PCIT and Trauma for Child Welfare Services
27th Annual San Diego Conference on Child and Family Maltreatment

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CAARE Center
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Introductions
OBJECTIVES

1. Discuss the effects of trauma on children
2. Understand the basic structure of PCIT
   ▪ Relationship Enhancement (CDI)
   ▪ Strategies to improve compliance (PDI)
3. Understand how PCIT helps to:
   ▪ Improve parenting skills
   ▪ Decrease child behavioral problems
   ▪ Improve the quality of parent-child relationships.
4. The application of PCIT to traumatized children in child welfare systems
5. Models of PCIT training (online only)
What is PCIT?

Video omitted
What is PCIT?

PCIT is a dyadic Intervention treating children 2 to 7 years old with disruptive behaviors and caregivers who have (at least) regular contact with children.

- Therapists coach the parents while playing with their children, using an FM receiver (2 way mirror/ video feed)
  - Adaptations in home settings
  - Adaptations in low-tech settings
- Course of treatment- 14 – 20 weeks
  - CDI – Enhance the parent-child relationship, teaching parents to attend to appropriate child behavior
  - PDI – Teach parent effective behavior management techniques
- Assessment driven
  - Assessment informs didactic, coaching strategies
- Process of treatment- from “hear” to “do”
  - Intake assessment $\rightarrow$ didactic teaching $\rightarrow$ coaching $\rightarrow$ skills mastery
What is PCIT?

Course of treatment:

Intake
- Collect information: clinical interview, standardized measures
- Define treatment goals

CDI
- Teaching session
- Coaching 7 to 10 sessions
- Parents master CDI skills

Mid
- Identify remaining behavior problems

PDI
- Teaching session
- Coaching 7 to 10 sessions
- Parents master PDI skills
PCIT Therapy
Structure of 50-Minute Coaching Session

- Check in (discuss homework)
- DPICS Coding
- Coaching
- Review of Session
- Document Session
Typical PCIT Room
Typical Observation Room
PCIT Treatment & Observation Room
Pre-Treatment Video Example (1)

Video omitted
DISCUSSION

OBSERVATION OF INTERACTION

• What did you see?
• What would you like to see change?
CDI GOAL

Relationship Enhancement

PRIDE Skills

Praise
Reflection
Imitation
Description
Enthusiasm
Video example of PRIDE skills

Video omitted
Video omitted
Now... An example of PDI (Strategies to Improve Compliance)
Pre-Treatment Video Example (2)

Video omitted
PDI GOAL

Improve Compliance

BE DIRECT

Be Specific with commands
Every command positively stated
Developmentally appropriate
Individual commands
Respectful and polite
Essential commands only
Choices when appropriate
Tone of voice neutral
Post-Treatment Video Example (2)

Video omitted
What makes PCIT work?

Research tells us…
In a meta-analysis of parenting programs (Kaminski et al., 2008), what works is:
• Increasing positive parent-child interactions and emotional communication skills
• Teaching parents to use time-out
• Encouraging consistency

PCIT Process

• Emotional Availability research
• Parent attributions of children’s behavior
OVERVIEW

PCIT FINDINGS

**IMPROVED SKILL ACQUISITION**
- More parent reflective listening, physical proximity, and prosocial verbalizations
- Less sarcasm and criticism
- Positive attitudes

**IMPROVED PARENT FUNCTIONING**
- Less parental stress
- Fewer psychological symptoms
- Greater sense of control
- High satisfaction with treatment

**IMPROVED CHILD FUNCTIONING**
- Fewer child behavior problems, reduced to normal limits
- Improved child responsiveness to parent

**GENERALIZATION OF EFFECTS**
- Long-lasting effects—demonstrated up to 6 years
- Generalized to untreated siblings, home, and school
PCIT & Families at Risk

REDUCING RISKS FOR CHILDREN

IMPROVED FAMILY & COMMUNITY FUNCTIONING

- Improve school performance
- Increase positive peer interactions
- Improve personal relationship skills
  - Sharing, taking turns
  - Emotional regulation

DECREASE RISK

- Decrease family risk of violence
- Decrease child mental health problems
- Decrease parental stress

IMPROVED SKILL ACQUISITION

- Increase parents’ skills
- Manage child behavior problems
- Improve quality of dyadic interaction

A PARTNER IN
The National Child Traumatic Stress Network
HOW DO WE GET THESE RESULTS?

Coaching

Video omitted
Yeah Mr. Potato Head!
What about PCIT for Traumatized Children?
PCIT for Traumatized Children

Some avenues to a PCIT referral:

1. Inattentive, permissive parents with children who are hyperactive
2. Very busy parents who have little time to spend with children, and children are disruptive
3. Children experiencing grief or loss, who are emotionally dysregulated, with disruptive behaviors
4. Children exposed to violence, fearful, or frightening caregivers who are emotionally dysregulated and disruptive
PCIT & Traumatized Children

Sample Description

- 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)
OUTCOMES

Client outcomes: Pre- and post-PCIT mean CBCL scale scores by trauma group
OUTCOMES

Client outcomes: Pre- and post-PCIT mean PSI scale scores by trauma group

<table>
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<tr>
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<th>Pre-tx</th>
<th>Post-tx</th>
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<tr>
<td>Non-trauma</td>
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<td>Parent Distress</td>
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<td>19.9</td>
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<td>Parent-Child Dysfunction</td>
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<td>Difficult Child</td>
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<tr>
<td>Trauma</td>
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<tr>
<td>Parent Distress</td>
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<td>Parent-Child Dysfunction</td>
<td>27</td>
<td>22.5</td>
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<tr>
<td>Difficult Child</td>
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OUTCOMES

Client outcomes: Pre- and post-PCIT mean TSCYC scale scores by trauma group

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<tbody>
<tr>
<td>Non-trauma</td>
<td>44.5</td>
<td>43.6</td>
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<tr>
<td>Trauma</td>
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<td>74.4</td>
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<td>Trauma</td>
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<td>Non-trauma</td>
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<td>Non-trauma</td>
<td>47.2</td>
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<tr>
<td>Trauma</td>
<td>64</td>
<td>64</td>
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<tr>
<td>Non-trauma</td>
<td>45.8</td>
<td>48.1</td>
</tr>
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<td>Trauma</td>
<td>53.6</td>
<td>57.8</td>
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- PTS-Total
- Anxiety
- Depression
- Dissociation
- Sexual Concerns
What does this mean?

Questions, Answers

• How does trauma affect young children?
• Are trauma symptoms directly addressed in PCIT?
• Is it necessary to address trauma content directly?
• Is PCIT a trauma treatment?
# TRAUMA

How does trauma affect young children?

<table>
<thead>
<tr>
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<th>BEHAVIORAL DISTURBANCE</th>
<th>AFFECTIVE DYSREGULATION</th>
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<tr>
<td>Nightmares</td>
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How is Trauma Treated in Young Children?

**Treatment strategies:**

A. Improve child relationship security/stability
   1) Decrease negative & increase positive interactions

B. Increase warmth in relationship

C. Teach parents child treatment skills
   1) Recognize child distress
   2) Respond appropriately to child distress

D. Provide normative information about past traumatic experiences

**Trauma Symptoms:****

- Nightmares
- Anxiety

**Behavioral Disturbance:**

- Noncompliance
- Aggression

**Affective Dysregulation:**

- Temper tantrums
- Crying/whining

**Trauma Symptom:**

- Nightmares
- Anxiety

**Behavioral Disturbance:**

- Noncompliance
- Aggression

**Affective Dysregulation:**

- Temper tantrums
- Crying/whining

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**Treatment strategies:**

A. Improve parenting skills  
B. Increase consistency in parenting  
C. Increase parents’ positive response to appropriate child behavior  
D. Improve parent positive perception of child  
E. Predictable discipline strategy for non-compliance

Management of disruptive behavior *may be* treating trauma symptoms
How is Trauma Treated in Young Children?

Treatment strategies:

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

Healthy families make a big difference!
What does this mean?

Questions, Answers

• How does trauma affect young children?
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PCIT and Child Trauma

**PRACTICE**

<table>
<thead>
<tr>
<th></th>
<th>Big Kids</th>
<th>Little Kids</th>
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<tbody>
<tr>
<td>Psychoeducation and parenting skills</td>
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<td>✔️</td>
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<tr>
<td>Relaxation skills</td>
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<tr>
<td>Affect expression and regulation skills</td>
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<td>Cognitive coping skills and processing</td>
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<tr>
<td>Trauma narrative</td>
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<td></td>
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<tr>
<td>In vivo exposure (when needed)</td>
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<td>✔️</td>
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<tr>
<td>Conjoint parent-child sessions</td>
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<td>✔️</td>
</tr>
<tr>
<td>Enhancing safety &amp; future development</td>
<td>✔️</td>
<td>✔️</td>
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Strategies for addressing trauma in PCIT – “Deep breathing”

Video omitted
Strategies for addressing trauma in PCIT – Talk about the issue

Video omitted
Strategies for addressing trauma in PCIT – Talk about safety

Video omitted
What does this mean?

Questions, Answers

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CONTACT US

Website:  pcit.ucdavis.edu
Web Course:  pcit.ucdavis.edu/pcit-web-course
Powerpoint Presentation:  pcit.ucdavis.edu/resources/powerpoint-presentations/

www.facebook.com/UCDPCIT  PCIT LinkedIn Group
PCIT Training

How do you learn to provide PCIT effectively?
UC Davis Model

**PROGRAM DEVELOPMENT**

- **Consultation** to give training overview, discuss equipment
- Help select trainees
- Evaluate agency referral process to support PCIT

**FUNDAMENTAL SKILL ACQUISITION**

- Completion of Web Course, passing quiz with 80% correct
- 11 Modules, 10 hours of on-line training, with video examples
- Practice coding using web course

**SKILL BUILDING**

- **Day long visit from** trainer at your agency to review and practice basic skills necessary to begin providing PCIT

**COACHING**

- **Trainer will** guide trainees through the course of treatment, coaching them either on site or via videoconferencing.
- 11 day long coaching sessions (88 hrs) plus 6 consultation sessions (1 hr each) via telemedicine.
REMOTE TRAINING

PCIT Training through videoconference

Challenge:
Putting telemedicine equipment into existing audio-visual system.
TRAINING

UC Davis PCIT Training Center history

• Established in 1999 to train 13 California agencies in PCIT.

• Attain a competency level among trainees that will enable agency therapists to provide PCIT services.

• Train designated agency therapists (ToTs) to provide agency supervision of PCIT services and train future staff (2nd generation+) in PCIT service delivery.

• Children who receive PCIT services from the trainee agency will demonstrate significant behavioral improvements and symptom reduction after completion of PCIT.

• Currently we have trained 120+ community mental health agencies throughout California and other states/countries.
TRAINING

UC Davis PCIT Training Center vision

• To improve the quality of mental health services to children and families.

• Increase the number of trained and qualified mental health providers in rural and urban areas with the expertise to comprehensively respond to the special needs of children and families through the delivery of PCIT services.

• Bridge the gap between effective research and effective practice.

• Expand the depth and breadth of scientific knowledge in mental health, child maltreatment, and PCIT.
OUTCOMES

UC Davis PCIT trained agencies’ client outcomes

Eyberg Child Behavior Inventory- Intensity Scale: Mean T-Scores from Pre-, Mid-, & Post-Tx Assessments

Data represent scores from 269 Clients and 10 Agencies
OUTCOMES

UC Davis PCIT trained agencies’ client outcomes

Eyberg Child Behavior Inventory- Problem Scale: Mean T-Scores from Pre-, Mid-, & Post-Tx Assessments

Data represent scores from 269 Clients and 10 Agencies
OUTCOMES

UC Davis PCIT trained agencies’ client outcomes

Parenting Stress Index- Total Stress: Mean Percentile Scores from Pre-, Mid-, & Post-Tx Assessments

Data represent scores from 269 Clients and 10 Agencies