PCIT and Child Trauma

Anthony Urquiza, Ph.D.

PCIT Training Center
University of California, Davis
CAARE Center
Sacramento, CA
916-734-7833
www.pcittraining.tv

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PCIT and Child Trauma

What is Child Trauma?
What is Child Trauma?

That was a question...
PCIT and Child Trauma

Oh wise one… What is the answer?

Clearly,
it must lie in the DSM-IV-TR
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>CHILD TRAUMA

DSM-IV-TR diagnosis of PTSD:

- Traumatic event
- Re-experiencing of the traumatic event
- Avoidance of the traumatic event
- Sxs of arousal
  1. difficulty falling or staying asleep
  2. irritability or outbursts of anger
  3. difficulty concentrating
  4. hypervigilance
  5. exaggerated startle response
What is this?

Video #1
What is this?

Is this child displaying trauma symptoms?
Identifying the traumatized child at intake...

> DSM-IV-TR Dx of OPPOSITIONAL DEFiant DISORDER:
  - A pattern of negativistic, hostile, and defiant behavior lasting at least 6 months, during which four (or more) of the following are present:
  - (1) often loses temper
    (2) often argues with adults
    (3) often actively defies or refuses to comply with adults' requests or rules
    (4) often deliberately annoys people
    (5) often blames others for his or her mistakes or misbehavior
    (6) is often touchy or easily annoyed by others
    (7) is often angry and resentful
    (8) is often spiteful or vindictive
What is this?

*Is this child displaying trauma symptoms?*
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Well this is a problem...

Identifying the traumatized child at intake...

> OPPOSITIONAL DEFIANT DISORDER

> TRAUMATIZED CHILD

> Both ODD and TRAUMATIZED CHILD

What does this mean?
PCIT and Child Trauma

Identifying the traumatized child at intake…

>**OPPOSITIONAL DEFIANT DISORDER:**
Is this a child problem, parent problem, or parent-child problem?

**Child:** ADHD/overactive, learning disability, autism spectrum,

**Parent:** Inconsistent parenting, overcontrolling (intrusive/demanding),
undercontrolling (permissive), overly negative, relative absence of
warmth/nurturing

**Parent-Child:** A combination of the two above.

*These are the parent-child dyads for whom PCIT was developed*
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Identifying the traumatized child at intake...

> Both ODD and Traumatized Child

Features of ODD and Child Trauma, often associated with...

- Maternal depression
- Substance abuse (e.g., methamphetamines; alcohol)
- Limited parent intellectual ability
- Domestic violence
- Unstable living situation/homelessness
- CPS involvement/Physical abuse/neglect of the child
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Identifying the traumatized child at intake…

>Oppositional Defiant Disorder:

>Traumatized Child

>Both ODD and Traumatized Child

Which of these groups are the clients you see in your clinic?
Yes! You got it right!

Most of the clients we see in community mental health clinics are a combination of ODD and child trauma.

Why?
The families with traumatic events often have parents with poor and inconsistent parenting skills.
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This is why I said, a year ago, that PCIT is beneficial for traumatized children…

A quick 6 slide review
A Brief History: PCIT and Child Trauma

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

<table>
<thead>
<tr>
<th></th>
<th>Pre-tx</th>
<th>Post-tx</th>
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<tbody>
<tr>
<td><strong>Internalizing</strong></td>
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<tr>
<td>Non-trauma</td>
<td>47.8</td>
<td>42.3</td>
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<tr>
<td>Trauma</td>
<td>64</td>
<td>53.3</td>
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<tr>
<td><strong>Externalizing</strong></td>
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<tr>
<td>Non-trauma</td>
<td>51.2</td>
<td>44.6</td>
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<td>70.8</td>
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## Treatment Effects: Pre- & Post-PCIT Means on PSI Scales by Trauma Group

<table>
<thead>
<tr>
<th></th>
<th>Non-trauma</th>
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<th>Non-trauma</th>
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</thead>
<tbody>
<tr>
<td><strong>Parent Distress</strong></td>
<td>22.8</td>
<td>25.8</td>
<td>20.8</td>
<td>27</td>
<td>26.7</td>
<td>40.5</td>
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<tr>
<td><strong>Parent-Child Dysfunction</strong></td>
<td>19.9</td>
<td>23.2</td>
<td>18.4</td>
<td>22.5</td>
<td>22</td>
<td>30.3</td>
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<tr>
<td><strong>Difficult Child</strong></td>
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*Pre-tx* (blue bars) and *Post-tx* (green bars)*
Treatment Effects: Pre- & Post-PCIT Means on TSCYC Scales by Trauma Group
‘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
### ‘PCIT for Traumatized Children’

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<th>Affective Symptoms</th>
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- **A.** Improved parenting skills
- **B.** Increased consistency in parenting skills
- **C.** Increased parental responsivity 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
### ‘PCIT for Traumatized Children’

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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**
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?

*Make yourself a note to email me About the ‘Decision Tree’
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And now for something (almost) completely different...

and now it's time for something completely different
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What is really cool about PCIT?
PCIT and Child Trauma

What is really cool about PCIT?

>Emphasis on positive affect

>Structure and general ‘clear and precise’ protocol

>‘In Vivo’ coaching
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**PRACTICE**

- **P**sychoeducation and parenting skills
- **R**elaxation skills
- **A**ffect expression and regulation skills
- **C**ognitive coping skills and processing
- **T**rauma narrative
- **I**n vivo exposure (when needed)
- **C**onjoint parent-child sessions
- **E**nhancing safety and future development

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<tr>
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<th>Little Kids</th>
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<td>Psychoeducation and parenting skills</td>
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Psychoeducation: ‘When Dad and I Argue’

Video #3
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Relaxation Skills: Deep Breathing

Video #4
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Remember,

The key to healthy families, recovering from trauma, and managing disruptive child behavior lies in...

Warmth
Sensitivity
Attention and Responsivity to child cues
Consistency
Can we do more – Absolutely – but PCIT is a lot!
‘PCIT for Traumatized Children’

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PCIT for Traumatized Children Web Course

• Foundational PCIT training
• Flexible study options
• A gateway to PCIT certification
Thank you!

Anthony J Urquiza, Ph.D.
916-734-7608
anthony.urquiza@ucdmc.ucdavis.edu

Lindsay Forte
916-734-7608
lindsay.forte@ucdmc.ucdavis.edu

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DEVELOPMENTAL TRAUMA DISORDER

> Exposure to a traumatic event
> Triggered pattern of dysregulation in response to cues:
  Affective          Somatic          Behavioral
  Cognitive          Relational       Self-Attribution

Persistently Altered Attributions/Expectancies:
Negative Self-Attribution
Distrust Protective Caregiver
Loss of Expectancy of Protection by Others
Loss of trust in Social Agencies to Protect
Lack of Recourse to Social Justice/Retribution
Inevitability of Revictimization

Van der Kolk