

### IDENTIFYING AND COACHING TRAUMA SYMPTOMS IN PCIT CLIENTS AND CAREGIVERS

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### **OBJECTIVES**

- 1. OBTAIN AN OVERVIEW OF MANAGING TRAUMA IN PCIT
- 2. UNDERSTAND TRAUMA SYMPTOMS IN CHILDREN AND CAREGIVERS
- 3. LEARN HOW TO INTEGRATE TRAUMA-INFORMED PSYCHOEDUCATION INTO CDI AND PDI
- 4. LEARN SPECIFIC COACHING STRATEGIES TO ADDRESS CHILD AND/OR CAREGIVERS' TRAUMA



### PCIT AS AN EVIDENCE BASED TRAUMA-INFORMED TREATMENT

- Increase parenting skills
- Manage child behavior problems
- Improve quality of dyadic interaction

#### IMPROVED PARENTING SKILL

#### **DECREASE RISK**

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

Improve school
performance

- Increase positive peer interactions
- Improve social skills
  - Sharing, taking turns
  - Emotional regulation

#### IMPROVED FAMILY & COMMUNITY FUNCTIONING

### **PTSD IN YOUNG CHILDREN: DSM V**



### **CHANGES**

- CRITERION A: DIRECT, WITNESSING, AND INDIRECT
- CRITERION B: RE-EXPERIENCING (1)
  - MINOR CHANGE IN WORDING
- CRITERION C/D: AVOIDANCE & NEGATIVE COGNITIONS/MOOD (1)
  - MOST SIGNIFICANT CHANGES
  - DEVELOPMENTALLY INAPPROPRIATE ITEMS REMOVED
  - ADDED MORE BEHAVIORALLY ANCHORED SYMPTOMS
- CRITERION E: AROUSAL (2)
  - ADDED TEMPER TANTRUMS
- CRITERION F, G, H: SAME DURATION, IMPAIRMENT, AND RULE OUTS

#### TRAUMA AFFECTS HOW A CHILD VIEWS HIM/HERSELF





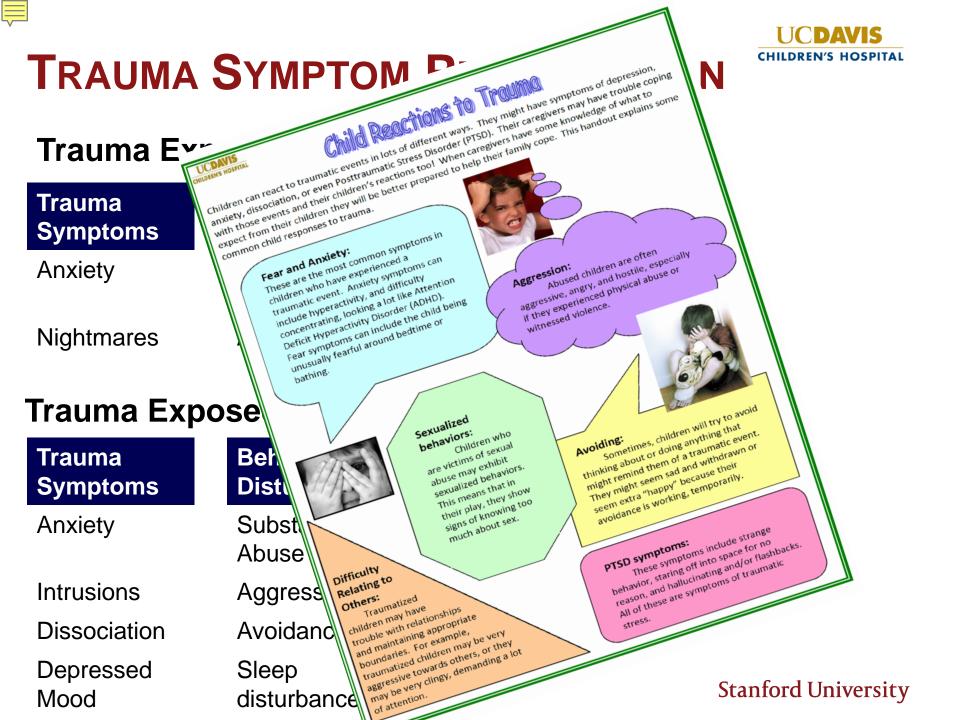
# TRAUMA AFFECTS HOW A CHILD VIEWS OTHERS

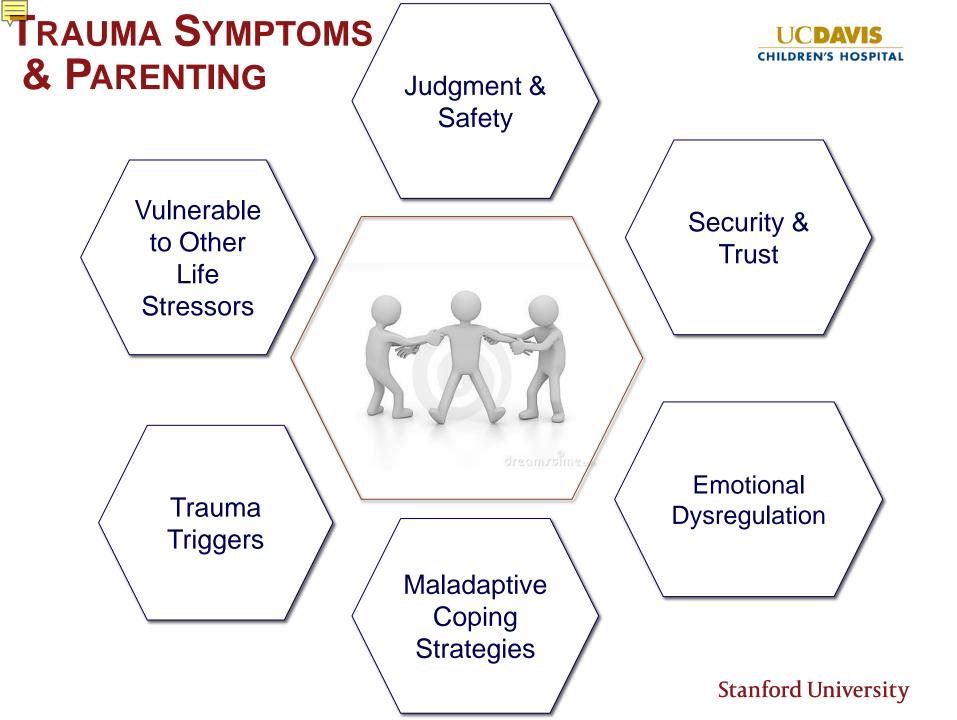




# **TRAUMA AFFECTS HOW A CHILD VIEWS** world alone in the **THE WORLD** The mondies place I am unsafe

The world is unpredictable





### **CAREGIVER TRAUMA: IMPROVING YOU ASSESSMENT QUESTIONS**



- F YOU SUSPECT THE CAREGIVER MAY HAVE HAD TRAUMA...
  - SPEND SOME TIME ASKING SOME SPECIFIC QUESTIONS REGARDING THEIR CHILDHOOD/TRAUMA EXPOSURE
  - Make sure to give a solid rationale!!
- SAMPLE QUESTIONS

Sample Introduction: I would like to ask some questions regarding how you were parented. The reason I think it is important is because we learn how to be a parent from the people who parented us. You may want to do some things the same as your parents and you may want to do things differently. Is it okay if I ask you a few questions about when you were growing up?

THE DISCIPLINE STRATEGIES LIKE IN YOUR HOME?

- WHAT DO YOU WISH WAS DIFFERENT ABOUT YOUR CHILDHOOD?
- HOW DO YOU THINK YOUR CHILDHOOD HAS INFLUENCED YOUR PARENTING STYLE?
- WHAT THINGS WOULD YOU LIKE PASS DOWN TO [CHILD]?
- WHAT THINGS WOULD YOU LIKE TO BE DIFFERENT FOR [CHILD'S] CHILDHOOD?



### 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**

### **PRIDE SKILLS**

**RAISE:** INCREASES VIEW OF SELF **LECTION:** GIVES CHILD A VOICE MITATION: MODELS APPROPRIATE RELATIONSHIPS Others **DESCRIPTION:** PRESENT, SAFE, PROTECTED. RIGHT THERE WITH HIM/HER **ENJQY:** POSITIVE EMOTIONS MODELED World **ACTIVE IGNORE-** CAN BE DIFFICULT; REINFORCEMENT OF APPROPRIATE EXPRESSION OF DISTRESS **AVOID SKILLS-** RELAX, PLAY, DECREASES DEMANDS Stanford University

### 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
- VIDEO EXAMPLE





#### CAREGIVER TRAUMA Trauma-Informed CDI Coaching Blurbs

them and how to change their parenting style through PCIT.

Think about how trauma can influence a person's view of themselves, others, and the world. Use what you know about PCIT skills and trauma to help the caregiver become aware of how trauma has affected

NEGATIVE, HARSH, or ABUSIVE CHILDHOOD I know it can feel uncomfortable praising her since you didn't have that growing up and you get to show your [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 are responsive to him now, you tell him it's okay to talk about hard things.

#### DISSOCIATION

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.

#### 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 you will leave the room if he hits you again.

#### **RE-EXPERIENCING**

It seems like [child's] loud voice triggered you. I want you to tell yourself you are safe right now.

It is okay to take a mome

#### niversity

Trauma-Informed ( Think about how trauma can influence a child's vie know about PCIT skills to help the caregiver begin

#### FEAF

CHILD TF

When you are right here in the mome you tell him that yo

When you are consistent with spe expect which is different than whe

Playing like this

#### INAPPROPRIATE TOUC

Sexual abuse can make kids fee and unsure. When you show positive attention, she know loves and cares about her in

Praising [Child] for gentle reduce the likelihoo inappropriately to

#### TRAUM

Go ahead and tell he is talking abou Pretend you have him that you a



### TRAUMA-INFORMED PDI

### **TEACH SESSION/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 Stanford University

### TRAUMA-INFORMED PDI: PRACTICAL STRATEGIES

- ANGER MANAGEMENT
- TAILORED TIME OUT
  - DUTCH DOOR
  - 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





#### UCDAVIS CHILDREN'S HOSPITAL

#### CHILD TRAUMA Trauma-Informed PDI Coaching Blurbs

what

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

It can feel hard to discipline [child] because she has been through so much. But kids want to know there parents can take care of them. So he knows that the world is a predictable place where when you break the rules, someone will help you learn to keep them. That is

[Child] doesn't like it when you leave the room but this is different than her feeling 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 limit setting while still letting her know you are still close. 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

#### AGGRESSION

Giving her a time out for hitting using the same sequence helps her feel safe even when she is angry.

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

#### CONTROLLING BEHAVIOR

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

#### 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 love you even when you make the wrong choice. Time outs help you learn and grow.

Now you can show him your relationship is still the same by using all those PRIDE skills for CDI recovery.

You can address him flinching when you took him to time out now. Say something like, I use to hit to get you to listen but I know h

#### **Jniversity**

You have shared with me that you di because it so often lead to physica training. When you give her a ti AVOIDANC It might seem easier now just out sequence but we want following the rules when the small instead of much me

Think about how trauma can influence a parent's view of t

You know about PCIT skills to help the caregiver get the r

you know about ren skins to new the caregiver get the r can be effective and they can feel confident in their abil

If you were yelled at as a child, it can be a

you use a neutral tone of voice while g

CAREGIVER TRAL

Trauma-Informed PDI Cr

NEGATIVE, HARSH, or

DISSC

You seem fro7 [child's] yell for people violence li you. Nan your br



# WRAP UP &

# QUESTIONS

### References



- BAGNER, D. M., FERNANDEZ, M. A., & EYBERG, S. M. (2004). PARENT-CHILD INTERACTION THERAPY AND CHRONIC ILLNESS: A CASE STUDY. JOURNAL OF CLINICAL PSYCHOLOGY IN MEDICAL SETTINGS, 11(1), 1-6.
- BORREGO, JR., J., URQUIZA, A.J., RASMUSSEN, R.A., & ZEBELL, N. (1999). PARENT-CHILD INTERACTION THERAPY WITH A FAMILY AT HIGH RISK FOR PHYSICAL ABUSE. CHILD MALTREATMENT, 4(4), 331-342.
- BRESTAN, E., JACOBS, J., RAYFIELD, A., & EYBERG, S.M. (1999). A CONSUMER SATISFACTION MEASURE FOR PARENT-CHILD TREATMENTS AND ITS RELATIONSHIP TO MEASURES OF CHILD BEHAVIOR CHANGE. BEHAVIOR THERAPY, 30, 17-30.
- CHAFFIN, M., SILOVSKY, J. F., FUNDERBURK, B., VALLE, L. A., BRESTAN, E. V., BALACHOVA, T., JACKSON, S., LENSGRAF, J., & BONNER, B. L. (2004). PARENT-CHILD INTERACTION THERAPY WITH PHYSICALLY ABUSIVE PARENTS: EFFICACY FOR REDUCING FUTURE ABUSE REPORTS. JOURNAL OF CONSULTING AND CLINICAL PSYCHOLOGY, 72(3).
- EYBERG, S.M., BOGGS, S., & ALGINA, J. (1995). PARENT-CHILD INTERACTION THERAPY: A PSYCHOSOCIAL MODEL FOR THE TREATMENT OF YOUNG CHILDREN WITH CONDUCT PROBLEM BEHAVIOR AND THEIR FAMILIES. PSYCHOPHARMACOLOGY BULLETIN, 31, 83-91.
- EYBERG, S.M., FUNDERBURK, B.W., HEMBREE-KIGIN, T.L., MCNEIL, C.B., QUERIDO, J.G., & HOOD, K. (2001). PARENT-CHILD INTERACTION THERAPY WITH BEHAVIOR PROBLEM CHILDREN: ONE AND TWO YEAR MAINTENANCE OF TREATMENT EFFECTS IN THE FAMILY. CHILD & FAMILY BEHAVIOR THERAPY, 23, 1-20.
- GALLAGHER, N. (2003). EFFECTS OF PARENT-CHILD INTERACTION THERAPY ON YOUNG CHILDREN WITH DISRUPTIVE BEHAVIOR PROBLEMS. BRIDGES, 1(4), 1-17.
- HERSCHELL, A. D., CALZADA, E. J., EYBERG, S. M., & MCNEIL, C. B. (2002). PARENT-CHILD INTERACTION THERAPY: NEW DIRECTIONS IN RESEARCH. COGNITIVE AND BEHAVIORAL PRACTICE, 9, 9-16.
- HOOD, K. K., & EYBERG, S. M. (2003). OUTCOMES OF PARENT-CHILD INTERACTION THERAPY: MOTHERS' REPORTS OF MAINTENANCE THREE TO SIX YEARS AFTER TREATMENT. JOURNAL OF CLINICAL CHILD AND ADOLESCENT PSYCHOLOGY, 32(3), 419-429.
- NATIONAL CHILD TRAUMATIC STRESS NETWORK, CHILD WELFARE COMMITTEE. (2011). BIRTH PARENTS WITH TRAUMA HISTORIES AND THE CHILD WELFARE SYSTEM: A GUIDE FOR CHILD WELFARE STAFF. LOS ANGELES, CA, AND DURHAM, NC: NATIONAL CENTER FOR CHILD TRAUMATIC STRESS.
- NEARY, E.M., & EYBERG, S.M. (2002). MANAGEMENT OF DISRUPTIVE BEHAVIOR IN YOUNG CHILDREN. INFANTS AND YOUNG CHILDREN, 14, 53-67.
- RUNYON, M. K., DEBLINGER, E., RYAN, E. E., & THAKKAR-KOLAR, R. (2004). AN OVERVIEW OF CHILD PHYSICAL ABUSE: DEVELOPING AN INTEGRATED PARENT-CHILD COGNITIVE- BEHAVIORAL TREATMENT APPROACH. TRAUMA, VIOLENCE, AND ABUSE, 5(1), 65-85.
- Ware, L. M., Fortson, B. L., & McNeil, C. B. (2003). Parent-child interaction therapy: A promising intervention for abusive families. The Behavior Analyst Today, 3(4), 375-382.

### Resources

WEB COURSE: PCIT.UCDAVIS.EDU/PCIT-WEB-COURSE

- WWW.PCIT.UCDAVIS.EDU
- WWW.PCIT.ORG/
- WWW.PCIT.PHHP.UFL.EDU/



RINERIN

The National Child Traumatic Stress Network

- MCNEIL, C. & HEMBREE-KIGIN, T. L. (2010). PARENT CHILD INTERACTION THERAPY, 2<sup>ND</sup> ED. NEW YORK, NY: Springer Science & Business Media.
- URQUIZA, A. J. & TIMMER, S. G. (2014). PARENT-CHILD INTERACTION THERAPY FOR MALTREATED CHILDREN. IN S. G. TIMMER & A. J. URQUIZA (EDS.), EVIDENCE-BASED APPROACHES FOR THE TREATMENT OF MALTREATED CHILDREN (PP. 123-144). SPRINGER NETHERLANDS.
- SOLOMON, M., ONO, M., TIMMER, S., GOODLIN-JONES, B. (2008). THE EFFECTIVENESS OF PARENT-CHILD INTERACTION THERAPY FOR FAMILIES OF CHILDREN ON THE AUTISM SPECTRUM. JOURNAL OF AUTISM AND DEVELOPMENTAL DISORDERS, 38: 1767-1776.
- BORREGO, JR., J., ANHALT, K., TERAO, S. Y., VARGAS, E. C., URQUIZA, A. J. (2006). PARENT-CHILD INTERACTION THERAPY WITH A SPANISH-SPEAKING FAMILY. COGNITIVE AND BEHAVIORAL PRACTICE, 13, 121-133.
- EYBERG, S.M. (2003). PARENT-CHILD INTERACTION THERAPY. IN T.H. OLLENDICK & C.S. SCHROEDER (EDS.) ENCYCLOPEDIA OF CLINICAL CHILD AND PEDIATRIC PSYCHOLOGY. NEW YORK: PLENUM
- EYBERG, S.M., BOGGS, S. R., ALGINA, J. (1995). PARENT-CHILD INTERACTION THERAPY: A PSYCHOSOCIAL MODEL FOR THE TREATMENT OF YOUNG CHILDREN WITH CONDUCT PROBLEM BEHAVIOR AND THEIR FAMILIES. 995). PSYCHOPHARMACOLOGY BULLETIN, 31,1995, 83-91.



PARENT CHILD INTERACTION



INTERNATIONAL

Parent Child Interaction Therapy





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