

17th Annual Conference on Parent-Child Interaction Therapy for Traumatized Children



UC DAVIS
CHILDREN'S HOSPITAL
PCIT Training Center



Treatment Through the Lens of Trauma

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Traumatic Stress Network

September 27th – 28th, 2017
Los Angeles, California



DEPARTMENT OF PEDIATRICS

CAARE DIAGNOSTIC AND TREATMENT CENTER
UC DAVIS MEDICAL CENTER
3671 BUSINESS DRIVE, SUITE 100
SACRAMENTO, CALIFORNIA 95820
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September 27th – 28th, 2017

Welcome to the 17th Annual PCIT Conference!

Hello PCITers! We are happy to be back with you at UCLA!

Our theme for this year's conference is "Treatment through the Lens of Trauma." This theme helps us focus on how trauma shapes the way people view their worlds, and how we can better understand our clients' experiences through the lens of trauma-informed treatment. We hope that by listening to different speakers and participating in clinical workshops you will have some new thoughts on how to help strengthen a variety of families and populations affected by trauma!

As always, your contributions, your questions, and your suggestions are important. I hope you learn information and acquire skills to take back to your treatment programs. Also important is seeing old friends and meeting new PCIT therapists! So talk, share, laugh, and learn.

Please enjoy these two days!

Sincerely,

A handwritten signature in black ink that reads "Anthony J. Urquiza".

Anthony J. Urquiza, Ph.D.
Director



**17th Annual Conference on Parent-Child Interaction Therapy
For Traumatized Children
September 27-28, 2017**

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three29 Media

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UC Davis Children's Hospital

UCDMC – Department of Pediatrics

UCDMC – CAARE Center Staff & Research Assistants

A very special thanks to all of the presenters and participants who have traveled to share their ideas and research on PCIT!



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17th Annual Conference on Parent-Child Interaction Therapy For Traumatized Children September 27-28, 2017

DAY AT A GLANCE – WEDNESDAY, SEPTEMBER 27, 2017

UCLA – Covell Commons – Los Angeles, California

TIME	SCHEDULE		SPEAKERS	ROOM
9:30 – 10:00	Check-In and Registration			Grand Horizon Ballroom
10:00 – 10:15	Welcome and Introductions Review of Course Objectives Introduction of Speakers	Anthony Urquiza, PhD		
10:20 – 11:15	<u>Keynote</u> : Developmental Pathways of Trauma and Resilience: Learning from Young Mothers and Their Children	M. Ann Easterbrooks, PhD		
11:20 – 12:00	<u>Keynote</u> : Passing on Justice: Understanding the Role of Historical and Intergenerational Trauma for Creating Health Equity	Isaiah Pickens, PhD		
12:00 – 1:00	PCIT LUNCHEON BUFFET – Lunch served in Grand Horizon Ballroom			
Room	Workshops: 1:00 – 1:45	Workshops: 1:55 – 2:40		
Covell Commons Building	West Coast	Workshop 1. Beginning DPICS Coding in English, Deanna Boys, MA	Workshop 2. Advanced DPICS Coding in English, Deanna Boys, MA	
	South Bay	Workshop 3. Beginning DPICS Coding en Español, Elizabeth Mota-Garcia, LCSW, PPSC, Rosa Valencia, MA, & Stephanie Miramontes	Workshop 4. Advanced DPICS Coding en Español, Elizabeth Mota-Garcia, LCSW, PPSC, Rosa Valencia, MA, & Stephanie Miramontes	
	North Ridge	Workshop 5. Optimizing the use of PCIT in interdisciplinary medical settings to address medical traumatic stress, Elizabeth Park, PsyD & Laura Burns, PsyD	Workshop 6. PCIT with Non-Traditional Families: Strategies to Enhance Attachment Post-Trauma, Lydia Kim, PsyD & Lisa Christensen, PhD	
	Grand Horizon Ballroom	Workshop 7. Using Trauma-Informed Principles to Infuse Self-Care in Schools, Isaiah Pickens, PhD	Workshop 8. Intergenerational Trauma in the Parent Child Dyad: Fortaleciendo Conexiones Saludables, Michelle Mojica, MSW & Patricia Hernandez, MSW	
Carnesale Commons Building	Malibu	Workshop 9. Congrats on Your Engagement! Using Social Psychology to Strengthen Caregiver Buy-In, Bethany Vaudrey, PsyD	Workshop 10. <u>Symposium – Tailoring & Adaptations in PCIT, Discussant: Veronica Chavez-Hernandez, LMFT</u> : 1. Group PCIT: Treatment Approach to Promote Connection between Children who have Experienced Trauma and their Parents, Maria Jesus Ampuero, PhD, LMFT; 2. Application of PCIT: Two case reviews conducted in Spanish for simple phobias, G. Jose Cholula, MA, EdD	
	Hermosa	Workshop 11. New Stuff You'll Love: Tools for the PCIT Terrain (Introducing Daily Care, Graduation Planning, PDI Readiness Checklist & AIQ, PDI Courage), Dawn Blacker, PhD, Brandi Hawk, PhD, Brandi Liles, PhD & Marta Shinn, PhD		
2:40 – 2:55	REFRESHMENT BREAK			
2:55 – 3:25	Is PCIT Enough?: Improving Outcomes for Young Children Who Have Experienced Trauma	Jennifer Serico, PhD		Grand Horizon Ballroom
3:30– 3:35	5 Minutes of Movement! – Suavemente	Cristina Chavez Duarte, MSW, ACSW & Olga Moreno, LCSW		
3:40 – 4:10	How Can Non-Professional Providers Help Improve Engagement in PCIT?	Miya Barnett, PhD		
4:15 – 4:30	Bringing Research into Practice: Poster Sessions	Discussant: Susan Timmer, PhD		
4:30 – 5:30	SOCIAL HOUR (Catering and Bar) on Terrace			



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DAY AT A GLANCE – THURSDAY, SEPTEMBER 28, 2017

UCLA – Covell Commons – Los Angeles, California

TIME		SCHEDULE	SPEAKERS	ROOM
9:00 – 9:55		Spanish Coalition – Open meeting for all current AND prospective members!	Room: North Ridge	Grand Horizon Ballroom
9:30 – 9:55		Check-In and Registration		
10:00 – 10:15		Welcome and Introductions Review of Course Objectives Introduction of Speakers	Anthony Urquiza, PhD	
10:20 – 11:15		<u>Keynote:</u> A Developmental Trauma Approach to Parent-Child PTSD Psychotherapy	Julian Ford, PhD, ABPP	
11:20 – 11:40		Latinos & Trauma	Marta Shinn, PhD	
11:45 – 11:55		PCIT App Update	Rebecca Handman, MS	
12:00 – 1:00		PCIT LUNCHEON BUFFET – Lunch served in Grand Horizon Ballroom		
Room		Workshops: 1:00 – 1:45	Workshops: 1:55 – 2:40	
Covell Commons Building	West Coast	Workshop 12. PDI Coding, Deanna Boys, MA	Workshop 13. Talking about Trauma – Trauma Coaching Blurbs, Dawn Blacker, PhD & Brandi Liles, PhD	
	South Bay	Workshop 14. Building & Sustaining a Successful PCIT Program, Discussant: Anthony Urquiza, PhD; Nancy Zebell, PhD, Daphne Quick-Abdullah, M.S., Amber Cardenas, LCSW, Lori Pack, LCSW	Workshop 15. Talking about Trauma – Spanish Coaching Blurbs, Rosa Valencia, MA & Veronica Chavez-Hernandez, LMFT	
	Grand Horizon Ballroom	Workshop 16. Introduction to the Trauma Affect Regulation TARGET Model, Julian Ford, PhD, ABPP	Workshop 17. Using Touchpoints to Inform Coaching Strategies with Toddlers, Sharon Zone, LCSW, Kate Kaltenbach, LCSW & Elizabeth Mota-Garcia, LCSW, PPSC	
Carnesale Commons Building	Malibu	Workshop 18. Take Coaching to the Next Level: New Tools for Coaching and Training, Marta Shinn, PhD & Brandi Hawk, PhD		
	Hermosa	Workshop 19. <u>Symposium – Focusing the Lens of Trauma, Discussant: Jennifer Serico, PhD:</u> 1. PCIT: New Haven Trauma Competencies in Action, Natalie Cruz, PsyD; 2. Identifying Trauma “Hot Spots,” Reducing Chronic Arousal, and Promoting Self-regulation in PCIT, Helen Horn, LCSW & Tracy Heindselman, PhD; 3. PCIT Coaching Strategies for Caregivers Exposed to Intimate Partner Violence: Considerations and Adaptations to Treatment, Marie Johnson, PsyD & Judy Szklarek, LCSW; 4. PCIT Session Pause: When Trauma Needs & Court Orders Take Center Stage, Emma Girard, PsyD		
2:40 – 2:55		REFRESHMENT BREAK		
2:55 – 3:25		Development, Autism Spectrum Disorder, and Trauma: Identification and Treatment Recommendations	Amy Weir, PsyD	Grand Horizon Ballroom
3:30 – 3:35		5 Minutes of Movement! – Musical Beach Ball Toss		
3:40– 4:00		PC-CARE: Fostering Secure Placements for Traumatized Children in Transition	Brandi Hawk, PhD & Lindsay Forte, MS	
4:05 – 4:30		Treatment Through the Lens of Trauma: What’s Next?	Anthony Urquiza, PhD	



17th Annual Conference on Parent-Child Interaction Therapy For Traumatized Children September 27-28, 2017

Agenda Descriptions

PCIT Conference Day 1

WEDNESDAY, SEPTEMBER 27, 2017

9:30 – 9:55am CHECK-IN & REGISTRATION

10:00 – 10:15am WELCOME

Anthony Urquiza, Ph.D.

CAARE Diagnostic & Treatment Center, UC Davis Children's Hospital, Sacramento, California

10:20 – 11:15am

KEYNOTE SPEAKER

Developmental Pathways of Trauma and Resilience: Learning from Young Mothers and Their Children

M. Ann Easterbrooks, PhD

Professor

Eliot-Pearson Department of Child Study and Human Development

Tufts University

Medford, Massachusetts



M. Ann Easterbrooks, PhD, is Professor in the Eliot-Pearson Department of Child Study and Human Development at Tufts University, where she is former Department Chair and Director of the Graduate Program in Applied Child Development. A developmental psychologist and applied developmental scientist, her work focuses on risk and

resilience in development, with special emphasis on social and emotional development in infancy and the early childhood years. She collaborates with other investigators on mental health research, including maternal depression, trauma, and health disparities. Dr. Easterbrooks has studied and written extensively about emotional availability and attachment in parent-child relationships, including father-child relationships, and the impact of Intimate Partner Violence (IPV) on children. With an emphasis on a Relational Developmental Systems framework, Dr. Easterbrooks is committed to understanding the relationship context of children's development, and understands that children thrive when they are surrounded by healthy relationship systems. She believes that supporting children's caregivers by enhancing relationships between parents, family members, and other social network members is integral to fostering resilience in adults and children.

In addition to basic research, Dr. Easterbrooks conducts evaluations of programs serving young children and their families, with the goal of understanding "what works, when, and for whom". As a founder and Principal Investigator at the Tufts Interdisciplinary Evaluation Research (TIER) center, she employs a person- and program-centered developmental approach to evaluation that includes descriptive, program process/implementation, and impact activities. TIER is committed to conducting high-quality, collaborative evaluation research that contributes to expanding usable knowledge in fields such as applied developmental science, policy science, and urban planning, and to improving policies and programs for children, families, and communities. With her colleagues at TIER, Dr. Easterbrooks has evaluated a variety of programs, including home visiting, child maltreatment prevention, child care, family support, and early childhood education, and helps programs to adapt research findings to enhance their program services.

Dr. Easterbrooks currently is Principle Investigator of the Massachusetts Healthy Families Evaluation, examining the implementation and efficacy of Healthy Families Massachusetts (HFM), an evidence-based statewide home-based family support and coaching program that helps parents create stable, nurturing homes for children.

Dr. Easterbrooks is a founder of the Massachusetts Association for Infant Mental Health (MassAIMH), where she serves as Secretary, and Chair of the research-practice committee, whose goal it is to promote conversations and collaboration between practitioners and researchers focusing on issues of birth to age 8. Dr. Easterbrooks is a member of the Society for Research in Child Development (SRCD), where she served on and chaired the Publications Committee, and the World Association for Infant Mental Health (WAIMH). She currently serves on the program committee of the National Research Conference on Early Childhood (NRCEC) sponsored by the Administration for Children and Families (ACF), which brings together practitioners, researchers, and policy makers focusing on low income families. Dr. Easterbrooks is past-President of the Boston Institute for the Development of Infants and Parents.

Keynote Abstract: Childhood exposure to adverse life events is all too common, and children and adults who are involved in service systems of care often have multiple trauma exposure that is both historical and current. Knowledge of trauma, its characteristics, developmental course, and impact is useful in developing and implementing effective services. Using research findings and case study narratives, Easterbrooks will discuss the Massachusetts Healthy Families Evaluation, a randomized control trial evaluation of the Healthy Families Massachusetts home visiting program for young parents. She will describe developmental pathways for the transmission of the intergenerational effects of trauma, and pathways for breaking this cycle. Resilience, the presence of healthy development in the context of adversity, will be discussed as emerging from the relations between individuals and their contexts, including intervention providers, support services, and neighborhood and community assets.

11:20am – 12:00pm

KEYNOTE SPEAKER



Passing on Justice: Understanding the Role of Historical and Intergenerational Trauma for Creating Health Equity

Isaiah Pickens, PhD

Assistant Director of Service Systems

The UCLA-Duke National Center for Child Traumatic Stress

UCLA Neuropsychiatric Institute and Hospital

Founder iOpening Enterprises

Los Angeles, California

Dr. Isaiah Pickens is a licensed clinical psychologist who specializes in consulting, counseling, and educational services for families, teens, and young adults. Dr. Pickens is currently Assistant Director of the Service Systems Program at the UCLA-Duke National Center for Child Traumatic Stress (NCCTS), the coordinating site of the National Child

Traumatic Stress Network (NCTSN). In this role, he is responsible for supporting diverse national, cross-disciplinary, and collaborative efforts to make child- and family-service systems more trauma-informed. He works with researchers, frontline practitioners, family members and young adults, child trauma experts, and partners from juvenile justice, child welfare education, healthcare, and mental health systems to identify gaps, establish priorities, and implement Network initiatives that will promote the identification, referral and appropriate support for culturally diverse children adolescents, and families who have experienced trauma. He presents to national audiences on child trauma, creating trauma-informed service systems and programs, trauma-informed organizational assessment, and cross-system collaboration. His publications address trauma-informed approaches to juvenile justice and school settings. Prior to his role at NCCTS, Dr. Pickens was faculty at New York University School of Medicine and Bellevue Hospital Center in the department of child and adolescent psychiatry where he specialized in treatment of juvenile offenders who have a history of psychological trauma, development of trauma-screening procedures, and mental health service provision capacity-building for the Administration for Children Services of New York City.

Dr. Pickens is currently a Steering Committee member of the National Council of Juvenile and Family Court Judges' (NCJFCJ) and Office for Victims of Crime's (OVC) Vision 21: Linking Systems of Care for Children and Youth, where he provides consultation in an effort to implement statewide screening for trauma and victimization in Montana and Virginia. He provides consultation to NCJFCJ and the Office of Juvenile Justice and Delinquency Prevention (OJJDP) on their National Schools-Justice Partnership project. Finally, Dr. Pickens provides consultation to the OJJDP Defending Childhood Initiative to implement trauma-informed practices in the state of California.

Dr. Pickens is also founder of iOpening Enterprises, a multi-media company that specializes in health messaging through the creation of books, films, and life skills workshops for youth and the adults who care for them. In this capacity, Dr. Pickens has developed the Bridge Trauma-Informed Culturally-Responsive (TICR) Program, a multi-day professional development for educators that provides a practical toolkit for managing youth traumatic stress responses in the school setting. Additionally, Dr. Pickens has developed a full day suicide assessment training for clinical professionals he provides around the nation in partnership with Cross Country Continuing Education, It's Complicated Teen Talk Show airing on kweliTV in fall 2016, The Dawn of Generation Why book geared toward supporting young adult identity development in the context of globalization and use of social media, keynoted numerous national events and conferences, and provided ongoing media contributions including the host for TLC's The Spouse House, a regular contributor to Psychology Today, Huffington Post, BlackDoctor.org and appearing numerous times on national televised media to discuss the psychological implications of current events as it relates to trauma and other mental health issues.

Keynote Abstract: Youth from vulnerable communities face a number of risk factors following exposure to individual traumatic experiences. These traumatic experiences occur in the context of a family and community that may have experienced individual or historical traumas. The intergenerational impact of traumatic experiences among parents or historical traumatic experiences among communities reverberates in interactions with service providers by shaping both the client and service provider's perspective on our youth in most need. Dr. Pickens will deconstruct the impact of historical and intergenerational trauma on youth and their families and identify culturally-responsive practices that promote healing and build on community strengths. Participants will be equipped with strategies for addressing health disparities using a trauma-informed and culturally-responsive lens and inspired to further explore the role their personal cultural identity plays in serving at-risk youth.

12:00 – 1:00pm

PCIT LUNCHEON BUFFET

1:00 – 2:35pm Round Table Workshops

Presentations are first come, first seated. Please have a backup in mind.

Workshops 1 – 8 will take place in the **Covel Commons Building**.

Workshops 9 – 11 will take place next door in the **Carnesale Commons Building**: exit this building, turn left, go down the staircase on your left, enter the building to your right. The **Malibu** and **Hermosa** rooms will be on the first floor.

1. West Coast: 1:00 – 1:45pm

Beginning DPICS Coding in English

Deanna Boys, MA

CAARE Diagnostic & Treatment Center, UC Davis Children's Hospital, Sacramento, California

Whether you've just started coding DPICS in PCIT and are looking to brush up on your skills, or you're completely unfamiliar with DPICS and want to learn – this is the workshop for you! Jump start your DPICS coding skills while watching PCIT session recordings in English. Basic DPICS concepts will be covered for those just starting out on their DPICS journey. Coding sheets will be provided.

2. West Coast: 1:55 – 2:40pm

Advanced DPICS Coding in English

Deanna Boys, MA

CAARE Diagnostic & Treatment Center, UC Davis Children's Hospital, Sacramento, California

Come challenge yourself and push your skills to the limit! We will be working on commands and compliance and dealing with those pesky fast talkers. Come ready for some solid fast coding action! Advanced DPICS recordings will be shown in English. Coding sheets will be provided.

3. South Bay: 1:00 – 1:45pm

Beginning DPICS Coding en Español

Elizabeth Mota-Garcia, MSW, PPSC

CAARE Diagnostic & Treatment Center, UC Davis Children's Hospital, Sacramento, California

Rosa Valencia, MA

Child Guidance Center, Inc., Santa Ana, California

Stephanie Miramontes

CAARE Diagnostic & Treatment Center, UC Davis Children's Hospital, Sacramento, California

Jump start your DPICS coding skills while watching PCIT session recordings en Español. Basic DPICS concepts will be covered for those just starting out on their DPICS journey. Coding sheets will be provided.

4. South Bay: 1:55 – 2:40pm

Advanced DPICS Coding en Espanol

Elizabeth Mota-Garcia, MSW, PPSC

CAARE Diagnostic & Treatment Center, UC Davis Children's Hospital, Sacramento, California

Rosa Valencia, MA

Child Guidance Center, Inc., Santa Ana, California

Stephanie Miramontes

CAARE Diagnostic & Treatment Center, UC Davis Children's Hospital, Sacramento, California

Brush up on your DPICS coding skills while watching PCIT session recordings en Español. Advanced DPICS concepts will be covered for veteran DPICS coders! Coding sheets will be provided.

5. North Ridge – 1:00 – 1:45pm

Optimizing the use of PCIT in interdisciplinary medical settings to address medical traumatic stress

Elizabeth Park, PsyD

Children's Hospital Los Angeles, Los Angeles, California

Laura Burns, PsyD

Children's Hospital Los Angeles, Los Angeles, California

Children and families in medical settings often face unique challenges that may heighten anxiety and behavioral problems in pediatric patients. Research has indicated that parent distress is most common in the acute phase of the child's illness and that parents often experience higher levels of PTSD than their medically fragile children (Balluffi et al., 2004; Kazak et al., 2004). These early parental distress reactions can lead to more long-term mental health problems by impacting the child and family's functioning and influencing the course of psychological recovery (Colville & Pierce, 2012; Nugent et al., 2007). Implementing PCIT in primary care and medical settings can assist caregivers in managing disruptive behaviors related to medical traumatic stress symptoms during the critical acute phase of the child's illness. PCIT literature suggests that both children and caregivers who have experienced medical traumatic stress show an improvement in their mental health functioning, which positively influences parenting and parent-child bonds (Bagner et al., 2009; Cohen et al., 2012). Adaptations that are conducive to working in a medical environment might include targeting overly permissive parenting styles, tailoring interventions to meet the child's cognitive functioning, reducing anxiety regarding medical procedures, coordinating care with the medical treatment team, and adjusting the course of treatment to match patients' unpredictable medical conditions (Bagner & Eyberg, 2007). We plan to present an overview of the literature and foster discussion on medical traumatic stress and the need for dyadic treatment in medical settings to address the needs of medically fragile children.

6. North Ridge – 1:55 – 2:40pm

PCIT with Non-Traditional Families: Strategies to Enhance Attachment Post-Trauma

Lydia Kim, PsyD

Children's Hospital Los Angeles, University Center for Excellent in Developmental Disabilities, Los Angeles, California

Lisa Christensen, PhD

Children's Hospital Los Angeles, University Center for Excellent in Developmental Disabilities, Los Angeles, California

One benefit of PCIT for the treatment of trauma is its emphasis on the parent-child relationship. Children with trauma histories, being raised in non-traditional families, often have past experiences that make it uniquely difficult for them to trust caring adults. Previous research has examined the use of PCIT with a variety of parent-child dyads, finding evidence for efficacy with kin and non-kin foster parents (Timmer et al., 2004; Timmer et al., 2005; N'zi et al., 2016), adoptive parents (Maltby & Gallagher, 2013; Allen et al., 2014), and families from different ethnic and cultural backgrounds. Likewise, recent research suggests that PCIT fits all of the criteria for an attachment therapy (Allen et al., 2014). As such, effective PCIT clinicians must take into consideration the unique psychology of both the child and the caregiver, as well as the relationship between them. This roundtable discussion will use an attachment framework to explore the strengths and challenges of non-traditional family systems, considering how PCIT can help parents who identify as LGBTQIA, single-parent families, older caregivers, etc. The goal of the presentation is to use case illustrations to identify strategies that honor and build upon the unique attributes non-traditional caregivers bring to their parenting role, while simultaneously helping them address their children's trauma-related presenting concerns.

7. Grand Horizon Ballroom – 1:00 – 1:45pm

Using Trauma-Informed Principles to Infuse Self-Care in Schools

Isaiah Pickens, PhD

University of Massachusetts Dartmouth, North Dartmouth, Massachusetts

Employing trauma-informed practices such as identifying trauma reminders and de-escalating traumatic stress reactions in school settings increases feelings of school safety and reduces behavioral interruptions in class (Blodgett & Dorado, 2016). Exposure to traumatic stress reactions of students can create distress in educators and decrease job satisfaction. Integrating self-care practices into school settings can provide students, teachers, and staff with tools to manage overwhelming feelings and conflict. The session will define the core principles of a trauma-informed school and discuss its relevance to school staff self-care. Participants will gain knowledge about best self-care approaches for school settings and strategies for engaging families.

8. Grand Horizon Ballroom – 1:55 – 2:40pm

Intergenerational Trauma in the Parent Child Dyad: Fortaleciendo Conexiones Saludables

Michelle Mojica, MSW

Starview Community Services, Los Angeles, California

Patricia Hernandez, MSW

Starview Community Services, Torrance, California

Intergenerational trauma in the Latino population is an important aspect of the parent child dyad as it relates to parent child interaction therapy. Addressing unresolved trauma in caregivers is an integral part of treatment as caregivers are forming a positive relationship with their children. If the unresolved trauma is not addressed with caregivers it will make it more difficult for them to create positive attachment with their children. Moreover, Cg's with past trauma, become avoidant, defensive, and can even drop out of treatment. As therapist, our role is to create a relationship with the caregiver in which we are able to observe and effectively address where the avoidance and defensiveness is coming from. This workshop will address how intergenerational trauma affects the parent child dyad and how to use culturally relevant interventions to build resiliency in the Latino population.

9. Malibu (Carnesale Commons Building) – 1:00 – 1:45pm

Congrats on Your Engagement! Using Social Psychology to Strengthen Caregiver Buy-In

Bethany Vaudrey, PsyD

Child & Family Guidance Center, Northridge, California

PCIT is an intensive dyadic intervention which requires active participation of caregivers. This active participation makes the therapeutic alliance one of the most important components to ensure effectiveness of the intervention. PCIT therapists often place emphasis on the coaching sessions as being the active agent for family change; however, the caregiver engagement session is the foundation of the therapeutic relationship and must be taken just as seriously in the PCIT model.

In this workshop, theories of social psychology will be applied in order to help clinicians engage even the most challenging caregivers at the beginning of PCIT. Presenters will draw upon decades of theoretical and experimental social psychology literature to implement powerful intervention strategies into PCIT engagement sessions. Concepts reviewed include: inoculation, foot-in-the-door, Festinger's theory of cognitive dissonance, gain/loss effect, Barnum effect, and communicator factors of persuasion. Examples and role plays will be provided.

10. Malibu (Carnesale Commons Building) – 1:55 – 2:40pm

Symposium – Tailoring and Adaptations in PCIT, Discussant: **Veronica Chavez-Hernandez, LMFT** **1. Group PCIT: Treatment Approach to Promote Connection between Children who have Experienced Trauma and their Parents; 2. Application of PCIT: Two case reviews conducted in Spanish for simple phobias**

Speaker 1:

Maria Jesus Ampuero, PhD, LMFT

Desert Mountain Children's Center, Apple Valley, California

This presentation will provide information of how Parent-Child Interaction Therapy (PCIT) has been adapted and designed to be presented in a group format. The intervention has been done primarily in Spanish at Desert Mountain Children's Center in Apple Valley California. Our center provides school based clinical therapeutic services to children 0-21yrs of age and families in the High Desert of San Bernardino County. DMCC is also part of the San Bernardino County, SART (Screening, Assessment, Referral, and Treatment) program for children ages 0-5 who have been prenatally exposed to drugs and alcohol, as well as children who are at risk and/or have experienced trauma. The workshop will include a group format sessions from beginning to end:

- A general overview on how our sessions have been designed.
- How we use the protocols, the PRIDE skills and the different handouts in a 10 week 2 hour session group.
- Parents/caregivers and children work together, share special play time, learn about rules, consequences, and privileges.
- They meet and interact with Mr. Bear to promote compliance.

Our interventions have been providing positive results in our little clients with their families. Their lives have been enhanced and families are able to develop supportive and positive relationships with each other. Caregivers feel more empower to use this model and at the same time are able to offer a safer and trusting environment for their children to live in.

Speaker 2:

G. Jose Cholula, MA, EdD

Child Guidance Center, Inc., Santa Ana, California

Attendees will learn to integrate a structured method to assist the reduction of maladaptive responses to stress and anxiety provoking stimuli in children and parents during the course of PCIT. Attendees will observe video clips of skills applied during two cases of PCIT with children experiencing symptoms related to anxiety and specific phobias. Cases include monolingual Spanish speaking families and code switching (Spanish-English). The goal of the method discussed is to integrate specific strategies during the course of PDI phase and aims to further enhance children's coping with fear, avoidance, worry and anxiety across settings while strengthening the therapeutic alliance.

11. Hermosa (Carnesale Commons Building) – 1:00 – 2:40pm

New Stuff You'll Love: Tools for the PCIT Terrain

Dawn Blacker, PhD

CAARE Diagnostic & Treatment Center, UC Davis Children's Hospital, Sacramento, California

Brandi Hawk, PhD

CAARE Diagnostic & Treatment Center, UC Davis Children's Hospital, Sacramento, California

Brandi Liles, PhD

CAARE Diagnostic & Treatment Center, UC Davis Children's Hospital, Sacramento, California

Marta Shinn, PhD

Child Guidance Center, Inc., Santa Ana, California

Introducing Daily Care, Graduation Planning, PDI Readiness Checklist & AIQ, and PDI Courage! Join these PCIT trainers to hear about exciting new tools that will help you set your clients up for success. Keep your caregivers motivated, excited, and ready for the next step of PCIT all the way to their graduation day!

2:40 – 2:55pm REFRESHMENT BREAK

2:55 – 3:25pm

Is PCIT Enough?: Improving Outcomes for Young Children Who Have Experienced Trauma

Jennifer Serico, PhD

Kennedy Krieger Institute, Baltimore, Maryland

Young children who have experienced trauma often present with externalizing behaviors, which can make it difficult to implement effective treatments for trauma. Therefore, trauma-related research has focused on the implementation of PCIT, a model initially designed for children with disruptive behaviors. Literature on PCIT with maltreated, underserved children suggests that PCIT is efficacious with this population and results reductions in child externalizing behaviors and trauma symptoms. The question remains as to whether PCIT is enough for families who experience complex trauma. Specifically, this presentation will explore if and when additional treatment may be warranted following PCIT as well as factors related to engagement and success in PCIT.

To explore trauma symptom reduction and the need for trauma narration for young children, literature will be reviewed and presented. Data will be examined from the PCIT clinic at the Center for Child and Family Traumatic Stress (CCFTS), an urban, outpatient clinic that provides treatment to children and families who have experienced or are high-risk for experiencing trauma. Since 2011, 124 children between ages 2 and 7 have been referred to PCIT at CCFTS. Using this sample, factors related to child trauma exposure, child externalizing behavior, parental risk factors, treatment engagement, symptom reduction and treatment completion will be examined as well as interventions prior to PCIT and the need for further treatment following PCIT. To underscore the literature and data, case examples will also be presented. Suggestions for improved engagement in trauma-informed implementation of PCIT will be discussed.

3:30 – 3:35pm

5 Minutes of Movement!

Cristina Chavez Duarte, MSW, ACSW

Starview Community Services, Compton, California

Olga Moreno, LCSW

Starview Community Services, Compton, California

Musical Choice: Suavemente by Elvis Crespo

We will be dancing to Merengue music which consists of an upbeat consistent Latin rhythm that is not too fast nor too slow. We will be dancing merengue steps that are similar to marching/alternating weight with legs and staying in place, turning (slowly) in place, and stepping side to side, and as a challenge throwing arms in the dance as well.

3:40 – 4:10pm

How Can Non-Professional Providers Help Improve Engagement in PCIT?

Miya Barnett, PhD

University of California, Santa Barbara, California

As PCIT is implemented in community mental health settings, accumulating evidence suggests that families can experience excellent clinical outcomes, but this potential is limited by challenges with family engagement (e.g., recruitment, attendance, homework, attrition). These challenges may be especially relevant for low-income, immigrant families, who face a number of barriers to care. One solution to these engagement challenges could be to leverage community health workers (CHWs), members of the communities they serve without professional mental health degrees, to support outreach for and engagement in PCIT. CHWs are uniquely positioned for these engagement specialist roles as they are considered to be trusted members of the community, which is especially important for immigrant families. This presentation will provide an overview of a CHW training program that was developed within a community-academic partnership in Little Havana in Miami, FL. CHWs were trained to refer families to PCIT, prepare them for the expectations of treatment, problem solve logistical barriers to care (e.g., transportation), and provide support for home practice of targeted parenting skills. CHWs demonstrated significant skill gain over the course of training and expressed positive attitudes towards the training program and PCIT. Since implementation, an increasing number of immigrant families in Little Havana have successfully sought and graduated from PCIT services. Discussion will focus on the feasibility of implementing a CHW engagement model within PCIT services in California.

4:15 – 4:30pm

POSTER SESSIONS

Bringing Research into Practice

Various research studies will be summarized individually during a brief 2-minute oral abstract. Participants will have the opportunity to examine research study poster-boards, discuss research methods and outcomes, and ask questions directed to the author of each study.

The following research posters will be presented:

The Relation of Parent-Child Interaction Therapy (PCIT) in Well-being of Young Children with Attention Deficit Hyperactive Disorder and Oppositional Defiant Disorder

Presented by: Naser Ahmadi, MD, PhD, UCLA, Kern Medical

Latino Families and Don't Skills: Implications for Culturally Robust Interventions

Presented by: F. Giovanni Ramos, Center for Children and Families, Florida International University

Predicting Mental Health (MH) Service Use After Parent-Child Interaction Therapy (PCIT)

Presented by: Maria Usacheva, UCDCMC – CAARE Center

Maternal Affect in the Intergenerational Transmission of Child Abuse

Presented by: Jessica Louie, MA, Rosemead School of Psychology, Biola University

Discussant:

Susan Timmer, PhD

CAARE Diagnostic & Treatment Center, UC Davis Children's Hospital, Sacramento, California

4:30 – 5:30pm SOCIAL HOUR (Terrace)

Please join us for refreshments and an opportunity to mingle, socialize, and network with colleagues in the field of PCIT. Meet new friends and renew old acquaintances! This reception will be catered and includes beer & wine. **Cheers!**



17th Annual Conference on Parent-Child Interaction Therapy For Traumatized Children September 27-28, 2017

Agenda Descriptions

PCIT Conference Day 2

THURSDAY, SEPTEMBER 28, 2017

9:00 – 9:55am

Spanish Coalition Meeting – for all current and prospective members!

Room: North Ridge

9:30 – 9:55am

CHECK-IN & REGISTRATION

10:00 – 10:15am

WELCOME

Anthony Urquiza, Ph.D.

CAARE Diagnostic & Treatment Center, UC Davis Children's Hospital, Sacramento, California

10:20 – 11:15am

KEYNOTE SPEAKER



A Developmental Trauma Approach to Parent-Child PTSD Psychotherapy

Julian Ford, PhD, ABPP

Professor of Psychiatry and Law, University of Connecticut Health Center

Director, Center for Trauma Recovery and Juvenile Justice

Director, Center for the Treatment of Developmental Trauma Disorders

Chair, UConn Health CICATS and Panel 3 IRB

Associate Editor, Journal of Trauma and Dissociation

Associate Editor, European Journal of Psychotraumatology

Farmington, Connecticut

Julian D. Ford, PhD, is a board certified clinical psychologist and tenured Professor of Psychiatry at the University of Connecticut School of Medicine and School of Law where he is the Principal Investigator and Director of two Treatment and Services

Adaptation Centers in the National Child Traumatic Stress Network, the Center for Trauma Recovery and Juvenile Justice and the Center for the Treatment of Developmental Trauma Disorders. Dr. Ford serves as an Associate Editor for the *Journal of Trauma and Dissociation* and *European Journal of Psychotraumatology* and as Chair of the American Psychological Association Division of Trauma Psychology Presidential Task Force on Child Trauma. for the American Psychological Association Division of Trauma Psychology. He has served on the International Society for Traumatic Stress Studies Board of Directors and as the Society's Vice President and Secretary. He has published more than 250 articles and book chapters and is the author or editor of 10 books, including *Posttraumatic Stress Disorder, 2nd Edition*, *Treating Complex Trauma: A Sequenced, Relationship-Based Approach* and *Treating Complex Traumatic Stress Disorders in Children and Adolescents: Scientific foundations and therapeutic models*. Dr. Ford developed and has conducted randomized clinical trial and effectiveness studies with the Trauma Affect Regulation: Guide for Education and Therapy (TARGET©) model for and youth adults with complex PTSD.

Keynote Abstract: This presentation describes the impact of poly-victimization on child development and provides an overview of a proposed integrative diagnosis designed to reduce poly-diagnosis and over-treatment of children and youth, Developmental Trauma Disorder. Results of an international survey of child/family serving clinicians and a field trial interview study with the newly developed DTD Structured Interview are described, followed by an overview of a framework for parent-child therapy with developmentally traumatized children designed to enable clients to understand and re-set survival-based changes in the brain and body's stress systems: Trauma Affect Regulation: Guide for Education and Therapy (TARGET).

11:20 – 11:40

Latinos & Trauma

Marta Shinn, PhD

Child Guidance Center, Inc., Santa Ana, California

Trauma affects children and families of all ethnic, cultural, and linguistic backgrounds. However, the way that trauma manifests among individuals of distinct cultural groups sometimes varies. This talk will present the current empirical understanding of how psychological distress from traumatic experiences may be expressed in Latino caregivers and their children. The role of transgenerational trauma on Latino children and its effect on parenting will also be explored.

11:45 – 11:55pm

PCIT App Update

Rebecca Handman, MS

CAARE Diagnostic & Treatment Center, UC Davis Children's Hospital, Sacramento, California

Things are moving and shaking with the PCIT App! News and updates about the PCIT App's development will be discussed, including what's been going on in the development process and what's to come. Brief findings from recent interviews with PCIT therapists will also be presented.

12:00 – 1:00pm

PCIT LUNCHEON BUFFET

1:00 – 2:40pm Round Table Workshops

Please attend the workshops you chose when registering.

Workshops 12 – 17 will take place in the **Covel Commons Building**.

Workshops 18 – 19 will take place next door in the **Carnesale Commons Building**: exit this building, turn left, go down the staircase on your left, enter the building to your right. The **Venice** and **Hermosa** rooms will be on the first floor

12. West Coast: 1:00 – 1:45pm

PDI Coding

Deanna Boys, MA

CAARE Diagnostic & Treatment Center, UC Davis Children's Hospital, Sacramento, California

Now that you're an expert at coding in CDI, join us to practice PDI coding too! Coding sheets will be provided.

13. West Coast: 1:55 – 2:40pm

Talking about Trauma – Trauma Coaching Blurbs

Dawn Blacker, PhD

CAARE Diagnostic & Treatment Center, UC Davis Children's Hospital, Sacramento, California

Brandi Liles, PhD

CAARE Diagnostic & Treatment Center, UC Davis Children's Hospital, Sacramento, California

This workshop will cover the challenges of identifying and coaching trauma symptoms in PCIT clients and caregivers. We will discuss techniques of tailoring your coaching style to families with a trauma history, and integrating trauma-informed psychoeducation in CDI and PDI.

14. South Bay: 1:00 – 1:45pm

Building & Sustaining a Successful PCIT Program

Discussant: Anthony Urquiza, PhD

CAARE Diagnostic & Treatment Center, UC Davis Children's Hospital, Sacramento, California

Nancy Zebell, PhD

CAARE Diagnostic & Treatment Center, UC Davis Children's Hospital, Sacramento, California

Daphne Quick-Abdullah, MS

Los Angeles County Department of Mental Health, Children's System of Care, Los Angeles, California

Amber Cardenas, LCSW

Los Angeles County Department of Mental Health, Children's System of Care, Los Angeles, California

Lori Pack, LCSW

Child Guidance Center, Inc., Santa Ana, California

Training agency staff to provide PCIT is the first step on the road to building a successful PCIT program. However, having a successful PCIT program also requires knowledge on how to develop and support staff's ability to provide this EBP with fidelity, to engage parents in the treatment process, and sustaining these efforts over time. This will be an invited "salon" discussion in which several experienced PCIT leaders will discuss these issues.

15. South Bay: 1:55 – 2:40pm

Talking about Trauma – Spanish Coaching Blurbs

Rosa Valencia, MA

Child Guidance Center, Inc., Santa Ana, California

Veronica Chavez Hernandez, LMFT

Arizona

This workshop will focus on review and implementation of the newly translated Coaching Blurbs for CDI and PDI en Español! These Blurbs focus on appropriate terms, phrases and coaching skills to teach Spanish-speaking caregivers in a way that is culturally inclusive and meaningful. Coaching Blurbs focus on Trauma, as well as working with behaviors that can arise from such experiences including: anxiety, defiance, and avoidance. Please join us as we discuss this exciting advancement with the PCIT en Español movement.

16. Grand Horizon Ballroom: 1:00 – 1:45pm

Introduction to the Trauma Affect Regulation TARGET Model

Julian Ford, PhD, ABPP

University of Connecticut Health Center, Farmington, Connecticut

Affect regulation approaches to psychotherapy for traumatized children and families have shown evidence of efficacy and potentially lower rates of drop-out than trauma memory-processing therapies (Ford, J. D. (2017). Emotion regulation and skills-based interventions. In J. Cook, S. Gold & C. Dalenberg (Eds.), *Handbook of trauma psychology* (Vol. 2, pp. 227-252). Washington, DC: American Psychological Association). Enhancing affect regulation by children and parents can contribute to the development of effective parenting and positive parent-child interactions. The TARGET model for teaching children and parents affect regulation skills is introduced and potential areas of complementarity with PCIT are discussed with audience input.

17. Grand Horizon Ballroom: 1:55 – 2:40pm

Using Touchpoints to Inform Coaching Strategies with Toddlers

Sharon Zone, LCSW

CAARE Diagnostic & Treatment Center, UC Davis Children's Hospital, Sacramento, California

Kate Kaltenbach, LCSW

CAARE Diagnostic & Treatment Center, UC Davis Children's Hospital, Sacramento, California

Elizabeth Mota-Garcia, LCSW, PPSC

CAARE Diagnostic & Treatment Center, UC Davis Children's Hospital, Sacramento, California

Understanding your toddler client's Touchpoints can inform the way you coach caregivers to interact with and manage their child's behaviors. PCIT supports relationship enhancement between a child and their caregiver and provides skills to manage children's problematic behaviors. In order for us as PCIT therapists to fully support this goal, it is important to have knowledge about toddler development, as well as to cater to the young child's needs. This will include the type of play, toys used, and language used, in coaching sessions, among other things. This workshop will provide information to keep in mind and discuss how using Touchpoints can inform strategies for coaching PCIT with kids 1-3 years old.

18. Malibu (Carnesale Commons Building): 1:00 – 2:40pm

Take Coaching to the Next Level: New Tools for Coaching and Training

Marta Shinn, PhD

Child Guidance Center, Inc., Santa Ana, California

Brandi Hawk, PhD

CAARE Diagnostic & Treatment Center, UC Davis Children's Hospital, Sacramento, California

Coach coding is a valuable skill when you are training others. It is also incredibly useful for evaluating and improving your own coaching! If you are currently training, or have any plans to train in the future, this workshop is for you. Join Drs. Marta Shinn & Brandi Hawk to learn how to best evaluate therapists' coaching! We will practice coach coding and using the Assessment of Therapist Coaching while watching some PCIT coaching videos. Handouts will be provided.

19. Hermosa (Carnesale Commons Building): 1:00 – 2:40pm

Symposium – Focusing the Lens of Trauma, Discussant: Jennifer Serico, PhD 1. *PCIT: New Haven Trauma Competencies in Action*; 2. *Identifying Trauma "Hot Spots," Reducing Chronic Arousal, and Promoting Self-regulation in PCIT*; 3. *PCIT Coaching Strategies for Caregivers Exposed to Intimate Partner Violence: Considerations and Adaptations to Treatment*; 4. *PCIT Session Pause: When Trauma Needs & Court Orders Take Center Stage*

Speaker 1:

Natalie Cruz, PsyD

Children's Hospital Los Angeles, Los Angeles, California

With almost half of PCIT-aged children experiencing some form of assault in the past year (Finklehor et. Al, 2013 JAMA Pediatrics), the need for a trauma lens is indisputable. But what does it really mean to be a trauma-informed PCIT therapist? What additional skills, knowledge and attitudes (besides PCIT certification competencies) do clinicians need for PCIT with a trauma lens? A trauma competency framework entails thinking more deeply about the impact of specific PCIT strategies to address trauma in children and caregivers. Based on consensus developed by 60 representative psychologists, social workers and psychiatrists with expertise in trauma, the New Haven Trauma Competencies (Cook, Newman & The New Haven Trauma Competency Group, 2014) delineate basic skills, knowledge and professional attitudes for any mental health clinician working with people impacted by trauma. This workshop will apply the New Haven Trauma Competencies within a PCIT framework. Specific case discussions will be used to explore the role of different trauma competencies in effective PCIT treatment with complex community mental health clients and families. A Trauma Competency Self Evaluation tool will be used with a lifelong learning framework for participants to identify areas of continued professional growth. Finally, strategies for participants to continue to develop competencies into expertise will be explored.

Speaker 2:

Helen Horn, LCSW

Victor Community Support Services, San Bernardino, California
Tracy Heindselman, PhD
Victor Community Support Services, San Bernardino, California

Rooted in social learning and attachment theories, PCIT holds at its very core the PRIDE skills, which can effectively support a child's need for attuned and responsive caregiving central to a secure attachment. For children with trauma, this relationship focus and interaction is crucial to healing. Equally crucial is to support traumatized children's development of emotional and behavioral regulation skills. The child's constant state of high autonomic arousal must be mitigated in order to develop the self-regulation skills required to engage in learning, problem solving, and even attachment. A common challenge is that any particular child's trauma triggers can be difficult to identify. These triggers can, in theory, include any PRIDE skill or behavioral management strategy in the PCIT protocol, for example most commonly in our experience, Time Out. This workshop aims to support PCIT clinicians in recognizing and intervening effectively with trauma "hot spots" to ultimately reduce chronic arousal states and promote development of crucial self-regulation skills.

Speaker 3:

Marie Johnson, PsyD
Children's Hospital Los Angeles, Los Angeles, California
Judy Szklarek, LCSW
Children's Hospital Los Angeles, Los Angeles, California

Intimate Partner Violence (IPV) negatively impacts the psychological well-being of both the victimized caregiver and child, and decreases the quality of the parent-child relationship. Specifically, caregivers exposed to IPV often present with high levels of stress and symptoms related to depression, which leads to reactive, inconsistent, and ineffective parenting. The child is likely to display a myriad of internalizing and externalizing symptoms, and the interaction between the child's behavior and parental response adversely influences the parent-child relationship. The purpose of the current workshop is to provide coaching strategies that will enhance the therapist's ability to appropriately adapt PCIT to the unique needs of families exposed to IPV. Specifically, the goals for the workshop are to identify techniques to adequately assess for exposure to IPV, discuss approaches for providing psychoeducation to parents regarding the effects of exposure to violence on the child, provide specific coaching strategies to use in session to decrease caregiver emotional reactivity and increase the ability to follow through with CDI and PDI skills, and allow an opportunity for reflection on potential issues of countertransference.

Speaker 4:

Emma Girard, PsyD
Riverside County Department of Mental Health, Riverside, California

Interruptions to delivery of evidence based treatments are bound to occur, regardless of the EBT model, be it, medical, pharmacological, psychological or parent management training. In this case study we discuss implementing PCIT skills while pausing the direct PCIT session to prepare George for a court ordered jail visitation with his biological father. This presentation will review how to best address interruptions to treatment, necessary planning steps to increase the likelihood of an effective interruption to treatment and how to resume PCIT services.

2:40 – 2:55pm REFRESHMENT BREAK

2:55 – 3:25pm

Development, Autism Spectrum Disorder, and Trauma: Identification and Treatment Recommendations

Amy Weir, PsyD
CAARE Diagnostic & Treatment Center, UC Davis Children's Hospital, Sacramento, California

The focus of my presentation will involve how trauma complicates behavioral symptoms. In particular, I will help elucidate how symptoms can be both distinct and overlap in individuals with Autism Spectrum Disorder (ASD) and trauma. I will present on available screeners and brief measures for development and trauma, as well as how

comprehensive strategies are used for assessment and diagnosis. I will discuss best practices for trauma, ASD, and dual diagnosis and moving forward with providing/receiving services for these clients.

3:30 – 3:35pm

5 Minutes of Movement!

Musical Choices:

Can't Stop the Feeling!, Justin Timberlake

Happy, Pharrell Williams

Despacito, Luis Fonsi feat. Daddy Yankee

Get out of your seats, feel the music, and keep the beach balls in the air! When the music stops, you just might get a prize. 😊

3:40 – 4:00pm

PC-CARE: Fostering Secure Placements for Traumatized Children in Transition

Brandi Hawk, Ph.D.

CAARE Diagnostic & Treatment Center, UC Davis Children's Hospital, Sacramento, California

Lindsay Forte, MS

CAARE Diagnostic & Treatment Center, UC Davis Children's Hospital, Sacramento, California

Adjusting to foster care can be difficult for children. In this presentation, we describe how PC-CARE, a 6-week parenting intervention can promote warm, sensitive foster parent-child interactions and help foster parents identify behavior management strategies that are most effective with their child to reduce trauma and externalizing symptoms.

4:05 – 4:30pm

Treatment through the Lens of Trauma: What's Next?

Anthony Urquiza, Ph.D.

CAARE Diagnostic & Treatment Center, UC Davis Children's Hospital, Sacramento, California

What's next on the horizon for trauma-informed care? We will discuss the future of mental health services for traumatized children and where PCIT fits in.



**17th Annual Conference on Parent-Child Interaction Therapy
For Traumatized Children
September 27-28, 2017**

Poster Presentation Abstracts

The Relation of Parent-Child Interaction Therapy (PCIT) in Well-being of Young Children with Attention Deficit Hyperactive Disorder and Oppositional Defiant Disorder

Presented by: Naser Ahmadi, MD, PhD, UCLA, Kern Medical

Latino Families and Don't Skills: Implications for Culturally Robust Interventions

Presented by: F. Giovanni Ramos, Center for Children and Families, Florida International University

Predicting Mental Health (MH) Service Use After Parent-Child Interaction Therapy (PCIT)

Presented by: Maria Usacheva, CAARE Diagnostic and Treatment Center, UC Davis Children's Hospital

Maternal Affect in the Intergenerational Transmission of Child Abuse

Presented by: Jessica Louie, MA, Rosemead School of Psychology, Biola University

The Relation of Parent-Child Interaction Therapy (PCIT) in Well-being of Young Children with Attention Deficit Hyperactive Disorder and Oppositional Defiant Disorder

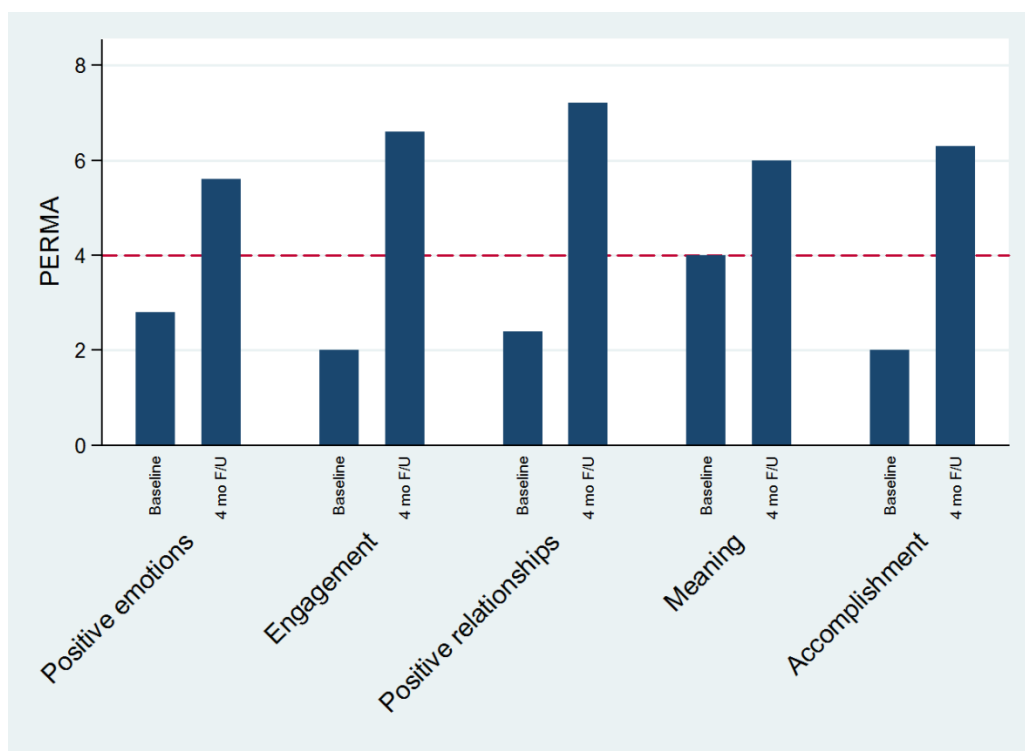
Naser Ahmadi, MD, PhD
Shahzad Chaudhry, MS
Garth Olango, MD, PhD
Mohammed Molla, MD
UCLA, Kern Medical

Subjective: Previous studies have been demonstrated effectiveness of Parent-Child Interaction Therapy (PCIT) in improving children's disruptive behavior problems. This study investigates the effect of PCIT on in Well-being of Young Children with Attention Deficit Hyperactive Disorder (ADHD) and Oppositional Defiant Disorder (ODD).

Method: Eleven consecutive children (age 5-8 years old, 7 male) who scored ≥ 120 on the Eyberg Child Behavior Inventory (ECBI) were received PCIT. The child and families were assessed at baseline, and 4 months after beginning treatment. Parenting skills were measured using the Dyadic Parent-Child Interaction Coding System (DPICS), and child behavior problems were measured using the ECBI and the Child Behavior Checklist (CBCL). Well-being were measured using multidimensional PERMA model (positive emotions, engagement, positive relationships, meaning, and accomplishment). Well-being was defined as low (PERMA score ≤ 3), average (PERMA score 4-5), and high (PERMA score ≥ 6).

Results: At follow up after PCIT intervention, a significant improvement in children's behavior (ECBI baseline: 147 ± 22 vs. follow-up: 80 ± 15 , $p=0.001$), as well as parents' Do and Don't skills, measured by observer rating on DPICS ($d = 2.9$, $d = 1.6$, respectively, $p=0.01$), noted. The total PERMA score, as well as score in each dimension were significantly improved at follow-up in both children and parents, compared to baseline. ($p=0.01$) The most robust improvement was noted in positive relationships, engagements and accomplishments ($p < 0.05$)

Conclusion: The current findings show PCIT is associated with increase in well-being of both children and parents, in addition to significant reduction of children's disruptive behavior. This highlights the importance of simultaneous intervention to address vulnerable symptoms as well as, enhancing well-being in youth with ADHD and ODD.



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Latino Families and Don't Skills: Implications for Culturally Robust Interventions

F. Giovanni Ramos

Angela M. Blizzard

Nicole E. Barroso

Daniel M. Bagner

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In the U.S., the growing Latino population may not equally benefit from parent-training interventions such as Parent-Child Interaction Therapy (PCIT) compared to non-Latino White families. Despite the evidence that Latino parenting practices differ from those of non-Latino White families, no study has compared how Spanish- and English-speaking Latino families acquire and utilize PCIT skills. Twenty-seven mother-infant Latino dyads received a home-based adaptation of the Child-Directed Interaction (CDI) phase of PCIT as part of a larger randomized control trial. Most infants were male (63%), and their average age was 13.7 months ($SD = 1.43$). Most families (52%) lived below the poverty line. The Dyadic Parent-Child Interaction Coding System (DPICS) was employed to evaluate PCIT skills at baseline and post-treatment, as well as at 3- and 6-month follow-up assessments. We conducted multiple linear regression analyses among Spanish-speaking (55%) and English-speaking (45%) families to examine differences in acquisition and utilization of do and don't skills at each assessment while controlling for mother's education. Results yielded no group differences in the acquisition rate of do or don't skills at any time point. However, Spanish-speaking mothers used significantly more don't skills than English-speaking mothers at each assessment. Specifically, Spanish-speaking families used significantly more commands at baseline, post-treatment, and the 6-month follow-up assessments, as well as more questions at post-treatment and at the 6-month follow-up assessments. These findings highlight the importance of addressing cultural values such as respeto to ensure culturally robust parent-training programs for Latino families.

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Predicting Mental Health (MH) Service Use After Parent-Child Interaction Therapy (PCIT)

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The purpose of this study was to examine predictors and patterns of mental health (MH) services use during a 5-year period after children with and without histories of maltreatment were discharged from PCIT. Participants were 325 children referred to PCIT for treatment for disruptive behavior problems together with their biological mothers.

Results showed that 1) maltreatment and associated trauma, as well as externalizing behavior scores at pre-treatment predict the number of months spent in MH treatment the first year after PCIT discharge; 2) the dose of exposure to PCIT does not predict MH service use during the first year; 3) the best predictor of months spent in treatment for years 2 through 5 was months spent in treatment the previous year. Additionally, the trend of MH use after PCIT discharge shows high stability: children who used MH services more months during year 1 were also more likely to use such services more during each consecutive year.

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Maternal Affect in the Intergenerational Transmission of Child Abuse

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Research has suggested that parents who were maltreated as children are significantly more likely to maltreat their own children, creating an intergenerational transmission of child abuse (Kaufman & Zigler, 1987). However, there is still debate on the rate of transmission as well as whether the intergenerational transmission of child abuse exists, with some researchers suggesting that there is not enough evidence substantiating the claim (Ertem, Leventhal, & Dobbs, 2000). In addition, the mechanism by which child maltreatment is transmitted intergenerationally is inconclusive. Recent research has suggested that maltreated children have higher levels of negative affect (Kim-Spoon, Cicchetti, & Rogosch, 2013). These children may continue to suffer from negative affect in adulthood, making them more prone to further abuse their own children (Smith, Cross, Winkler, Jovanovic, & Bradley, 2014). The purpose of this study is to assess the role of maternal negative affect in moderating the relationship between maternal experience of child abuse and potential child abuse in the intergenerational transmission of violence. This study will measure maternal child abuse experience, maternal negative affect, and child abuse potential of 184 mother-child dyads obtained from a university clinical setting. Data will be obtained from a university child abuse and prevention treatment center. Data includes demographic information, pre-treatment assessment, and behavioral observations on both the child and the mother. A hierarchical multiple regression was used to determine the moderating effects of maternal negative affect. Results indicate that maternal history of childhood abuse predicted current child abuse potential. Maternal negative affect was found to moderate the relationship between maternal childhood experience of abuse and current potential for abusive parenting.

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