

# **Child Trauma and the Effectiveness of PCIT**

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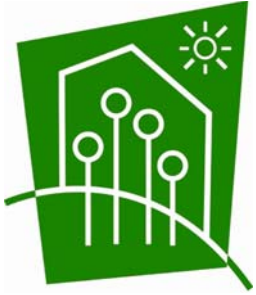
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# Presentation Overview

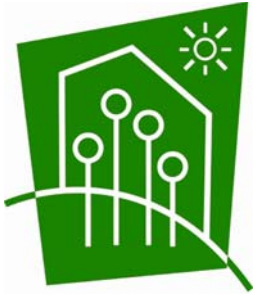
1. **Tell you a brief story about PCIT and trauma treatment**
2. **Describe the symptom presentation of young children exposed to traumatic events.**
3. **Present current data on the application of PCIT to young traumatized children.**
4. **Describe possible ideas related to why PCIT may contribute to the treatment of traumatized children.**
5. **‘PCIT for Traumatized Children’ (later today)**



## UC Davis CAARE Center: A Simple Story

- **CAARE Center = Child abuse treatment program**
- **Treat approximately 500 children/families per week (~100 in PCIT)**
- **Multiple EBPs (e.g., PCIT, TF-CBT, DBT)**
- **All clients get an intake interview, then a battery of standardized assessments – specific to the type of program**
  
- **Several years ago we had a problem with assessment packets...**
- **Decided to make all the intake assessment packets the same**
  - **Began giving trauma measures to PCIT/ODD children**

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***Sometimes the best ideas come from good luck!***



## **‘PCIT and Traumatized Children’**

**Our clients experience traumatic events and come from families with a range of adverse life experiences...**

**Child Physical Abuse**

**Child Sexual Abuse**

**Parent Substance Abuse**

**Child Neglect**

**Domestic Violence**

**Parent Mental Health**

**These adverse life characteristics often lead to child trauma and disruptive behavior problems**



**When you have an abused and traumatized child, from a chaotic family that has an CBCL Externalizing T score; this may be a ‘PCIT for Traumatized Children’ case...**



## Purpose of Current Study

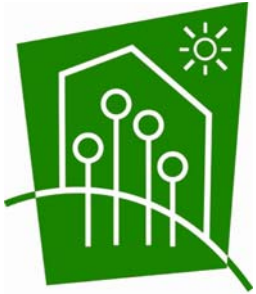
**While warmth in the parent-child relationship has been established as mitigating the effects of trauma, it may be that the added benefit of learning a system to handle disruptive behavior problems also helps reduce child trauma symptoms.**

**What are we trying to do...**

### **Exploratory study**

**Comparing the magnitude of change in target (e.g. disruptive behaviors) and non-target (e.g., internalizing) trauma symptoms from pre- to post-PCIT in children entering with normal-range vs. clinical range of trauma symptoms - controlling caregivers' pre-treatment emotional availability.**





## How trauma groups are defined?

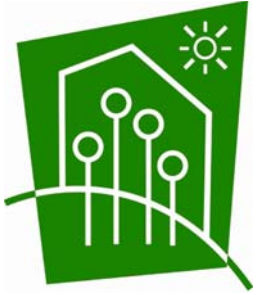
### Traumatized children:

Per caregiver report, elevated on either the:

- > **CBCL Trauma scale** (Dehon & Scheeringa, 2006)
- > **Trauma Symptom Checklist for Young Children** (Briere et al, 2001) (PTS-Total scale)

### Non-traumatized children:

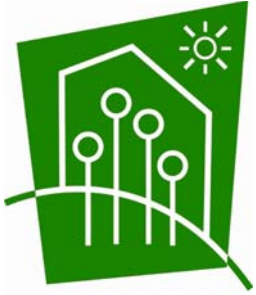
In the normal range on the **CBCL Trauma scale** and **TSCYC** (PTS-Total scale)



## Descriptive Differences

- **Similar proportions of boys/girls, ethnic composition, types of caregivers, risk history**
- **Sample 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**





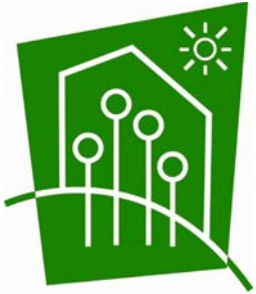
## Description of Emotional Availability

- **Emotional Availability Scales (EAS; Biringen, 2000)**  
Observational measure of the quality of the parent-child relationship. Parent EA based on judgments of sensitivity, hostility, intrusiveness, and structuring in a 15 min observational assessment. Reliability was above  $r = .90$  for all scales. Scores were ratios of total/ total possible points (24).
- **No differences between groups pre-treatment:**
  - Non-traumatized: .74 (.10)    Traumatized: .74 (.10)



## Description of Outcome Measures

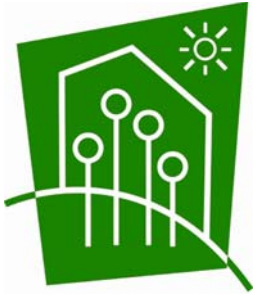
- **Child Behavior Checklist (CBCL)**  
**School age form and Pre-school form**  
(Achenbach, 1994, 2001; Achenbach & Rescorla, 2000)
- **Parenting Stress Index – Short Form (PSI)**  
(Abidin, 1995)
- **Trauma Symptom Checklist for Young Children (TSCYC)**  
(Briere et al., 2001)



## Description of Risk by Trauma Group

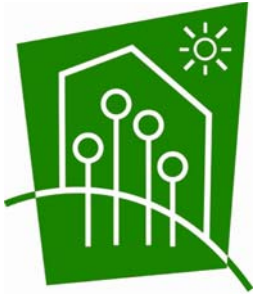
<u>Suspected or documented:</u>	<u>Non-Traumatized</u>	<u>Traumatized</u>
Physical abuse history	41.7%	46.9%
Neglect history	77.4%	75.5%
Sexual abuse history	12.0%	20.4%
Domestic violence	62.8%	69.6%
Prenatal exposure to drugs	68.8%	66.7%
<b>Cumulative risk</b>	<b>5.05(1.9)</b>	<b>4.90(2.0)</b>
<b>Sum of 11 different adverse case characteristics:</b> (e.g., Physical Abuse, Neglect, DV, Mo or Fa Criminal Hx, Mo Mental Health Hx)		

**See? They are both high risk.**

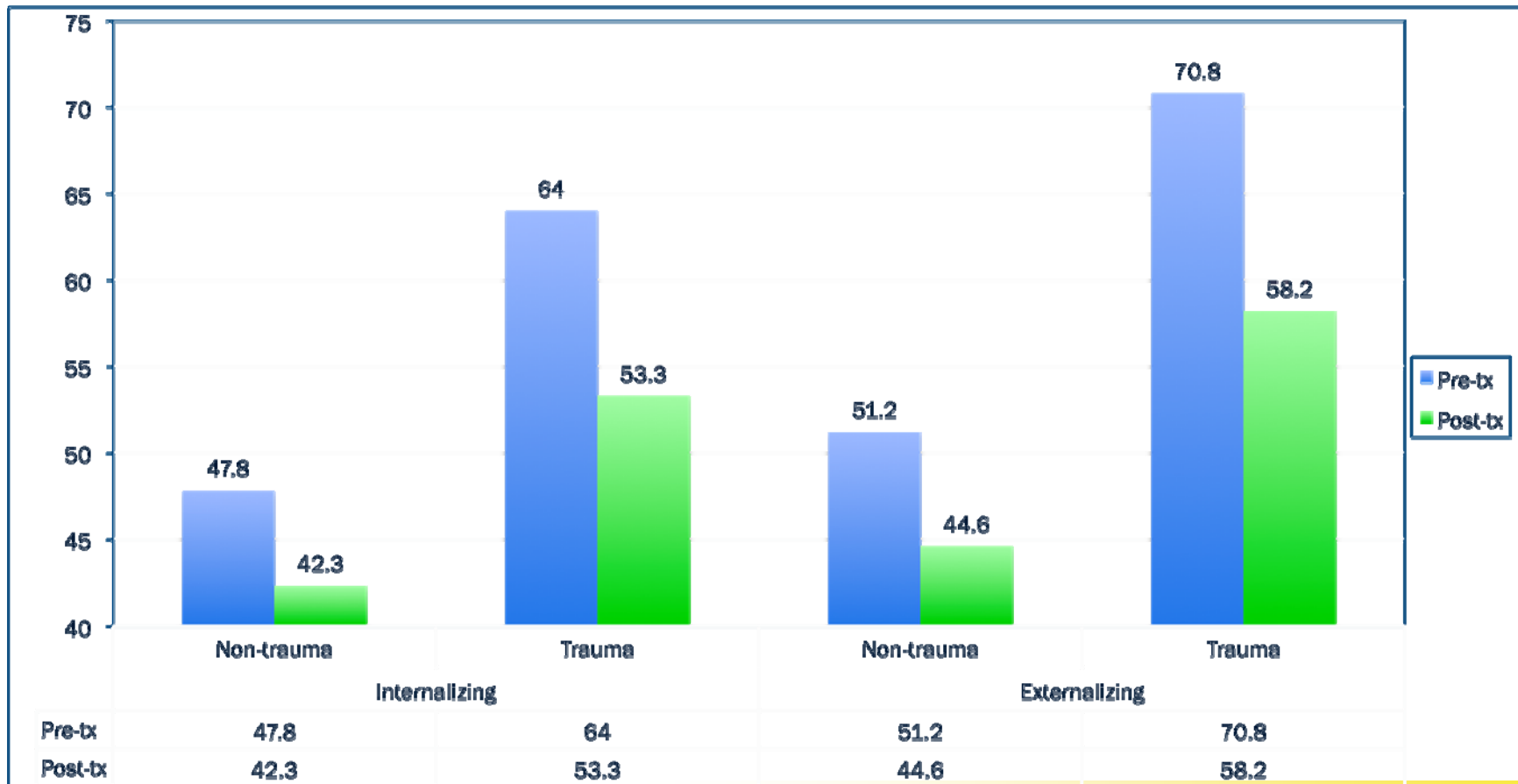


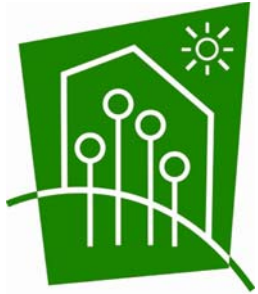
## **Analyses of Pre- to Post-Treatment Change**

- **Repeated measures multivariate analysis of covariance of caregivers who completed PCIT.**
- **If post-treatment assessment was missing, carried forward last assessment (i.e., mid-assessment). Covaried whether assessment was missing at post.**
- **Covaried age of child, age of caregiver, caregiver's single marital status.**
- **Covaried caregiver's observed emotional availability at pre-treatment.**

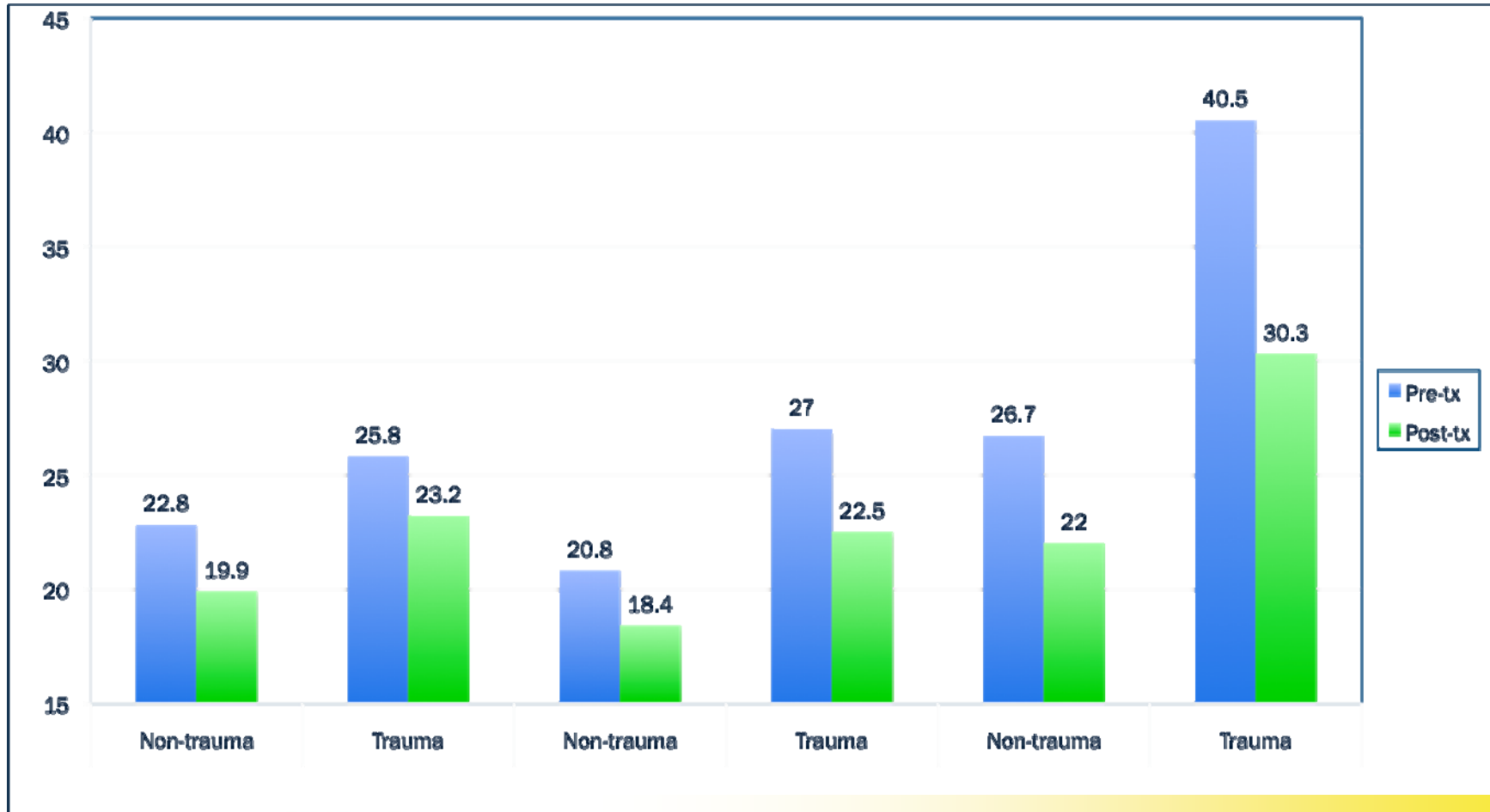


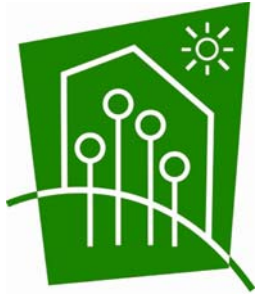
# Treatment Effects: Pre- & Post-PCIT Means on CBCL Scales by Trauma Group



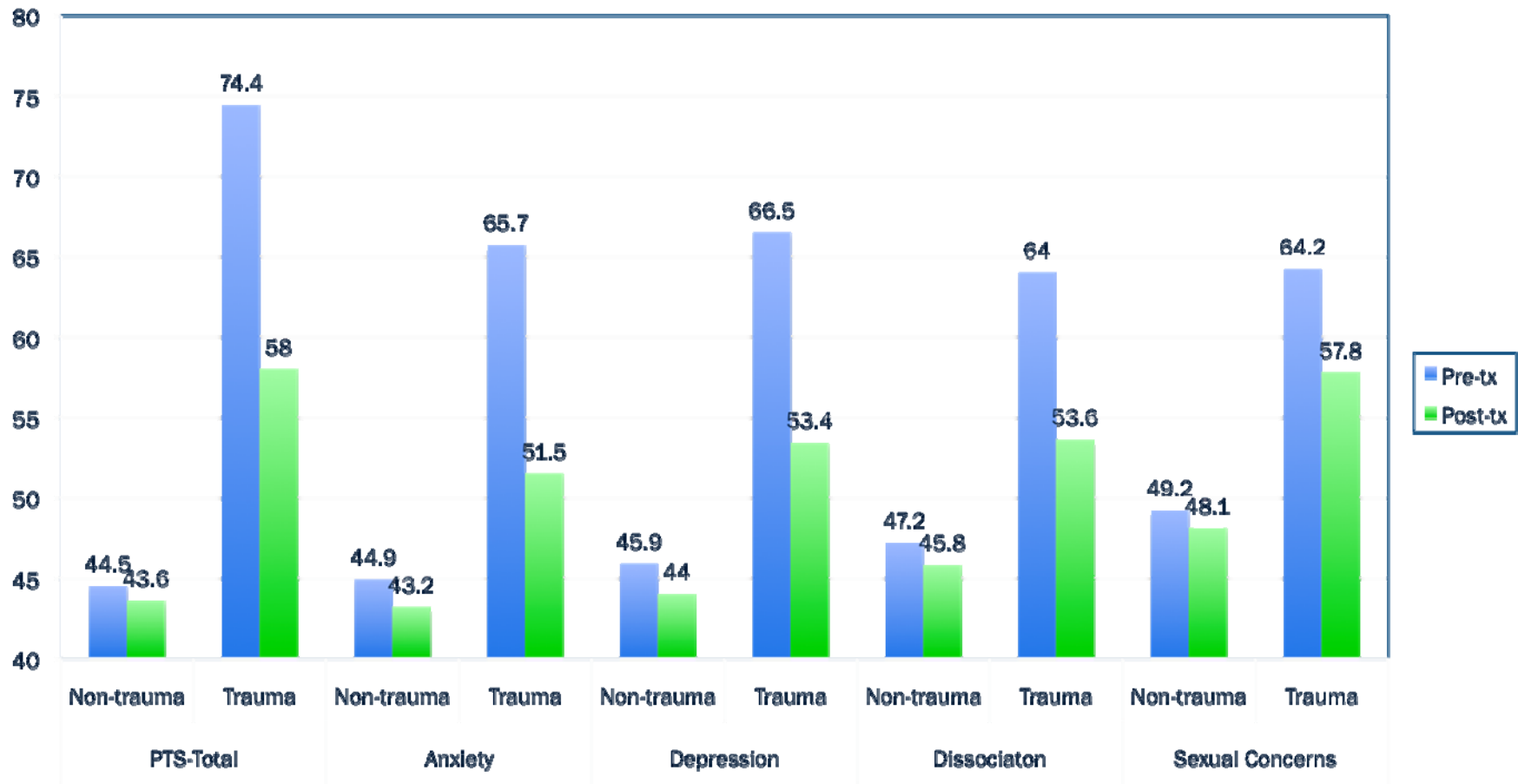


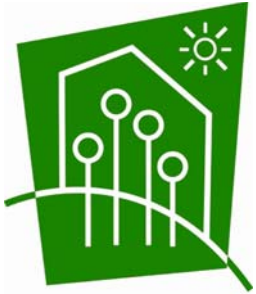
# Treatment Effects: Pre- & Post-PCIT Means on PSI Scales by Trauma Group





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



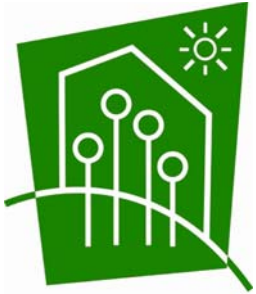


## What does this all mean?

- **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?
  - both?







## ‘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**



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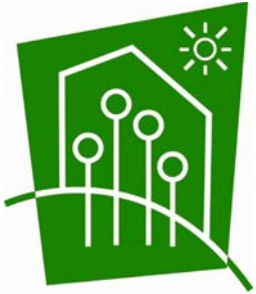
crying/whining

- 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**

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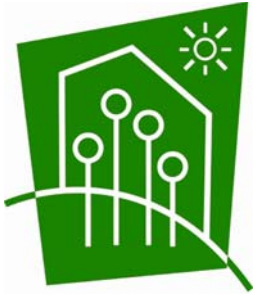
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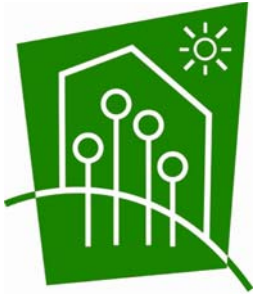
- A. Decreased child behavioral problems**
- B. Acquisition of child coping skills (affective expression, breathing, relaxation)**
- C. Parental reinforcement for appropriate expression of distress**



## Is PCIT a Trauma Treatment?

- If you view trauma symptoms as including disruptive behavior, then 'YES'
- If you view resilience to be a product of a positive, consistent, and warm relationship with a parent, then 'YES'
- If you perceive trauma treatment to include overcoming barriers to child recruitment, then 'YES'
- If you view trauma treatment as directly attending to trauma symptoms, then 'NO'

***Positive attunement is the foundation for growth... and healing.***



**Thank you!**

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