

Child Trauma and the Effectiveness of PCIT

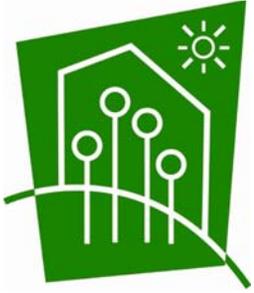
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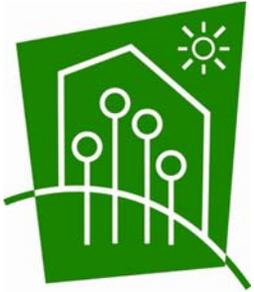
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The National Child
Traumatic Stress Network



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)**

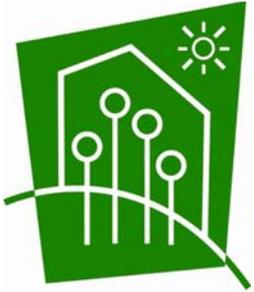


UC Davis CAARE Center: A Simple Story

- **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**

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

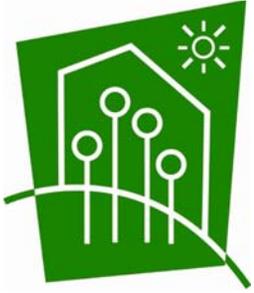
Domestic Violence

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...



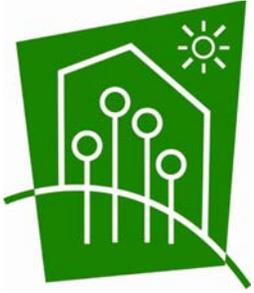
Purpose of Current Study

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:

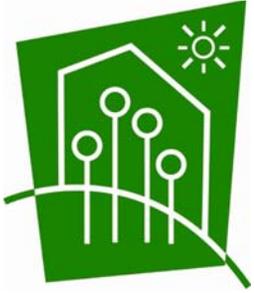
Per caregiver report, elevated on either the:

> **CBCL Trauma scale** (Dehon & Scheeringa, 2006)

> **Trauma Symptom Checklist for Young Children** (Briere et al, 2001) (PTS-Total scale)

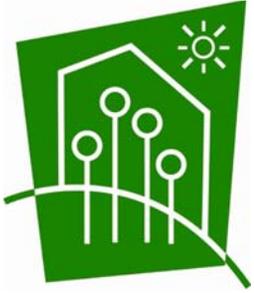
Non-traumatized children:

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



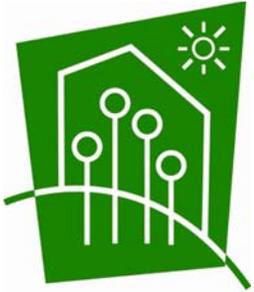
Descriptive Differences

- **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**



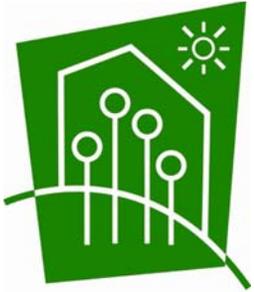
Description of Emotional Availability

- **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

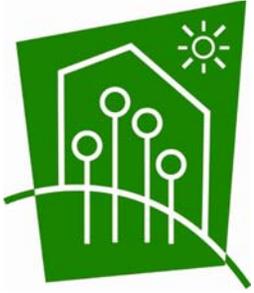
- **Child Behavior Checklist (CBCL)**
School age form and Pre-school form
(Achenbach, 1994, 2001; Achenbach & Rescorla, 2000)
- **Parenting Stress Index – Short Form (PSI)**
(Abidin, 1995)
- **Trauma Symptom Checklist for Young Children (TSCYC)**
(Briere et al., 2001)



Description of Risk by Trauma Group

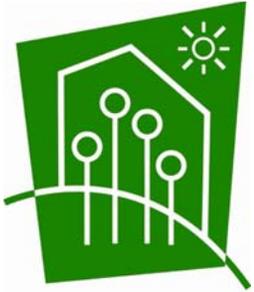
<u>Suspected or documented:</u>	<u>Non-Traumatized</u>	<u>Traumatized</u>
Physical abuse history	41.7%	46.9%
Neglect history	77.4%	75.5%
Sexual abuse history	12.0%	20.4%
Domestic violence	62.8%	69.6%
Prenatal exposure to drugs	68.8%	66.7%
Cumulative risk	5.05(1.9)	4.90(2.0)
Sum of 11 different adverse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

See? They are both high risk.

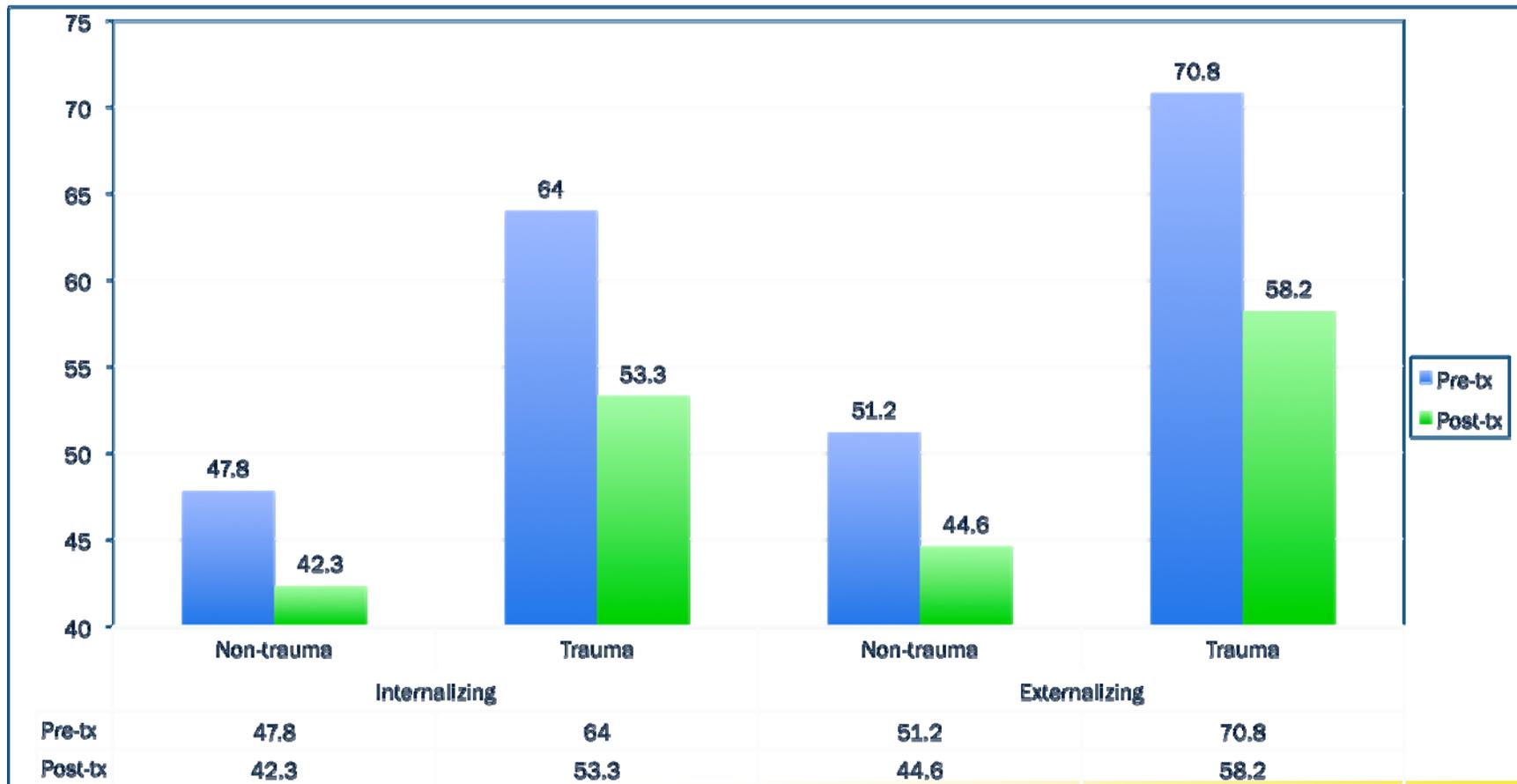


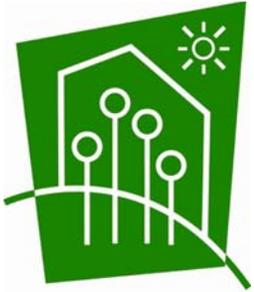
Analyses of Pre- to Post-Treatment Change

- **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.**

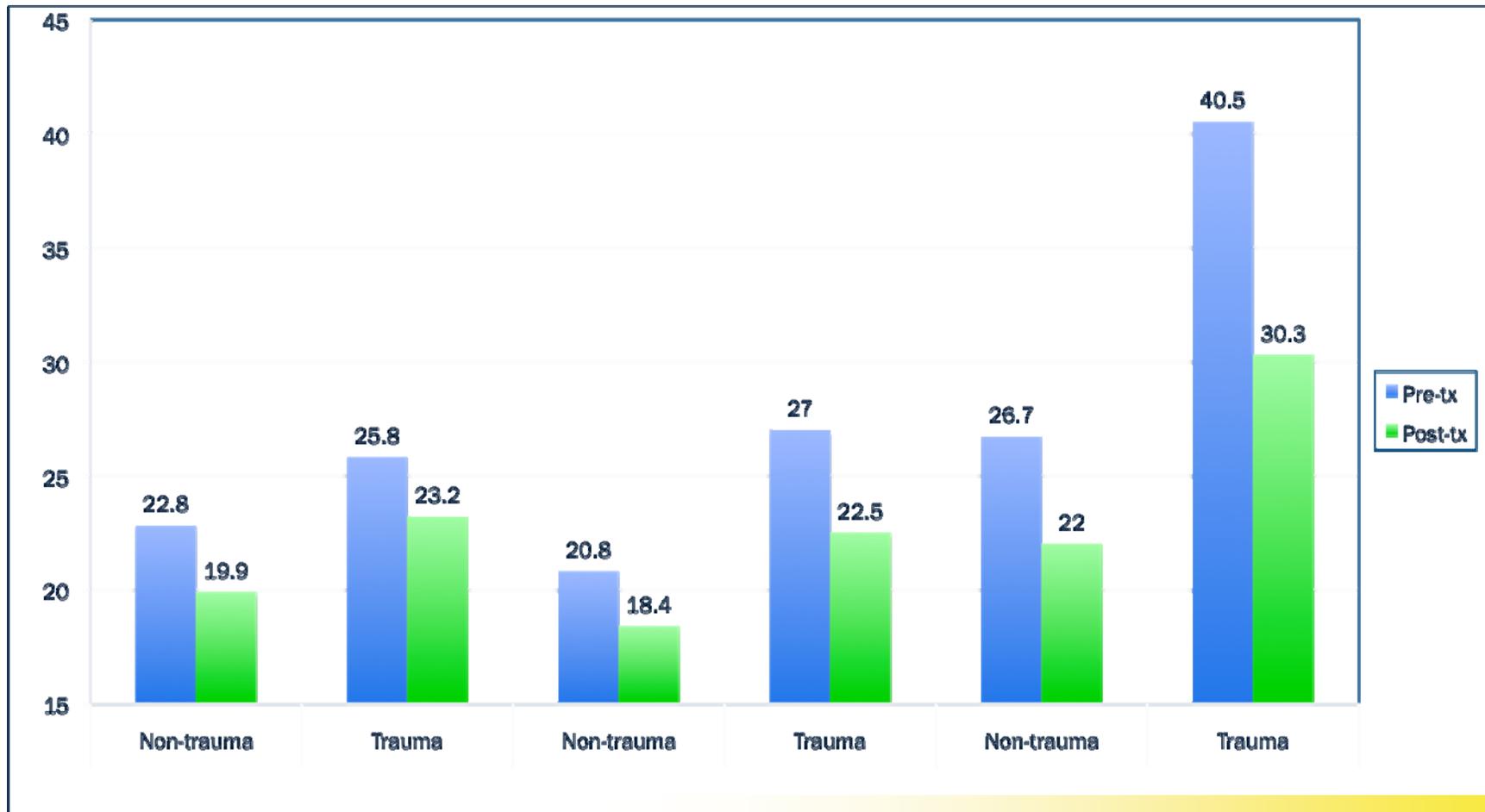


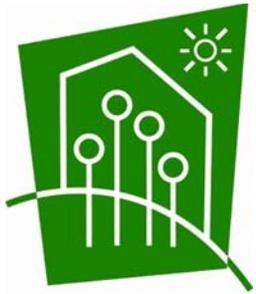
Treatment Effects: Pre- & Post-PCIT Means on CBCL Scales by Trauma Group



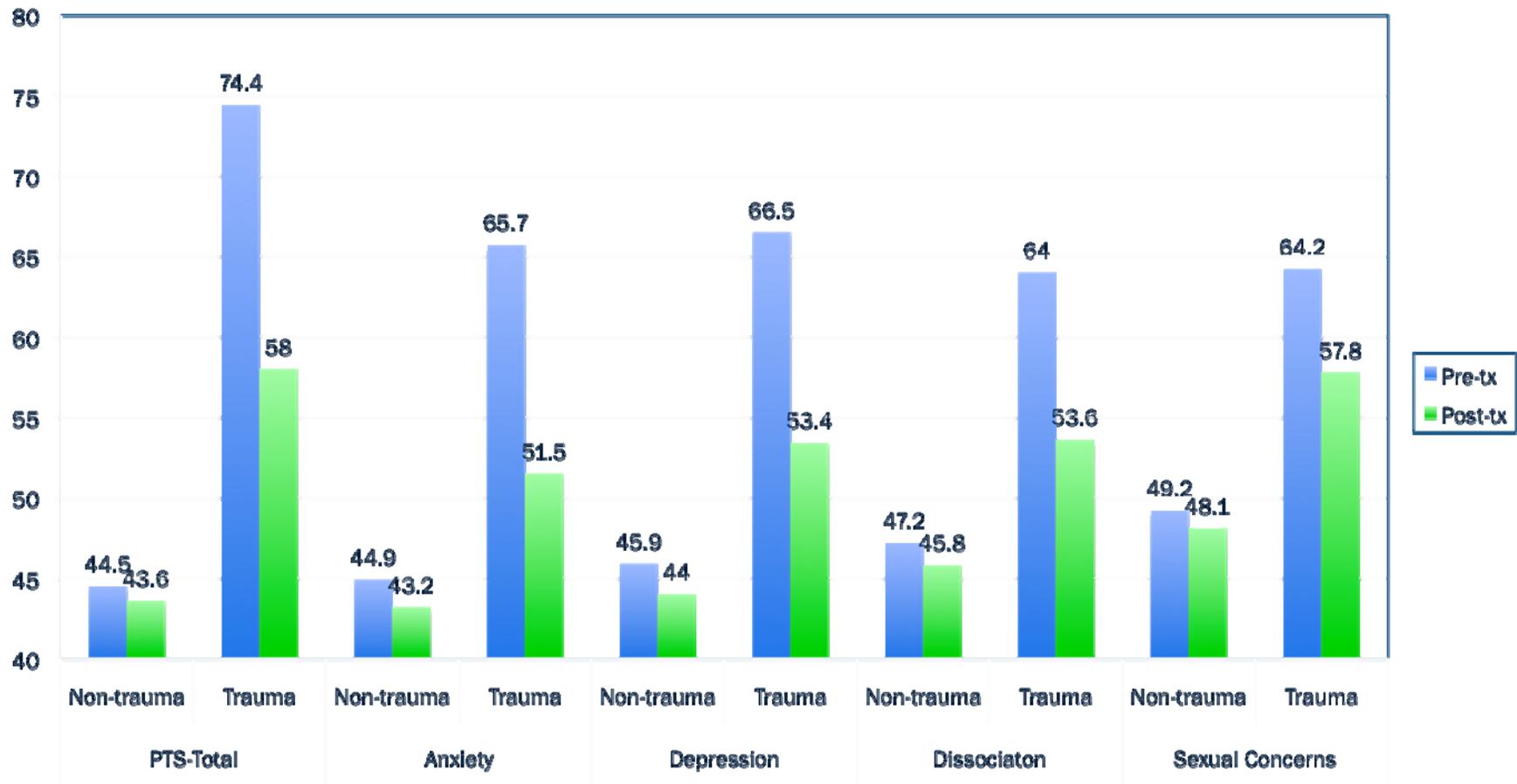


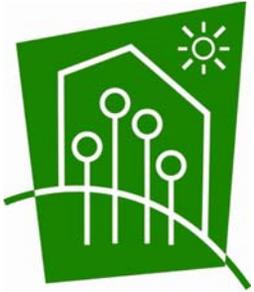
Treatment Effects: Pre- & Post-PCIT Means on PSI Scales by Trauma Group





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

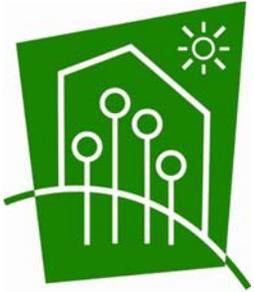




What does this all mean?

- **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

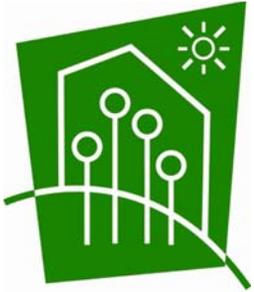
B. Increased positive affiliative behaviors (warmth)

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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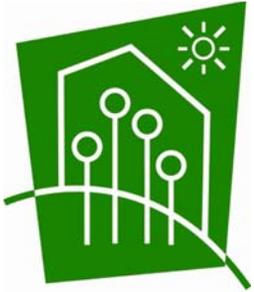
Dysregulation

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



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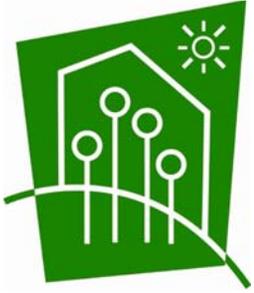
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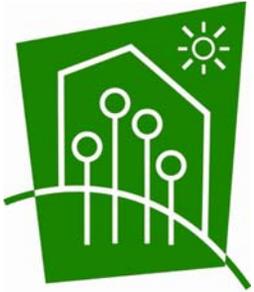
- A. Decreased child behavioral problems**
- B. Acquisition of child coping skills (affective expression, breathing, relaxation)**
- C. Parental reinforcement for appropriate expression of distress**



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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