



Intake Assessment Checklist

To-Do List:

- ☐ Obtain Consent to Treat
- ☐ Obtain Consent to Video
- ☐ Conduct Clinical Interview
- ☐ Administer & Interpret Required Standardized Assessments
- ☐ Conduct and Record 15 Minute Observation & Document Results on Skill Acquisition Profile
- ☐ Develop Treatment Goals with Caregiver
- ☐ Prepare Child Treatment Goals Form for use in CDI Teaching Session
- ☐ Enter information into PCIT Log



PCIT for TRAUMATIZED CHILDREN **Steps for PCIT Intake Session**

Step	Directions
1	<ul style="list-style-type: none"> Bring child and caregiver into PCIT room Have toys for child to play with while you talk to the parent and a standard set of toys nearby for the observational assessment
2	<ul style="list-style-type: none"> Have parent sign all consent forms
3	<ul style="list-style-type: none"> Standardized assessments: Have caregiver complete CBCL, PSI, ECBI, and TSCYC preferably before meeting with therapist Review ECBI with parents. This will give you information about the child's behaviors that PCIT can directly target
4	<ul style="list-style-type: none"> Explain to caregiver that you are going to do a 15-minute observation exercise that will give you information about the child's typical behaviors Explain that you will be out of the room giving the caregiver instructions through an FM receiver every 5 minutes and be silent during the exercise Reassure the caregiver that you will return to the room when finished
5	<ul style="list-style-type: none"> Have child and parent seated next to each other Show the caregiver how to use the FM receiver. Suggest that the caregiver put the ear bud in the ear away from child Remove all other objects from play area (e.g., purses, paperwork)
6	<ul style="list-style-type: none"> Go into observation room Turn the video recorder on "Record"
7	<ul style="list-style-type: none"> Have DPICS Data Recording Sheet ready
8	<ul style="list-style-type: none"> Put on headset Ask caregiver if they can hear you Make adjustments if needed
9	<ul style="list-style-type: none"> Read to caregiver the first segment (CDI) of the DPICS instructions
10	<ul style="list-style-type: none"> Write start time on DPICS Data Recording Sheet

11	<ul style="list-style-type: none"> • Code caregiver for 5 minutes • Write stop time on DPICS Data Recording Sheet
12	<ul style="list-style-type: none"> • Read caregiver the second segment of DPICS Instructions (PDI) • Note Start time and observe for 5 minutes • Make notes about the parent-child interactions and the strategies the caregiver uses to get the child to comply with their commands
13	<ul style="list-style-type: none"> • Read caregiver the third segment of DPICS Instructions (Clean Up) • Observe for 5 minutes • Make notes about the parent-child interactions and the strategies the caregiver uses to get the child to comply with their commands
14	<ul style="list-style-type: none"> • At end of 15 minutes, go into the room and debrief with parent • Ask if what you observed was fairly typical • If child exhibited difficult behaviors, reassure caregiver that you are glad you got to observe these behaviors and that PCIT will improve child's behaviors
15	<ul style="list-style-type: none"> • If caregiver needs to complete standardized assessments, have them finish them or take them home • These measurements must be completed before the PCIT didactic teaching session or the data is no longer considered a pre-treatment assessment
16	<ul style="list-style-type: none"> • Develop treatment goals and objectives using the Child-Parent Treatment Form and ECBI coaching words sheet before the CDI teaching session
17	<ul style="list-style-type: none"> • Enter results of coding from the first 5-minutes of the observational assessment (CDI) onto the Skill Acquisition Profile • Write progress notes
18	<ul style="list-style-type: none"> • Fill in information on the PCIT Log



PCIT for TRAUMATIZED CHILDREN

Inclusion & Exclusion Criteria

INCLUSION:

Funding	<ul style="list-style-type: none"> • There is a funding source to serve the family
Age	<ul style="list-style-type: none"> • The child is between the age of 2 and 8 years
Placement	<ul style="list-style-type: none"> • The child resides with the caregiver that will receive PCIT services Or • The child will reside with the caregiver that will receive PCIT services within eight to ten weeks of initiating treatment and the caregiver has liberal visitation to practice the skills until reunification occurs
Behaviors	<ul style="list-style-type: none"> • The child is exhibiting difficult to manage behaviors according to referring party (i.e. school authorities, social worker, self-referred parent, pediatrician, therapist, etc.)
Standardized Assessments*	<ul style="list-style-type: none"> • Results of standardized assessments of child behavior problems (ECBI, CBCL) indicate symptoms in clinical significant range (e.g. $T > 60$) and/or • Results of standardized assessment of parenting stress (PSI) indicate Parent Distress, Dysfunctional Parent-Child Relationship, or Difficult Child Behaviors in the clinical range (e.g., $> 85\%$ile)
Behavioral Observation*	<ul style="list-style-type: none"> • Results of the 15 Minute Behavioral Observation (DPICS) indicate that the child's behaviors are difficult to manage

** **Defensive reporting:** Caregiver may report lower scores and/or child behavioral problems during clinical interview, pre-measurements and behavioral observation which may reflect defensive reporting (i.e. involvement with CPS, custody issues, court ordered treatment, fear that child may be removed from home, etc, or, the parent and child would benefit from PCIT even though the measures are not elevated).*



PCIT for TRAUMATIZED CHILDREN

Inclusion & Exclusion Criteria

EXCLUSION:

Child	<ul style="list-style-type: none"> Child does not meet any of the criteria above (i.e. age, unstable placement, low behavioral problems, etc.)
Clinical Interview	<ul style="list-style-type: none"> In the clinical interview, the caregiver indicates an inability to consistently participate in PCIT (i.e. medical problems, transportation difficulties, day care arrangements of other children, etc.) The child has a diagnosis that contraindicates a referral to PCIT (e.g., psychosis, severe mental delay, severe developmental disorder, physical limitation to participate in play activities, etc.) The caregiver has a diagnosis that contraindicates the decision to provide PCIT (e.g. active chemical dependency, psychosis, severe mental delay, personality disorder, severe depression, physical limitation to participate in play activities, etc.) Background history or clinical interview indicates that the child is a victim of sexual abuse and the caregiver is the alleged perpetrator, or if non-offending caregiver does not support/believe the sexual abuse allegations. Other mental health treatment interventions are being recommended prior to initiating PCIT.



SAMPLE CONSENT FORM

CONSENT TO VIDEO TAPE PCIT SESSIONS

CLIENT NAME _____

CAREGIVER NAME _____

CHILD'S DOB _____ AGE _____ SEX _____

I authorize the **AGENCY NAME** to interview, photograph or make other visual or audio recordings of me. I also authorize this treatment agency to use the interview, photographs, and/or recordings for staff education, clinical supervision and training.

This permission is given by me is subject to the following restrictions and/or limitations (if any):

I acknowledge that I have voluntarily given this authorization for the purpose of contributing to the advancement of scientific understanding, education, health care improvement, research, or other purposes as may be determined to be appropriate, without expectation of payment or other compensation, either now or in the future. As such, I, my family, heirs and assigns, hold the **AGENCY NAME** harmless from and against any claim for compensation or harm resulting from the activities authorized by this agreement.

PATIENT or patient's legal representative and relationship to patient (Date) / (Time) AM/PM

INFORMANT and printed name of informant TRANSLATOR or Witness



PCIT for TRAUMATIZED CHILDREN

PCIT Assessment Measures Schedule

Measure	Approximate Time to Complete	Intake	Mid-Treatment	End of Treatment	Weekly!
WACB-P (CDI)	5 minutes				X
WACB-N (PDI)	5 minutes				X
5 – Minute Observation	5 minutes				X
15 – Minute DPICS	30 minutes	X	X	X	
CBCL	20 minutes	X	<i>Optional</i>	X	
PSI (Short Form)	5 – 10 minutes	X	<i>Highly Recommended</i>	X	
ECBI	5 – 10 minutes	X	X	X	
TSCYC	20 minutes	X	<i>Optional</i>	X	
TAI	10 minutes		<i>Highly Recommended</i>	X	

15 – Minute DPICS Information & Coding Sheet: Dyadic Parent-Child Interaction Coding System Observation

Location: PCIT Tx Manual

CBCL: Child Behavior Checklist

Location: (<http://shop1.mailordercentral.com/aseba/products.asp?dept=22>)

PSI (Short Form): Parenting Stress Index

Location: (<http://www4.parinc.com/ProductSearch.aspx?q=psi%20short%20form>)

ECBI: Eyberg Child Behavior Checklist

Location: (<http://www4.parinc.com/Products/Product.aspx?ProductID=ECBI>)

TSCYC: Trauma Symptom Checklist for Young Children

Location: (<http://www4.parinc.com/ProductSearch.aspx?q=tscyc>)

TAI: Therapy Attitude Inventory

Location: (<http://pcit.ucdavis.edu/forms/treatment-manual-general-info/>)



What to do with standardized measures...

Do you ever find yourself staring blankly at a stack of measures that a parent has just given you? You want to acknowledge the parent’s hard work in filling them out, but where do you begin? Here are some quick and easy strategies for making the measures meaningful—to the parent and to you!

The first thing to do when a parent gives you back a packet of measures is to look at every single one of them.

- Look for places the parent skipped over.
- If there are no skipped items, praise the parent for being thorough!
- If you find a skipped item, ask how the parent would answer and mark it down.



Here are some hints for things you can look for and say for each measure:

Measure	Scale	Hints
ECBI	<ul style="list-style-type: none"> Intensity scale 	<ul style="list-style-type: none"> Scan for behaviors marked 5, 6, or 7 in intensity. <ul style="list-style-type: none"> If there are a LOT of behavior problems marked 5, 6, or 7, tell the parent, “It looks like [CHILD] has quite a few problem behaviors, especially [a couple of behaviors marked as 7]”. If there are only a few marked 5, 6, or 7, tell the parent, “It looks like [CHILD] is not giving you too many problems, except [behaviors rated highest]”.
	<ul style="list-style-type: none"> Problem scale 	<ul style="list-style-type: none"> Scan the number of behaviors the parent claims are PROBLEMS (Yes) <ul style="list-style-type: none"> Not too many problems: “Looks like you feel as though most of these behaviors are not big problems for you or your family.” Many problems: “Looks as though [CHILD] is very difficult to manage.”
CBCL	OVERALL	<ul style="list-style-type: none"> Scan quickly for a sense of how many behaviors are marked as “frequent” (2). Look to see whether parent wrote anything in response to the question about what most concerns them about the child and the best things about the child. Nod your head to the parent, acknowledging that you understand.
	<ul style="list-style-type: none"> Aggressive/Oppositional (Externalizing) 	<ul style="list-style-type: none"> If you want to spend a little more time with this measure, look at items 15 – 18 and 81 – 85. These items will give you a quick sense of the child’s oppositional and aggressive behaviors.

PSI Short Form	<ul style="list-style-type: none"> • Parent Distress 	<ul style="list-style-type: none"> • First 12 items; SA and A are more concerning responses.
	<ul style="list-style-type: none"> • Parent-Child Dysfunctional Relationship 	<ul style="list-style-type: none"> • Items 13 – 24; SA and A are more concerning responses.
	<ul style="list-style-type: none"> • Difficult Child 	<ul style="list-style-type: none"> • Items 25 – 36; SA and A are more concerning responses.
	OVERALL	<ul style="list-style-type: none"> • Look at the items marked as SA, and make a general comment (e.g., “It looks as though [CHILD’s] moods are difficult to deal with”). • If you feel as though you are being a little negative, look at the items marked as SD, and make a general comment (e.g., “but [CHILD] responds to you pretty well”).
TSCYC	<ul style="list-style-type: none"> • Item 11 is “being bothered by memories” • Item 36 is “suddenly seeing, feeling, or hearing something bad that happened in the past” • Item 69 is “crying when... reminded by something from the past” 	<ul style="list-style-type: none"> • Take a look at the three items on the left and see what the parent reports. Items marked “3” or “4” are most concerning indicators of PTS.
		<ul style="list-style-type: none"> • If you know that the child has experienced trauma, make a comment about how the child is handling the past difficulty.
		<ul style="list-style-type: none"> • If the parent has not said anything about past trauma but marks any of these 3 items as 3 or 4, ask what happened in the past.



PCIT LOG

Child's Initials: _____

Trainee/Therapist: _____

Caregiver's PCIT participation: Primary ☐ Secondary ☐

Agency: _____

Referred by: _____

Caregiver Info

Relationship of caregiver to child: _____ Adult ethnicity: _____

Primary Language: _____ Age of cgvr: _____ Years of schooling _____

Caregiver gender: Male ☐ Female ☐ Custody status (bio parents): ☐ Full ☐ Partial/joint ☐ Reunifying

Marital Status: ☐ Married ☐ Living with partner ☐ Divorced ☐ Separated ☐ Widowed ☐ Single/Never Married

Work status: ☐ Employed ____ hrs/week ☐ Full-time foster parent ☐ Unemployed ☐ Student ☐ Disabled ☐ Retired

Receipt of financial compensation: ☐ None ☐ Foster care monies ☐ Unemployment ☐ Welfare (Gen Assist.)

☐ Disability ☐ Other _____

Child Info

Child's Age: _____ Sex: Male ☐ Female ☐

Child's Ethnicity: _____ Primary Language: _____

Length of time with this caregiver: _____ Placement change during tx? Yes ☐ No ☐

Diagnosis (DSM codes): Axis Ia ____ Axis Ib ____

Treatment funding source: ☐ Gov't subsidy ☐ Grant ☐ Private Insurance ☐ Self-pay/sliding fee ☐ Other _____

Child Maltreatment History

Perpetrators:

History of sexual abuse: None ☐ Suspected ☐ Documented ☐ 1) _____ 2) _____

History of physical abuse: None ☐ Suspected ☐ Documented ☐ 1) _____ 2) _____

History of neglect: None ☐ Suspected ☐ Documented ☐ 1) _____ 2) _____

Domestic Violence: None ☐ Suspected ☐ Documented ☐ 1) _____ 2) _____

Prenatal exposure to AOD: None ☐ Suspected ☐ Documented ☐ (Type of substance(s): _____)

Treatment Info:	PRE-Treatment	MID-Treatment	POST-Treatment	Termination Date
DPICS Dates:	_____	_____	_____	_____
# Parent Talk:	_____	_____	_____	
# Unlabeled Praises:	_____	_____	_____	
# Labeled Praises:	_____	_____	_____	
# Reflections:	_____	_____	_____	
# Behavior Descriptions:	_____	_____	_____	
# Questions:	_____	_____	_____	
# Indirect Commands:	_____	_____	_____	
# Direct Commands:	_____	_____	_____	
# Negative Talk:	_____	_____	_____	
# Child comply w/command:	_____	_____	_____	

Treatment Info (cont'd):

PCIT completed? Completed ☐ Early termination ☐ (Reason ended PCIT: _____)

CDI [# of sessions] _____: Completed? Yes ☐ No ☐

PDI [# of sessions] _____: Completed? Yes ☐ No ☐

Who terminated PCIT? _____ Treatment goals met? Yes ☐ Some ☐ No ☐

Change in functioning? Improved ☐ No change ☐ Worsened ☐

Prognosis: _____

List other services client received during PCIT and approximate number of hours:

1) _____ 2) _____ 3) _____

PSI

	Pre (Raw score)	Mid (Raw score)	Post (Raw score)	Cut-offs
Defensive Responding	_____	_____	_____	<11
Parental Distress	_____	_____	_____	>35
Parent-Child Dysfunction	_____	_____	_____	>32
Difficult Child	_____	_____	_____	>35
Total Stress	_____	_____	_____	>101

ECBI

	Pre (raw score)	Mid (raw score)	Post (raw score)	Cut-offs
Intensity	_____	_____	_____	>130
# of Problems	_____	_____	_____	> 14

TAI

Post
Total Score _____

CBCL

	Pre (T-score)	Mid (Optional) (T-score)	Post (T-score)
Internalizing	_____	_____	_____
Externalizing	_____	_____	_____
Total Score	_____	_____	_____

**Clinical Cutoffs: T scores >64

TSCYC

	Pre (T-score)	Post (T-score)
PTS Arousal	_____	_____
PTS Avoidance	_____	_____
PTS Intrusion	_____	_____
PTS Total Score	_____	_____

**Clinical Cutoffs: T scores >69



DPICS PROTOCOL

- 1) Only one child and one parent should be in the treatment room when doing the DPICS assessment.

Do not allow siblings to remain in the PCIT room during the DPICS session, even if the siblings are playing with another adult.

- 2) When choosing toys for the DPICS assessment, keep in mind the following:
 - Big, tall toys (garages, barns, etc.) make it hard to see the child's face or what he/she is doing
 - Loud toys make it hard to hear what the parent and child are saying
 - Using the same toys for the 15 minute DPICS exercise makes it easier to judge the severity of difficulties and progress in treatment

- 3) Read the instructions as they are written. Avoid prompting, or telling the parent to “use all their PCIT skills” or “not to forget to praise, reflect, and describe”.

- 4) Check to make sure you flip the “mute” switch once the parent has signaled that they understood your directions.

- 5) Do not go into the therapy room during the 15-minute observational assessment unless it's an emergency

- 6) Give the parent-child dyad a full 5 minutes in each play situation. If the child cleans up quickly, let the parent and child sit at the table together until the 5 minutes is completed. Do not end “clean-up” early.



DPICS TROUBLESHOOTING

- 1) If a parent is not interacting with the child optimally in their MID- or POST-treatment DPICS assessment, do not interrupt them and remind them about their PCIT skills. Observe their behavior and try to note the situations in which they are able to use their PCIT skills spontaneously.**
- 2) If you have given PDI instructions to a parent to change the activity, and the parent raises his/her hand but does not change the activity, do not repeat the instructions or tell him/her to change the activity unless they specifically ask for clarification.**
- 3) It is best to tell the parent ahead of time that you are going to be quiet during the entire 15-minute DPICS observation, but you will be there, watching. If the child is disruptive during the DPICS assessment and the parent becomes agitated and asks for your help, then reassure the parent that the two of you will be working on ways to manage the child's difficult behavior, and tell him/her to handle the child the way he/she would at home.**
- 4) If a child becomes disruptive during the POST-treatment assessment, and the parent does not appear to be able to manage the child's behavior, you do not have to graduate the dyad. You and the parent may decide they need a few more weeks of practice before he/she is perfectly comfortable. Do another POST-treatment DPICS assessment when you are satisfied with the child's behavior and the parent's control.**



PCIT BEHAVIORAL OBSERVATION INSTRUCTIONS

(Child is 2 yrs or older)

Child Directed Interaction/Child Led Play (CDI- Five Minutes)

(Code this portion of the exercise)

- In this situation, tell [CHILD'S NAME] that [HE/SHE] may play with whatever [HE/SHE] chooses. Let [HIM/HER] choose any activity [HE/SHE] wishes. You just follow [HIS/HER] lead and play along with [HIM/HER]. Raise your hand if you understand, [WAIT FOR PARENT TO RESPOND] and begin the activity.

Parent-Directed Interaction / Parent Led Play (PDI- Five Minutes)

(Code or Observe making narrative notes)

- That was fine. Now we'll switch to the second activity. Tell [CHILD'S NAME] that it's your turn to choose the activity. You may choose any activity. Keep [HIM/HER] playing with you according to your rules. Raise your hand if you understand, [WAIT FOR PARENT TO RESPOND] and begin the activity.

Clean Up (CU- Five Minutes)

(Code or Observe making narrative notes)

- That was fine. Now please tell [CHILD'S NAME] that it is time to clean up the toys. Make sure you have [HIM/HER] put the toys away by [HIM/HERSELF]. Have [HIM/HER] put all the toys in their containers and all the containers in the toy box [OR DESIGNATE LOCATION]. Raise your hand if you understand, [WAIT FOR PARENT TO RESPOND] and begin the activity.



Priority Order of Coding Categories

PRIORITY ORDER (HIGH TO LOW)	
1.	Negative Talk
2.	Direct Command
3.	Indirect Command
4.	Labeled Praise
5.	Unlabeled Praise
6.	Question
7.	Reflection
8.	Behavioral Description
9.	Neutral Talk

When something the parent says falls in **TWO** coding categories, use the category with the **HIGHER** priority

When you can't decide whether what the parent says falls in one coding category or another, use the category with the **LOWER** priority





15-MINUTE DPICS DATA RECORDING AND CLINICAL NOTES

CDI PDI CU (circle one)

CLIENT NAME		DATE	START TIME		STOP TIME	
CAREGIVER		CLINICAL PRESENTATION			TOYS USED	
PARENT'S STATEMENTS: POSITIVE		TALLY CODES			TOTAL	
TALK	AK					
	ID					
UNLABELED PRAISE (UP)						
LABELED PRAISE (LP)						
REFLECTION (RF)						
BEHAVIOR DESCRIPTION (BD)						
AVOID		TALLY CODES			TOTAL	
QUESTIONS	Q					
	RQ					
INDIRECT COMMANDS (IC)		CO	NC	NOC		
DIRECT COMMAND (DC)		CO	NC	NOC		
NEGATIVE TALK (NTA)						
CLINICAL NOTES						
ISSUES TO ADDRESS						
PLAN						

CLINICAL NOTES/ DPICS ASSESSMENT (CONT'D.)

STRENGTHS OF DYAD
CLINICAL OBSERVATION OF INTERACTION DURING CHILD DIRECTED PLAY ACTIVITY
CLINICAL OBSERVATION OF INTERACTION DURING PARENT- DIRECTED PLAY ACTIVITY
CLINICAL OBSERVATION OF INTERACTION DURING CLEAN UP ACTIVITY
THERAPIST NAME/ DATE



Caregiver Therapist

Therapist

[illegible][illegible][illegible][illegible]



PCIT Skill Acquisition Profile



Home Therapy																								
7																								
6																								
5																								
4																								
3																								
2																								
1																								
Session Date																								

WACB – P (During CDI)																								
57 and up																								
54																								
51																								
48																								
45																								
42																								
39																								
36																								
33																								
30																								
27																								
24																								
21																								
18																								
15 and under																								
Session Date																								

WACB – N (During PDI)																								
57 and up																								
54																								
51																								
48																								
45																								
42																								
39																								
36																								
33																								
30																								
27																								
24																								
21																								
18																								
15 and under																								
Session Date																								



PCIT CHILD TREATMENT GOALS

Date _____ Therapist _____ Caregiver _____

Concern

1.

Positive Outcome

1.

Coaching Strategy

1.

2.

2.

2.

3.

3.

3.

4.

4.

4.



PARENTING FACTORS

Date _____ Therapist _____ Caregiver _____

Parenting Factor

1.

Goal

1.

Coaching Strategy

1.

2.

2.

2.

3.

3.

3.

4.

4.

4.



ENVIRONMENTAL FACTORS

Date _____ Therapist _____ Caregiver _____

Environmental Factor	Level of Risk (circle one)		
1	Low	Moderate	High
2	Low	Moderate	High
3	Low	Moderate	High
4	Low	Moderate	High
5	Low	Moderate	High
6	Low	Moderate	High
7	Low	Moderate	High
8	Low	Moderate	High
9	Low	Moderate	High
10	Low	Moderate	High
11	Low	Moderate	High



Client Name: _____

Date: _____

COACHING DISRUPTIVE BEHAVIOR INTO APPROPRIATE BEHAVIOR

Use results of the ECBI to determine Objectives of Treatment – Use Selective Attention

Describe Behaviors that are Positive/Appropriate

Problem Behavior	Words to encourage better behavior	Additional Strategies	No. of times/week problem behavior occurs	Treatment Goals
DAWDLE ECBI Questions 1, 2, & 6 Problem? YES NO Intensity: Low Mid High	Right away Quickly Paying attention Moving Responding Completing task Answering Finishing Choosing Making Decisions	Use of choices Timer Natural/logical consequence Make a Game of Racing Introduce new activity (i.e. when baby gets finished. it will be fun to ..)		
TABLE MANNERS ECBI Questions 3 & 4 Problem? YES NO Intensity: Low Mid High	Sitting Talking Swallowing Chewing w/mouth closed In-door voice Trying new things Listening Passing things Asking politely Setting table Cleaning up table Handing Waiting	Use Mr. Bear as a Model Caregiver Models - I do it like this; chew with mouth closed; keeping food on plate; staying seated until everyone is done eating; using polite words when asking for something; using utensils appropriately		



Problem Behavior	Words to encourage better behavior	Additional Strategies	No. of times/week problem behavior occurs	Treatment Goals
OBEY ECBI Questions 5, 7, 8, & 9 Problem? YES NO Intensity: Low Mid High	Putting Placing Following directions Cleaning up Quickly Handing Taking turns Sharing Attitude Finishing Keeping toys on table Listening Minding Complying (doing it the first time) Making Doing	Use toys that take some assembly and direction from caregiver (i.e. train set) Re-Doing (i.e. doing the behavior the correct way)		
OPPOSITION / ANGER ECBI Questions 10, 11, 12, & 13 Problem? YES NO Intensity: Low Mid High	Sharing Talking Taking turns Playing Using words Gently Quickly Softly Patiently Taking their time Thinking things over Label feelings Calmly Quiet Voice Nicely Listening Concentrating Waiting	Calming Techniques Decrease Enthusiasm of Caregiver if Overwhelming Have Caregiver use Calm/Quiet Voice Reflect feelings Validate feelings Restate position/fact (i.e. perceptual correction, reframing) Offer Two Choices		



Problem Behavior	Words to encourage better behavior	Additional Strategies	No. of times/week problem behavior occurs	Treatment Goals
VERBAL EXPRESSION (i.e. yells, screams, sasses, whines, cries) ECBI Questions 14, 15, 16, & 17 Problem? YES NO Intensity: Low Mid High	in-door voice quietly softly patiently whisper big-boy/girl voice using words tells me what you need, want, feel, etc. calmly nicely	Lower voice Whisper game		
DESTROYS/CARELESS ECBI Questions 19 & 20 Problem? YES NO Intensity: Low Mid High	Gentle Nicely Carefully Safely	Warn & Remove Toy Model appropriate play Slow motion game		



Problem Behavior	Words to encourage better behavior	Additional Strategies	No. of times/week problem behavior occurs	Treatment Goals
PROVOKES/FIGHTS ECBI Questions 18, 21, 22, 23, 24, 25, 26, & 27 Problem? YES NO Intensity: Low Mid High	Sharing Talking Taking turns Playing Gently Hands to self Using words Cooperative Caring Softly Nice Words Compliment Being a friend Big boy/girl Saying nice things (Spanish - amorosamente; carinosamente; cuidadosamente (con cuidado); delicadamente; dulce)	Positive physical gestures Doll/stuffed animal play		



Problem Behavior	Words to encourage better behavior	Additional Strategies	No. of times/week problem behavior occurs	Treatment Goals
INTERRUPTS/SEEKS ATTENTION ECBI Questions 28 & 29 Problem? YES NO Intensity: Low Mid High	Waiting Patient Listening Taking turns Letting other talk Using polite words (excuse me) Tapping on arm gently (Spanish words- esperar; eschar; permitir que yo hable; paciente; cuando pides permiso)	Raise hand Closed fist Hold up one finger Role -play with Mr. Bear appropriate behavior		



Problem Behavior	Words to encourage better behavior	Additional Strategies	No. of times/week problem behavior occurs	Treatment Goals
ATTENTION PROBLEMS/OVER ACTIVE ECBI Questions 30, 31, 32, 33, 34, 35, & 36 Problem? YES NO Intensity: Low Mid High	Sitting Sitting calmly, still Listening Watching Paying attention Concentrating Taking their time Thinking things out Attentive Calmness Quietly Focusing Gently Making Good Decisions Finishing Completing Hands to self Staying at the table Quiet hands and feet Following directions Doing one thing at a time	Begin with one toy at a time. Change toy as soon as you see they will escalate. Caregiver uses brief messages. Use name in all statements. Breakdown the tasks		

Parent – Child Interaction Therapy (PCIT)



What is PCIT?

PCIT works with parents and children together to improve the quality of the parent-child relationship and to teach parents the skills necessary to manage their child's severe behavior problems. PCIT is proven effective by over 100 research studies.

How does PCIT work?

There are two parts to PCIT. In the first part, Relationship Enhancement, therapists coach parents to increase positive and supportive communication with their child. The second part, Strategies to Improve Compliance, teaches effective child-management skills. Parents learn and practice specific skills during therapy until they master them and their children's behavior improves.

Who is PCIT for?

- **Parents who are:**
 - Overwhelmed, depressed, stressed, feel guilt and are confused about how to deal with their children's disruptive and challenging behaviors
- **Children who:**
 - Are between the ages of 2 and 7 years
 - Exhibit many of the following behavior problems:
 - Difficulty in school, preschool, and/or daycare
 - Aggression toward parents, siblings, and/or other children
 - Sassing back to their parents
 - Refusing to follow directions
 - Frequent temper tantrums
 - Swearing
 - Defiance
 - Are currently living with their parent (or will soon be reunited)
 - May be on medication to manage their behavioral problems
 - Are currently in foster care (treatment can be conducted with biological, foster, or adoptive caregivers)

For information on PCIT Training please visit: pcit.ucdavis.edu



NCTSN The National Child Traumatic Stress Network

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Child Reactions to Trauma

Children can react to traumatic events in lots of different ways. They might have symptoms of depression, anxiety, dissociation, or even Posttraumatic Stress Disorder (PTSD). Their caregivers may have trouble coping with those events and their children's reactions too! When caregivers have some knowledge of what to expect from their children they will be better prepared to help their family cope. This handout explains some common child responses to trauma.

Fear and Anxiety:

These are the most common symptoms in children who have experienced a traumatic event. Anxiety symptoms can include hyperactivity, and difficulty concentrating, looking a lot like Attention Deficit Hyperactivity Disorder (ADHD). Fear symptoms can include the child being unusually fearful around bedtime or bathing.



Aggression:

Abused children are often aggressive, angry, and hostile, especially if they experienced physical abuse or witnessed violence.



Sexualized behaviors:

Children who are victims of sexual abuse may exhibit sexualized behaviors. This means that in their play, they show signs of knowing too much about sex.



Avoiding:

Sometimes, children will try to avoid thinking about or doing anything that might remind them of a traumatic event. They might seem sad and withdrawn or seem extra "happy" because their avoidance is working, temporarily.

Difficulty Relating to Others:

Traumatized children may have trouble with relationships and maintaining appropriate boundaries. For example, traumatized children may be very aggressive towards others, or they may be very clingy, demanding a lot of attention.

PTSD symptoms:

These symptoms include strange behavior, staring off into space for no reason, and hallucinating and/or flashbacks. All of these are symptoms of traumatic stress.

Therapist Engagement Checklist

1. Orient to the therapeutic process

Purpose: *Let them listen and get a sense of who you are while you do the talking*

- ☐ Introduce the agency.
- ☐ Explain the purpose of this first intake appointment
- ☐ Make sure they understand the paperwork they are signing.

2. Develop the basis for a collaborative relationship

Purpose: *Be clear that a working relationship will benefit the therapeutic process*

- ☐ With the parent, identify a few broad goals for treatment.
- ☐ Make it clear to the caregiver that as a mandated reporter, it is your job to keep the family safe and you will continue to provide support and work collaboratively with the family in the event that a report is necessary.
- ☐ Remind caregivers that their participation each week will help the child's symptoms and behaviors improve.
- ☐ Tell them you want to know immediately if they feel therapy isn't working.

3. Identify and address any perceptual biases

Purpose: *Identify perceptual biases about prior therapy or other stigmatism and reframe them*

- ☐ Discuss caregiver beliefs about previous experiences in therapy.
- ☐ Discuss caregiver's perceptions of the child's behaviors.
- ☐ Discuss caregiver's social support and what they think about therapy.
- ☐ Discuss caregiver/child cultural beliefs about therapy.
- ☐ IF treatment is part of a case worker plan (or if court is involved), discuss their motivation to attend and adhere to treatment.

4. Identify and problem solve any concrete barriers to treatment

Purpose: *Get concrete barriers to attend sessions out in the open and solve them*

- ☐ Address any obstacles to treatment mentioned by the caregiver.
- ☐ Discuss options for childcare, bus routes, and/or flexible appointment scheduling.

5. Focus on immediate, practical concerns

Purpose: *Begin active treatment to convey therapy as a helpful process and that you are responsive*

- ☐ Discuss and work on any parent concerns that need to be handled immediately.
- ☐ Discuss any systems issues that could have an effect on therapy (e.g., school, child welfare).
- ☐ Prepare parent for the next session.



FAMILY LIFE QUESTIONNAIRE



NAME OF CHILD: _____

1. What is your relationship to the child in treatment? (e.g. mother, father, aunt, foster mother, adoptive parent) _____

2. Please choose the best response indicating the status of your relationship with this child.

- ☐ this child has always lived with me
- ☐ this child has lived with me since _____ (date)
- ☐ I have partial custody: _____ days per week
- ☐ this child has lived with me since (date) _____ but was separated from me from _____ to _____ (dates).
- ☐ I have visitation _____ hours per week

3. How old are you? _____

4. Which ethnicity do you identify with the most?

- | | |
|--|---|
| <input type="checkbox"/> African -American | <input type="checkbox"/> Native-American |
| <input type="checkbox"/> Asian-American | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> White/ Non-Latino | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Hispanic/ Latino | |

5. What is your current marital status? (please check one)

- | | | |
|----------------------------------|--|-----------------------------------|
| <input type="checkbox"/> single | <input type="checkbox"/> living with partner | <input type="checkbox"/> divorced |
| <input type="checkbox"/> married | <input type="checkbox"/> separated | <input type="checkbox"/> widowed |

6. How many years of school have you completed? _____

7. What is your present work status? (Please check one)

- | | |
|--|---|
| <input type="checkbox"/> full time foster parent | <input type="checkbox"/> student |
| <input type="checkbox"/> employed _____ hours/wk (what kind of work do you do?)
_____ | <input type="checkbox"/> housewife |
| <input type="checkbox"/> unemployed looking for a job | <input type="checkbox"/> disabled |
| <input type="checkbox"/> unemployed not looking for a job | <input type="checkbox"/> retired |
| | <input type="checkbox"/> other, specify _____ |

8. Do you or your spouse/partner (if you have one) receive any compensation from these sources?
(Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Welfare (GA) |
| <input type="checkbox"/> Foster care monies | <input type="checkbox"/> Welfare (AFDC) |
| <input type="checkbox"/> Unemployment compensation | <input type="checkbox"/> Disability compensation |
| <input type="checkbox"/> SSI (Social Security) | <input type="checkbox"/> Other, specify: _____ |

9. What is your yearly household income? (please check one)

- | | | |
|---|---|---|
| <input type="checkbox"/> less than 10,000 | <input type="checkbox"/> 20,000 to 25,000 | <input type="checkbox"/> 35,000 to 40,000 |
| <input type="checkbox"/> 10,000 to 15,000 | <input type="checkbox"/> 25,000 to 30,000 | <input type="checkbox"/> 40,000 to 50,000 |
| <input type="checkbox"/> 15,000 to 20,000 | <input type="checkbox"/> 30,000 to 35,000 | <input type="checkbox"/> more than 50,000 |

We want to know something about your living situation.

10. How easy will it be for you to travel to the clinic?

- ☐ Difficult ☐ Fairly Difficult ☐ Fairly Easy ☐ Easy

11. In the past 6 months, how often have you worried about whether your family had enough to eat?

- ☐ Very often ☐ Every month ☐ Once or twice ☐ Never

12. How happy are you with where you live right now?

- ☐ Unhappy ☐ A little unhappy ☐ Fairly happy ☐ Happy

13. How safe do you feel where you live?

- ☐ Unsafe ☐ A little unsafe ☐ Fairly safe ☐ Safe

14. How likely is it that you will still be living in the same place 6 months from now?

- ☐ Unlikely ☐ A little unlikely ☐ Fairly likely ☐ Likely

15. How often do friends/ family visit you where you live?

- | | |
|--|---|
| <input type="checkbox"/> Less than once a month | <input type="checkbox"/> Few times a week |
| <input type="checkbox"/> About 1 x a month | <input type="checkbox"/> Daily |
| <input type="checkbox"/> A couple of times a month | <input type="checkbox"/> More than once a day |
| <input type="checkbox"/> Once a week | |

16. How many friends does your child have to play with in your neighborhood?

- ☐ None ☐ 1 or 2 ☐ Many

We want to know how you feel about changing your child's behavior.

17. I think this child's behavior needs to change...

- ☐ a lot ☐ a little ☐ not at all

18. I am willing to work on changing what I do so that this child behaves better...

- ☐ a lot ☐ a little ☐ not at all

19. I am willing to practice new parenting techniques even though they may seem different...

- ☐ a lot ☐ a little ☐ not at all

20. I feel that participating in treatment will help this child...

☐ a lot

☐ a little

☐ not at all

We would like to know how important religion is to you.

21. How important is religion in your daily life? (please check one)

☐ not at all

☐ a little

☐ fairly important

☐ very important

☐ I prefer not to say

21a. How often do you go to church/ temple/ synagogue/ hall?

☐ never

☐ once a year

☐ once a month

☐ a few times a month

☐ once a week

☐ a few times a week

☐ daily

21b. Do you take this child with you to church/ temple/
synagogue/ hall?

☐ no

☐ yes

We would like to know a little bit about the people in your household.

PLEASE LIST THE PEOPLE LIVING IN YOUR HOME (FROM YOUNGEST TO OLDEST)

Name	Sex (M/ F)	Age	Relationship to you (e.g., your child, your partner's child, foster child, adopted child, spouse/partner, relative, friend)	Behavior problems? (yes/no)
1.				
2.				
3.				
4.				
5.				
6.				

The following questions are about your health.

22. Does your health limit you in your daily activities? If so, how much?

	A lot	A little	Not at all
a. Moderate activities, such as moving a table, playing with your child, or taking a walk	1	2	3
b. Climbing stairs	1	2	3

23. During the past 6 months, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

All of the time	Most of the time	Some of the time	A little of the time	None of the time
1	2	3	4	5

We'd like you to think about the past year and any bad things that might have happened in your family. These things can cause problems for parents and children.

24. a. In the past year has anyone in your family had a serious accident? Yes No
If yes, explain: _____

b. Been in a fire/natural disaster? Yes No
If yes, explain: _____

c. Been a victim/witness of violent crime? Yes No
If yes, explain: _____

d. Gotten really bad news? Yes No
If yes, explain: _____

e. Been a victim/witness to domestic violence? Yes No
If yes, explain: _____

f. Been a victim/witness of physical abuse? Yes No
If yes, explain: _____

g. Been a victim/witness of sexual abuse/rape? Yes No
If yes, explain: _____

h. Had any other bad/frightening thing happen? Yes No
If yes, explain: _____

25. Is there anything else you would like to tell me about your physical or emotional health? Yes No
If yes, explain: _____

STOP HERE IF YOU DO NOT HAVE A SPOUSE/PARTNER

1. What is your partner's relationship to the child in treatment? _____
(e.g. step-parent, biological parent, etc.)
2. How long have you been in this relationship? _____(years)
3. How old is your partner? _____
4. How many years of school has your partner completed? _____(1-20, 20+)
(e.g. high school/GED=12)
5. What is your partner's present work status? (please check one)

<input type="checkbox"/> full time foster parent	<input type="checkbox"/> unemployed not looking for a job	<input type="checkbox"/> retired
<input type="checkbox"/> employed _____hours/wk (what sort of work does (s)he do? _____)	<input type="checkbox"/> student	<input type="checkbox"/> other, specify _____
<input type="checkbox"/> unemployed looking for a job	<input type="checkbox"/> housewife	
	<input type="checkbox"/> disabled	