

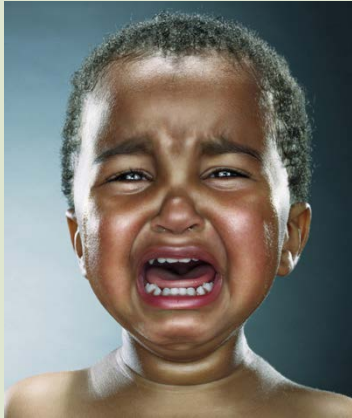
Is PCIT Enough?



**IMPROVING OUTCOMES FOR YOUNG
CHILDREN WHO HAVE EXPERIENCED
TRAUMA**

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Trauma and Young Children



Trauma Treatment



- **Best practices for child trauma treatment**
 - National Child Traumatic Stress Network
 - California Evidence-Based Clearinghouse for Child Welfare
 - Evidence-Based Treatments for Trauma Related Disorders in Children and Adolescents (Edited by Landolt, Cloitre & Schnyder, 2017)
- **Common Evidence-Based Models**
 - Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
 - Child Parent Psychotherapy
 - Parent Child Interaction Therapy (PCIT)



PCIT & Trauma in the Literature



- **Theoretically, PCIT is a good fit for children who have experienced trauma**
 - Herschell & McNeil, 2005
 - Timmer, Urquiza, Herschell, McGrath, Zebell, Porter & Vargas, 2006
- **PCIT has been shown to be efficacious with trauma exposed populations**
 - Van Horn & Lieberman, 2009
 - Gurwitch, Messer & Funderbunk, 2017



More PCIT & Trauma in the Literature



- In a child welfare population, studies indicate significant reductions in child externalizing behaviors
 - Toptzes, Mersky & McNeil, 2015
- PCIT has been demonstrated to positively impact child trauma symptoms in community samples
 - Pearl et al., 2012
- Why does PCIT work for children who have experienced trauma?

The Essential Elements of Trauma Informed Child Welfare Practice (NCTSN, 2008)



- Maximize the child's sense of safety.
- Assist children in reducing overwhelming emotion.
- Help children make new meaning of their trauma history and current experiences.
- Address impact of trauma and subsequent changes in the child's behavior, development, and relationships.
- Coordinate services with other agencies.
- Utilize comprehensive assessment of the child's trauma experiences and their impact on the child's development.
- Support and promote positive and stable relationships in the life of the child.
- Provide support and guidance to the child's family and caregivers.
- Manage professional and personal stress.

Treatment Considerations

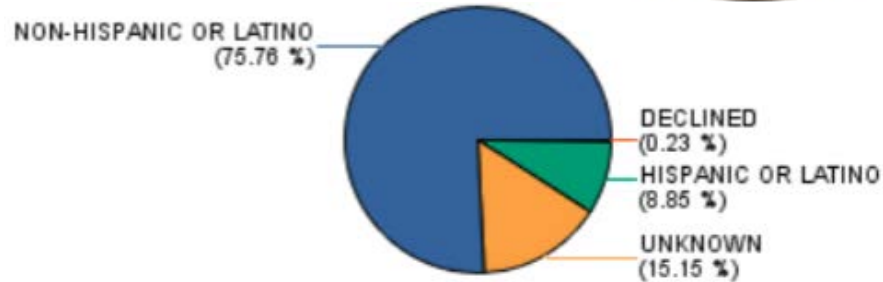
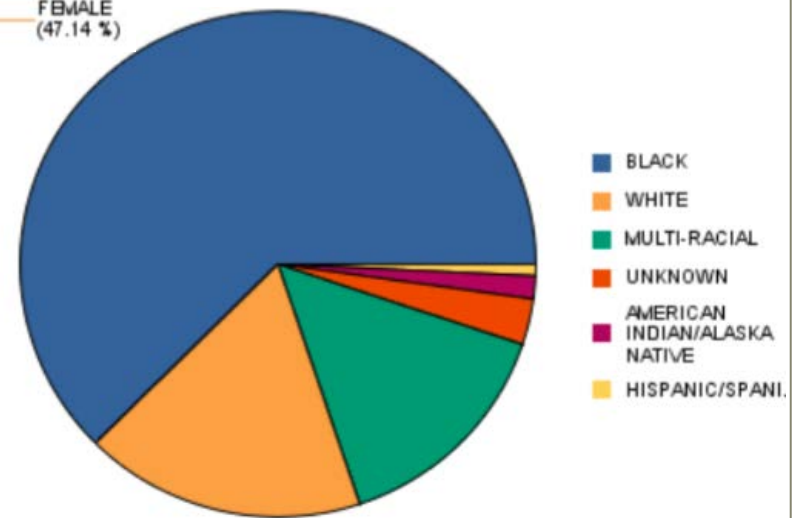
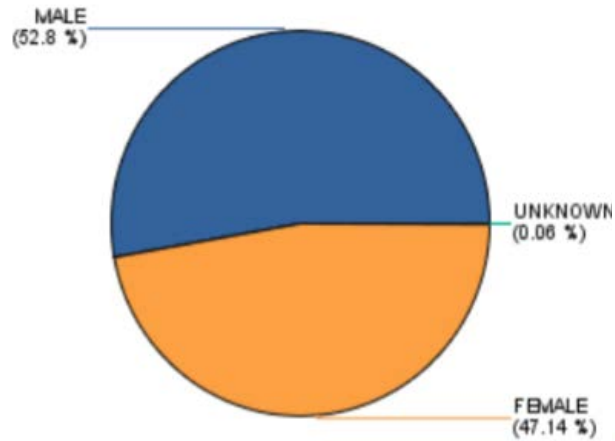


- How do we decide what the best treatment model is when we have options that are supported by research?
- How do we determine what aspects of treatment will best fit the needs of the child?
 - Assessment of symptoms and behavior
 - Parent considerations



Center for Child & Family Traumatic Stress

Data presented refer to the population served by the clinic between January 1, 2010 and January 1, 2017, which includes 3,383 clients.

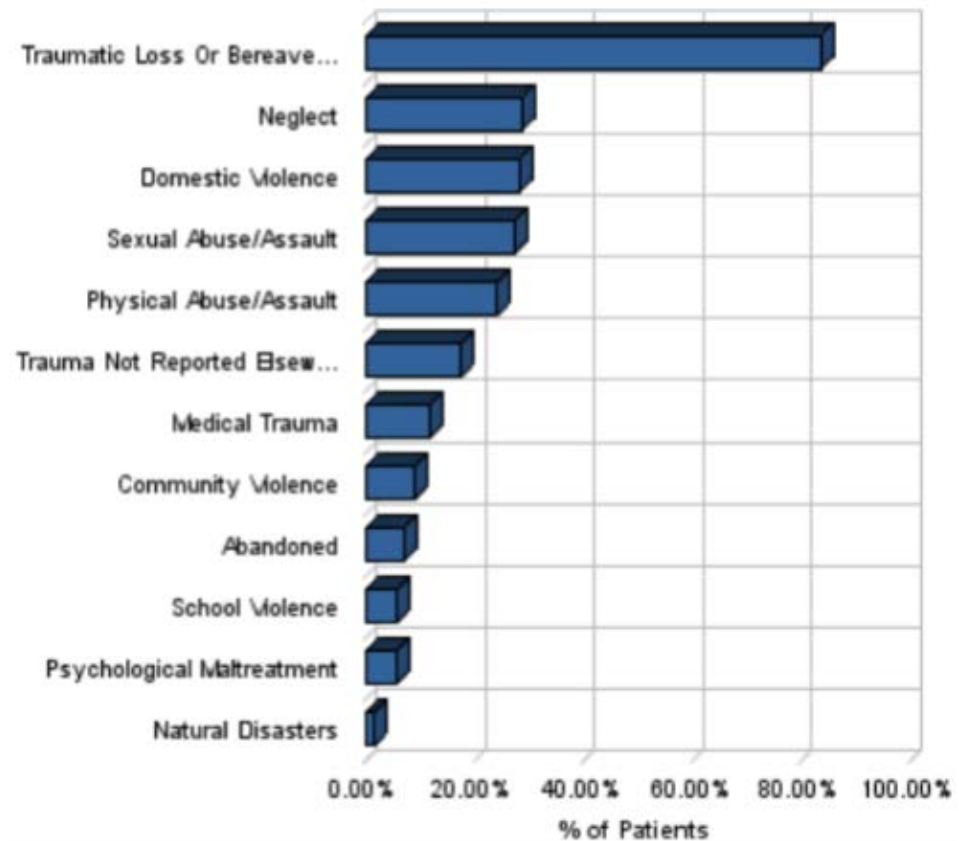




Traumatic experiences for children and families

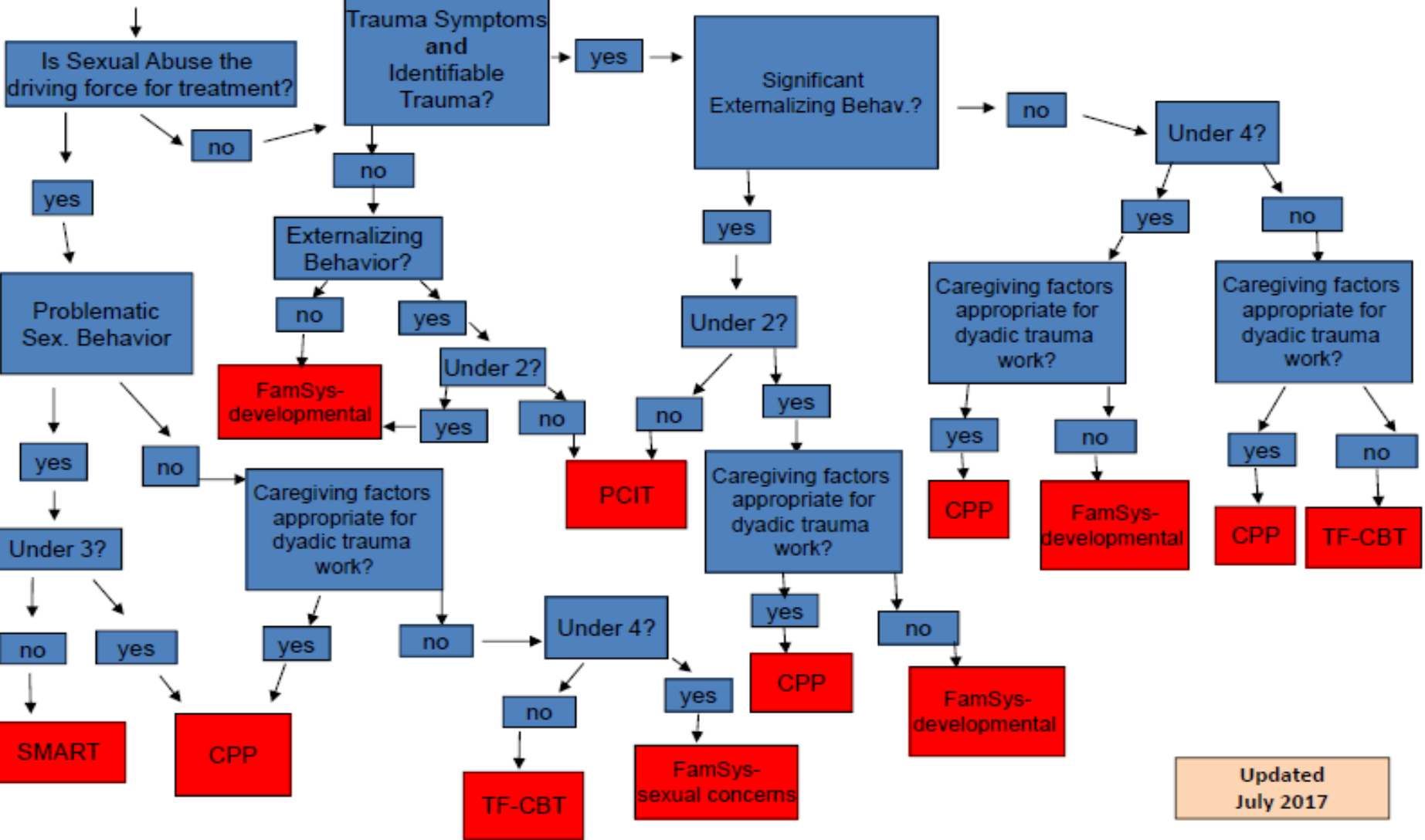
Clients and families seen at the clinic have varied traumatic experiences and related symptoms, which guide treatment decisions.

Traumatic Event?	Distinct Patients	% of Patients	Distinct Events
Yes	3,206	94.77%	10,138
None	169	5.00%	0
Unknown	8	0.24%	0
Total	3,383	100.00%	10,138



Children Under Six

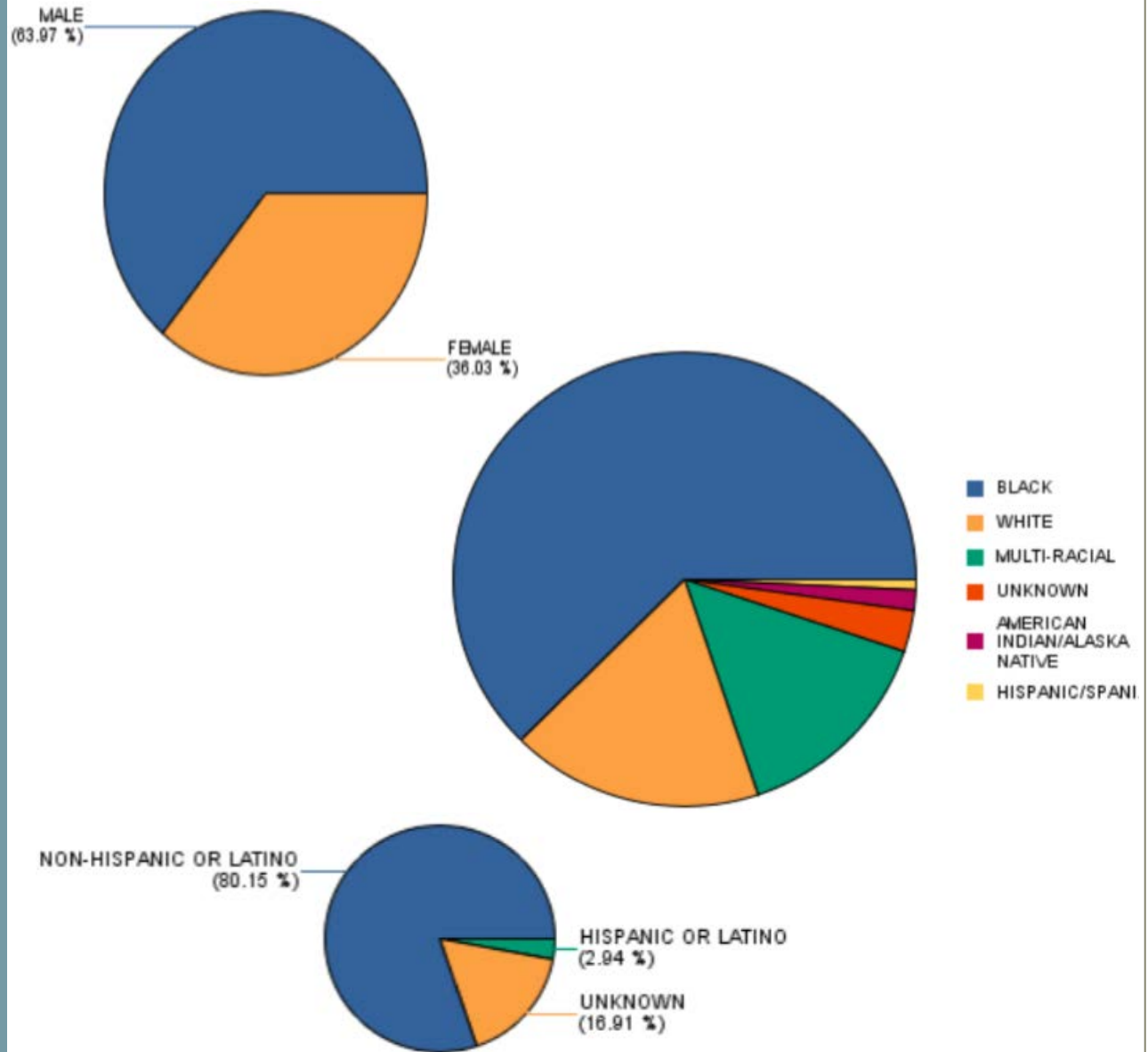
Pathway for Children Under Six



Updated July 2017

PCIT Clinic at the Center for Child & Family Traumatic Stress

128 families were referred to or received PCIT at our traumatic stress center between January 2010 and January 2017.

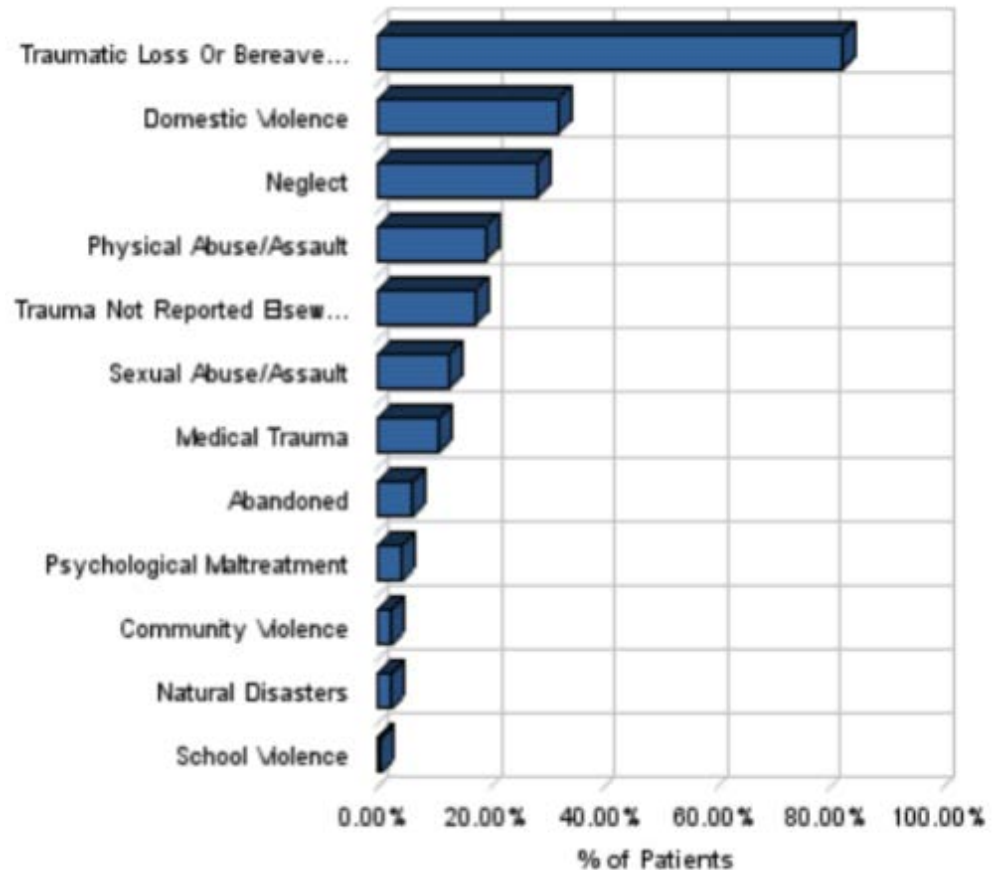




PCIT Clinic at the Center for Child & Family Traumatic Stress

Typically children referred to the PCIT clinic experience more externalizing symptoms that may get in the way of other trauma treatment.

Traumatic Event?	Distinct Patients	% of Patients	Distinct Events
Yes	109	85.16%	300
None	19	14.84%	0
Total	128	100.00%	300



PCIT Implementation at KKI

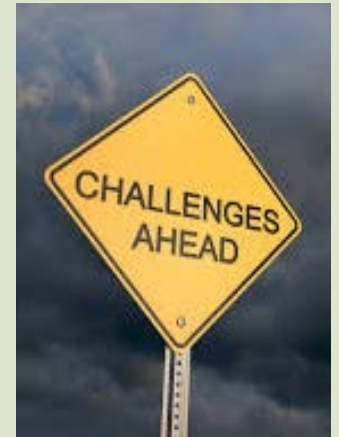


- **Engagement**

- Significant dropout before start of PCIT - 33%
- Clients who attended 2 sessions or fewer – 11%

- **PCIT dropout**

- Family instability and/or caregiver mental health - 25%
- Noncompliance due to other issues - 18%
- 72% did not complete PCIT
- Danko et al, 2016 - 52% dropout in community sample



PCIT Successes & Follow-up Treatment



- **Clinical benefit**
 - ECBI change
 - ✦ 49 point average decrease regardless of treatment completion
 - Maximum clinical benefit
- **Graduation statistics**
 - Of clients who started PCIT and have completed treatment, 28% graduated successfully
 - 52 point average ECBI decrease, no increases
- **Treatment after PCIT**
 - Of clients who completed PCIT, 50% required continued treatment
 - 70% of follow-up treatment to address trauma symptoms

Case Examples



- **CDI for stabilization**
- **Trauma Interference at PDI**
- **PCIT Success with need for continued treatment due to intergenerational trauma and parent mental health**



Limitations



- **Limitations**

- Incomplete tracking and assessment
- Changes in pathway
- Research study affected pathway
- Commitment to treatment fidelity
- Changes to policies
 - ✦ Transportation
 - ✦ Missed sessions



Conclusions



- **Treatment planning**
 - Thorough evaluation
 - Establish planned pathways and inclusion/exclusion criteria
- **Potential Engagement Strategies**
 - Trauma psychoeducation at start of treatment
 - Motivational Interviewing
 - Parent mental health treatment
- **Continued Assessment**
 - Determine need for follow-up treatment
 - Future research on impact of intergenerational or chronic trauma on need for continued treatment



QUESTIONS



THANK YOU!

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