Trauma Informed Parenting and Parent-Child Interaction Therapy (PCIT)

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Thank you,
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Childhood Trauma is Cumulative

National Comorbidity Study – Replication Sample

NCS- R All Respondents N=5692

Mean Number of DSM Dx

Putnam, Perry, Putnam, Harris
unpublished data, 2008

Number of Childhood Traumatic Events Types and Total Number of Clinically Elevated Trauma Symptom Inventory (TSI) Scales (N = 2,453)

N=2453

Number of Clinically Elevated TSI Scales

0 1 2 3 4 5 6

0 1 2 3 4 5 6 7-8

Number of Traumas

What is trauma for a child?

- Actual or perceived threat to life or physical well-being of the child or someone important in the child’s life

- Even which causes a sense of terror, horror, and helplessness for the child

- Event which overwhelms a child’s capacity to cope
Trauma can be...

- Single event

- Chronic (multiple traumatic events)

- Complex (trauma resulting from caregiver not protecting or caring for a child)

*Note:* Yes, neglect can be traumatic for a very young child
Troubling Numbers

- Over 1400 children die from abuse or neglect each year
- In recent years, approximately 900,000 children were victims of maltreatment (neglect being the primary form—over 60%)
- One in four children experience at least one potentially traumatic event before age 16
- Four of 10 report witnessing violence
- 10 million children living in home with at least one substance abusing parent
More Troubling Numbers

- PTSD rates
  - Children in foster care: 60% of those sexually abused
  - Children in foster care: 42% of those physically abused
  - Children in foster care: 18% without abuse
  - Adults who had been in foster care: 21%
  - Adults in the general population: 4.5%

- Close to 80% of abused children face at least one mental health challenge by age 21
Impact of Traumatic Stress

- Effect perception of self, the world, the future
- Impacts ability to form secure attachments
- Impacts ability to trust
- Affect sense of safety
- Impacts ability to cope with life changes
- Changes the way the brain operates
Consequences of trauma exposure

- Posttraumatic Stress Disorder (PTSD)
- Depression
- Substance abuse
- Behavioral problems
- Poor school performance
Impact of trauma on learning

- Decreased IQ and reading ability (Delaney-Black et al., 2003)
- Lower grade-point average (Hurt et al., 2001)
- More days of school absence (Hurt et al., 2001)
- Decreased rates of high school graduation (Grogger, 1997)
- Increased expulsions and suspensions (LAUSD Survey)
Factors to Consider

- Age and developmental level of the child
- Child’s understanding and perception of the trauma
- Relationship to the perpetrator of the trauma
- Direct victim or witness to traumatic event
- Prior trauma exposure
- Secondary adversities resulting from the trauma
- Supportive, caring adults in the life of the child
What are Trauma-Informed Services?

- Trauma-informed vs. trauma-specific

- Characteristics of trauma-informed services
  - Incorporate knowledge about trauma—prevalence, impact, and recovery—in all aspects of service delivery
  - Respectful and engaging for survivors
  - Minimize re-victimization
  - Facilitate recovery and empowerment through strength-based approach
  - Infuse hope
Why Trauma-Informed Services?

- Trauma is pervasive
- Trauma’s impact is broad and diverse
- Trauma’s impact is deep and life-shaping
- Trauma, especially interpersonal violence, is often self-perpetuating
- Trauma is insidious and differentially affects the more vulnerable
- Trauma affects how people approach services
- The service system has often been retraumatizing
Trauma Informed Services: A Multi-Pronged Approach

- Strong partnerships
- Tools and training
- Effective Interventions
- Trauma informed policy
Families

- Lack of understanding of role of trauma in child development, symptoms, behaviors, functioning
- Focus on most immediate event
- Problems = Symptoms
- Child as the issue
- Are treatment plans do-able? Competing systems
- Passive participants
What is Trauma-Informed Parenting?

- Understands the impact of trauma
- Recognizes the signs & symptoms of trauma
- Responds in a way that support the child without further traumatizing the child
- Understands impact of child’s trauma on personal self-care
When is the Behavior *not* the Problem?

Changing Our Perspectives and Re-Framing the Problems

- Increased worries and anxieties
- Hyper-vigilance
- Problems with attachment
- Relationship problems
- Emotion regulation problems
- Low frustration tolerance
- Easily overwhelmed.
- Poor judgment

- Difficulty with flexible thinking
- Difficulty processing information
- Memory problems
- Poor organization
- Poor emotion identification in self and others
- Acting younger than their age or regressive behaviors
- Increased somatic complaints
- Not understanding consequences
Changes in Behavior

- Changes in school performance
- Decreased concentration
- Decreased attention
- Changes in sleep
- Changes in appetite
- Changes in mood (swings)
- Changes in activities
- Increased irritability
- Increased anger outbursts or temper tantrums
- Increased withdrawal
- Increased trauma talk/play
Trauma Informed Services and Parenting: A Multi-Pronged Approach

- Trauma informed policy, including psycho-education about trauma for all involved

- Strong partnerships
  - Therapist and parent/caregiver
  - Parent/caregiver and systems serving the child and family

- Tools and training with focus on strengths

- Effective Interventions
Parent-Child Interaction Therapy (PCIT)
Parent-Child Interaction Therapy (PCIT)

- Originally developed young children (2-7) with disruptive behavior disorders & their families

- Combines elements of attachment, learning, and systems theories, social learning principles, and behavior modification

- Short-term – average of 14-16 weekly sessions (slightly longer in community settings)

- Direct (in vivo) coaching of parent with child

- Gives parent responsibility, not blame (strength-based treatment)

- Strong Evidenced-based treatment with close to 200 articles/chapters and numerous randomized controlled trials
Key Features

- Manualized treatment
- Assessment driven
- Criteria based
- Emphasizes restructuring the parent-child interaction by teaching specific parenting skills
- Involves direct practice and coaching of skills in sessions, with parent and child together
- Establishes daily positive parent-child interaction time
- Teaches generalization of skills
Balances Two Factors

1. Positive Interaction with the Child
   Increase positive attention
   Decrease negative attention
   • Addressed directly in the Child Directed Interaction (CDI)

2. Consistent Limit Setting
   Consistency
   Predictability
   Follow-Through
   • Addressed in the Parent Directed Interaction (PDI) and in CDI
Goals of CDI

- Strengthen parent-child relationship
- Improve children’s willingness to accept limits
- Improve children’s self-esteem
- Improve frustration tolerance
- Improve anger management
- Increase parent confidence
- Improve pro-social behaviors
- Improve children’s speech and language
- Improve attention
- Decrease negative behaviors
Goals of PDI

- Improve parents’ ability to:
  - Set appropriate limits
  - Implement contingency management
  - Be consistent and predictable in their discipline
  - Problem-solve in discipline situations
  - Use good reasoning skills

- Improve children’s compliance
- Decrease negative child behaviors
Research Findings

- Improvements in child behavior
  - Externalizing behaviors
  - Internalizing behaviors
- Improvements in parenting skills and attitudes
- Generalization to school
- Generalization to untreated siblings
- Reductions in the risk of child abuse
- Benefits for parents and other caregivers
  - Decreased parenting stress
  - Decreased maternal depression
- Improvements in trauma symptoms
- Improvements in speech/language skills
- Effective with parents with cognitive deficits
- *Gains lasting over 6 years*
Families & PCIT

- Many children referred for PCIT have experienced traumatic events which have created life disruptions
  - Foster care system
  - Court system
  - Prison system
  - School system
- Families report challenges in multiple settings
- PCIT works to change the interactions so there can be a shift in how relationships are perceived (increase secure attachments)
- PCIT recognizes that a pattern of actions and reactions can be complex and can impact the child and family’s life and child’s overall development
Services and PCIT

- Primary goals are empowerment for the caregivers and the relationship between the caregiver & the child
- PCIT is a strength-based approach to treatment (caregiver and the child)
- Treatment priorities are prevention of future difficulties by changing the current interactions and parent/caregiver and child relationship
- A collaborative relationship between the family and the PCIT therapist
- Both the therapist and the caregiver(s) are assumed to have valid and valuable knowledge bases (PCIT is all about collaboration and partnerships)
- The consumer is an active planner and participant in services—cornerstone of PCIT
- Success in PCIT is in large part enhanced by trust in the PCIT therapist and belief that the therapist truly understands and cares about the family
- PCIT provides confidence and hope in a brighter future
RCT with PCIT and Maltreatment Population (Chaffin et al, 2004)

- N=110 families
- Average 2 prior physical abuse reports
  - 39% had severely beaten a child
- Average 2 prior neglect reports
- Diagnostic Interview (DIS)
  - 32% drug or alcohol
  - 39% probably antisocial personality
- Beck Depression Inventory II
  - 22% moderate or higher depression score (>19)
- No differences between groups on demographic or test scores
OUTCOMES

Re-Abuse Rate at 2.5 Year Follow-Up

PCIT
Parent Group
Intensive Family Preservation
Wrap-Around
PCIT and Child Maltreatment

- Kaufman Report: PCIT one of three identified “Best Practices” in the area of child abuse
- National Child Traumatic Stress Network identified EBT for children with behavior problems and maltreatment history
- Included in the California Clearinghouse for EBTs
- Included in the Child Welfare Information Gateway services
Child Maltreatment

- Physical Abuse and Neglect

- Chaffin, Silovsky, Funderburk et al. (2004)
- Timmer et al. (2005)
- Chaffin, Valle, Funderburk, Gurwitch, et al. (2009)
- Hakman, Chaffin, Funderburk, Silovsky (2009)
- Chaffin, Funderburk, Bard, Valle, Gurwitch (2011)
Children in Foster Care

- Experience complex trauma
- May experience symptoms of posttraumatic stress or maladjustment
- May exhibit disruptive behavior
- Experience difficulties attaching to some caregivers
- Have a loss of stability and permanency
- Are a product of foster parent “trial-and-error” parenting
PCIT Applications (cont)

- Prevention
  - Thomas & Zimmer-Gembeck (2011)

- Foster Care
  - Timmer et al., (2005)
  - Timmer et al., (2006)
PCIT and Domestic Violence

- Reductions in child behavior concerns (ECBI)
- Improvements in consistent discipline (APQ)
- Improvements in parental perceptions of control (PLOC)
- Improvements in self-report of behavioral health symptoms (SCL-90-R)
- High treatment satisfaction (TAI)

(Herschell et al., 2016)
Trauma Symptoms and PCIT (Pearl et al, 2011)

- N=53 children
  - 45.3% (n = 24) were female and 54.7% (n = 29) male, with a mean age of 5.45 (SD = 2.46) at the beginning of treatment.

- **Trauma history of child**

- The majority of the children experienced some form of trauma, and the average # of traumas for each child was 2.02 (SD=2.45).

- Witnessed domestic violence= 21.43% (18)
- Physical abuse=13.10% (11)
- Sexual abuse=15.48% (13)
- Traumatizing medical treatment=11.90% (10)
- Hearing about the violent death or serious injury of a loved one=8.33% (7)
- Seeing someone beaten up, shot at or killed=4.76% (4)
Trauma Symptom Checklist for Young Children (n=50)

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<td>Sexual Concerns</td>
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Child-Adult Relationship Enhancement (CARE)
Child-Adult Relationship Enhancement (CARE) is...

• Trauma informed
• Need derived
• Generalizable
• Non-clinical population
• May complement ongoing treatments
• Children and teens
• Based on evidence-based parenting programs
• RCTs currently underway with promising outcomes
CARE includes

1. Relationship enhancement

2. Skills for improving listening and following directions (compliance with adult instructions)
Settings and Groups Participating in CARE

- Child care settings (Head Start and CDC’s)
- Treatment centers/Residential living facilities
- Medical facilities
- Law enforcement agencies
- Child welfare agencies
- Foster parents
- Medical, Mental Health, and Allied Health professionals
- Child Life Specialists
- Child victim advocates
- School settings
- Military Families
- Family Court personnel
- Domestic violence shelters