

PCIT and CPP: Assessing and Treating the Many Needs of Traumatized Children In The Welfare System

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Abstract:

Within the last two years, Los Angeles County has partnered with UC Davis PCIT Training Center and First 5 LA to promote the mental health needs of young children (0-5) with histories of maltreatment and other trauma exposure. Although PCIT has been shown to be effective in reducing the trauma symptoms of young children and in reducing recidivism for families involved in child protective services, it is not the only evidence-based practice for use with this population. Many agencies in Los Angeles County provide both PCIT and CPP for young children, and clinicians are often faced with the challenging task of determining the best treatment for these children with multiple needs. In this workshop/roundtable/paper, attendees will be presented with a CPP/PCIT Decision Tree for use in clinical decision-making. The creator of this decision tree will discuss each of the child, parent, and family factors included in the tool, and present de-identified cases of children in the child welfare system who presented with both trauma and externalizing symptoms to demonstrate its clinical utility.

Can't we all just get along? Dispelling myths about CPP and PCIT:

- Myth: CPP and PCIT are theoretically exclusive

- Myth: All children in the child welfare system are acutely traumatized and in need of trauma treatment (... and therefore need some form of trauma tx with exposure components)

- Myth: all disruptive behaviors are due to trauma.

