TALKING ABOUT TRAUMA:
Trauma Coaching Blurbs

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OBJECTIVES

1. Learn how to integrate trauma-informed psychoeducation into CDI and PDI

2. Learn specific coaching strategies to address child and/or caregivers’ trauma
TRAUMA: WHAT DO WE NEED TO KNOW?

**OCCURRENCE OF TRAUMATIC EVENTS**
- Find out whether the family ever experienced a frightening event or situation.
- Find out whether any of these events or situations took place in the past year.

**EXPOSURE TO EVENTS**
- Find out whether the child was exposed to the trauma.
- Find out whether the parent was exposed to the trauma.
- Parenting affected by trauma?

**RESPONSE TO TRAUMA**
- Measure child trauma symptoms (PTS?)
- Measure parent psychological symptoms (PTS? Depression?)
- Observe parent-child interaction
# Trauma Symptoms

## Trauma Exposed Young Children

<table>
<thead>
<tr>
<th>Trauma Symptoms</th>
<th>Behavioral Disturbance</th>
<th>Affect Dysregulation</th>
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<tr>
<td>Anxiety</td>
<td>Noncompliance</td>
<td>Temper tantrums</td>
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<td>Nightmares</td>
<td>Aggression</td>
<td>Crying/whining</td>
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## Trauma Exposed Parents

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<tr>
<td>Anxiety</td>
<td>Substance Abuse</td>
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<td>Intrusions</td>
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<td>Dissociation</td>
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<td>Depressed Mood</td>
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<tr>
<td>Mood</td>
<td>Disturbance</td>
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Trauma Symptoms

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 these 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.

PTSD symptoms:
These symptoms include strange behaviors, staying off in space for no reason, and hallucinating and/or flashbacks. All of these are symptoms of traumatic stress.

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.
Trauma Symptoms & Parenting

Vulnerable to Other Life Stressors

Security & Trust

Trauma Triggers

Emotional Dysregulation

Judgment & Safety

Maladaptive Coping Strategies
TALKING ABOUT TRAUMA

INTAKE

ASSESSMENT
Caregiver trauma: Improving assessment questions

• If you suspect the caregiver may have experienced trauma...
  
  • Spend some time asking some specific questions regarding their childhood and possible trauma exposure
  
  • Make sure to give a solid rationale!!

Sample Introduction:
One of the main ways we learn how to be a parent is from our own experience—from the people who parented us. Some things you may want to do the same as your parents and some you may want to do differently. It helps me to understand how you want to parent if I know about your childhood experiences. Do you mind if I ask you a few questions about when you were growing up?
Caregiver trauma: Assessment questions

Sample Questions

• How did your parents spend time with you when you were growing up? What made you feel special as a kid?

• Did you receive feedback when you did really good things? What about when you did things wrong or made mistakes?

• What happened when you got in trouble?

• What do you wish was different about your childhood?

• Do you think your childhood experiences influence your parenting?

• What things would you like pass down to [Child]?

• What things would you like to be different for [Child’s] childhood?
TALKING ABOUT TRAUMA

CDI TEACHING & COACHING
**Mechanisms of Change in PCIT**

**Improved Parenting Skill**
- Increase parenting skills
- Manage child behavior problems
- Improve quality of dyadic interaction

**Decrease Risk**
- Decrease family risk of violence
- Decrease child mental health problems
- Decrease parental stress

**Improved Family & Community Functioning**
- Improve school performance
- Increase positive peer interactions
- Improve social skills
  - Sharing, taking turns
  - Emotional regulation

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TRAUMA-INFORMED CDI

PRIDE Skills

PRaise: Increases view of self
ReFlection: Gives child a voice
ImIitation: Models appropriate relationships
DeScription: Present, safe, protected. Right there with him/her
EnJoy: Positive emotions modeled

Active Ignore: Can be difficult; reinforcement of appropriate expression of distress
Avoid Skills: Relax, play, decreases demands
TRAUMA-INFORMED CDI

TEACH Session/Coaching Targets

- Trauma-informed psychoeducation
- Increased positive interactions
  - Way parents listen, talk to, interact with their child
  - Safety, traumatic event
- Child emotional regulation
  - Teach coping strategies (e.g., breathing, relaxation)
- Developmental expectations
  - What is expected for a child his/her age
- Child language development
  - Reflections
- Reduced negative attributions about the child
  - Improves relationship
  - Increases security/stability
Trauma-informed CDI: Practical strategies

- Have caregiver model coping skill during session:
  - If something frustrating happens (block falls, train track doesn’t fit, etc.)
  - After clean up transition
  - Other times??

- Instead of allowing avoidance, coach caregiver to provide validation and/or reassurance
  - If the child brings it up

- Use Coaching blurbs to reinforce trauma-informed concepts
  - Examples on handout
**CHILD TRAUMA**

**Trauma-Informed CDI Coaching Blurb**

Think about how trauma can influence a child’s view of themselves, others, and the world. Use what you know about PCIT skills to help the caregiver begin to give their child messages that can repair trauma.

**FEAR/ANXIETY**

When you are right here in the moment with him using the words “I,” “me,” “my” and when you tell him that you are a safe and avoid danger, you will protect him.

When you are consistent with special playtime during the day, expect which is different than when she was exposed and adjust her view of the world as a safe place.

Playing like this with [Child] allows them to feel loved and safe.

**INAPPROPRIATE TOUCHING**

Sexual abuse can make kids feel unsafe and unsure. When you show affection and positive attention, she knows that someone loves and cares about her in an appropriate way.

Praising [Child] for gentle safe hands will help reduce the likelihood that they will inappropriately touch other kids.

**TRAUMATIC PLAY**

Go ahead and tell [Child] that you are going to pretend he has an ambulance. Pretend you have an ambulance and say, “Mommy is coming to take you to the hospital.” This helps him to talk about his scared feelings. Say, “I’ll help you when they are scared.”

**CAREGIVER TRAUMA**

**Trauma-Informed CDI Coaching Blurb**

Think about how trauma can influence a child’s view of themselves, others, and the world. Use what you know about PCIT skills to help the caregiver begin to give their child messages that can repair trauma.

**NEGATIVE, HARSH, or ABUSIVE CHILDHOOD**

I know it can feel uncomfortable praising her since you didn’t have that growing up. This is a chance to show [Child] something different!

[Child] feels so good when you praise him. You are breaking the cycle of harsh criticism. Children who are praised grow up feeling more confident.

You know what it is like to not have a voice when you were a child. I am so pleased you are giving [Child] the opportunity to have a voice.

**AVOIDANCE**

I know it can be uncomfortable when [Child] brings up the fighting. Your brain wants to shut down. But when you are responsive to him now, you tell him it’s okay to talk about hard things, and model for him how to cope.

**FEAR OR ANXIETY**

Trauma can make us really keyed up and on edge. When you slow down the play, you model for [Child] that this is a safe place and he can slow down too.

You froze when he hit you. That is a survival response. You are okay. Remind him that you will leave the room if he hits you again.

**DISSOIATION**

I seem to have lost you for a second. Nod if you are here with me. That is common for trauma-exposed people. Take a deep breath and tell me what you see [Child] doing.

Good job for coming back to this present moment and being there for [Child], even when it is hard.

**RE-EXPERIENCING**

It seems like [Child’s] loud voice triggered you. I want you to tell yourself, “I am safe right now.”

It is about time, not you.

You are doing great.
TALKING ABOUT TRAUMA

- ROLE PLAY
- VIDEO
- ANALYSIS
- DISCUSSION
TALKING ABOUT TRAUMA

PDI TEACHING & COACHING
TRAUMA-INFORMED PDI

Teaching/Coaching targets

- Trauma-informed Psychoeducation
- Help parents to increase consistency & use less corporal punishment/physical coercion
  - Increase positive response to appropriate behavior
- Changes in parental perception of child
  - More positive attributions of behavior
  - Less stress
- Predictable Discipline strategies for noncompliance/defiance
  - Time out
- Parental reinforcement for appropriate expression of distress
- Management of disruptive behaviors MAY be treating trauma symptoms
TRAUMA-INFORMED PDI

PRACTICAL STRATEGIES

- Anger Management
- Tailored Time Out
  - Swoop & Go
  - Loss of Privilege
- Role play, Role play, role play
  - Dissociation or Freeze Response
  - Avoidance/Passivity
- Remind Child to Utilize Coping Skills
- Repair with CDI and other positive interactions
CAREGIVER TRAUMA
Trauma-informed PDI Coaching Blurbs

Think about how trauma can influence a parent's view of themselves, others, and the world. Do you know about PDI skills to help the caregiver get the messages that calm, and positive messages for them to feel confident in their ability to parent despite their trauma?

NEGATIVE, HARSH, or ABUSIVE CHILDHOOD

If you were yelled at as a child, it can be a hard habit to break with your own child. You use a neutral tone of voice while giving commands. It tells your child that business and control is your feeling. You have shared with me that your child doesn't feel good about using up time because it so often leads to physical abuse in your home. Remember, when you give him a time out, you are training him to respect.

AVOIDANCE

It might seem easier now just to avoid the issue, but we want [child] to learn about following the rules when the consequences are small instead of much more dangerous.

DISSOCIATION

You seem frozen right now because of [child]'s yelling. That can be common for people who experience emotional abuse like you. I am right here with you. Name 3 things in the room under your breath. Take a long deep breath then give him the warning.

AGGRESSION

Giving him a time out for hitting using the same sequence helps your child know the rules when he is angry.

This will reduce the likelihood that his aggression will get worse as he gets older.

CONTROLLING BEHAVIOR

Traumatized children often want to take control of something and sometimes this comes out when you want him to do something (comply, sit in the chair, etc.). You will give him back control through play when he is ready to mind you.

FEAR/ANXIETY

It can feel hard to discipline your child because she has been through so much. But kids want to know their parents can take care of them. So he needs to know that what is going on now is not what you are dealing with. He needs to know that he is not alone.

[child] doesn't like it when you leave the room. It's different than her being traumatized. You will let her know with your words that when she is in the chair, you will return. It's a perfect balance of being active while still letting her know you are still there.

Great job staying calm through the sequence. The world can be a scary place for a kid who has experienced trauma. She is learning that your behavior is no longer scary even when she crosses over.

AFFECTIONATE REPAIR

Now that she has listened to the follow-up command and she knows you are the boss, you can tell her, "I wonder if you want a hug now? Daddy will always have you even when you make the wrong choices. Time out helps you learn and grow.

Now you can show her your relationship is still the same by using all these PDI skills for CBT recovery.

You can address him first when you took him to time out now. Say something like, "I use to not to get you to listen, but I know better ways now to help you learn. You are safe."
Should we leave a young child alone in a room if she has a history of being locked in closets or left alone for long periods?

Can time-outs re-traumatize abused or neglected children?
TRAUMA-INFORMED PDI

- ROLE PLAY
- VIDEO
- ANALYSIS
- DISCUSSION
WRAP UP & QUESTIONS
Resources

**WEB COURSE:** [PCIT.UCDAVIS.EDU/PCIT-WEB-COURSE](PCIT.UCDAVIS.EDU/PCIT-WEB-COURSE)

- [WWW.PCIT.UCDAVIS.EDU](WWW.PCIT.UCDAVIS.EDU)
- [WWW.PCIT.ORG/](WWW.PCIT.ORG/)
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