

PCIT: Improving the Lives of Traumatized Children through Enhancing Parenting

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Needs of Children?

Needs of Traumatized Children?



Parenting.

**Critical for Development.
Important for all Child Outcomes.**

Parenting



The New York Times

Tuesday, October 12, 2010 Last Update: 8:42 PM ET

The Secret to Your Crazy, Adorable Toddler

Changed? Are helicopter parents making it harder for students to transition to college life?



- Brooks: The Paralysis of the State | Comments (388)
- Herbert: 'So Utterly Inhumane'
- Cohen: Iran, Paper Tiger
- Editorial: The Latest Crisis

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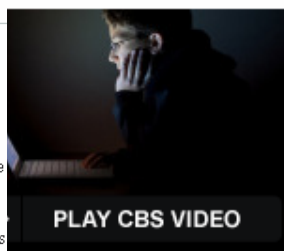
Good Parents, Bad Results

8 ways science shows that Mom and Dad go wrong when disciplining their kids

By Nancy Shute

Posted June 12, 2008

Does your 3-year-old throw a five-alarm tantrum every time you drop him off at day care? Does "you're so smart!" fail to inspire your 8-year-old to turn off *Grand Theft Auto IV* and tackle his math homework? Do the clothes remain glued to your teenager's bedroom floor, along with your antisocial teenager, no matter how much you nag or cajole? Being a parent has never been easy—just ask your own. But in this day of two-earner couples and single parents, when 9-year-olds have cellphones, 12-year-olds are binge drinking and having oral sex, and there is evidence that teens are more fearful and depressed than ever, the challenges of rearing competent and loving human beings are more daunting than ever. Can a parent seek help from Supernanny. Actually, there is something better:



PLAY CBS VIDEO

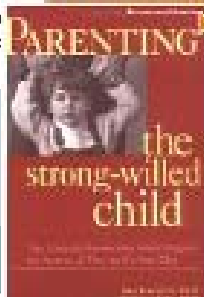
October 7, 2010 | 4:14 AM PDT

Cyberbullying: How to Protect Your Kids

What can parents do to make sure that their kids are safe when they log on? Family psychologist Jeff Gardere and CNET's Caroline McCarthy talk with Molly Wood about cyberbullying.

Eye on Parenting Webshow

Watch video



Contemporary Research on Parenting

The Case for Nature and Nurture



Parenting.
Important across the lifespan.

Goals for Today



- **How prevalent is trauma exposure for young children?**
- **How are young children impacted?**
- **What are treatment options?**
- **What role do parenting/family factors play?**
- **What is the role of PCIT, in the treatment of child trauma?**

Prevalence of Trauma Exposure



Ages 2-5^{1,2}

- **52.5% had experienced a severe stressor**
- **Rates similar to those of older children**
- **46% had a violent assault in the past year**
- **.9% sexual victimization**
- **13.8 witness violence**

Ages 6-9²

- **55.6% had a violent assault in the past year**
- **2.0 sexual victimization**
- **13.7 witness violence**

¹Egger & Angold, 2004

²Finkelhor, Turner, Ormrod, & Hamby, 2009

Exposure for Young Children: Keeping Up

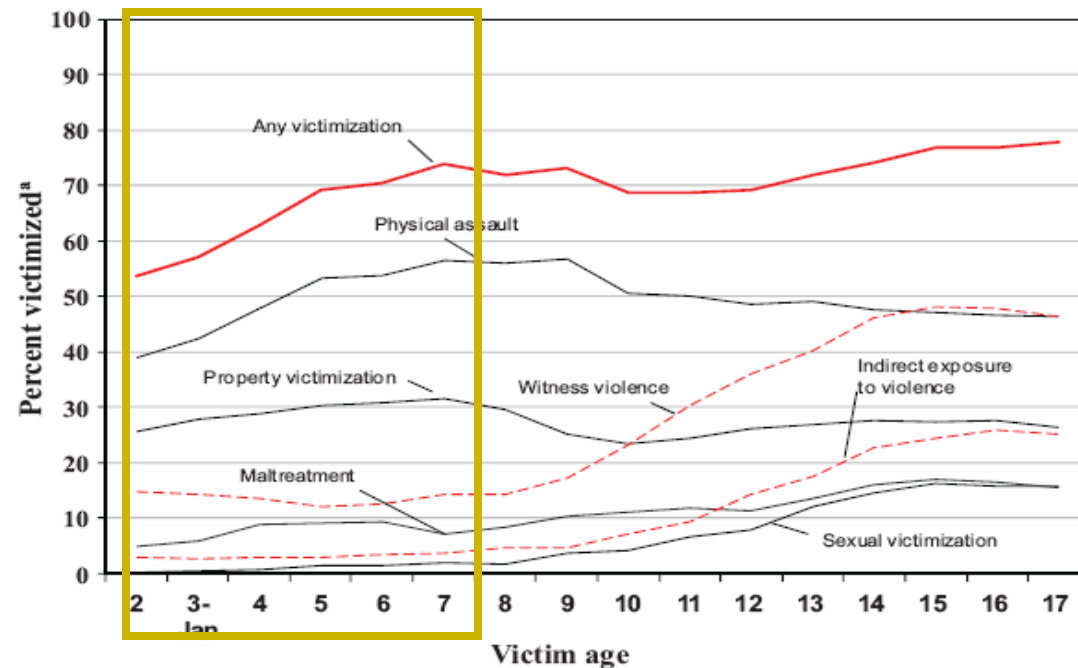


FIGURE 1
PY victimization according to type and victim age. ^a Shown as 3-year age-group running average.

From Finkelhor, Turner, Ormrod, & Hamby, 2009

The Importance of Screening for Trauma Exposure



- **High rates of exposure**
- **Even if not conducting a trauma-focused treatment, critical to know about exposure**
- **What about parents?**
 - When possible, screen for parent/caregiver trauma exposure
 - Exposure for adults, too, is high



How does trauma exposure impact young children?





Posttraumatic Stress Disorder



Posttraumatic Stress Disorder (PTSD)



- **Exposure to a traumatic event**
- **Re-experiencing (1 or more)**
 - Distressing dreams, memories, thoughts, physiological reactivity, intense psychological distress
- **Avoidance (3 of more)**
 - Places, people, activities
 - Trauma-related thoughts & feelings
- **Increased arousal (2 or more)**
 - Difficulty sleeping, irritability, trouble concentrating, hypervigilance, exaggerated startle
- **Symptom duration for more than 1 month**
- **Causes clinically significant distress or impairment**

PTSD & Young Children



- Young children can, and do, develop PTSD following trauma exposure
- “Classic triad” is apparent
- Harder to “see” in preverbal children
- Greater focus on behavioral observations (more nightmares, traumatic play)
- DC 0-3: Includes items more developmentally sensitive to the age group (e.g., new separation anxiety, new fears unrelated to trauma, loss of previously acquired skills)

Scheeringa, Peebles, Cook, & Zeanah, 2001; Scheeringa & Zeanah, 1995; Scheeringa, Zeanah, Drell, & Larrieu, 1995

How Common is PTSD?



- **Findings from adult literature¹**
 - 20% of exposed women
 - 8% of exposed men
- **Similar rates for older children and adolescents**
- **Higher rates among high-risk populations**
 - Around 20% of veterans²
 - Around 20% of youth in foster care³
- **Young age could increase or decrease prevalence...**
 - We don't have studies specifically on PTSD with young children

¹National Comorbidity Study: Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995; ²Kulka, Fairbank, & Schlenger, 1990; ³Kolko et al., 2010



How commonly do you see PTSD symptoms in the young children in your setting?

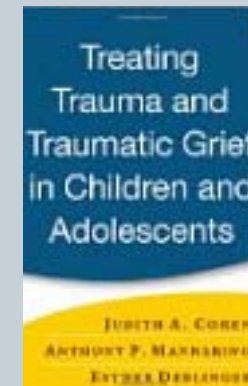
Re-experiencing
Increased Arousal
Avoidance

Treatment for PTSD in Young Children



- **Trauma-Focused Cognitive Behavioral Therapy**

- Cohen, Mannarino, & Deblinger
- Cognitive Behavioral
- Children 3-17
- 9 randomized trials
- 12-20 sessions
- Improved PTSD, depression, shame
- TF-CBT web: <http://tfcbt.musc.edu/>



- Includes 9 components, one of the first is PARENTING
- Parents, or caregivers, are included in every session



Does Trauma Exposure Only Result in PTSD symptoms?



Possible Traumatic Stress Reactions 0-6



Children aged 0-2
exposed to traumatic stress may:

- Act withdrawn
- Demand attention through both positive and negative behaviors
- Demonstrate poor verbal skills
- Display excessive temper tantrums
- Exhibit aggressive behaviors
- Exhibit memory problems
- Exhibit regressive behaviors
- Experience nightmares or sleep difficulties
- Fear adults who remind them of the traumatic event
- Have a poor appetite, low weight and/or digestive problems
- Have poor sleep habits
- Scream or cry excessively
- Show irritability, sadness and anxiety
- Startle easily

Children aged 3-6
exposed to traumatic stress may:

- Act out in social situations
- Act withdrawn
- Demand attention through both positive and negative behaviors
- Display excessive temper
- Be anxious and fearful and avoidant
- Be unable to trust others or make friends
- Be verbally abusive
- Believe they are to blame for the traumatic experience
- Develop learning disabilities
- Exhibit aggressive behaviors
- Experience nightmares or sleep difficulties
- Experience stomachaches and headaches
- Fear adults who remind them of the traumatic event
- Fear being separated from parent/caregiver
- Have difficulties focusing or learning in school
- Have poor sleep habits
- Imitate the abusive/traumatic event
- Lack self-confidence
- Show irritability, sadness and anxiety
- Show poor skill development
- Startle easily
- Wet the bed or self after being toilet trained or exhibit other regressive behaviors

Given the range of possible reactions....



- **Need a range of treatment approaches**
- **Ability to focus on primary, and most impairing, symptoms or difficulties**
 - Our goal—get children back to developmental tasks at hand
- **Sometimes primary impairment is PTSD, sometimes behavioral or affective dysregulation, sometimes parenting**

Given the range of possible reactions....



- **Sometimes a sequencing approach is needed**
- **Primary behavioral problems? Parenting deficits?**
 - Option: PCIT, re-assess
 - TF-CBT if needed
- **Primary PTSD symptoms? Extreme avoidance?**
Parent is relatively skilled? Few behavior problems?
 - Option TF-CBT only



Was PCIT designed to treat trauma?

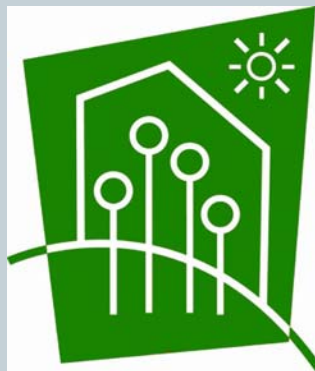
Parent-Child Interaction Therapy



- Evidence-based parent training program
- Designed for treating conduct/behavior problems in young children
- Teaches parents skills to improve their relationship with their children (Child Directed Interaction)
- Teaches positive parenting and appropriate and safe discipline skills (Parent Directed Interaction)



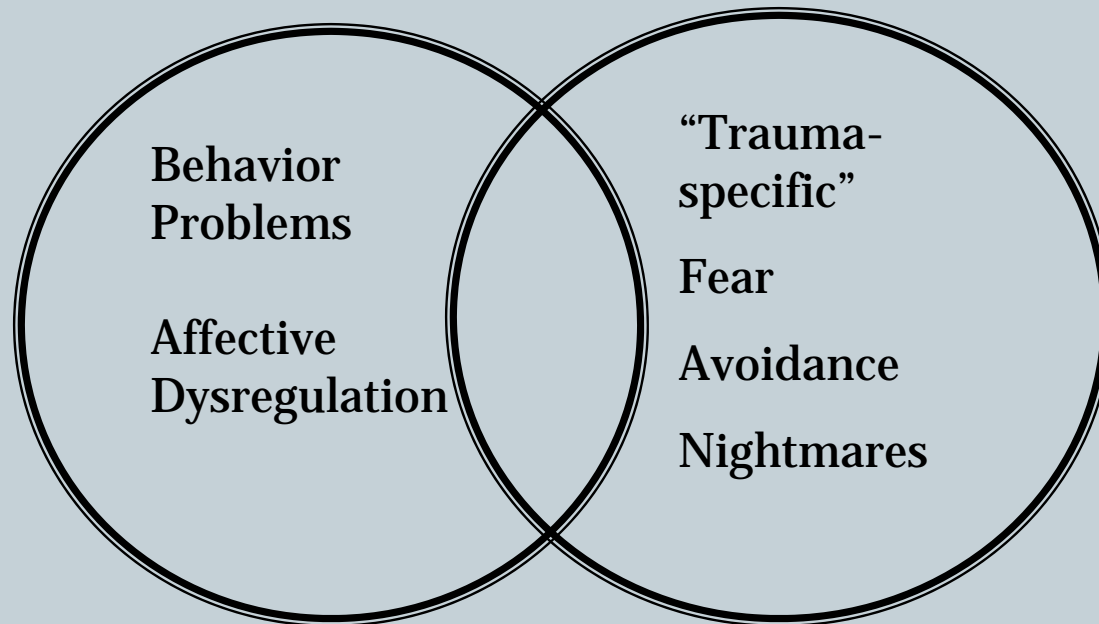
Range of Symptoms: Did you see any areas in which PCIT could play an effective role?



Typically, Overlapping Conditions



- **Particularly in community mental health settings**
 - Even more so for children in foster care



Which of these do we address directly/might be impacted by Child Directed Interaction?



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Which of these do we address directly/might be impacted by Parent-Directed Interaction?



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PCIT and Young Children Exposed to Trauma



- Absolutely indicated if children ages 2-7 have behavioral problems, related to, or concurrent with, trauma exposure
- What about children without behavioral problems?
 - How could PCIT be helpful?
- What aspects of traditional “trauma treatment” is PCIT missing?



PCIT: Improving Parenting, the Parent-Child Relationship, and Family Functioning

In many ways, a “cure” for almost anything

Family Factors



- A number of family factors are related to worse outcomes for children after exposure to trauma
- Family conflict
- Family chaos
- Parental MH problems (anxiety, PTSD)
- Parental rejection of the child
- Parents inducing guilt and anxiety in the child
- Low parental support
- Parental withdrawal/irritability with family

Review in Sheeringa & Zeanah, 2001

Family Factors



- A number of family factors are related to better outcomes, for children after exposure to trauma
- Parental Functioning
- Positive Parenting
 - Praise, Limits,
- Parents' Response to the Traumatic Event
- Parental Support
 - General, and Trauma-related

Parents



“Young children depend exclusively on parents/caregivers for survival and protection—both physical and emotional.

When trauma also impacts the parent/caregiver, the relationship between that person and the child may be strongly affected. Without the support of a trusted parent/caregiver to help them regulate their strong emotions, children may experience overwhelming stress, with little ability to effectively communicate what they feel or need.

They often develop symptoms that parents/caregivers don't understand and may display uncharacteristic behaviors that adults may not know how to appropriately respond to.”

www.nctsn.org



Parental Involvement, Regardless of Treatment Modality, is Critical



Take Homes



- **Screen for trauma: Rates of exposure are high**
 - For youth exposed to trauma, assess for trauma symptoms
 - The impact of trauma can be broad reaching—PTSD symptoms behavioral, affective
- **When treating young children impacted by trauma, always actively include parents**
 - Regardless of particular treatment modality

Take Homes



- When behavioral concerns are primary, and/or when parenting concerns are primary, PCIT is indicated
- Consider sequencing of evidence-based interventions
 - TF-CBT, PCIT
- PCIT is an incredibly effective method for improving parenting and the parent-child relationship
- PCIT is a viable option for improving outcomes for young children impacted by trauma

Next Up



- **Child Trauma and the Effectiveness of PCIT**
- **Deciding on Treatment Modality in the Context of Child Trauma**
- **PCIT WebCourse: PCIT for traumatized children**





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Thank you for all that you do.

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