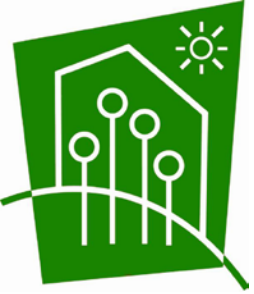


# PCIT and Child Trauma

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# PCIT and Child Trauma

## *What is Child Trauma?*

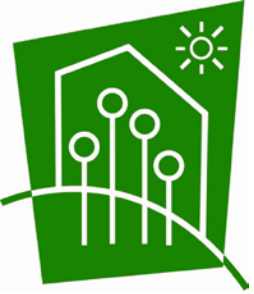


# PCIT and Child Trauma

**What is Child Trauma?**

**That was a question...**

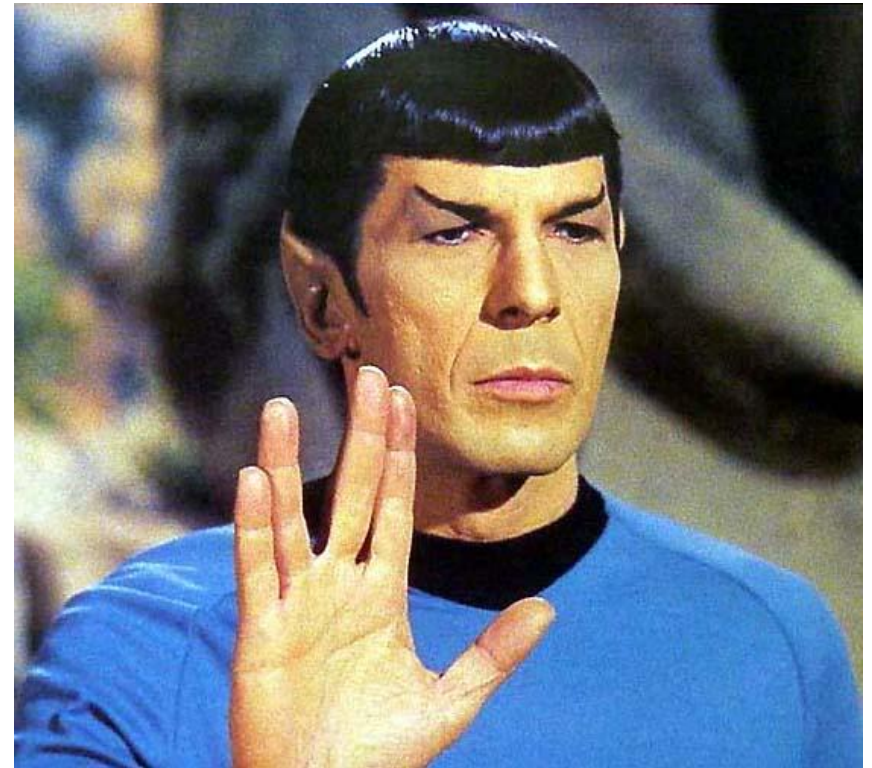


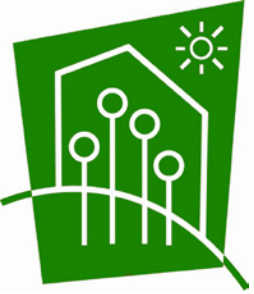


## PCIT and Child Trauma

**Oh wise one... What is the answer?**

**Clearly,  
it must lie in the DSM-IV-TR**





# PCIT and Child Trauma

## **>CHILD TRAUMA**

### **DSM-IV-TR diagnosis of PTSD:**

**Traumatic event**

**Re-experiencing of the traumatic event**

**Avoidance of the traumatic event**

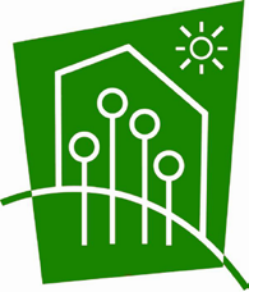
**Sxs of arousal**

- (1) difficulty falling or staying asleep
- (2) irritability or outbursts of anger
- (3) difficulty concentrating
- (4) hypervigilance
- (5) exaggerated startle response



# What is this?

## Video #1



**What is this?**

***Is this child displaying trauma symptoms?***



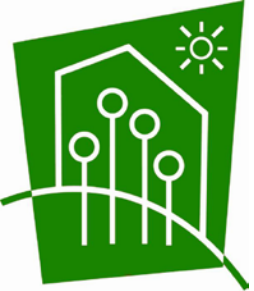
# PCIT and Child Trauma

## Identifying the traumatized child at intake...

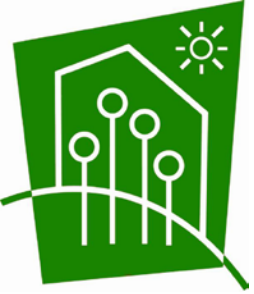
### >DSM-IV-TR Dx of OPPOSITIONAL DEFIANT DISORDER:

- A pattern of negativistic, hostile, and defiant behavior lasting at least 6 months, during which four (or more) of the following are present:
- (1) often loses temper
- (2) often argues with adults
- (3) often actively defies or refuses to comply with adults' requests or rules
- (4) often deliberately annoys people
- (5) often blames others for his or her mistakes or misbehavior
- (6) is often touchy or easily annoyed by others
- (7) is often angry and resentful
- (8) is often spiteful or vindictive





# Video #1



**What is this?**

***Is this child displaying trauma symptoms?***



# PCIT and Child Trauma

*Well this is a problem...*

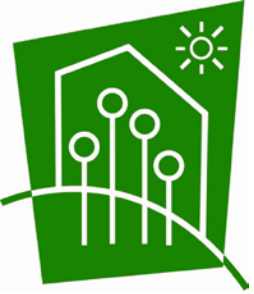
**Identifying the traumatized child at intake...**

> **OPPOSITIONAL DEFIANT DISORDER**

> **TRAUMATIZED CHILD**

> **Both ODD and TRAUMATIZED CHILD**

**What does this mean?**



# PCIT and Child Trauma

**Identifying the traumatized child at intake...**

**>OPPOSITIONAL DEFIANT DISORDER:**

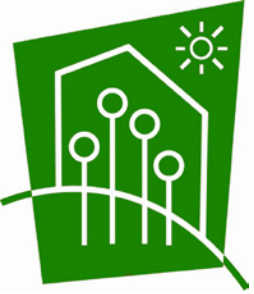
Is this a child problem, parent problem, or parent-child problem?

Child: ADHD/overactive, learning disability, autism spectrum,

Parent: Inconsistent parenting, overcontrolling (intrusive/demanding),  
undercontrolling (permissive), overly negative, relative absence of  
warmth/nurturing

Parent-Child: A combination of the two above.

***These are the parent-child dyads for whom PCIT was developed***



# PCIT and Child Trauma

## Identifying the traumatized child at intake...

### >Both ODD and Traumatized Child

### Features of ODD and Child Trauma, often associated with...

Maternal depression

Substance abuse (e.g., methamphetamines; alcohol)

Limited parent intellectual ability

Domestic violence

Unstable living situation/homelessness

CPS involvement/Physical abuse/neglect of the child



# PCIT and Child Trauma

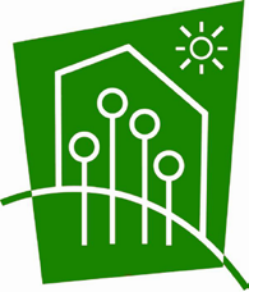
**Identifying the traumatized child at intake...**

**>Oppositional Defiant Disorder:**

**>Traumatized Child**

**>Both ODD and Traumatized Child**

***Which of these groups are the clients you see in your clinic?***



# PCIT and Child Trauma

***Yes! You got it right!***

*Most of the clients we see in community mental health clinics are a combination of ODD and child trauma.*

***Why?***

*The families with traumatic events often have parents with poor and inconsistent parenting skills*



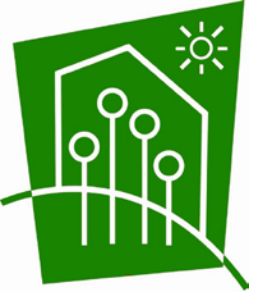


# PCIT and Child Trauma

***This is why I said, a year ago, that PCIT is beneficial for traumatized children...***

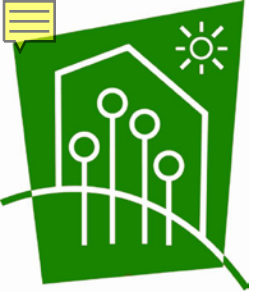
***A quick 6 slide review***



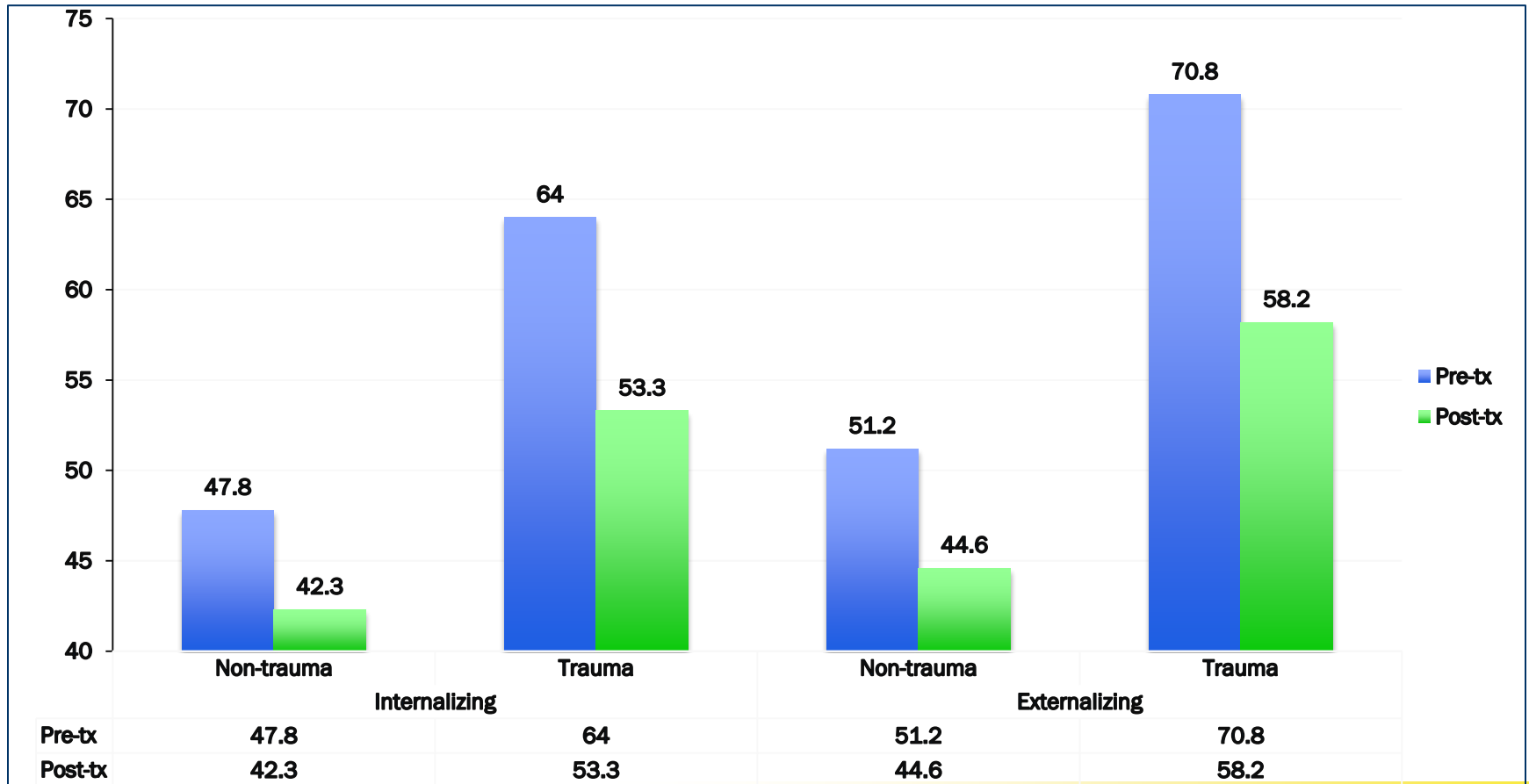


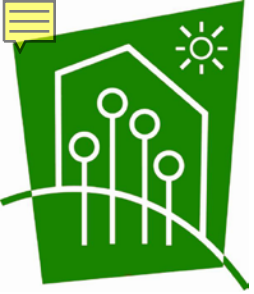
# A Brief History: PCIT and Child Trauma

- **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 SD)**
- **61% boys/39% girls**
- **Caregivers**
  - **62% Biological parents, 38% foster caregivers**
  - **89.5% female**
  - **Aged 18 – 65 yrs (Mean= 36.1 (10.7 SD))**
- **Ethnically diverse (approximately 50% non-white)**

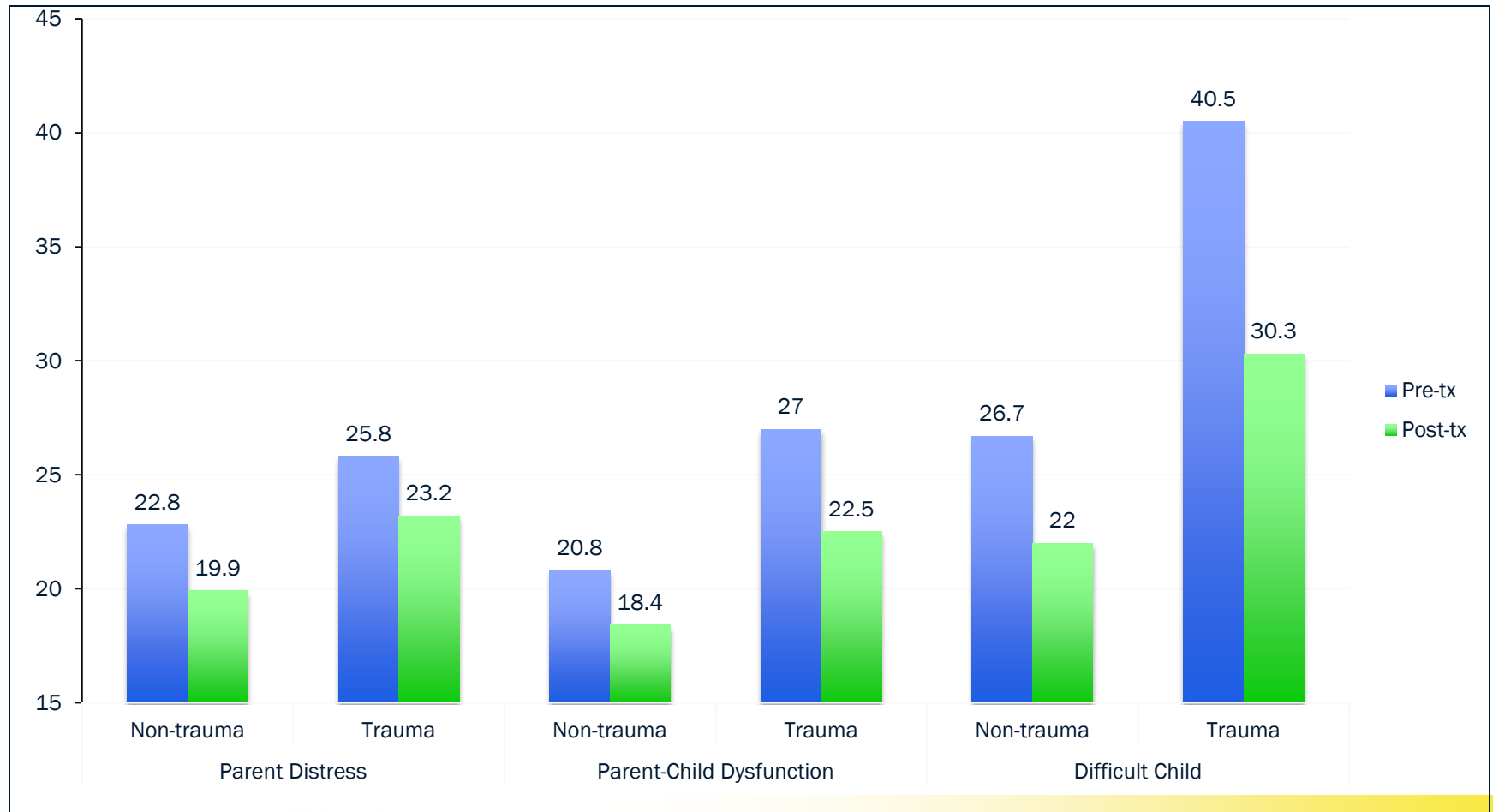


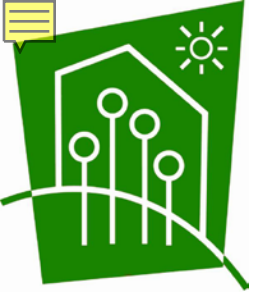
# Treatment Effects: Pre- & Post-PCIT Means on CBCL Scales by Trauma Group



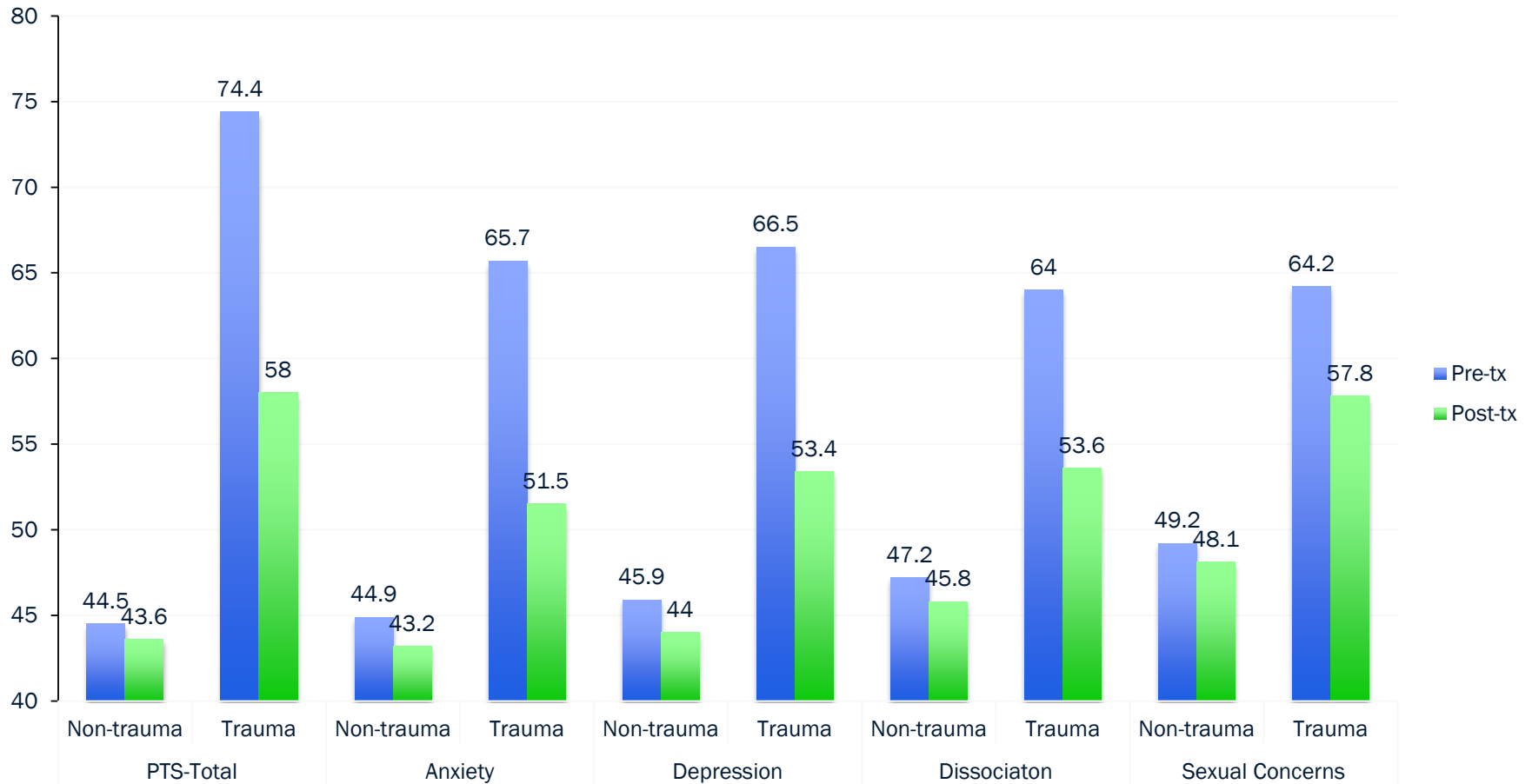


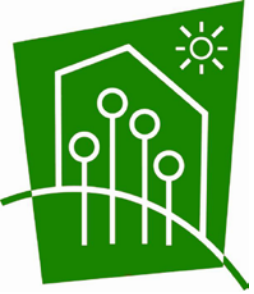
# Treatment Effects: Pre- & Post-PCIT Means on PSI Scales by Trauma Group





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





# ‘PCIT for Traumatized Children’

**Trauma**

**Symptoms**

**Nightmares**

**Anxiety**

**Behavioral**

**Disturbance**

**non-compliance**

**aggression**

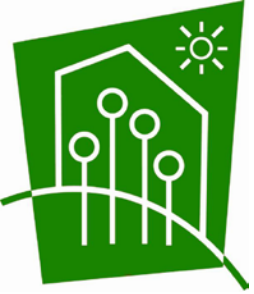
**Affective**

**Dysregulation**

**temper tantrums**

**crying/whining**

- A. Improved child relationship security/stability**
  - 1) Decreased neg. interactions/increased pos. interactions**
- B. Increased positive affiliative behaviors (warmth)**
- 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**



# 'PCIT for Traumatized Children'

Trauma

Symptoms

Nightmares

Anxiety

Behavioral

Disturbance

non-compliance

aggression

Affective

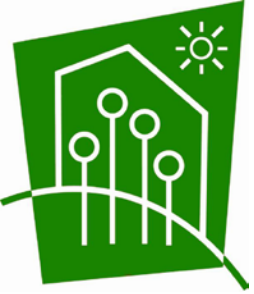
Dysregulation

temper tantrums

crying/whining

- A. Improved parenting skills**
- B. Increased consistency in parenting skills**
- C. Increased parental responsiveness to appropriate child behavior**
- D. Changes in parent perception of child (i.e., more positive attributes of child's behavior)**
- E. Discipline strategy for non-compliance/defiance**

**Management of disruptive behavior *may be* treating trauma symptoms**



# ‘PCIT for Traumatized Children’

Trauma

Symptoms

Nightmares

Anxiety

Behavioral

Disturbance

non-compliance

aggression

Affective

Dysregulation

temper tantrums

crying/whining

- A. Decreased child behavioral problems**
- B. Acquisition of child coping skills (affective expression, breathing, relaxation)**
- C. Parental reinforcement for appropriate expression of distress**



## What does this all mean?

- **What is trauma in young children?**
- **Are trauma symptoms directly addressed in PCIT?**
- **Is PCIT a trauma treatment?**
- **Can children have both disruptive behavior and trauma symptoms?**
- **Is it necessary to address trauma content directly?**
- **If yes, which do we treat first?**
  - trauma symptoms?
  - disruptive behavior?

*\*Make yourself a note to email me*

*About the 'Decision Tree'*

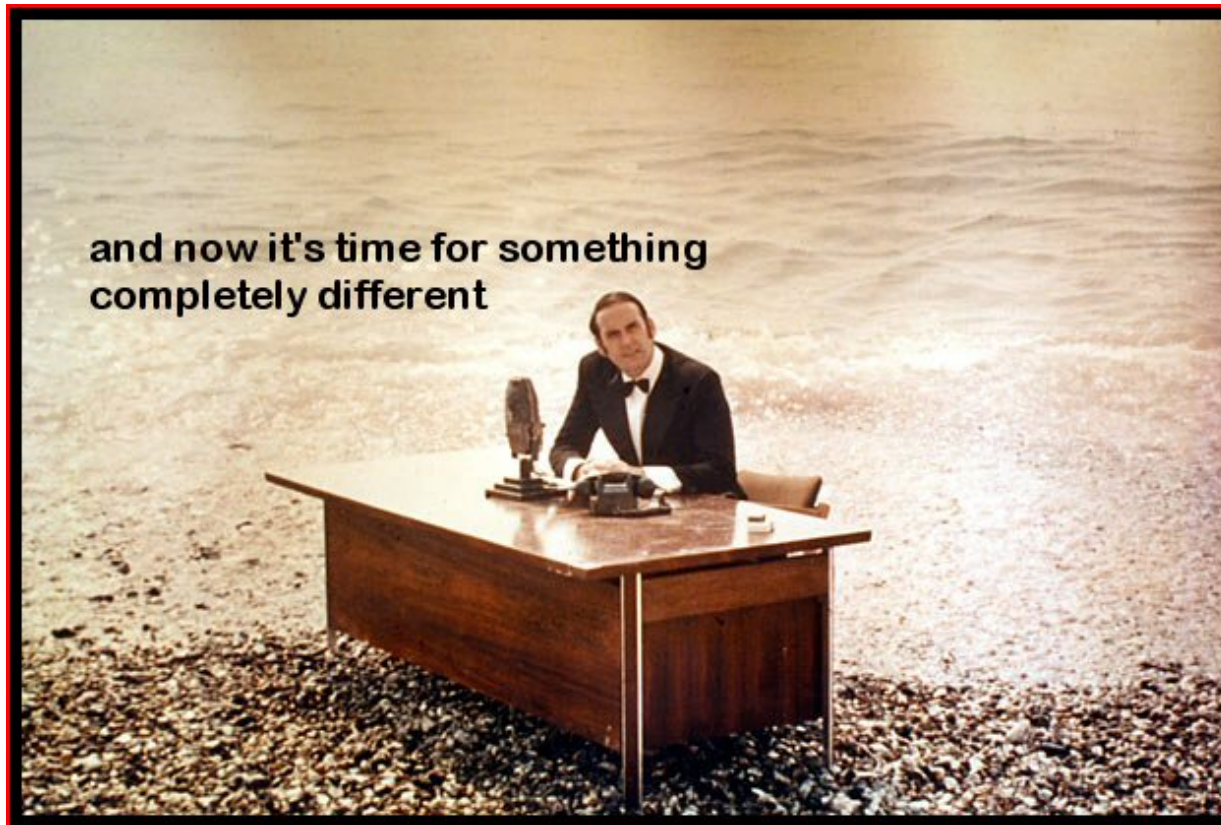






# PCIT and Child Trauma

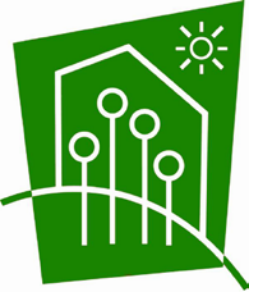
*And now for something (almost) completely different...*





# PCIT and Child Trauma

**What is really cool about PCIT?**



# PCIT and Child Trauma

## What is really cool about PCIT?

- > **Emphasis on positive affect**
- > **Structure and general ‘clear and precise’ protocol**
- > **‘In Vivo’ coaching**



# PCIT and Child Trauma

## PRACTICE

**P**sychoeducation and parenting skills

**R**elaxation skills

**A**ffect expression and regulation skills

**C**ognitive coping skills and processing

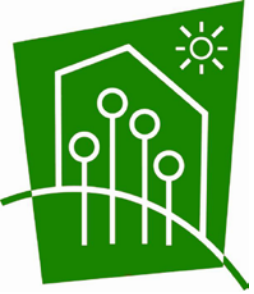
**T**rauma narrative

**I**n vivo exposure (when needed)

**C**onjoint parent-child sessions

**E**nhancing safety and future development

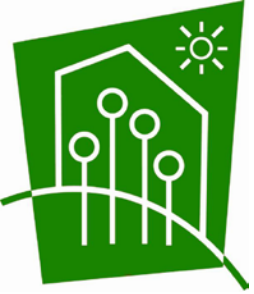
Big Kids	Little Kids
✓	✓
✓	✓
✓	✓
✓	✓
✓	
✓	
✓	✓
✓	✓



# PCIT and Child Trauma

*Psychoeducation: 'When Dad and I Argue'*

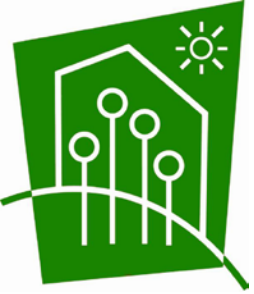
Video #3



# PCIT and Child Trauma

## *Relaxation Skills: Deep Breathing*

### *Video #4*



# PCIT and Child Trauma

Remember,

***The key to healthy families, recovering from trauma, and managing disruptive child behavior lies in...***

**Warmth**

**Sensitivity**

**Attention and Responsivity to child cues**

**Consistency**

**Can we do more – *Absolutely* – but PCIT is a lot!**



# ‘PCIT for Traumatized Children’

[www.pcittraining.tv](http://www.pcittraining.tv)

## PCIT for Traumatized Children Web Course

- Foundational PCIT training
- Flexible study options
- A gateway to PCIT certification







**Thank you!**

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**PCIT Training Center**

**[www.pcittraining.tv](http://www.pcittraining.tv)**





# PCIT and Child Trauma

## ***DEVELOPMENTAL TRAUMA DISORDER***

*>Exposure to a traumatic event*

*>Triggered pattern of dysregulation in response to cues:*

*Affective*

*Somatic*

*Behavioral*

*Cognitive*

*Relational*

*Self-Attribution*

*Persistently Altered Attributions/Expectancies:*

*Negative Self-Attribution*

*Distrust Protective Caregiver*

*Loss of Expectancy of Protection by Others*

*Loss of trust in Social Agencies to Protect*

*Lack of Recourse to Social Justice/Retribution*

*Inevitability of Revictimization*

*Van der Kolk*