
PCIT for Traumatized Children

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Introduction

- While warmth in the parent-child relationship has been established as mitigating the effects of trauma, it may be that the added benefit of learning a system to handle disruptive behavior problems also helps reduce child trauma symptoms.
 - Additional skills to manage behavior can be introduced at the discretion of the therapist with the guidance of the PCIT Trainer.
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Objectives

- To provide background information related to trauma outcome for PCIT cases at UCDCMC
 - Discuss why an Empirically Supported Treatment of disruptive behavior problems 'may' be effective in reducing trauma symptoms in young children
 - Provide skills to manage behavior for traumatized children
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Sample Description of UCMDC PCIT

Outcome

- 133 caregiver-child dyads who completed PCIT
 - All children have a history of abuse, neglect, or domestic violence
 - 37% elevated trauma symptoms, pre-treatment
 - Children aged 2 – 8 years (Mean= 4.32 (1.5))
 - 61% boys
 - Caregivers
 - 62% Biological parents, 38% foster caregivers
 - 89.5% female
 - Aged 18 – 65 yrs (Mean= 36.1 (10.7))
 - Ethnically diverse (approximately 50% non-white)
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How Trauma groups are defined

- Traumatized children:
 - Per caregiver report, elevated on either the CBCL Trauma scale or the Trauma Symptom Checklist for Young Children (TSCYC), PTS-Total scale
 - Non-traumatized:
 - In the normal range on the CBCL Trauma scale and TSCYC, PTS-Total scale
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Descriptive Differences

- Similar proportions of boys/girls, ethnic composition, types of caregivers, risk history,
 - Differences:
 - Traumatized children older than non-traumatized
 - Caregivers of traumatized children older than those of non-traumatized
 - Caregivers of traumatized children less likely to be single
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Description of Outcome Measures

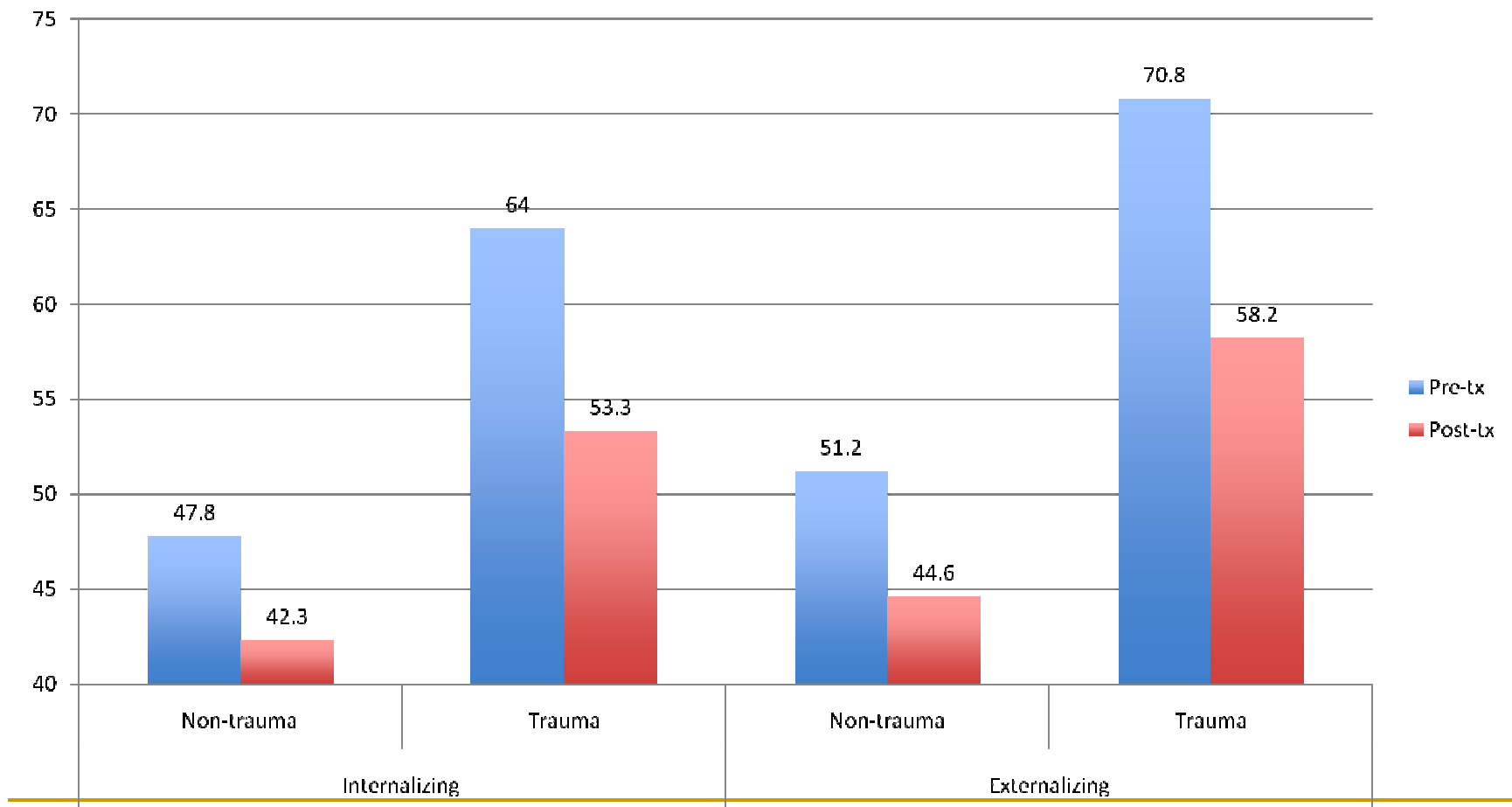
- Child Behavior Checklist (CBCL)- School age form and Pre-school form
 - Parenting Stress Index- short form (PSI)
 - Trauma Symptom Checklist for Young Children (TSCYC)
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Description of Risk by Trauma Group

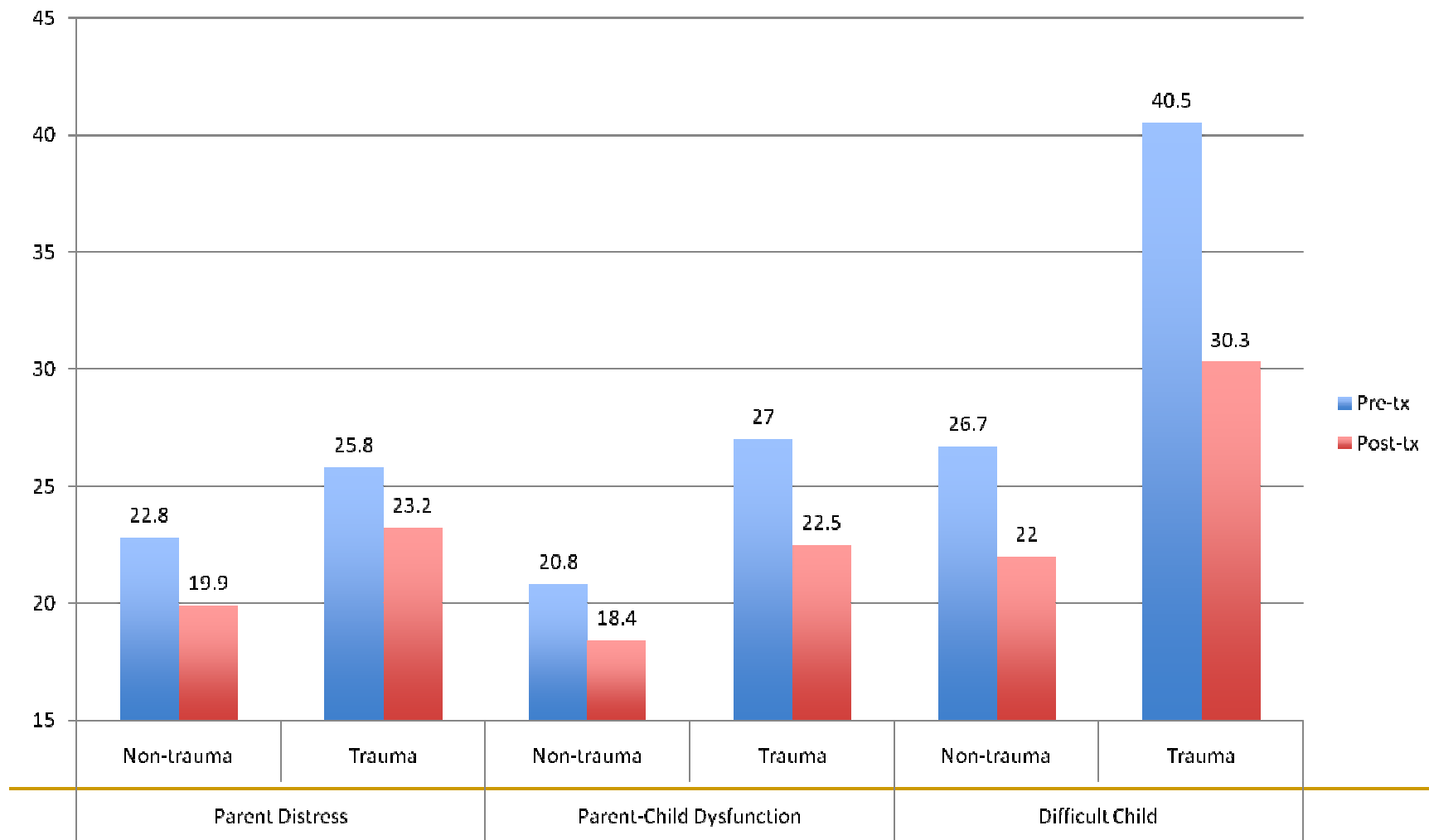
	Traumatized	Non-Traumatized
<u>Suspected or documented:</u>		
Physical abuse history	41.7%	46.9%
Neglect history	77.4	75.5
Sexual abuse history	12.0	20.4
Domestic violence	62.8	69.6
Prenatal exposure to drugs	68.8	66.7
Cumulative risk	5.05 (1.9)	4.90 (2.0)

See? They are both high risk.

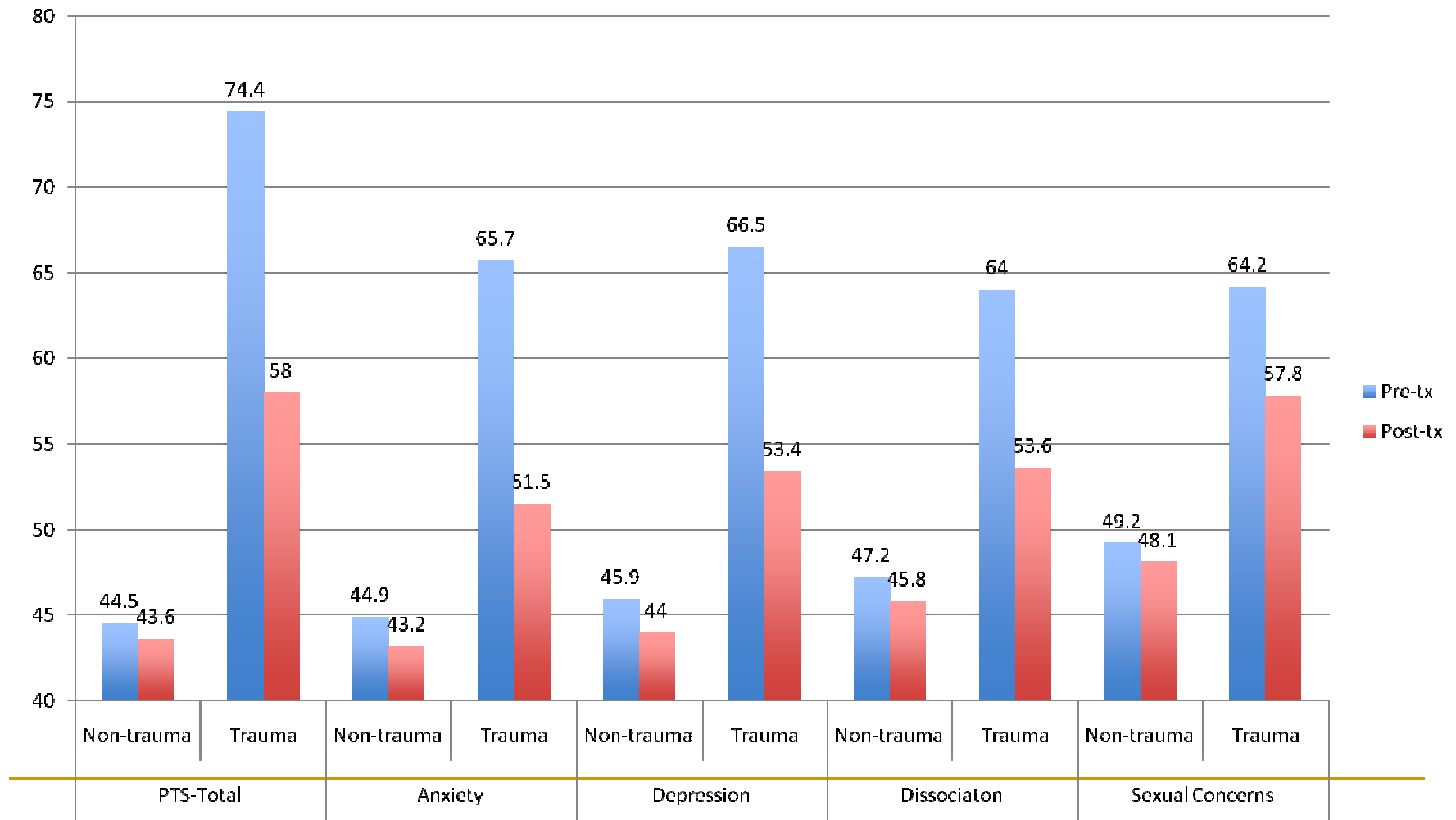
Treatment Effects: Pre- & Post-PCIT Means on CBCL Scales by Trauma Group



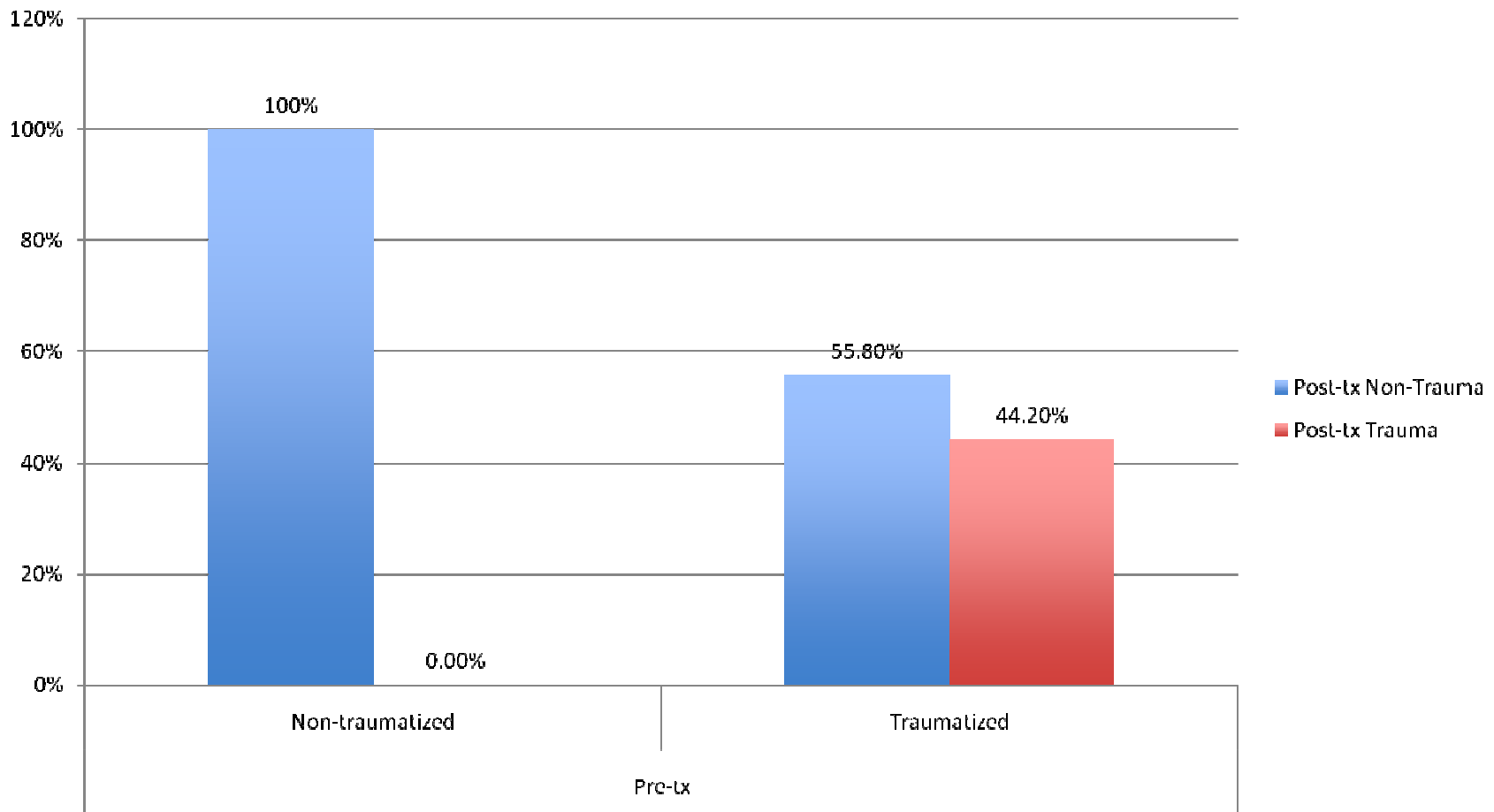
Treatment Effects: Pre- & Post-PCIT Means on PSI Scales by Trauma Group



Treatment Effects: Pre- & Post-PCIT Means on TSCYC Scales by Trauma Group



Percent of Trauma Group Members in Clinical Range Post-treatment



PCIT And Trauma in Young Children

Why would an Empirically Supported Treatment of disruptive behavior problems (such as PCIT) be effective in reducing trauma symptoms in young children?

What are trauma symptoms in young children?

PCIT And Trauma in Young Children

Why would PCIT be effective in reducing trauma symptoms in young children?

What are trauma symptoms in young children?

Trauma

Symptoms

Nightmares

Anxiety

Behavioral

Disturbance

non-compliance

aggression

Affective

Dysregulation

temper tantrums

crying/whining

PCIT And Trauma in Young Children

PCIT does three things...

- 1) Decrease child behavioral problems**
- 2) Improve parenting skills**
- 3) Improve the quality of the parent-child relationship**

Each of these things, in different ways, addresses the problem of trauma symptoms in young children

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- A. Improved child relationship security/stability**
 - 1) Emotional Availability**
 - 2) Decreased neg. interactions/increased pos. interactions**
 - B. Increased positive affiliative behaviors**
 - C. Teaching parents child treatment skills**
 - 1) Recognizing child distress**
 - 2) Appropriate responses to child distress**
 - D. Acquisition of normative information related to past traumatic experiences**
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- A. Management of disruptive behavior *may be* treating trauma symptoms
- B. Improved parenting skills
- C. Increased consistency in parenting skills
- D. Increased parental responsiveness to appropriate child behavior
- E. Changes in parent perception of child (i.e., more positive attributes of child's behavior)

PCIT And Trauma in Young Children

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- A. **Decreased child behavioral problems**
 - B. **Acquisition of child coping skills (affective expression, breathing, relaxation)**
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Skills to use with Traumatized Children

Skills to help manage children's affective dysregulation

- ❑ Prevention
 - ❑ Control
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Prevent Dysregulation & Control Dysregulation

These skills to manage affective dysregulation– are not part of standard PCIT protocol:

Prevention

Rules

Transitions

Re-Doing

Time Out Variation

Control

Modeling the desired behavior

When-Then/If-then Prompt

Choices

Recovery

Calming Exercises

Prevention and Control Skills

- Prevention – Creates structure, sets limits, anticipates problems
 - Control – Provides parent a strategy for soothing child when dysregulated
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Prevention Skills

Prevention – Creates structure, sets limits, anticipates problems

- Rules
 - Transitions
 - Re-Doing
 - Time Out Variation
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PREVENTION: Rules

- When to use Rules
 - How to use Rules
 - Rules require consistency
 - Rules create structure
 - Rule setting can be generalized to home and community.
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PREVENTION: Transitioning

- When to use transitioning
 - How to Transition
 - Establishes a time frame
 - Allows the child some control or choices
 - Tells the child what is going to happen next
 - Framework for change
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PREVENTION: Re-Doing

- When re-doing is appropriate
 - How to re-do
 - Re-doing allows the child to complete a task the correct and safe way or with a good attitude.
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PREVENTION: Time Out Variation

- When to use variation
 - How to use variation
 - Parent can count out loud
 - Parent can include two choices
 - Parent can use removal of privilege
 - Gives child some control
 - Promotes mindfulness
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Control Skills

Control – Provides parent a strategy for soothing child when dysregulated

Modeling the Desired Behavior

When-Then/If-then Prompts

Choices

Recovery

Calming Exercises

CONTROL: Modeling the Desired Behavior

- When to model - Modeling desired behavior is part of the selective attention process taught in the Relationship Enhancement (CDI) phase of treatment.
 - How to model: Parent must be strategic, considering:
 - The behaviors they want to see
 - Child's interests
 - No attention to child dysregulation
 - Shows child what to do without using direct commands
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CONTROL: When-Then or If-then

- When to use When-Then
 - Prompt to alert the child of the desired behavior
 - How to use When-Then
 - Offered one time only, followed by praise for compliance
 - Failure to comply does not result in a time out
 - Target only one behavior at a time.
 - Non-coercive way to let children know what to do
 - Generalizes to home and community.
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CONTROL: Choices

- When to give choices
 - How to give choices
 - Choices can allow a win-win for both parent and child.
 - Some choices can be a lose-lose for the child.
 - Choices allow the child to practice acceptable behavior.
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CONTROL: Calming

- When to use calming exercises
 - How to use calming exercises
 - Calming exercises rely on the parent to model calmness.
 - Practice calming allows the both the parent and child to master and self regulate their emotions and behaviors.
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CONTROL: Recovery

- When to use Recovery
 - How to use Recovery
 - Recovery uses the PRIDE skills to return to homeostasis.
 - Recovery allows both parent and child to return to a healthy positive state after a demand or expectation has been applied.
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Comments/Questions

Thank You!
