Parent-Child Care (PC-CARE): AT-A-GLANCE

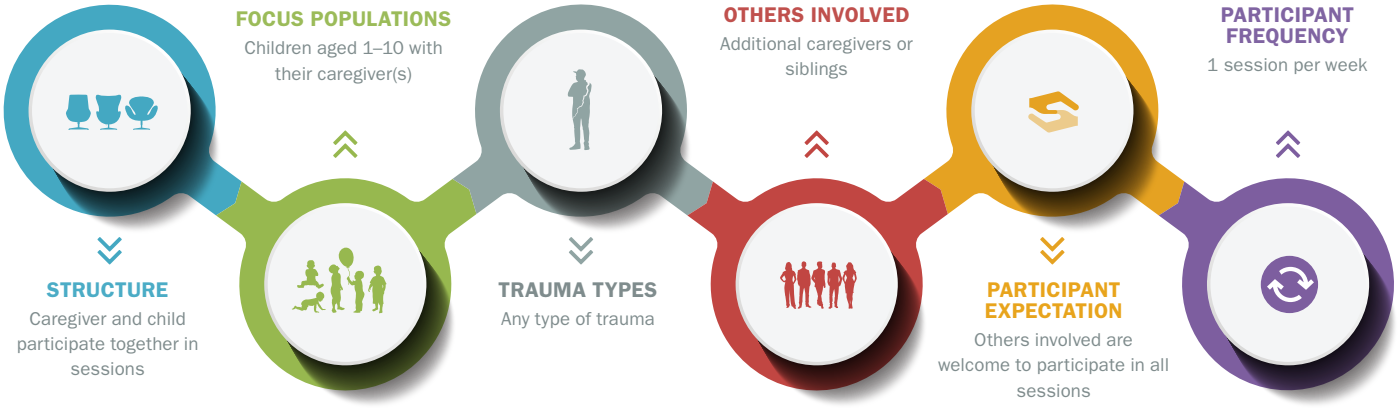
What is PC-CARE?

PC-CARE is a dyadic intervention that exposes 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. Multiple caregivers and/or children can participate in the intervention using an adapted protocol. Siblings not participating in the intervention can still be present during sessions. Therapists briefly teach then coach caregivers while they play with the child, suggesting strategies to use, and pointing out which strategies seem most effective for them and their child. The child is involved in the treatment process 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.

What are the goals of PC-CARE?

1. Improve caregiver-child relationships by increasing caregiver warmth and child responsiveness.
2. Improve child functioning by decreasing the frequency of children's difficult behaviors and trauma symptoms and improving their ability to self-regulate.
3. Improve caregivers' self-confidence and decrease stress by increasing their use of positive communication and effective parenting strategies.

What does PC-CARE look like?



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Additional Information

PC-CARE has been used effectively with racially and ethnically diverse families. Families with various religious beliefs, income levels, single-, two-parent, multigenerational or divorced families; foster, kinship, adoptive, and guardianship families, and reunifying biological parents have reported benefiting from PC-CARE. The PC-CARE manual has appendices for working with children who have problematic sexual behaviors, are on the autism spectrum, only see their parents during visits, or have been forcibly displaced from their home countries. The manual is available in English, Spanish; parent handouts are also available in Dari and Ukranian. PC-CARE can be provided by mental health professionals and paraprofessionals. There are no licensing or degree requirements for PC-CARE.

What is the commitment?

LOCATION:

In office, home, community, or on telehealth.

PC-CARE typically requires 7 weekly dyadic (child and caregiver) sessions, which last 50-60 minutes. There is an initial assessment and orientation to treatment session then 6 treatment sessions. Caregiver and child are actively involved in each session. Sessions consist of checking-in with the provider, 10 minutes of learning about the session's target strategies, 4-minute play assessment, 15 - 20 minutes of coaching while caregiver and child play together, and finally, reviewing accomplishments and preparing for the week ahead. Between weekly treatment sessions, families are asked to complete homework daily, called "Daily CARE." Homework consists of caregiver and child playing together for 5 minutes each day, and practicing the skills they learned in their PC-CARE treatment session. At the end of the 6 treatment sessions, the dyad "graduates" and is offered a one-month follow-up booster session or phone consultation. Caregivers and children will both participate in assessment, including: written assessment tools, interviews, and behavioral observations.

How do we know it works?

PC-CARE has research evidence to support its benefits.

PC-CARE was developed by Dr. Susan Timmer, Dr. Brandi Hawk, and Lindsay Forte Armendariz for children with mild to moderate behavioral problems in partnership with the UC Davis PC-CARE team, PC-CARE trainers and providers, colleagues at UC Davis MIND Institute, Universität der Bundeswehr München Institute for Psychology, and International Rescue Committee's Center for Adjustment, Resilience, and Recovery. For more information, see page 3. The majority of children/youth/families involved in the initial development of this practice were racially/ethnically diverse and low resourced (Medicaid eligible), lived in a single parent household, with mother participating in treatment with child, lived in primarily suburban or urban environments, and spoke English at home.

Additionally, there have been adaptations of the practice for refugee & forcibly displaced families, Autistic children, children with problematic sexual behaviors, and families in visitation. There are translations of PC-CARE materials for children, youth, and families available in Spanish, Dari, and Ukranian. Learn more on page 4.

For more information explore the next several pages or check out:

https://pcit.ucdavis.edu/pc-care/

PC-CARE: THE EVIDENCE

What types of evidence are available for PC-CARE?

- ❒ Best Practices, Evidence-Based Treatment, Promising Practices, Case Study, Pilot Study, Program Evaluation, Quasi-experimental Research, Randomized Clinical/Controlled Trial

Where can I learn more about the evidence?

- PC-CARE Website: UC Davis PCIT & PC-CARE Training Center
- PC-CARE: California Evidence Based Clearinghouse for Child Welfare
- Parent-Child Care: Title IV-E Prevention Services Clearinghouse
- PC-CARE Learning Center
- Improving children's behavior in seven sessions: A randomized controlled trial of Parent-Child Care (PC-CARE) for children aged 2-10 years in pediatric primary care.
- An Open Trial of Parent–Child Care (PC-CARE)-A 6-Week Dyadic Parenting Intervention for Children with Externalizing Behavior Problems
- The long and the short of it: A comparison of the effectiveness of Parent Child Care (PC-CARE) and Parent Child Interaction Therapy (PCIT)
- Parent–Child Care as a Brief Dyadic Intervention for Children With Mild to Moderate Externalizing Problems: A Case Study
- Improving behaviors and placement stability for young foster children: Parent-Child Care (PC-CARE) in the Child Welfare System

How is PC-CARE measured in real time?

Each treatment session, providers briefly observe and code the caregiver-child dyad at play using the PC-CARE Coding System, noting their interaction quality and the things parents say to their child. They also ask caregivers to complete the WACB-N (brief behavioral screener) weekly. Pre- and post-PC-CARE, they administer a brief trauma screener. Sites may administer other measures as needed.

What changes for the better as a result of PC-CARE?

After completing PC-CARE caregivers report that the intensity and frequency of their child's difficult behaviors improved significantly, along with their own parenting stress. They also report that their child's attachment behaviors and self-regulation were strengthened. Providers observed significant improvements in caregivers' use of positive parenting and effective behavior management skills.

> ***"The PC-CARE program really, really helps. I was amazed... it's a wonderful, wonderful program. There are so many tools and so much support, that the program just takes you in a positive direction. It helps the caregiver and it helps the child."***
> – Grandma of a 4-year-old after completing PC-CARE

What do the numbers tell us (i.e., quantitative data)?

Research tells us that families report strong improvements in their children's behavior problems and trauma symptom severity. They state that factors related to child resilience improve, like self-regulation and attachment behavior. The data show increases in caregivers' positive parenting and their use of effective behavior management skills with their children, and lower parenting stress.

What do the stories tell us (i.e., qualitative data)?

The stories from families tell us how grateful they are for the support they get from PC-CARE providers and that they like how providers work with them to decide the best ways to care for their children. They often say that they were skeptical at first about strategies working, then amazed that they actually did. Families talk about enjoying being with one another and have hope in a better future.

PC-CARE: ADAPTABILITY AND ACCESSIBILITY

- **What is the history of PC-CARE?**

  PC-CARE was originally developed by Dr. Susan Timmer, Dr. Brandi Hawk, and Lindsay Armendariz in partnership with the UC Davis PC-CARE team. Children involved in the initial development of PC-CARE were referred to UC Davis CAARE Center for treatment of behavior problems. All were Medicaid eligible, either because of involvement in the child welfare system or low family resources; many were trauma exposed. Children and families were diverse in race and ethnicity and primarily English or Spanish speaking. The majority of children were neurotypical. Since that time, we have worked with more Spanish-speaking families, neurodivergent children, and families experiencing forced displacement. Developing new resources for these populations involved collaborations with the Spanish Translation Team, training partners and providers, the MIND Institute, and the International Rescue Committee's CARRE Program. We continue to partner with agencies to develop adaptations for specific populations.

- **How did PC-CARE developers proactively reach out to, center, amplify, and learn from the voices of those most impacted by racism and trauma?**

  In PC-CARE we give space for people to speak their truths. Providers are the guides in evaluating the strategies we teach. We empower caregiver and child each session to decide which skills to use. Developers continue to consult with families and providers on what is working and how PC-CARE is amplifying the voices and values of those impacted by racism and trauma.

- **What is the role of PC-CARE providers in tailoring the model for individuals, families, and communities?**

  Providers tailor PC-CARE for every family they see. They ask about families' goals for treatment and their parenting values. They teach skills and strategies and try to use parents' vocabulary to explain concepts and use family experiences as examples of how skills work. When coaching during play, they observe and give feedback about what is working to achieve their goals and values.

- **How are lessons learned from individuals, families, communities and providers used to keep improving PC-CARE?**

  PC-CARE developers learn about how training and treatment work for providers and families they serve through direct involvement in training. Training involves watching videos of trainees working with families, allowing trainers to see when aspects of PC-CARE challenge or support trainees and families. Trainers meet discussing ways to improve; the developers implement solutions. Developers are open to emails from and meeting with providers and organizations to discuss adaptations, and solicit feedback from trainees at every stage of training.

- **Resources and materials are available:**

  - In more than one language – Spanish, Dari, and Ukranian. Translations were done by professional translation services and validated by PC-CARE users with expertise in PC-CARE.
  - In more than one format (multiple select below):
    - Written, visual art (flash cards with images of behaviors). Materials are available with video and audio on the PC-CARE Learning Center.
    - Written materials are primarily used verbally; calming and coregulation skills can be used kinesthetically.
    - Materials include Alt text and captions.
    - Media reflects providers and families that use the model- capturing a range of racial and ethnic groups (Black, Latinx, Asian, White), age
  - For more information on adaptation and access, please see https://pcit.ucdavis.edu/pc-care or contact us at pc-careadminteam@groups.ucdavis.edu

PC-CARE:
PROVIDING, SUPERVISING, TRAINING, AND SUSTAINING

TO PROVIDE PC-CARE

Provider prerequisites:
- Experience: Have weekly contact with parent and child together
- Education: No particular degree is required
- Licensure: No license is required

Trained providers can:
- Deliver PC-CARE
- Earn certification in PC-CARE
- Qualify for enhanced rates if available
- Qualify to train others

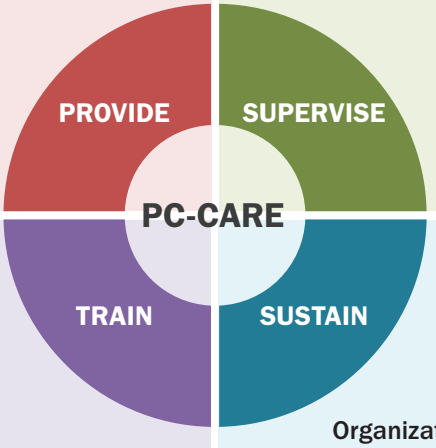
Access for Provider Training:
- Through live in-person training
- Through live virtual training
- Through consultation
- Through a training manual
- Contact in advance for trainer availability
- Training manual available for trainees

TO SUPERVISE PC-CARE

Supervisor prerequisites:
- Knowledge of child social-emotional development and parenting concerns.
- PC-CARE Skill Building training is recommended.

Trained supervisors can:
- Not applicable at this time

Access for Supervisor Training:
- Not applicable at this time



TO TRAIN PC-CARE

Trainer prerequisites:
- Meet provider prerequisites
- 6 completed PC-CARE cases
- Complete established trainer process (details on page 6)

Approved trainers can:
- Train within their own organization
- Train locally
- Train nationally
- Train providers
- Train supervisors
- Charge for training
- Be listed on national roster

Access for Trainer Training:
- Through live virtual training
- Through consultation
- Through a training manual
- Contact in advance for trainer availability

TO SUSTAIN PC-CARE

Organization prerequisites:
- Discussions on readiness and fit
- Adjust workloads for providers to participate in training and implementation
- Commit to regular meetings dedicated to sustaining the practice

Organizations can:
- Prove training in promising practice
- Bill for services
- Market certified providers and trainers
- Train new staff on the job by in-agency trainers.

Access for Organizational Readiness Supports:
- Virtual continuing education for free
- Consultation for senior leaders
- Connection to other organizations using PC-CARE
- Assessment resources and support for free

PC-CARE:
MORE ON PROVIDING, SUPERVISING, TRAINING, AND SUSTAINING

PROVIDE PC-CARE

- **Training cost:** Check our website for current training costs and opportunities for free PC-CARE training (Phase 1 and Phase 2 required for providers) https://pcit.ucdavis.edu/pc-care-training/
- **Time Commitment:** Training can take anywhere from 3 months to a year, depending on trainees' access to clients. You must complete one PC-CARE case with fidelity to be certified. Check this flyer to see the time commitments for each phase of training [Training time].
- **Additional Details:** PC-CARE qualifies for Family First Prevention Service Act funding. PC-CARE Phase 1 Skill Building is APA approved for 6 CE credits. In Phase 2 training trainees must provide PC-CARE to a family. Phase 1 and 2 must both be completed for certification.

SUPERVISE PC-CARE

- **Training cost:** Recommended training for supervisors is our Phase 1 PC-CARE Skill Building Training. Check our website for current training costs and opportunities for free PC-CARE training. https://pcit.ucdavis.edu/pc-care-training/
- **Time Commitment:** The PC-CARE Phase I Skill Building is a 6-hour interactive workshop across 2 days.
- **Additional Details:** While not mandatory, many supervisors like to attend the Phase 2 Preparatory training in addition to the Phase 1 Skill Building. In Preparatory training they learn how to conceptualize cases and learn the nuances of PC-CARE delivery.

TRAIN PC-CARE

- **Training cost:** Currently, trainer (ToT) training is free although it requires a time and work commitment.
- **Time Commitment:** ToT trainers must attend a biweekly consultation call and successfully train one PC-CARE trainee under supervision. https://pcit.ucdavis.edu/pc-care-training/
- **Additional Details:** After certified providers complete PC-CARE with 6 families, they may apply for Trainer Certification Training, which includes consultation, training, and supervision while training a provider. Certified Trainers can train outside of their agency.

SUSTAIN PC-CARE

- **Training cost:** Check our website for current training costs and opportunities for free PC-CARE training (Phase 1 and Phase 2 required for providers) https://pcit.ucdavis.edu/pc-care-training/
- **Time Commitment:** Training can take anywhere from 3 months to a year, depending on trainees' access to clients. You must complete one PC-CARE case with fidelity to be certified. Check this flyer to see the time commitments for each phase of training [Training Time].
- **Additional Details:** Organizations should make sure that they have a clearly identified referral population that is suitable for PC-CARE before beginning training.

To learn more about providing, supervising, training, or sustaining, please email: pc-careadminteam@groups.ucdavis.edu.
For additional resources and related products, please explore The PC-CARE Learning Center: www.pccarelearningcenter.com

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