PCIT for Non-Traditional Families: Strategies to Enhance Attachment Post-Trauma

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Overview of Workshop

- Attachment Theory & Trauma
    - How PCIT Addresses Attachment
- Evidence for PCIT with Non-traditional Families
- Case Examples
- Suggestions for Promoting Healthy Attachment

Attachment Theory & Trauma

- Attachment Theory
  - Caregiver(s) serve as the "secure base" for a child.
    - Children seek proximity to their caregiver(s), particularly during times of distress.
      - Over time, having a "secure base" allows the child:
        » To explore the environment and develop new skills
        » To develop their own emotion regulation skills
        » To develop internal working models of themselves, the world around them, etc.
    - Children can have different styles of attachment.
      - Secure vs. Ambivalent, Avoidant and Disorganized
        » Secure attachment is supported by sensitivity and responsivity on the part of the caregiver.

Attachment Theory & Trauma

- Trauma
  - Nearly 700,000 children are abused in the U.S annually.
  - Neglect is the most common form of maltreatment.
    - Of the children who experienced maltreatment, three-quarters suffer neglect; 17.2% suffered physical abuse; and 8.4% suffered sexual abuse.
      - Some children are polyvictimized—they have suffered more than one form of maltreatment.
  - About 4 out of 5 abusers are the victims' parents.
    - A parent of the child victim was the perpetrator in 78.1% of substantiated cases of child maltreatment.

All national child abuse statistics cited from U.S. Administration for Children & Families, Child Maltreatment 2015. https://www.acf.hhs.gov/cb/resource/child-maltreatment-2015

Attachment Theory & Trauma

- Attachment & Trauma
  - Trauma exposure affects many areas of development:
    - Attachment, mood regulation, behavioral control, cognition, and self-concept
      - Attachment disturbances are common in cases of child maltreatment.
        - » Insecure attachment with the maltreating caregiver(s)
        - » Need to form new attachments in foster/adoptive care
          - One study found that ~1/3 of 1 to 4-year-old children removed from their parents and placed in foster care had limited or no attachments (Zeanah et al., 2004).

Attachment Theory & Trauma

- Attachment & Trauma
  - Support from caregivers is a key factor in children's psychological recovery from traumatic events (NCTSN, 2013).
    - Many theories of trauma emphasize a disruption in one's schemas about safety, relationships, etc.
      - Healthy, secure attachments are theorized to buffer the impact of trauma on such schemas.

Attachment Theory & Trauma

- Attachment-based Treatment
  - Allen (2011) posited treatment principles based on attachment theory.
    - Treatment should:
      - Aim to establish an adequate relationship with a defined attachment figure (if not already established).
      - Enhance the caregiver(s)' ability to identify and respond to the child's emotions and behaviors.
      - Be present-focused and attempt to improve the child's functioning in his/her current context.
      - Be cognizant of the child's cognitive and other developmental abilities.

Attachment Theory & Trauma

- PCIT as an Attachment-Based Intervention
  - Work by Allen, Timmer & Urquiza (2014)
    - Child-directed Interaction (CDI) helps build a positive relationship between child and caregiver(s).
    - PCIT emphasizes supportive, empathetic and non-coercive ways of responding to a child.
      - Particularly when implementing disciplinary strategies (e.g. during Parent-directed Interaction (PDI))
    - The emphasis on practice at home/in the community recognizes the child's current context, and focuses on changing parent-child interactions within that context.
    - PCIT is sensitive to the child's developmental level, and coaches help caregiver(s) adapt skills to their child.

PCIT with Non-Traditional Families

- Foster/Adoptive/Kinship Care
  - Efficacy of PCIT with kin and non-kin foster parents (Timmer et al., 2004, Timmer et al., 2005, N'zi et al., 2016)

  - Efficacy of PCIT with adoptive parents (Maltby & Gallagher, 2013, Allen et al, 2014)

  - May experience different levels of distress
    - Timmer et al., 2004 –
      - Non-kin foster parents reported more behavior problems.
      - Kin foster parents reported greater levels of parenting-related and personal distress.
        » Kin foster parents reporting high levels of distress were the most likely to remain in treatment.

PCIT with Non-Traditional Families

- Families with Disabilities
  - Efficacy of PCIT with children with intellectual disabilities (McDiarmid & Bagner, 2005, Bagner & Eyberg 2007) and autism spectrum disorders (Solomon et al, 2008; Hatamzadeh et al., 2010; Zlomke et al., 2017)

  - Mother's intellectual functioning may predict attrition. (Hood & Eyberg, 2003, Fernandez & Eyberg, 2008)

  - No research to-date on the efficacy of PCIT for parents with intellectual and developmental disabilities.
    - What about physical disabilities?

PCIT for Non-Traditional Families

- Non-traditional Families
  - Few studies have examined the efficacy of PCIT with older parents, single parents, and LGBT-identified caregivers.
    - Older parents, single parents, and LGBT-identified caregivers face unique issues and strengths that require additional tailoring.
      - E.g. Fewer peer models of parenting, less social support, others' views of the parent-child relationship
        - For older parents, health issues, decreased stamina, and generational norms may impact interactions with the child.

Case Studies – "Cindy"

- Child –
  - 4-year-old female; unknown race
  - Detained at 1-day-old for maternal substance use and a positive drug screen at birth
    - Attempted reunification; placed in foster care
    - Removed from foster home, and placed in a foster-adopt home at 18 months of age
      - Adoption finalized at age ~3
- Caregivers –
  - Heterosexual Caucasian couple in 50's
    - No biological children; first-time parents
  - Mom is in the mental health field; both parents value social justice.

Case Studies – "Cindy"

- **Presenting Concerns –**
  - Behavior problems – tantrums and outbursts, non-compliance, "strong-willed" and questions authority
    - Has been destructive towards objects in the past
    - No aggression towards people
- **Treatment –**
  - Self-referred for services in August 2016
    - Began PCIT treatment in October 2016
    - Terminated weekly PCIT in August 2017; still receiving booster sessions
      - Significant decreases in oppositional/defiant behaviors, increased compliance, improved sleep and irritability

Case Studies – "Cindy"

- Challenges –
  - Age and foster-adoptive role
    - Caregivers experienced anxiety as new parents.
      - Expectations that they should already know how to parent; lack of models within their community
        » Resulted in some push-back against the therapist
          - Perhaps more so than in other therapeutic models because of the direct coaching
    - Caregivers had concerns about the re-emergence of child's biological parents, even after the adoption was finalized.
      - Resulted in parents researching biological mother's whereabouts via social media
        » Reflective of an insecure parent-to-child attachment

Case Studies – "Cindy"

- Challenges –
  - Age and foster-adoptive role
    - Despite having had "Cindy" in the home since age 18 months, parents were hesitant to implement disciplinary strategies for fear of disrupting the attachment.
      - Resulted in a permissive approach, and more oppositional/disruptive behaviors
        - » Caregivers were very hesitant to implement PDI techniques, specifically time out.
          - Even more so as a result of mother's mental health training

Case Studies – "Quinn"

- Child –
  - 7-year-old male; unknown race
  - Exposed to substances in utero, and experienced neglect in his biological family
    - Detained at age ~X; placed in kinship care in another state
    - Allegations of physical abuse led to a second detention
      - Placed in a foster-adopt home with current caregivers
- Caregivers –
  - Gay-identified male couple in late 50's/early 60's
    - No biological children; first-time parents
  - Participating parent identified as Caucasian
    - Had own trauma history involving physical, verbal abuse

Case Studies – "Quinn"

- Presenting Concerns –
  - Behavior Problems – oppositionality, defiance and non-compliance, tantrums, anxiety symptoms, irritability, and difficulties with attention
    - No aggression towards others.
    - Concerns regarding symptoms of FASD
  - Inappropriate boundaries/overly friendly with strangers
- Treatment –
  - Referred from foster-care hub for PCIT in April 2016
    - Completed PCIT and booster sessions in May 2017
      - Reduction in symptoms of anxiety and irritability, improved compliance, better attention and a more secure attachment

Case Studies – "Quinn"

- Challenges –
  - Age, foster-adoptive role, gender/sexual-orientation-based social norms
    - Resulted in discomfort with typical play activities
      - E.g. playing with dolls, reactions to representations of heterosexual families
        - » Worsened by caregiver's trauma history; triggered by aggressive or loud play
    - Resulted in problematic expectations re: physical affection
      - E.g. caregiver equated attachment with physical affection, and had difficulty understanding child's rebuffs
        - » Worsened by child's trauma history
    - Difficulties attaching to child, given parental age and concerns regarding possible FASD diagnosis

Case Studies – "Violet"

- Child –
  - 7-year-old female, mixed Filipina/Latina
    - Mother and father separated early in her life
    - Mother diagnosed with mild-to-moderate intellectual disability (ID)

- Caregivers –
  - Maternal grandmother
    - Caretaker for both mother and child
      - Appeared to have some cognitive limitations as well, although not diagnosed
  - Father
    - Difficult to engage in therapy; unclear why

Case Studies – "Violet"

- Presenting Concerns –
  - Behavior Problems – oppositionality, non-compliance, difficulties with attention, poor academic functioning
    - Diagnosed with Attention-Deficit/Hyperactivity Disorder (ADHD) and later, mild intellectual disability
- Treatment –
  - Maternal grandmother self-referred to Harbor-UCLA Child & Adolescent Psychiatry
    - Completed PCIT in August 2013 (~14 months of treatment)
      - Improved compliance, better attention and decreased parenting distress

Case Studies – "Violet"

- Challenges –
  - Age, cognitive functioning, role of mother
    - Maternal grandmother appeared to have some cognitive deficits, specifically executive functioning and memory.
      - Resulted in her use of the same phrases over and over, inappropriate descriptions of the child's behavior, difficulty recalling sequences (e.g. for time-out), and difficulty generalizing skills to home
    - Incorporated mother into sessions as a sibling.
      - Given her cognitive limitations and frequent conflicts between mother and child

Suggestions for Promoting Healthy Attachment

- General Suggestions
  - Spend time clarifying roles and labels.
    - Do not assume gendered pronouns.
      - Share therapists' pronouns and inquire what the caregiver(s) prefer.
        » Caregivers may have preferred pronouns that do not accord with what one might assume based on appearance.
        » Non-binary individuals may prefer alternative pronouns.
          - E.g. they/them/their or ze/zim/zir
    - Ask what the child calls each caregiver, and if this is his/her/their/zir preferred term.

Suggestions for Promoting Healthy Attachment

- General Suggestions
  - Prior to beginning PCIT, explore parenting challenges and any obstacles in the development of a close attachment to the child.
    - E.g. "What has it been like to parent _____ (beyond the specific concerns that brought you into treatment)?" "What is your support network like?" "Do you have a community of other parents?"
      - Provide support related to challenges such as being seen as the child's grandparents or as unrelated to the child.
      - Validate difficulties related to labels, racism and assumptions about the family composition.
        - » How has the child reacted in such moments? How have the caregiver(s) reacted?

Suggestions for Promoting Healthy Attachment

- Case Study – "Cindy"
  - Explain that PDI is also a technique for relationship enhancement.
    - A secure attachment is only achieved if the child feels safe, which is not possible if there are no clear boundaries, rules, expectations, consequences, etc.
      - Metaphor of the fence/brick wall
  - Provide additional psychoeducation.
    - Discuss trauma and attachment throughout PCIT sessions.
      - Explore narrative(s) about the child's trauma.
      - Discuss the caregiver's view of his/her/their/zir own role as the child's guardian.
      - Reframe the child's behavior in light of the trauma.

Suggestions for Promoting Healthy Attachment

- Case Study – "Quinn"
  - Acknowledge differences in exposure to play due to age, gender norms, etc.
    - Spend time explicitly teaching play strategies.
    - Consider home-based/community-based CDI sessions to help male-identified parents or those less comfortable with traditional play activities to learn the skills in a environment/activity that feels more comfortable.
      - Or assign community-based practice for homework
  - Use trauma-based strategies to coach the parent on his/her/their/zir response to triggering play themes, behaviors, etc.
    - Parallel play to demonstrate alternatives/coping strategies

Suggestions for Promoting Healthy Attachment

- Case Study – "Violet"
  - Consider incorporating parents with intellectual disabilities into treatment as siblings, with another family member serving as the primary caregiver.
  - For caregiver(s) with cognitive limitations:
    - Coach engagement strategies and parent play as needed.
    - Focus PRIDE skills on target behaviors.
      - Drop/minimize focus on imitation and enjoyment skills.
      - Only teach Labeled Praise for target behaviors.
        - » Provide written prompts for skill stems (e.g. "Thank you…." "Good job for…) and target behaviors in session.
    - Teach only 1 skill at a time.

Group Discussion

Our Questions:

- Other clinicians' experience with non-traditional families:
  - What has been difficult?
  - What has helped?
  - Would the aforementioned suggestions have helped?
- Other thoughts, comments or questions?

Thank you!

- Children's Hospital Los Angeles – University Center for Excellence in Developmental Disabilities – Project Heal.

- Harbor-UCLA Medical Center Child Trauma Clinic.

- "Cindy" "Quinn," "Violet" and their families – for their willingness to work with us and learn PCIT.

- All of you for your attention!