Practice Paper: Building & Sustaining an Agency-Wide Implementation of PC-CARE

Child Guidance Center Trainers & Implementation Team:

Marta M. Shinn, PhD

Amy E. Weir, PsyD

Elsa L. Torres, PsyD

UC Davis Trainers:

Brandi Hawk, PhD.

Lindsay F. Armendariz, M.S.

Elizabeth Mota, MSW, PPSC

Katie Martens, LPCC

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Abstract:

Child Guidance Center of Orange County (CGC) secured a CalOptima grant to enact an agency-wide implementation of Parent-Child Care (PC-CARE; Timmer, Hawk, Forte, Boys, & Urquiza, 2019). PC-CARE was used to meet the community's need for a brief and effective treatment for children ages 1-10 with externalizing and trauma-related behaviors, as many existing interventions require prolonged time commitments that families struggle to sustain. PC-CARE has yielded positive outcomes for children in a variety of family types (e.g. - biological, adoptive, and foster) for a wide spectrum of disruptive behaviors, mental health concerns, and caregiver-child dynamics. This white paper describes the research basis for PC-CARE, its success in battling the troubling attrition rates of traditional treatment models, and provides an overview of the process CGC carried out to establish PC-CARE as a sustainable treatment offering.

Why is PC-CARE needed?

PC-CARE is a 6-week intervention designed to improve the quality of the caregiver-child relationship and to teach caregivers skills to help manage children's difficult behaviors. Though many evidence-based treatments exist to improve caregiver-child relationships and support children with mental health concerns, the majority of children in need are not accessing services optimally or at all. With as many as 1 in 5 American children reporting mental health problems (Houtrow & Okumura, 2011; Merikangas et al., 2010; Simon, Pastor, Reuben, Huang, & Goldstrom, 2015) and two thirds of children experiencing a traumatic event before 16 (Copeland, Keeler, Angold & Costello, 2007), it is critical to identify and address the barriers preventing children from accessing treatment.

Most existing interventions require numerous in-person appointments and hefty time commitments from families, resulting in attrition rates as high as 40-70% (Kazdin, 2008). Traditional treatments are particularly inaccessible to families of children with unique conditions or time-sensitive situations such as a short-term foster placement or a reunited parent with limited visitation. In addition, many existing treatments require administration from Master's or Doctoral level clinicians, and the volume of children in need vastly surpasses

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Low-cost & high access: How PC-CARE beats the staffing shortage

Unlike many comparable treatments, PC-CARE does not need to be provided by Master's or Doctoral level clinicians. This is because PC-CARE has a fully manualized protocol, allowing undergraduate staff to become trained and certified. Once certified, providers are equipped to train new trainees, making PC-CARE sustainable regardless of staff turnover. This makes PC-CARE highly cost-effective and reduces the critical staffing shortage that agencies face with limited postgraduate staff.

Examples of staff who can become PC-CARE providers include:

Home visitors

TBS Coaches

Peer Navigators

ABA Therapists

Pre-licensed and licensed clinicians (e.g., Psychologists, MFTs, Social Workers, Clinical Counselors)

…and more!

the availability of qualified staff. When qualified staff accept promotions or retire, clinics are often challenged to sustain the interventions they had been providing. Thus, researchers have called for interventions that can be successful in shorter timeframes, are implementable by undergraduate staff, and are able to be provided in flexible settings (Sanders & Kirby, 2010).

PC-CARE meets these objectives by providing:

- *A brief dyadic model that instills a high dose of skills in just 6 weeks, quickly stabilizing families and reducing the dropout rate*
- *A telehealth option to address transportation and scheduling barriers*
- *A manualized program that can be implemented by anyone trained and certified on the protocol*
- *A "training of trainers" system that provides a sustainable, cost-effective means of onboarding new PC-CARE providers*

While the existing time intensive treatments experience staggering attrition rates, the UC Davis PC-CARE research clinic has retained 93% of its patients.

From a service provider's perspective, PC-CARE is a streamlined, replicable, and inexpensive evidence-based intervention to implement. It can be done entirely through telehealth, increasing access for families and reducing demands for coaching suites and office space. UC Davis researchers developed the PC-CARE manual for step-by-step guidance in training and implementation (Timmer, Hawk, Lundquist, Armendariz, Aviv, Boys, & Urquiza, 2016). This manual has also been translated into Spanish and has been used effectively with Spanish-speaking families (Spanish Forms for PC-CARE, 2021).
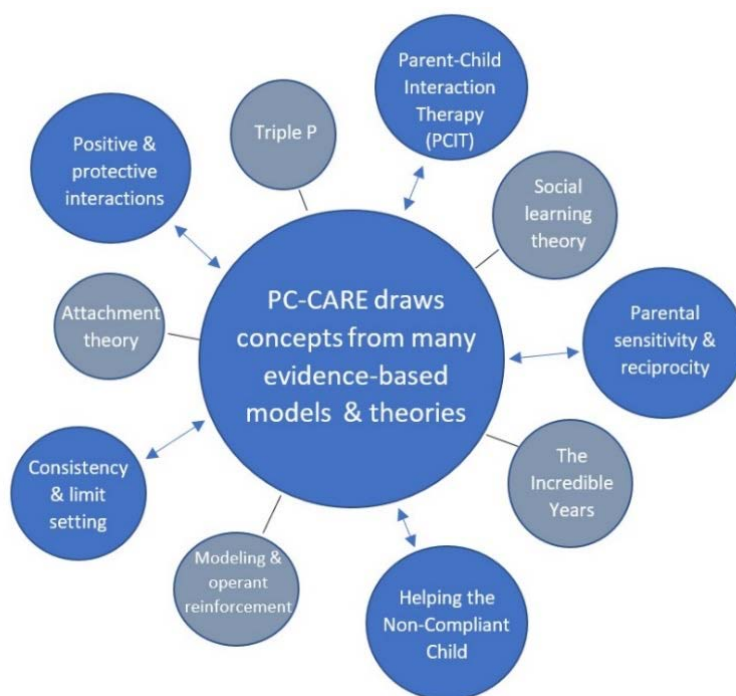
What does PC-CARE Consist of?

PC-CARE treatment includes 7 sessions (1 assessment and 6 intervention sessions) as well as a 1-month follow-up. During each intervention session, providers evaluate both child and caregiver behaviors and coach the caregiver in employing new skills that promote positive communication and behavior management. Providers teach a variety of evidence-based skills including praise, reflection, imitation, descriptions, and expressing enjoyment (P.R.I.D.E. skills), as

well as reducing commands and criticisms. They are taught strategies for self-regulation and focused relational recovery after challenging interactions, as well as skills that promote compliance such as redirection, modeling, choices, and conditional statements (Hawk, Timmer, & Urquiza, 2018).

"**I learned to speak calmly** so that [my daughter] responds to me calmly and use **encouraging language**. She used to have tantrums. She doesn't have tantrums anymore now that we've been **communicating**." *Mother of 35-month-old PC-CARE patient*

WEEK 1 Learn about PC-CARE, how to use PRIDE skills, & strategically notice your child's positive behavior Learn & practice: Setting up your home Environment to improve child compliance, & Transitions Daily CARE!	**WEEK 2** Learn & practice: Ignore, Modeling, Redirect, & Calming Practice PRIDE skills to strengthen your child's positive behavior Daily CARE!	**WEEK 3** Learn & practice: Rules, Positive Incentives – Choices, When-Then & If-Then statements Practice PRIDE skills to strengthen your child's positive behavior Daily CARE!
WEEK 4 Learn & practice: Giving Effective Commands, & Removal of Privileges Practice PRIDE skills to strength your child's positive behavior Daily CARE!	**WEEK 5** Learn and practice: Re-Doing, Hand-Over-Hand (for very young children), & Recovery Practice PRIDE skills to strengthen your child's positive behavior Daily CARE!	**WEEK 6** Putting it all together! Use what you've learned at home and in the community! Practice all the skills: the PRIDE skills, Calmly Tell Your Child What to Do, and the calming & coping skills Graduation!

Weekly Skills Taught to PC-CARE Patient Families

What evidence supports PC-CARE?

A growing body of research supports the positive impact of PC-CARE on child behavioral health, caregiver skills, and parent-child dynamics. Clinical studies have associated PC-CARE with improvements in parenting skills and parental emotional availability, significant improvements in children's disruptive behaviors, reductions in trauma behaviors, and decreased parental stress (Hawk & Timmer, 2018). PC-CARE is particularly groundbreaking for vulnerable children in foster care, as roughly 50% of foster care families drop out of comparable long-term programs. Many current interventions with positive outcomes take months to implement and target those with

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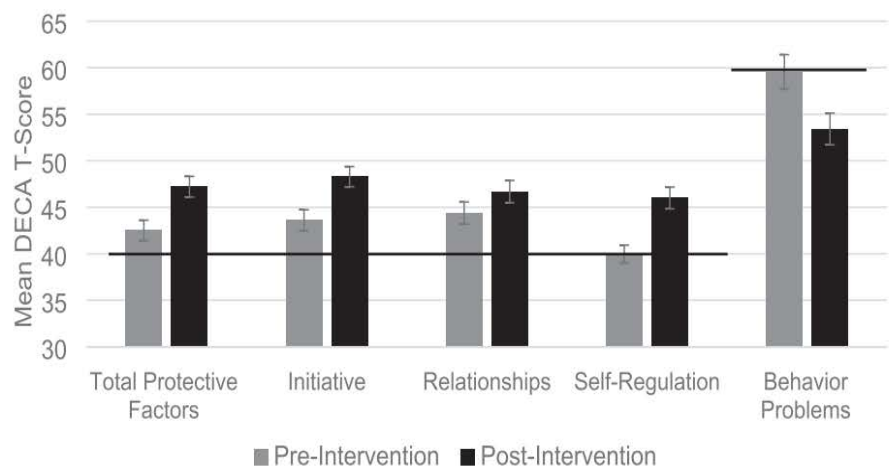
more severe behavioral problems, overlooking many children who could benefit from them as 50% of foster children evidence mental health problems. (Keil & Price, 2006; Scozzaro & Janikowski, 2015). However, Hawk, Timmer, Armendariz, Boys, & Urquiza, (2020) found that 90% of children who completed PC-CARE with their caregivers were in the same foster home after 6 months post-treatment, compared to only 55% of untreated children. The caregivers who completed PC-CARE reported significant improvement in the children's behavior, self-regulation, initiative, attachment/relationships, and total protective factors. PC-CARE is also listed on the California Evidence-Based Clearinghouse for Child Welfare CEBC, endorsing the model as a means to improve the lives of children and families served within the welfare system. (CEBC, 2021).

How does an agency implement PC-CARE?

CGC successfully completed an agency-wide implementation of PC-CARE through use of the PC-CARE Training Manual which provided a step-by-step protocol for training PC-CARE providers. UC Davis program developers and CGC's senior trainers provided PC-CARE training and certification to an initial cohort of CGC staff. A significant benefit of the PC-CARE treatment is that it can be implemented by anyone trained on the manualized protocol regardless of education level. CGC recruited trainees for its first cohort by identifying staff who had demonstrated skill sets for training in other evidence-based treatments, and/or who expressed clinical interests in the PC-CARE population.

CGC's intention was to create a sustainable "training of trainers" (TOT) process in which the first cohort of trainees would become certified PC-CARE providers, then train the next cohort of PC-CARE trainees, and this would continue on with each certified cohort training new cohorts moving forward. The TOT's multigenerational method ensures that new PC-CARE providers are consistently being onboarded, keeping the PC-CARE program sustainable despite staff turnover.

PC-CARE Training Model Outline

Skill Building (6 hours)	Weekly Group Calls & Sample Case (12 hours)	Individual Case Prep Calls (7 calls)
• PC-CARE Phase I: Skill Building Workshop	• 7 weeks of in-depth didactic trainings on each session protocol: usually done before starting clients • Additional group calls (5) on PC-CARE specialized populations/appendices	• 7 individual 30-min prep calls with trainer before each session for trainee's first client and second client for any unmet competencies within 2 days of session

Live/Video Review & Competency Sign Off (9 hours)	Certification Requirements (6 hours)	Total Direct Training Hours Received: 37 hours
• Trainees will schedule live training support • Trainers will offer 9 hours of session review	• Trainees will provide proof of 2 successfully graduated cases • Trainees will be signed off on all PC-CARE competencies	

The training process is an approximately 37-hour commitment over 7 weeks, and it consists of a skill-building workshop, weekly didactic group sessions, individual case prep calls with trainers, live/video reviews, and certification requirements.

Skill-building workshop: The cohort of providers-in-training watched an experienced PC-CARE Certified Trainer teach and complete exercises. They then practiced PC-CARE skills and teaching segments to other trainees.

Weekly group calls: Trainees received 7 weeks of in-depth didactic instruction on the protocols for providing each of the 6 sessions administered to children and caregivers. They also participated in 5 additional group calls on providing PC-CARE to specialized populations which included patients with autism spectrum disorder, intellectual and developmental disabilities, problematic sexual behaviors, histories of trauma, Latinx families, and infants and toddlers.

Individual case prep calls: After completing the group calls, providers-in-training were assigned their first PC-CARE client family. For their first client family, trainees participated in 30-min prep calls with their trainer before conducting each PC-CARE session. These calls reinforced the trainees' understanding of each session's protocols and objectives.

Live/video reviews: Lead trainers observed 9 PC-CARE sessions led by each trainee. Some patient families elected for trainers to sit in their live sessions at silent observers, while others consented to having their sessions recorded for trainers to subsequently review. In reviewing live and/or recorded sessions, the trainer signed off on competencies the trainee had met, and provided feedback to improve the trainee's implementation of the protocol.

"**Live supervision** was instrumental in increasing my **confidence** in facilitating the modality and it assisted me in improving rapidly since it was **personalized** live feedback."
Dr. Daniella A. Davis, Cohort 1 Trainee

Trainee competency & certification: In addition to the manualized protocol for administering treatment, PC-CARE has protocols for lead trainers to evaluate providers-in-training on core-competencies. These milestones are used to determine a trainee's readiness for certification. Lead trainers used *Basecamp* software to upload progress notes and sign off on competencies for each trainee. Trainees were eligible for certification once they provided proof of 1 successfully graduated case in which they were signed off on all competencies by their lead trainer.

PC-CARE Primary Trainer Progress Note: Pre-Treatment Session

Trainee Name: Iman Abdeh   Trainer Name: Amy Weir   Date of Review: 7/14/20   Minutes of Review: 53

Session Component	Competency	Notes
Check-In ☒ Collect & review pre-treatment assessment measures with family ☒ Discuss objectives & goals for session ☒ Included child	☒ 3-1. Collect & interpret **pre-treatment** measures for clinical purposes and discuss results with parent ☒ 3-8. Communicate with child & incorporate child as needed	Great work on check in!
Coding ☐ Explain the purpose and process of 12-min observation ☒ Reads instructions as written (12-min observation) ☒ Feedback to caregiver & child	☒ 3-2. Accurately delivers standard instructions for observational assessment	Good job providing direct instructions. Make sure to stick to the script!
Mini Didactic ☒ Present Catalyst Didactic Handout (trauma, difficult behaviors, development, ASD/IDD, stress) ☒ Present "What is PC-CARE" handout ☒ Present PC-CARE Syllabus handout ☒ Present How & Why Daily CARE handout ☒ Included child	☒ 2-1. Discuss possible catalyst behind child behavior problems and effects of caregiver-child relationships (e.g., trauma, developmental delays, parent illness) ☒ 2-2. Description of PC-CARE Intervention and goals ☐ 2-3. The value of doing Daily CARE for child & family ☒ 3-8. Communicate with child & incorporate child as needed	Please ensure you stay within the time limits. Time: 17:34 Good job with engaging the client and the mom!
Check-Out ☒ Review accomplishments ☒ Review Talking About Treatment ☒ Ask if caregiver will come next week ☒ Tell caregiver plan for next week	☒ 3-8. Communicate with child & incorporate child as needed	I like that you showed the family their progress using the graph.

Example of Basecamp Tracking Sheet for Trainee Competency

Considerations for Clinics & Service Agencies

CGC's leadership and first trainee cohort found the process of PC-CARE implementation to be streamlined and highly comprehensible. The PC-CARE program has provided CGC with an efficient and cost-effective means to improve patient outcomes, reduce attrition rates, systemically train new cohorts of PC-CARE providers using a ToT model, and alleviate postgraduate staff demands. The PC-CARE training manual provided a clear blueprint for CGC to successfully establish this program within 7 weeks, speaking to the feasibility for replication among other clinics and service agencies. It is the hope of CGC that other mental and behavioral healthcare providers will adopt PC-CARE into their treatment offerings, as this will increase access and positive outcomes across a greater number of families in need.

If your agency is interested in offering PC-CARE to your patient families, contact the CGC Training Department at training@cgcinc.org. Their Certified PC-CARE Trainers can offer step-by-step guidance and resources to successfully establish a PC-CARE treatment program at your agency.

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