OBJECTIVES
1. Describe experiences of 1-5 year old children entering foster care in Sacramento County.
2. Explore how CWS and mental health providers worked together to create a new program embedded within the CWS system.
3. Learn about the purpose, goals, and structure of PC-CARE, including adjustments for foster children.
4. Become familiar with PC-CARE treatment effectiveness in the child welfare system, including challenges and promising improvements in child and caregiver functioning.

Rates of foster care entry

- In Sacramento County, children were entering foster care at a higher rate than children statewide (Weber 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 (Weber et al., 2016).

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
- 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 does not work out
- Foster family seeking an 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 increased medical needs
- Birth parents cause too much drama, so child is moved.

Sacramento County goals
- Continuity of Care Reform - Revision of resource parent recruitment and certification process, including training and ongoing supports
- System Improvement Plan - 5 focus areas for CPS system improvement, among them "Improve Placement Stability"

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

CPS Collaboration
1. Assigned project liaison
2. Data systems
3. Permanency
4. RFA Recruitment & Training
5. Front-line social workers
6. Public Health Nurses
Screen children in new foster placements, provide PC-CARE, make onward referrals.

Communicate about children's participation and progress in PC-CARE.

Data tracking.

Report sharing.

Participation on SIP committees.

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

A Brief Tour of PC-CARE

**WHAT IS PC-CARE?**

- Brief dyadic intervention for children aged 1-10 years old and their caregivers
- 7 Weeks: 1 assessment + 6 treatment sessions

**Important Aspects of PC-CARE**

- Live, in-the-moment coaching of parenting skills
- Daily homework: special play time + practicing skills to manage behavior
- Encourage proper use of skills that work best for each dyad (no mastery + learn new skills weekly)
- Active involvement of children

**WHO IS PC-CARE FOR?**

- Children aged 1-10 years old
- Mild-moderate behavioral symptoms AND/OR
- In other treatment(s) but need additional parent-child support AND/OR
- In a new placement or family situation (e.g., divorce, new baby, foster care, new living situation)

COURSE OF TREATMENT

**TYPICAL PC-CARE SESSION**

**WHY FOCUS ON POSITIVE PARENTING AND BEHAVIOR MANAGEMENT?**

- Research shows strong effects of supportive parenting on children's mental health
- Supportive parenting helps mitigate effects of ACES on children
- Working with caregivers increases the likelihood of change in children's environment over time
- Parents usually need support too!

**WHY 6 WEEKS?**

- Low EBP retention rates
- Brief intervention requires less parent commitment
- Suitable for a wide range of caregivers
- Can be used as prevention
WHY MINI-DIDACTICS?
• Keep treatment brief
• Incorporate teaching about effects of trauma
• Provide basic concepts then immediately coach – Continue teaching during coaching
• Child learns skills

WHY MANY STRATEGIES?
• Strengths-based approach – Provide many options and determine which works best for that family
• Range of behaviors, so different strategies may be most effective
• Strategies will continue to be effective as child gets older

WHY INCLUDE THE CHILD?
• Caregiver-child relationships are dyadic – Children can also work to improve the relationship
• Encourage open communication
• Teach children skills for successful relationships with siblings, peers, etc.

Engaging Families
ENGAGING PARENTS
TRAUMA DIDACTIC:
• Helps caregivers understand why the child has difficult behaviors
• Begins to adjust any hostile attributions
• Helps them understand how trauma affects people (including themselves!)

ENGAGING PARENTS
WATCH THE TRAUMA DIDACTIC:
ENGAGING PARENTS
ORIENTATION TO TREATMENT:
• Helps caregivers clearly understand what will happen in PC-CARE
• No surprises
• Clearly identifies an ending date, which helps with engagement

PROCESS OF PC-CARE
A QUICK TOUR:
• Pre-treatment
• Didactic
• Coaching (session 4)
• Post-treatment (2-2 weeks later)
Who is getting referred?

- Children with resource parent report behavior concerns:
- Children with medical problems:
- Children with developmental delays:
- Trauma history:

Participating Caregivers

- Are resource parents agreeing to participate?
  - How many accepted services? 69% (N=299)
  - How many refused services? 25% (N=110)
  - Pending a response? 6% (N=24)

- How many resource parents start PC-CARE out of those agreeing to participate?
  - How many have started services? 66.6% (N=199)
  - How many have completed so far? 40% (N=118)
  - How many drop early? 26% (N=55)
  - How many never start treatment? 23% (N=68)

Home Environment:

- Biological Children in Home: 48%
- Other Foster Children: 67%

Married or Cohabitating: 74%

Occupational Status:

- Full-time foster: 39%
- Employed: 42%
- Non-Relative Caregiver: 79%

Caregiver Ethnicity:

- White: 27%
- African American: 35%
- Latinx: 21%
- Other: 6%
- Missing: 11%

What do we know about the resource parents?

- 37% White
- 39% African American
- 15% Latinx
- 4% Asian American
- 5% Other

Child behaves well in how many routines/areas?

- 0 to 3 areas: 43.4%
- 4 to 5 areas: 21.6%
- 6 to 8 areas: 12.6%

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:

- 95% of resource parents are committed to parenting these children until permanency is finalized.

Pre-Treatment Perceptions about Participating in PC-CARE

- Percentage of responses: Strongly agree, Somewhat agree, Neutral, Disagree
  - Investing time in PC-CARE will make parenting easier: 28%, 29%, 30%, 31%
  - Willing to play 5 min a day using skills: 29%, 30%, 31%, 32%
  - This intervention will help child adjust to life in my house: 29%, 30%, 31%, 32%
  - Parenting strategically can make a difference in foster children's adjustment: 29%, 30%, 31%, 32%
Outcomes!

Weekly Behavior Problems

PC-CARE Session

Intensity of behavior

PC-CARE OUTCOMES
Foster children

WACB scores decrease over treatment session for children 1-5 years old (N = 125).

30.1
29.7
27.9
26.6
25.6
24
15
20
25
30

Change in WACB Scores

Weekly Caregiving Skills

PC-CARE OUTCOMES

Number of skills observed

PC-CARE Session

Caregiver’s use of positive parenting (PRIDE) skills increases over treatment sessions (N=126).

8.3
12.2
13.2
14.6
13.7
14.3
21.6
18.7
13.7
13.9
13.4

5
10
15
20
25

Change in PRIDE Skills

Early Childhood Traumatic Stress Screener (N = 103 children in this analysis)

TRAUMA SYMPTOM CHANGE

PC-CARE OUTCOMES
Foster children

3.48
2.74

Pre-tx
Post-tx

Trauma Symptoms Endorsed

Placement at 1-month follow up

PC-CARE OUTCOMES
Foster children’s placement stability


New

Never Started (N = 12)
Dropped early (N=41)
Completed (N=89)
In same placement
Placement Stability

PC-CARE OUTCOMES

Are behavior problems and caregiving skills linked?

PRIDE

WACB INTENSITY

(N = 85 caregiver-child dyads in this analysis)

Resilience and Regulation

PC-CARE OUTCOMES

DECA (Devereux Early Childhood Assessment)

43.3
40.7
43.6
46.6
44.9
45.5
37
38
39
40
41
42
43
44
45

Initiative
Self-regulation
Attachment relationships
Pre-treatment
Post-treatment
Conclusions

• Developing Mental Health - Child Welfare collaborations is key to system change.

• Preventive interventions are a hard sell. More research is needed.

• Evaluation and outcome findings show that PC-CARE helps to:
  • Improve caregiver’s positive communication skills with the new child in their care
  • Teach emotional regulation and behavior management skills to reduce difficult child behaviors
  • Child trauma symptoms and behaviors
  • Placement stability
  • Significant improvements can occur in just 6 weeks

WRAP UP & QUESTIONS

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