IDENTIFYING AND COACHING TRAUMA SYMPTOMS IN PCIT CLIENTS AND CAREGIVERS

Brandi Liles, Ph.D. and Elizabeth Reichert, Ph.D.
September 9, 2015

UC Davis CAARE Center, Department of Pediatrics, UC Davis Children’s Hospital

Division of Child and Adolescent Psychiatry
Stanford School of Medicine
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

DECREASE RISK

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

SUCCESSFUL THERAPY CONDUCTED

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

IMPROVED FAMILY & COMMUNITY FUNCTIONING

IMPROVED PARENTING SKILL
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

Isolated
Bad Kid
Guilt and Responsibility
Unloveable

Stanford University
TRAJMA AFFECTS HOW A CHILD VIEWS OTHERS

Others cannot be trusted

Others will hurt me

I have to hurt others before they hurt me

Noone can keep me safe

Stanford University
TRAUMA AFFECTS HOW A CHILD VIEWS THE WORLD

The world is a dangerous place

I am alone in the world

I am unsafe

The world is unpredictable
TRAUMA SYMPTOM PRESENTATION

Trauma Exposed Young Children

Trauma Exposed Parents

Trauma Symptoms

Anxiety

Nightmares

Behavioral Disturbance

Anxiety

Noncompliance Temper tantrums

Nightmares

Aggression Crying/whining

Psychological Disturbance

Depressed Mood

Sleep disturbance

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

Fear and Anxiety:
These are the most common symptoms in children who have experienced a traumatic event. Anxiety symptoms can include hyperactivity, difficulty concentrating, looking for attention, and high risk of 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 experience physical abuse or witnessed violence.

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 they avoidance is working temporarily.

Sexualized behaviors:
Children who are victims of sexual abuse may exhibit sexualized behaviors. This means they in their play, they show signs of knowing too much about sex.

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.

Intrusions

Substance Abuse

Hypervigilance

Dissociation

Avoidance

Depressed Mood

Sleep disturbance

Stanford University
CAREGIVER TRAUMA: IMPROVING YOU
ASSESSMENT QUESTIONS

• IF 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?

  • WHAT WERE 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?
TRIUMA-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

Stanford University
TRAUMA-INFORMED CDI

PRIDE Skills

PRAISE: Increases view of self
REFLECTION: Gives child a voice
IMITATION: 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: 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 Blurb

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 them and how to change their parenting style through PCIT.

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.

INAPPROPRIATE TOUCHING

Sexual abuse can make kids feel confused and unsure. When you show and give positive attention, she knows you love and care about her in an appropriate way.

Praising [child] for good behavior reduces the likelihood of inappropriate touching.

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.

TRAUMA

Go ahead and tell him he is talking about his present moment and being there for [child] even when it is hard.

DISASSOCIATION

I seem to have lost you for a second. Not 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 pace, you model for [Child] that this is a safe place and he can slow down too.

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 moment to calm down before answering him.
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
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
CAREGIVER TRAUMA

Trauma-Informed PDI Coaches

Think about how trauma can influence a parent’s view of their child. If you know about PCIT skills to help the caregiver get the right message, you can be effective and they can feel confident in their abilities.

NEGATIVE, HARSH, or AGGRESSIVE?

If you were yelled at as a child, it can be difficult to use a neutral tone of voice while giving directions. If you use a neutral tone of voice while giving directions, you have shared with me that you don’t like it and it can lead to physical violence.

You have shared with me that you don’t like it and it can lead to physical violence. When you give her a breakup, you are giving her a breakup. You are giving her a breakup.

AVERSION

It might seem easier now just to take our sequence but we want to follow the rules when we break the rules and see how they spend small instead of much more.

DISORGANIZED

You seem from the start that [child’s] yearning for control on the surface. If you have been seen as violent, you need to keep your distance. You will give him back control through play when he is ready to mind you.

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 worst as he gets older.

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.

CHILD TRAUMA

Trauma-Informed PDI Coaches

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 you break the rules, someone will help you learn to keep them. That is what you are doing with time out.

[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 she messes up.

AFFECTIONATE REPAIR

Now that she has listened to the follow up comfort 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 look him to time out now. Say something like, I use to try to get you to listen but I know it is hard. Now you can do it yourself.
WRAP UP &

QUESTIONS
References


Resources

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

- [WWW.PCIT.UCDAVIS.EDU](http://WWW.PCIT.UCDAVIS.EDU)
- [WWW.PCIT.ORG/](http://WWW.PCIT.ORG/)
- [WWW.PCIT.PHHP.UFL.EDU/](http://WWW.PCIT.PHHP.UFL.EDU/)


CONTACT INFO

BRANDI LILES, PH.D.
CAARE CENTER
DEPARTMENT OF PEDIATRICS
UC DAVIS CHILDREN’S HOSPITAL
3671 BUSINESS DRIVE SUITE 100
SACRAMENTO, CA 95820
PHONE: (916) 734-2278
EMAIL: BDLILES@UCDAVIS.EDU

ELIZABETH REICHERT, PH.D.
DEPARTMENT OF PSYCHIATRY AND BEHAVIORAL SCIENCES
STANFORD UNIVERSITY SCHOOL OF MEDICINE
401 QUARRY ROAD
STANFORD, CA 94305-5719
PHONE: (650) 723-5511
EMAIL: EREICHERT@STANFORD.EDU