

GENERAL INFORMATION

<p>Treatment Description</p>	<p>Acronym (abbreviation) for intervention: PC-CARE</p> <p>Average length/number of sessions: The intervention consists of a pre-treatment assessment/orientation to treatment and 6 hour-long treatment sessions; in research conducted in an outpatient setting, 94% of participants referred for PC-CARE services completed treatment.</p> <p>Aspects of culture or group experiences that are addressed (e.g., faith/spiritual component, transportation barriers): PC-CARE has been adapted for Spanish speaking families, and for foster children placed with new resource parents. Health and family culture disparities of foster children are highlighted for resource parents.</p> <p>Trauma type (primary): domestic violence, physical abuse, neglect, medical trauma, traumatic grief</p> <p>Trauma type (secondary): other types of traumatic events</p> <p>Additional descriptors (not included above): PC-CARE is a dyadic intervention, designed to expose the caregiver to strategies for enhancing the caregiver-child relationship and improving behavior management effectiveness. Caregivers can be biological parents, relative caregivers, resource parents, or anyone who is involved in caring for the child (e.g., grandparents, nannies). Multiple caregivers and/or multiple children can participate in the intervention using an adapted protocol. Siblings or foster siblings who are not clients participating in the intervention can still be present during sessions. Therapists coach caregivers while they play with the child, pointing out the strategies that the caregivers use that seem most effective for them and their child. The child is involved in the treatment process (teaching and coaching) as much as possible and appropriate. PC-CARE is a psychotherapeutic intervention that combines teaching and coaching about the way trauma exposure affects children’s mental health with cognitive-behavioral and behavioral strategies for reducing children’s trauma-related symptoms.</p>
<p>Target Population</p>	<p>Age range: 1 to 10</p> <p>Gender: <input type="checkbox"/> Males <input type="checkbox"/> Females <input checked="" type="checkbox"/> Both</p> <p>Ethnic/Racial Group (include acculturation level/immigration/refugee history–e.g., multinational sample of Latinos, recent immigrant Cambodians, multigeneration African Americans): PC-CARE has been used effectively with Caucasian, Latino/a, African American, Native American, Asian American, German, and Russian families.</p> <p>Other cultural characteristics (e.g., SES, religion): PC-CARE has been used effectively with low, middle, and upper SES families, as well as families with various spiritual backgrounds (e.g., atheist, agnostic, Christian, Catholic, Jehova’s Witness, Jewish); single-, two- parent, and multigenerational families; separated and divorced families; foster, kinship, adoptive, and guardianship families, and reunifying biological parents</p> <p>Language(s): English, Spanish, Russian, German</p> <p>Region (e.g., rural, urban): Primarily urban and suburban</p>

GENERAL INFORMATION

<p>Target Population cont'd</p>	<p>Other characteristics (not included above): The PC-CARE manual has appendices for working with infants/toddlers (1-2 years), children with sexual behavior problems, and children with autism spectrum disorders and/or intellectual/developmental disorders</p>
<p>Essential Components</p>	<p>Theoretical basis: Behavioral, social learning, attachment</p> <p>Key components: Weekly assessments, weekly didactics, live coaching, actively including children in treatment, daily homework to reinforce the use of positive parenting skills (PRIDE skills: Praise, Reflection, Imitation, Description, and Enjoyment), emotional regulation strategies, and age appropriate strategies for managing behavior (e.g., transitions, choices, rules, positive incentives, effective commands, consistent consequences)</p>
<p>Clinical & Anecdotal Evidence</p>	<p>Are you aware of any suggestion/evidence that this treatment may be harmful? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Uncertain</p> <p>Extent to which cultural issues have been described in writings about this intervention (scale of 1-5 where 1=not at all to 5=all the time). 5</p> <p>This intervention is being used on the basis of anecdotes and personal communications only (no writings) that suggest its value with this group. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Are there any anecdotes describing satisfaction with treatment, drop-out rates (e.g., quarterly/annual reports)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, please include citation: Our treatment studies include drop-out rates (see below). Additionally, anecdotes describing satisfaction with treatment and drop-out rates are described in quarterly and annual reports written for SAMHSA (Grant number: 1U79SM063268-01)</p> <p>Has this intervention been presented at scientific meetings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, please include citation(s) from last five presentations:</p> <p>Timmer, S., Hawk, B., Forte, L., & Boys, D. (June 2018). PC-CARE: Fostering Secure Placements for Traumatized Children in Transition. Presentation at the <i>25th Annual American Professional Society on the Abuse of Children Colloquium</i>, New Orleans, LA.</p> <p>Hawk, B. & Timmer, S. (May 2018). Parent-Child Care (PC-CARE): A Brief Intervention for Children and Caregivers. Poster presentation at the <i>16th Annual World Association of Infant Mental Health World Congress</i>, Rome, Italy.</p> <p>Urquiza, A.J. (May, 2018). PC-CARE: A brief parenting intervention for all seasons. Presentation at the 2018 New Jersey Coordination Center for Child Abuse & Neglect Forensic Evaluation and Treatment, Rutgers University, Piscataway, NJ.</p> <p>Timmer, S.G., Hawk, B.N., Forte, L.A., & Boys, D. (November 2017). Fostering Secure Transitions with PC-CARE. Presentation at the <i>Zero to Three Annual Conference</i>, San Diego, CA.</p>

GENERAL INFORMATION

<p>Clinical & Anecdotal Evidence cont'd</p>	<p>Hawk, B., & Forte, L. (September 2017). PC-CARE: Fostering Secure Placements for Traumatized Children in Transition. Presentation at <i>The 17th Annual Conference on Parent-Child Interaction Therapy for Traumatized Children</i>, Los Angeles, CA.</p> <p>Are there any general writings which describe the components of the intervention or how to administer it? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, please include citation:</p> <p>Hawk, B.N., & Timmer, S.G. (in press). Parent-Child Care (PC-CARE) as a brief dyadic intervention for children with mild to moderate externalizing problems: A case study. <i>Clinical Case Studies Journal</i>, 1 - 17.</p> <p>Timmer, S. G., Hawk, B. N., Forte, L. A., Boys, D. K., & Urquiza, A. J. (in press). An Open Trial of Parent–Child Care (PC-CARE)-A 6-Week Dyadic Parenting Intervention for Children with Externalizing Behavior Problems. <i>Child Psychiatry & Human Development</i>, DOI:10.1007/s10578-018-0814-8.</p> <p>Has the intervention been replicated anywhere? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Other countries? (please list) Germany</p>	
<p>Research Evidence</p>	<p>Sample Size (N) and Breakdown <i>(by gender, ethnicity, other cultural factors)</i></p>	<p>Citation</p>
<p>Published Case Studies</p>	<p>N=1, 5-year-old Caucasian male</p>	<p>Hawk, B.N., & Timmer, S.G. (in press). Parent-Child Care (PC-CARE) as a brief dyadic intervention for children with mild to moderate externalizing problems: A case study. <i>Clinical Case Studies Journal</i>.</p>
<p>Pilot Trials/Feasibility Trials (w/o control groups)</p>	<p>N=64; age range 1.3 – 10.9 years; 44% white/non-Hispanic, 19% African American, 30% Latino/a, 2% Native American, 6% Asian American; 67% biological, 13% relative, 15% foster, and 5% adoptive parents.</p>	<p>Timmer, S. G., Hawk, B. N., Forte, L. A., Boys, D. K., & Urquiza, A. J. (in press). An Open Trial of Parent–Child Care (PC-CARE)-A 6-Week Dyadic Parenting Intervention for Children with Externalizing Behavior Problems. <i>Child Psychiatry & Human Development</i>.</p>

GENERAL INFORMATION

<p>Outcomes</p>	<p>What assessments or measures are used as part of the intervention or for research purposes, if any? As part of a pre- and post-treatment assessment, caregivers should complete, at a minimum, a measure of child behavior problems (e.g., Eyberg Child Behavior Inventory [ECBI; Eyberg & Pincus, 1999] or Devereux Early Childhood Assessment [DECA; LeBuffe & Naglieri, 2012]), parenting stress (e.g., Parenting Stress Index 4th edition – Short Form [PSI4-SF; Abidin, 2012]), and child trauma symptoms (e.g., Early Childhood Traumatic Stress Screen [ECTSS; Barnett & Rosenberg, 2015]). Caregivers are also required to complete the Weekly Assessment of Child Behavior (WACB-N; Timmer, Forte, Hawk, Boys, & Urquiza, 2017) at pre-treatment and each treatment session. Treatment providers observe the caregiver and child playing together at pre-treatment and each treatment session. They code the observation using the PC-CARE Coding System (Boys, Timmer, Hawk, Forte, & Urquiza, 2016), an observational coding system that codes verbalizations, behaviors, and interaction quality in caregiver-child dyads.</p> <p>If research studies have been conducted, what were the outcomes?</p> <ul style="list-style-type: none"> • Decreases in externalizing behaviors on the Eyberg Child Behavior Inventory (ECBI; Eyberg & Pincus, 1999) and Weekly Assessment of Child Behaviors (WACB, Timmer et al., 2017). • Decreases in parenting stress on the Parenting Stress Index 4th Edition, Short Form (PSI4-SF; Abidin 2012). • Increases in parents’ positive verbalizations and decreases in negative or controlling verbalizations using the PC-CARE Coding System (Boys et al., 2016). <p>Assessment tools used:</p> <ul style="list-style-type: none"> • Observational coding of the caregiver-child dyadic interaction under intervention settings using the PC-CARE Coding System, once per session. • The ECBI, DECA, ECTSS, and PSI4-SF are administered at pre- and post-intervention. The ECBI measures child behavior problems and intensity; the DECA measures social and emotional behavioral norms by age; the PSI4-SF measures parental stress in the relationship with the child in intervention. • The WACB-N (ages 2-10) or WACB 0-2 (ages 0-2) are administered once per session. The WACB has 9 questions to measure the frequency of child behavior problems and whether the parent wants the behavior to change.
<p>Implementation Requirements & Readiness</p>	<p>Space, materials or equipment requirements? PC-CARE can be conducted in many different settings based on therapists’ and families’ needs. In clinics, therapists can use an observation room and play room with a two-way mirror and audio/visual equipment (e.g., single-frequency receiver and earpiece). Alternatively, they can conduct the full session in a single therapy room using in-room coaching with no extra equipment. Therapists should have age-appropriate toys and space for caregivers and children to play. In homes, therapists bring toys and use in-room coaching with no extra equipment, though it can be beneficial for therapists to bring a floor mat to help identify the play area. Therapists also need a timer (e.g., phone, stopwatch) and handouts from the manual.</p>

GENERAL INFORMATION

<p>Implementation Requirements & Readiness cont'd</p>	<p>Supervision requirements (e.g., review of taped sessions)? During training, the PC-CARE trainer reviews taped sessions or observes sessions live and meets weekly with the PC-CARE therapist in training. After the training period, videotaping is not required. After training is completed, it is recommended that teams meet at least monthly for coding practice and case consultation. Though there are no specific supervision requirements, because PC-CARE therapists may or not they have licensable degrees, it is important for them to have appropriate supervision by a licensed mental health professional, preferably trained in PC-CARE or skilled in working with parents and young children. It is recommended that supervisors receive some training in PC-CARE, have some knowledge of infant mental health and child development, and skills working with parents and children together.</p> <p>To ensure successful implementation, support should be obtained from: Successful implementation in a community mental health setting requires active support by administration and management to provide sufficient time and reduction in productivity expectations for training, as well as ongoing team meetings, which help promote fidelity to the model. In a given work setting, it is useful to have at least 2 – 4 therapists trained in PC-CARE, with at least one PC-CARE therapist identified as a trainer. PC-CARE is currently using a train-the-trainer model for dissemination of training (TOT).The UC Davis PC-CARE Training Center provides certification to trainees who would like to be in-house trainers. Additional training on effective training strategies can be obtained from the UC Davis PC-CARE Training Center.</p> <ul style="list-style-type: none"> • Fidelity to the model has been measured within the UC Davis PC-CARE Training Center using a PC-CARE fidelity coding system, in which trained staff observe sessions in person and via video recording, measuring whether the session content follows protocol. • Reimbursement for PC-CARE services can be obtained through Medicaid, crime victim’s compensation, and from insurance companies that provide coverage for 7 treatment sessions.
<p>Training Materials & Requirements</p>	<p>List citations for manuals or protocol descriptions and/or where manuals or protocol descriptions can be obtained. Manuals containing protocol descriptions, handouts, and forms are provided to trainees when they register for Phase 2 Training. (see full description of training phases below).Updated forms and handouts are available at pcit.ucdavis.edu/pc-care/handouts-forms.</p> <p>Timmer, S.G., Hawk, B.N., Lundquist, K., Forte, L., Aviv, R., Boys, D., & Urquiza, A. (2016). <i>PC-CARE course of treatment manual</i>. Unpublished manuscript, University of California, Davis.</p>

GENERAL INFORMATION

<p>Training Materials & Requirements cont'd</p>	<p>How/where is training obtained? Currently training is provided by UC Davis PC-CARE trainers. Agencies can request a single-agency contract for training, or individuals can join a modified learning collaborative, with individual session preparation and video review or live observation (via telehealth). Phase 1 Training involves a one-day skill building training, which is offered periodically throughout the year for individuals interested in joining the learning collaborative. Phase 2 Training involves weekly meetings, home study, individual session preparation, and trainer live observation or review of selected session videos. Phase 2 typically lasts 3-6 months depending on client recruitment and attendance. There is no recertification requirement at this time, though it is recommended that trainees engage in ongoing learning (e.g., PC-CARE listserv, consultation, conference attendance). Individuals trained by UC Davis PC-CARE trainers can request to become certified in-house trainers after completing training and completing treatment with 6 clients.</p> <p>What is the cost of training? Training costs between \$2,500 and \$5,000 per person, depending on the size of the training cohort.</p> <p>Are intervention materials (handouts) available in other languages? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, what languages? Spanish, Russian, German</p> <p>Other training materials &/or requirements (not included above): Both phases of training are appropriate for therapists and supervisors with a Master's degree or higher, as well as for those working individually with children (e.g., home visitors) who have a Bachelor's degree or other license-ineligible degree.</p>
<p>Pros & Cons/ Qualitative Impressions</p>	<p>What are the pros of this intervention over others for this specific group (e.g., addresses stigma re. treatment, addresses transportation barriers)? The retention rate for PC-CARE is higher than for other parenting interventions (i.e., 94%). It is brief, able to be provided in various settings, and able to be provided by individuals with various levels of experience (e.g., from licensed doctoral-level clinicians to bachelor's level clinical support staff).</p> <p>What are the cons of this intervention over others for this specific group (e.g., length of treatment, difficult to get reimbursement)? Progress would likely be limited by caregivers who are unmotivated to make changes in their parenting and/or by caregivers with serious cognitive or mental health problems that would make quickly learning and implementing new skills difficult.</p> <p>Other qualitative impressions: Parents who have completed PC-CARE tend to be happy with the treatment, and therapists have reported enjoying the treatment and finding it helpful with their clients. Therapists also show high fidelity to the PC-CARE model when using PC-CARE with clients in a community mental health setting.</p>

GENERAL INFORMATION

<p>Contact Information</p>	<p>Name: Susan Timmer, PhD, Brandi Hawk, PhD, or Lindsay Forte, MS; UC Davis CAARE Center, UCD Children’s Hospital, Dept. of Pediatrics</p> <p>Address: 3671 Business Dr., Sacramento, CA 95820</p> <p>Phone number: 916-732-8983</p> <p>Email: stimmer@ucdavis.edu, bhawk@ucdavis.edu, laforte@ucdavis.edu</p> <p>Website: https://pcit.ucdavis.edu/pc-care/</p>
<p>References</p>	<p>Hawk, B.N., & Timmer, S.G. (in press). Parent-Child Care (PC-CARE) as a brief dyadic intervention for children with mild to moderate externalizing problems: A case study. <i>Clinical Case Studies Journal</i>, 1 - 17.</p> <p>Timmer, S. G., Hawk, B. N., Forte, L. A., Boys, D. K., & Urquiza, A. J. (in press). An Open Trial of Parent–Child Care (PC-CARE)-A 6-Week Dyadic Parenting Intervention for Children with Externalizing Behavior Problems. <i>Child Psychiatry & Human Development</i>, DOI:10.1007/s10578-018-0814-8.</p>