



# Identifying Trauma “Hot Spots,” Reducing Chronic Arousal, and Promoting Self-regulation in PCIT

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# True Confessions



- ▶ As is often the case, we learn from our mistakes....
- ▶ Something was going on and our interventions were not helping
- ▶ What “Rudy” taught us



# Rudy

- ▶ Presenting issues/Reason for Referral – 45 mos old living with his mother. Mother reported that he displayed sexualized behavior daily and verbally and physically aggressive behavior daily.
- ▶ Child Treatment Goals – Decrease sexualized and aggressive behaviors
- ▶ Parent Factors - mom reported feeling overwhelmed, helpless and appeared depressed.
- ▶ Environmental Factors –contentious visitation, alleged sexual abuse by father, being investigated but not confirmed, history of dv according to mother.



# Loss, Trauma, Stress History

Mother reported physical and sexual abuse by the child's father (whom she was separated from) and father's mother but it had been determined unfounded due to no "physical evidence" per mother. Mother also reported that Rudy had witness DV when the father lived with them.



# Final 30 seconds of session

- ▶ 1<sup>st</sup> session in PDI phase
- ▶ Client had been throwing toys.
- ▶ Mother had used selective attention which resulted in the behavior continuing
- ▶ Mother had then put client in a timeout
- ▶ Client had been unable to regulate, quiet himself even after being taken out of time out and with attempts by mother to help client regulate by holding him and rubbing his back
- ▶ This clip is in the final 30 seconds of the session before PCIT clinician entered the room

# What we noticed?

- ▶ Rudy:
  - ▶ Motionless
  - ▶ Looking away at times, and at other times at his mother who was looking away
  - ▶ Rythmic Cry
  - ▶ Went on for over a half hour
- ▶ Mother:
  - ▶ Appeared helpless, frozen, defeated
  - ▶ Her attempts to soothe ineffective
  - ▶ Her avoidance of eye contact seemed to reinforce Rudy's feeling of isolation and continue his dysregulation
- ▶ Debrief: Mother reported this happened frequently at home and he could not be soothed



# The children we see in PCIT

▶ Video Clip:

- ▶ Trauma & Behavior Part 1: How Trauma Affects the Brain and Emotional Regulation, Judgment, Decision Making, Good Choices.



# Capacity for Regulation

- ▶ Infants and children with early trauma and chronic stress
  - ▶ Overactivated stress response
    - ▶ Research has shown infants with disorganized attachment style have increased cortisol levels in both strange situation and play sessions with caregiver
    - ▶ Research has shown that infants in foster care have increased cortisol levels
    - ▶ Research has shown that infants exposed to verbal arguments during sleep display increased cortisol levels
  - ▶ If we can understand cortisol levels in terms of "over sensitized fear-alarm reactions whenever the child perceives threat." William Steele 2009
  - ▶ "Threat" for the infant and young child may be a variety of experiences that evoke feelings of helplessness and fear, including a parent being unavailable emotionally or physically to the child.
    - ▶ Warnings, correction of behavior, time out, swoop and go, etc...
  - ▶ "...When perceiving threat they are experiencing the world from the limbic area of the brain and not from the neo-cortex...they have difficulty learning or problem solving (Forbes & Post, 2006).



# Trauma, Chronic Stress & Attachment

- ▶ Assess impact of trauma and chronic stressors in early childhood on the child's development of stress response and capacity for regulation and co-regulation.
- ▶ Trauma Experiences
  - ▶ Developmental trauma
  - ▶ Attachment Trauma
- ▶ Attachment Style with Caregiver
  - ▶ Disorganized



# How can we know when a child is experiencing...

- ▶ Take a thorough trauma/loss timeline during assessment
- ▶ Assess the attachment style of the child with the parent
- ▶ Pay particular attention to histories of domestic violence, separation, loss of important persons in the child's life
- ▶ Notice if there are situations in which the child appears to freeze and/or cannot be soothed
- ▶ Use specific assessment tools such as TSCYC to learn about trauma symptoms also in situations when trauma or chronic stress is suspected but not known
- ▶ Assess the child's overall capacity for regulation
- ▶ Look for patterns such as repeated sessions in which the child is triggered and is unable to recover and there is no reduction in time or intensity of dysregulation
- ▶ Pay attention to your gut!



# What we did that worked...

- ▶ Focused exclusively on PRIDE skills even after parent mastered PRIDE skills
- ▶ Overall worked to increase parent's positive affect, PRIDE skills and demonstration of enjoyment with the child and increase her real time pacing of responses to Rudy
- ▶ Utilized redirection vs. selective attention
- ▶ Used modeling of calming, hand over hand, redoing to "teach" desired behavior.
- ▶ Coached parent to increase positive affect, use eye contact, modeling and physical prompts when giving commands to increase capacity for child's understanding of what is expected.
- ▶ Focused on teaching mother co-regulation with physical touch early and often in times when the child is regulated and can learn and practice these skills. (Yoga Pretzels)
- ▶ Utilized concept of "Time In" vs. "Time Out" as an opportunity to take time to use coping skills of breathing, relaxation, taking a break, & mindfulness techniques to calm child's arousal level
- ▶ Utilized Removal of Privileges vs. Time Out for breaking of "house rules"
- ▶ Coached parent to identify with the child's feelings and validate those feelings even while holding limits
- ▶ Considered additional therapy (CPP, Preschool PTSD Manual) to assist child in processing trauma/stress events



# Resources

- ▶ <https://move-with-me.com/self-regulation/5-kids-yoga-poses-for-self-regulation-at-home-or-classroom>
- ▶ [www.yogaed.com](http://www.yogaed.com)
  - ▶ [Yoga Pretzels: 50 Fun Yoga Activities for Kids & Grownups](#)
- ▶ [www.tlcinstitute.org](http://www.tlcinstitute.org)
- ▶ NIH
- ▶ TFCBT
- ▶ Nctsn
- ▶ Preschool PTSD Manual



# Bibliography

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