily CARE separately for both children. Behavioral focus of session should be child-specific.
Mini-Didactic (10 min)	With parent and both children. May need more than one handout depending on children's ages and presenting concerns. Discuss how the same skills can serve different purposes based on children's needs.
Code Child 1 (5 min)	Choose one child to play with parent first.
Coach Child 1 (15 min)	Coach the parent with the first child. Follow session coaching protocol, but total coaching time is reduced to 15 minutes.
Code Child 2 (5 min)	Switch children.
Coach Child 2 (15 min)	Coach the parent with the second child. Follow session coaching protocol, but total coaching time is reduced to 15 minutes.
*Optional: Coach Both Children	If clinical judgment indicates children should be coached together, add joint coaching time. Ensure that each child receives at least 5-10 minutes of individual coaching and that each child's total coaching (individual + combined) is at least 15 minutes.
Wrap-Up (5 min)	With parent and both children together. Use two separate progress graphs (one for each child).
Closing Session (5 min)	Give two Daily CARE handouts to parent. Complete 'Strategies: Will They Work' sheet with parent for each child.

Non-Standard Protocol: Multiple Children

Session 6 with TWO CHILDREN	
Session Component	**Adjustments for Two Children**
Pre-Work	Parent completes all measures for each child separately.
Check-In (7 min)	Parent completes WACB-N and returns Daily CARE for both children. Behavioral focus of session is child-specific.
Mini-Didactic (10 min)	With parent and both children together. May have multiple handouts depending on ages and presenting concerns.
Code Child 1 (15 min)	Choose one child to play with parent first. Complete 12-minute observation with first child.
Code Child 2 (15 min)	Switch children. Complete 12-minute observation with second child.
Coach Both Children (10 min)	Coach the parent with both children together, unless clinical judgment indicates that children need additional separate coaching.
Wrap-Up (7-10 min)	With parent and both children together.

***Modifications for >2 Children:** Use the same protocol, but code and coach child 3 after child 2.

***Modifications for 2 Children AND 2 Parents:** Use the 2 child protocol, but match one child with one parent. That parent should always complete measures for that child and complete coding and coaching with that child. Check-in, mini-didactic, wrap-up, and closing session should occur with both parents and both children together.

Non-Standard Protocol: Multiple Caregivers

OPTION 1. **Complete the full course of PC-CARE (7 sessions) with one parent.** After treatment is ended, complete the full course of PC-CARE (7 sessions) with the *other* parent.

OPTION 2. **Conduct 2 separate treatment sessions each week:** one with *each* parent so that each participates in a full course of treatment (14 total sessions).

OPTION 3. **Choose 1 parent to be the primary caregiver.** That parent must complete measures and have coding and coaching at every session. The second parent may participate in check-in, didactic, and check-out. Depending on session location, you may have the second parent observe coding and coaching.

Pre-Treatment Session with TWO PARENTS	
Session Component	**Adjustments for Two Parents**
Pre-Work	Both parents complete all measures independently.
Assess Parent 1	Explain 12-minute observation with both parents and child together. Conduct 12-minute observation with one parent.
Assess Parent 2	Switch parents, and conduct 12-minute observation with the second parent. Bring both parents and child together for observation feedback.
Didactic	Give trauma/ASD/etc. didactic with both parents and child together.
Describe PC-CARE	With both parents and child together. Ensure that both parents will attend all sessions.
Set Goals	Goals can be general or parent-specific depending on the family.
Prepare for Daily CARE	With both parents and child together. Explain the importance of 5-min of play with each parent separately. Ideal is 7 days each, but it is ok for each parent to choose 1-2 days to take off from play as long as the other parent does Daily CARE.

Sessions 1-5 with TWO PARENTS	
Session Component	**Adjustments for Two Parents**
Check-In (10 min)	Both parents complete WACB-N and return Daily CARE. Behavioral focus of session can be the same for both parents or parent-specific.
Mini-Didactic (10 min)	With both parents and child together. Have handouts for both parents.
Code Parent 1 (5 min)	Choose one parent to play with child first.
Coach Parent 1 (15 min)	Coach the first parent with child. Follow session coaching protocol, but total coaching time is reduced to 15 minutes.
Code Parent 2 (5 min)	Switch parents.
Coach Parent 2 (15 min)	Coach the second parent with the child. Follow session coaching protocol, but total coaching time is reduced to 15 minutes.
Wrap-Up (5 min)	With both parents and child together. Either use two separate progress graphs or include both parents' scores on the same graph.
Closing Session (5 min)	Give Daily CARE handouts to both parents. Complete 'Strategies: Will They Work' sheet with both parents.

Session 6 with TWO PARENTS	
Session Component	**Adjustments for Two Parents**
Pre-Work	Both parents complete all measures independently.
Check-In (7 min)	Both parents complete WACB-N and return Daily CARE. Behavioral focus of session can be the same for both parents or parent-specific.
Mini-Didactic (10 min)	With both parents and child together. Have handouts for both parents.
Code Parent 1 (15 min)	Choose one parent to play with child first. Complete 12-minute observation with first parent.
Coach Parent 1 (5-10 min)	Coach the first parent with child. Use observation to inform coaching.
Code Parent 2 (15 min)	Switch parents. Complete 12-minute observation with second parent.
Coach Parent 2 (5-10 min)	Coach the second parent with the child. Use observation to inform coaching
Wrap-Up (7-10 min)	With both parents and child together.

UCDAVIS HEALTH

PC-CARE Caregivers and Children Together™

PC-CARE

Inclusion & Exclusion Criteria

INCLUSION:

Funding	• There is a funding source to serve the family
Age	• Child is interested in playing with toys (see pg. 1.9, "Selecting the Right Toys") o Approximately between the ages of 2 and 10 years
Child & Family Factors	• Child is exhibiting low-level difficult to manage behaviors according to referring party (i.e. school authorities, social worker, self-referred parent, pediatrician, therapist, etc.) • Caregiver is able to participate in play time with child at home at least 4 times per week as part of homework • Child is participating in other trauma treatments (e.g., TF-CBT) and needs more intensive parenting component • Child has chronic medical problems and family needs brief parenting support • Child has other mental health problems (e.g., ASD, IDD) and family needs brief parenting support • Families struggling with situational life problems (e.g., separation, divorce)
Assessment/ Behavioral Observation*	• Caregiver reports difficult to manage behaviors on WACB or other screener and/or • Child displays difficult to manage behaviors during 12 Minute Behavioral Observation

* ***Defensive reporting***: *Caregiver may report lower scores and/or child behavioral problems during clinical interview, pre-measurements and behavioral observation which may reflect defensive reporting (i.e. involvement with CPS, custody issues, court ordered treatment, fear that child may be removed from home, etc, or, the parent and child would benefit from PC-CARE even though the measures are not elevated).*

PC-CARE

Inclusion & Exclusion Criteria

EXCLUSION:

Child & Family Factors	• **Child is outside of the 2-10 year age range** • **Child does not live with caregiver who will receive services** • **Child's difficult behaviors are too severe or intense and require other services** • **In the clinical interview, the caregiver indicates an inability to consistently participate in PC-CARE for the 6 week duration (i.e., medical problems, transportation difficulties, day care arrangements of other children, etc.)** • **The child has a diagnosis that contraindicates a referral to PC-CARE (e.g., psychosis, severe mental delay, severe developmental disorder, physical limitation to participate in play activities, etc.)** • **The caregiver has a diagnosis that contraindicates the decision to provide PC-CARE (e.g., active chemical dependency, psychosis, severe mental delay, personality disorder, severe depression, physical limitation to participate in play activities, etc.)** • **Background history or clinical interview indicates that the child is a victim of sexual abuse and the caregiver is alleged perpetrator, or if non-offending caregiver does not support/believe the sexual abuse allegations** • **Other mental health treatment interventions are being recommended prior to initiating PC-CARE**

SELECTING THE RIGHT TOYS: A Key to Success in PC-CARE

When selecting toys for your session, think about your client and what you want to accomplish. The toys you choose will help you achieve your goals.

- Think about how old children are, their motor coordination, and their taste in toys. You may also consider whether a toy poses a safety hazard (e.g., choking).
- Think about toys that will help the parent and child to play together.
- Think about really fun toys that help the parents to keep children interested in playing with them.
- Think about whether the child might have a meltdown or require a time out.

While it is all right to use other toys, the toys listed below have traditionally been successful for PC-CARE sessions.

Toys for Most 3 – 7 yr. olds	Toys for Younger Children (< 3 yrs.)	Toys for Older Children (7 – 10 yrs.)
Foam blocks	Pop-beads	Small Legos
Little People toys	Duplo blocks (large Legos)	Gears (building gears)
Play-Doh with molds, shapes, & cutters	Megga blocks (giant Legos)	Magnetix, Magna Tiles
Play food, dishes, pots, & pans	Ring stacker with sounds	Tinker Toys (plastic), Playstix
Potato Heads (at least two so that both parent & child can play)	Xylophone, or other musical instruments that do not go in the mouth	Matchbox or Hotwheels cars
Wooden train & track	Pop-up toy	Kid Kinex
Plastic play figures with terrain/play mats: farm animals, dinosaurs, jungle animals	Toys with a small amount of sound, music, or lights	Motorworks (cars to build)
Bristle Blocks (Krinkles brand with wheels and figures)	Soft toys, or small plush animals	Marble Toy
Washable crayons and paper	Sorting blocks, nesting toys	Simple, non-directive arts and crafts

You may also consider selecting the following toys as exercises to achieve coaching goals if needed:

- Games like Candy Land or Chutes & Ladders, or puzzles
- Homework from school
- Play family figures, all ages and ethnicities
- Fischer-Price school house and playground
- Play furniture, with beds, toilets, and bathtubs
- Cars and trucks, esp. police cars, ambulances, and fire trucks