Implications of Time Out Procedures Among Families with Trauma Histories

Roundtable Discussion
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Objectives of Discussion

- Define trauma and give examples of traumatic experiences.
- Explore Trauma Informed PDI and Time-Out.
- Elaborate upon unique PCIT protocol experiences in treatment with these families.
Defining Trauma

**Trauma** is the experience of an event that is emotionally painful or distressful that often results in significant lasting impact on the person's physical, social, mental, and spiritual well-being.
Defining Trauma

Examples of Traumatic Experiences

- Divorce
- Moving to a new school
- Separations from caregivers
- Natural disasters such as tornadoes, windstorms, earthquakes, and hurricanes
- Robbery or break-in
- Medical procedures or illnesses
- Death of a loved one
- War/acts of terrorism
- Witnessing domestic or community violence
- Chronic stress from work, home, or school
- Bullying
- Near death experiences
- Sexual Abuse
- Physical abuse
- Neglect
The purpose of the CDI phase is to “restructure the parent-child relationship and provide the child with a secure attachment to his or her parent” (Storch, 2005, p. 106).

In the PDI phase, parents learn ways to provide consistent consequences for child appropriate behaviors as well as a systematic time-out procedure for child non-compliance (Brinkmeyer & Eyberg, 2003).
Possible impact of time-out on clients with trauma history

“AN INDIVIDUAL'S REACTION TO EMOTIONAL TRAUMA IS COMPLEX AND DIFFICULT TO PREDICT. A PERSON'S AGE, PAST EXPOSURE TO TRAUMA, SOCIAL SUPPORT, CULTURE, FAMILY PSYCHIATRIC HISTORY AND GENERAL EMOTIONAL FUNCTIONING ARE SOME OF THE VARIABLES RELATED TO INDIVIDUAL RESPONSE TO TRAUMA.” (MCFARLANE & YEHUDA, 1996).
Reactions May Look Like:

<table>
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<tr>
<th>Trauma Related Response</th>
<th>Examples</th>
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<tr>
<td>Intolerable Stress</td>
<td>• Lack of follow through with coaching and/or commands.</td>
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<td>• Difficulty enjoying the play.</td>
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<td>• Poor affect regulation.</td>
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<td>• Dissociation.</td>
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<td>• Parent Going “Off Script” - “Extra talk” during Time-Out sequence.</td>
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<td>• Excessive use of “Don’t Skills”.</td>
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<td>Avoidance</td>
<td>• Skipping appointments.</td>
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<td>• Not completing homework or special time with child.</td>
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<td>• Child not engaging the parent in play.</td>
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<td>Anxiety</td>
<td>• Over reliance on Indirect Commands</td>
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<td>• Lack of verbalizations during play sessions.</td>
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<td>• “Tip-Ups”</td>
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Re-traumatization

A person who is still suffering from the impact of a previous trauma has heightened vulnerability to stressful events that follow.
Trauma Triggers in PCIT

• A **TRAUMA TRIGGER** is an experience that causes someone to recall a previous **TRAUMATIC** memory, although the **TRIGGER** itself need not be frightening or **TRAUMATIC** and can be indirectly or superficially reminiscent of an earlier **TRAUMATIC** incident.
Trauma Triggers in PCIT

- Examples of Possible Triggers in PCIT:
  - Warning that the child will be placed on the time out chair.
  - The child being directed physically towards the time out chair.
  - Parent ignoring undesirable behavior.
  - Parent leaving the room utilizing the “swoop and go” technique.
Tailoring PCIT to be trauma informed

- Viewing family with a trauma informed lens.
- Tailoring Time Out (Swoop and Go, Dutch Door).
- Coaching to emphasize CDI after a time out.
- Trauma informed psychoeducation during teach sessions.
- Psychoeducation about corporal punishment.
- Change parent’s perception of child (trauma informed parenting).
- Emphasize importance of predictability of PDI.
- Parent’s affect management.
- Affect and reinforcement of behaviors may treat some trauma symptoms (corrective emotional experience, exposure, or social referencing).
Deciding what to treat first:

1. Externalizing behaviors only (ECBI, CBCL - Raw score of 95 and above, problem 7 and above, externalizing T score of 55 or above)
   - PCIT
     - Risk of placement loss due to externalized behaviors
     - Impaired parent child relationship
   - PCIT
2. Externalized Behaviors AND
   - Trauma symptoms
   - UCLA PTSD Index Severity score = 22+ and/or
   - TSCC/TSCYC T score = 60+
   - PCIT or TF-CBT
     - Hx of sexual abuse
     - Sexualized behavior
     - Competent caregiver
     - Externalized behaviors are manageable
     - TF-CBT
   - TF-CBT (Continued elevation of externalizing behaviors)
3. Trauma symptoms only
   - TF-CBT
Case Presentation: J.R.

- Four year old, Hispanic, male
- Starting ECBI score = 180
- History of witnessing domestic violence (toward mother from bio-father).
- Mom Hispanic, single, working part time, with PTSD and Depression history.
- Mom had preoccupation with time out/ scoop and go protocol

First and only time out sequence in treatment:
- Lasted approximately 3 minutes
- Coached mom through relaxation and reassured her that client was fine
- Returned to CDI and normal play
- Mom mentioned “time out” warning and client complied
- Mom reported two time outs at home over last 4 four months after treatment ended.
Case Presentation: A.R.

- 6-year-old Hispanic-White male.
- Initial ECBI score: 178
- History of witnessing Domestic Violence (Father towards mother)
- Mom was diagnosed with PTSD, she was employed as a teacher’s assistant at the client’s elementary school.
- Time-out sequences:
  - Longest time out sequence lasted: 23 minutes, 20 seconds.
  - Mother tended to exhibit a lot of extra talk, she expressed anxiety over triggering negative behavior in the client.
  - Mother also expressed guilt when client would plead “don’t go” when engaging in the “swoop and go” portion of the sequence.
Post – PCIT treatment for trauma

- TFC BT
- PROLONGED EXPOSURE
- CHILD-PARENT PSYCHOTHERAPY
- PLAY THERAPY
- INDIVIDUAL THERAPY FOR CAREGIVER
- MULTI-SYSTEMIC THERAPY (MST)
- TRAUMA SYSTEMS THERAPY
THANK YOU FOR ATTENDING OUR DISCUSSION!
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References


