NCTSN The National Child Traumatic Stress Network

# CARE: Child-Adult Relationship Enhancement

GENERAL INFORMATION

## Treatment Description

**Acronym** *(abbreviation)* **for intervention:** CARE

**Average length/number of sessions:** CARE is an on-going milieu intervention.

**Aspects of culture or group experiences that are addressed** *(e.g., faith/spiritual component, transportation barriers)*:
Addresses transportation and economic barriers through delivery of intervention within homeless shelters, DV shelters and transitional housing settings

**Trauma type** *(primary)*: Interpersonal complex trauma (i.e., physical, sexual, and emotional abuse and neglect)

**Trauma type** *(secondary)*: Acute trauma

**Additional descriptors** *(not included above)*:
Child-Adult Relationship Enhancement (CARE) is a trauma-informed modification of specific PCIT skills for general usage by non-clinical adults who interact with traumatized children and their caregivers within various milieu settings. CARE has been adapted during the 2006 NCTSN project year by the National Center on Family Homelessness and the Trauma Center at Justice Resource Institute for use in homeless serving systems (see below).

## Target Population

**Age range:** **Children of all ages and their caregivers.

**Gender:** ❒ **Males** ❒ **Females** ☒ **Both**

**Ethnic/Racial Group** *(include acculturation level/immigration/refugee history–e.g., multinational sample of Latinos, recent immigrant Cambodians, multigeneration African Americans)*: All

**Other cultural characteristics** *(e.g., SES, religion)*: All

**Language***(s)*: English, currently being adapted in Spanish

**Region** *(e.g., rural, urban)*: All

**Other characteristics** *(not included above)*:
CARE can be generalized to a wide variety of settings. It is supported by pragmatic evidence of its effectiveness. CARE training is applicable to a wide range of provider populations that can include but are not limited to:

- Non-clinical staff in residential treatment centers
- Day care providers
- Medical care students, residents, fellows, and providers
- Graduate students in education, social work, and psychology
- Foster parents
- Foster care caseworkers and child protection workers

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| **Target Population continued** | • Social service case managers<br>• Community support providers<br>• Home visitation providers<br>• Child victim advocates<br>• Staff at battered women shelters<br>• Staff at homeless shelters<br>• Receptionists and other support staff who come in contact with children as part of their duties |
| **Essential Components** | **Theoretical basis:** CARE was adapted from Parent-Child Interaction Therapy (PCIT). PCIT is an intervention approach for children with behavioral problems aged 2-12 and their parents, caregivers, and/or teachers. It has been adapted for use with children and caregivers with histories of traumatic stress. PCIT sessions include live coaching of caretakers with their children in two major components:<br>• Relationship enhancement or Child Directed Interaction (CDI)<br>• Child behavior management or Parent Directed Interaction (PDI)<br>PCIT has been shown to develop caretakers' competence in managing their child's problematic behavior, promote caretakers' reinforcement of child's positive behaviors, reduce conflict between caretakers and their child, and enhance positive interactions between the caretakers and their child.<br>**Key components:**<br>CARE utilizes the three P skills (Praise, Paraphrase and Point-out-Behavior) to connect with children and their caregivers, provide a set of techniques for giving children and their caregivers effective positive commands, and the use of selective ignoring techniques to redirect problematic behaviors. CARE also contains a trauma education component to contextualize the use of these skills with the kinds of behaviors and problems exhibited by many traumatized children and their caregivers. |
| **Clinical & Anecdotal Evidence** | **Are you aware of any suggestion/evidence that this treatment may be harmful?**<br>**❒ Yes ☒ No ❒ Uncertain**<br>**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)***.**<br>Cultural issues with CARE have not been described in writings; however, PCIT has been described in writings and would be rated at a 3.<br>**This intervention is being used on the basis of anecdotes and personal communications only** *(no writings)* **that suggest its value with this group.**<br>**❒ Yes ☒ No** Evidence base draws upon extensive PCIT literature (see below) |

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| **Clinical & Anecdotal Evidence continued** | **Are there any anecdotes describing satisfaction with treatment, drop-out rates** *(e.g., quarterly/annual reports)***?** ❒ **Yes** ☒ **No**<br>**If YES, please include citation:** In process, unpublished training evaluations<br>**Has this intervention been presented at scientific meetings?** ❒ **Yes** ☒ **No**<br>**If YES, please include citation***(s)* **from last five presentations:** Submitted as part of NCTSN 2007 ANM workshop<br>**Are there any general writings which describe the components of the intervention or how to administer it?** ☒ **Yes** ❒ **No**<br>**If YES, please include citation:** Child Adult Relationship Enhancement Manual, Trauma Treatment Training Center, Cincinnati Children's Hospital<br>**Has the intervention been replicated anywhere?** ☒ **Yes** ❒ **No**<br>**Other clinical and/or anecdotal evidence** *(not included above)***:**<br>See Other Research Evidence below |

| **Research Evidence** | **Sample Size (N) and Breakdown** *(by gender, ethnicity, other cultural factors)* | **Citation** |
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| **Other Research Evidence** | | While there has not been research directly conducted on CARE to date, the intervention from which it was derived and adapted has a strong evidence base supported in over 30 publications. Recent PCIT Publications:<br>Bagner, Fernandez & Eyberg, 2004<br>Borrego, Urquiza, Rasmussen & Zebell, 1999<br>Brestan, Jacobs, Rayfield & Eyberg, 1999<br>Chaffin, Silovsky, Funderburk, Valle, Brestan, Balachova et al., 2004<br>Eyberg, Boggs & Algina, 1995<br>Eyberg, Funderburk, Hembree-Kigin, McNeil, Querido & Hood, 2001<br>Gallagher, 2003<br>Herschell, Calzada, Eyberg & McNeil, 2002<br>Hood & Eyberg, 2003<br>Neary & Eyberg, 2002<br>Runyon, Deblinger, Ryan & Thakkar-Kolar, 2004<br>Ware, Fortson & McNeil, 2003 |

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| **Outcomes** | **What assessments or measures are used as part of the intervention or for research purposes, if any?**<br>Child Adult Relationship Enhancement Evaluation<br><br>**If research studies have been conducted, what were the outcomes?**<br>None at this time |
| **Implementation Requirements & Readiness** | **Space, materials or equipment requirements?**<br>There are no material requirements in order to implement CARE.<br><br>**Supervision requirements** *(e.g., review of taped sessions)***?** Shelters who implement CARE are required to receive CARE training and are offered on-going consultation.<br><br>**To ensure successful implementation, support should be obtained from:**<br>Trained CARE trainers (see below). |
| **Training Materials & Requirements** | **List citations for manuals or protocol descriptions and/or where manuals or protocol descriptions can be obtained.**<br>Child Adult Relationship Enhancement Manual, Trauma Treatment Training Center, Cincinnati Children's Hospital<br><br>**How/where is training obtained?**<br>Training is being offered to Massachusetts family homeless shelters through the National Center on Family Homelessness and the Trauma Center at Justice Resource Institute.<br><br>CARE training is offered on an agency-by-agency basis at the Trauma Treatment Training Center in Cincinnati. Trainers can train CARE onsite at local agencies, or agencies can bring staff to The Trauma Treatment Training Center.<br><br>**What is the cost of training?**<br>The Trauma Treatment Training Center in Cincinnati offers CARE trainings at their home offices in Ohio. Contact them directly for rates (per person rate in 2005 was approximately $60). The National Center on Family Homelessness and the Trauma Center at JRI can provide trainings to homeless serving systems interested in adapting/adopting CARE. Please contact us directly (see below) for agency/individual rates.<br><br>**Are intervention materials** *(handouts)* **available in other languages?**<br>❒ **Yes** ☒ **No**<br><br>**If YES, what languages?** Currently being adapted in Spanish<br><br>**Other training materials &/or requirements** *(not included above)***:**<br>Agency training for staff will vary depending on agency needs, but generally falls within 3–6 hours. Active skills-building practice in small groups may add additional time to the training, although extensive practice is not necessary to train the basic CARE program. |

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| **Training Materials & Requirements continued** | Thus CARE training exists in two basic forms:<br>1) Lecture, demonstrations, and practice (3 hours)<br>2) Lecture, demonstrations, practice, and live coaching (6 hours) |
| **Pros & Cons/ Qualitative Impressions** | **What are the pros of this intervention over others for this specific group** *(e.g., addresses stigma re. treatment, addresses transportation barriers)***?**<br>This is an intervention that can be implemented by non-clinical professionals working with traumatized children and their caregivers. PCIT, the foundation for CARE, has been strongly supported by over 30 years of research.<br>**What are the cons of this intervention over others for this specific group** *(e.g., length of treatment, difficult to get reimbursement)***?**<br>CARE is not a treatment intervention and is meant to occur adjunctively to other kinds of trauma-based treatment. |
| **Program Developer** | The National Center on Family Homelessness and the Trauma Center at Justice Resource Institute have adapted CARE for use in homeless shelter settings for both children and their caregivers.<br>CARE was initially developed by the Trauma Treatment Training Center (TTTC), a collaboration of the Mayerson Center for Safe and Healthy Children and The Childhood Trust at Cincinnati Children's Hospital Medical Center (CCHMC). Contact information:<br>Trauma Treatment Training Center, Cincinnati Children's Hospital Medical Center<br>3333 Burnet Avenue MLC 3008<br>Cincinnati, OH 45229-3039<br>Lacey.Thieken@cchmc.org<br>513-636-0043<br>www.cincinnatichildrens.org/TTTC<br>www.OhioCanDo4Kids.org |
| **Contact Information** | **Name:** Kristina Konnath, LICSW<br>**Address:** The National Center on Family Homelessness, 181 Wells Ave., Newton Centre, MA 02459<br>**Phone number:** (617) 964-3834 x31<br>**Email:** Kristina.Konnath@familyhomelessness.org |
| | **Name:** Dawna Gabowitz, Ph.D.<br>**Address:** The Trauma Center at JRI, 1269 Beacon St., Brookline, MA 02446<br>**Phone number:** (617) 232-1303 x220<br>**Email:** dgabowitz@traumacenter.org<br>**Website:** www.traumacenter.org |

## References

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