

PCIT AND CPP: EXPLORING TWO EVIDENCE-BASED THERAPIES FOR CHILDREN

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OMAHA THERAPY AND ARTS COLLABORATIVE

EXPANDING CONCEPTS OF TRAUMA

- INTERPERSONAL TRAUMA:
 - EMOTIONAL UNAVAILABILITY OF CAREGIVER
 - UNPREDICTABLE RESPONSE TO CUES
 - INTERACTIVE DYSREGULATION WITHOUT REPAIR
- CHILD EXPERIENCES THREAT RELATED TO CAREGIVER'S AFFECTIVE STATES AND AVAILABILITY
- NEW NEUROBIOLOGY RESEARCH SHOWS SIMILAR ACTIVATION OF STRESS RESPONSE SYSTEMS IN HIDDEN TRAUMA OF INFANCY AND PTSD IN OLDER CHILDREN (SIEGEL, BRYSON 2012)

TRAUMA ASSESSMENT WITH CHILDREN

- SHOULD INCLUDE INFORMATION GATHERING RELATED TO:
 - INVOLVED CAREGIVER
 - TRAUMA HISTORY AND CURRENT TRAUMA SYMPTOMS
 - DEVELOPMENTAL HISTORY
 - ENVIRONMENT STRENGTHS AND RESOURCES
 - CAREGIVER'S ABILITY TO SUPPORT HEALTHY CHILD DEVELOPMENT (SOCIOEMOTIONAL, PSYCHOLOGICAL, AND COGNITIVE)
 - OBSERVATION OF CAREGIVER-CHILD INTERACTIONS, INCLUDING SEPARATION REACTION
 - USE OF ASSESSMENT TOOLS AND MEASURES (UCLA, ECBI, AGES AND STAGES ETC.)

PCIT (PARENT-CHILD INTERACTION THERAPY)

- EVIDENCE-BASED INTERVENTION FOR CHILDREN WITH MENTAL AND BEHAVIORAL SYMPTOMS
- PROMOTES HEALTHY CAREGIVER-CHILD INTERACTIONS
- TWO-PHASE MODEL:
 - CDI - FOCUS ON BUILDING GOOD CAREGIVER-CHILD ATTUNEMENT AND INTERACTION
 - PDI - FOCUS ON INCREASING CHILD COMPLIANCE

PCIT UNDERLYING ASSUMPTIONS

- CHILDREN NEED A CERTAIN AMOUNT OF POSITIVE INTERACTION TO "FILL THEIR BUCKETS" AND SET THEM UP FOR SUCCESS EACH DAY
- THE FOUNDATION FOR HEALTHY BEHAVIOR RESTS ON THE DEVELOPMENT OF A POSITIVE RELATIONSHIP WITH A CAREGIVER
- ANYTHING YOU PAY ATTENTION TO WILL INCREASE IN FREQUENCY
- WE CAN TEACH PARENTS SPECIFIC INTERVENTIONS IN PLAY THAT HELP WITH ATTENTION, PROBLEM-SOLVING, AND SKILL-BUILDING OF LARGER SKILL SETS

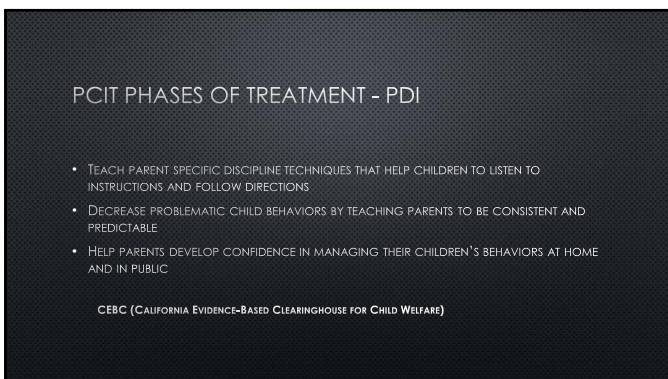
PCIT PHASES OF TREATMENT - CDI

- BUILD CLOSE RELATIONSHIPS BETWEEN PARENTS AND THEIR CHILDREN USING POSITIVE ATTENTION STRATEGIES
- HELP CHILDREN FEEL SAFE AND CALM BY FOSTERING WARMTH AND SECURITY BETWEEN PARENTS AND THEIR CHILDREN
- INCREASE CHILDREN'S ORGANIZATIONAL AND PLAY SKILLS
- DECREASE CHILDREN'S FRUSTRATION AND ANGER
- EDUCATE PARENT ABOUT WAYS TO TEACH CHILD WITHOUT FRUSTRATION FOR PARENT AND CHILD
- ENHANCE CHILDREN'S SELF-ESTEEM
- IMPROVE CHILDREN'S SOCIAL SKILLS SUCH AS SHARING AND COOPERATION
- TEACH PARENTS HOW TO COMMUNICATE WITH YOUNG CHILDREN WHO HAVE LIMITED ATTENTION SPANS

CEBC (CALIFORNIA EVIDENCE-BASED CLEARINGHOUSE FOR CHILD WELFARE)







PDI SKILLS

- 8 RULES OF EFFECTIVE COMMANDS
- CLOSING THE LOOP WITH CDI
- CONSISTENT FOLLOW-THROUGH WITH DIRECT COMMANDS
- TIME-OUT PROCEDURE

CPP (CHILD PARENT PSYCHOTHERAPY)

- EVIDENCE-BASED INTERVENTION FOR CHILDREN WITH MENTAL HEALTH, ATTACHMENT OR BEHAVIORAL SYMPTOMS, OR HAVE EXPERIENCED TRAUMA EXPOSURE/INTERPERSONAL TRAUMA
- INCORPORATES THE PARENT-CHILD OR CAREGIVER-CHILD DYAD TO STRENGTHEN ATTACHMENT RELATIONSHIP THROUGH ATTUNEMENT
- PROVIDES A VEHICLE TO PROCESS TRAUMA

CPP UNDERLYING ASSUMPTIONS

- MISATTUNEMENT IN THE CHILD-PARENT DYAD RESULTS IN LESS THAN IDEAL ATTACHMENT — PARENTS ARE THE "REFLECTIVE SHIELD"
- THE PROMOTION OF ATTUNEMENT THROUGH PARENT AND CHILD CUES INCREASES ATTACHMENT AND PROVIDES A SAFE SPACE FOR THE PROCESSING OF TRAUMA

CPP GOALS

- ENCOURAGE RETURN TO NORMAL DEVELOPMENT
- HELP WITH ADAPTIVE COPING
- HELP WITH PARENT-CHILD ENGAGEMENT
- MAINTAIN REGULAR LEVELS OF AFFECTIVE AROUSAL
- RESTORE RECIPROCITY IN INTIMATE RELATIONSHIPS
- PLACE A TRAUMATIC EXPERIENCE IN PERSPECTIVE

• SLIDE FROM THE NEBRASKA CHILD PARENT PSYCHOTHERAPY LEARNING COLLABORATIVE

CPP PHASES OF TREATMENT

- FOUNDATIONAL PHASE
- CORE INTERVENTION PHASE
- TERMINATION PHASE

FOUNDATIONAL PHASE

- ASSESSMENT
 - OBSERVATION, TRAUMA SCREENING INSTRUMENTS
- ENGAGEMENT
 - UNDERSTAND CAREGIVER'S PERCEPTIONS ABOUT THE CHILD, THE FAMILY AND THE TRAUMA
- THERAPIST REFLECTIVE PRACTICE CAPACITY
- FEEDBACK SESSION

CORE INTERVENTION PHASE

- INTRODUCING THE CHILD TO CPP
- THERAPIST REFLECTIVE PRACTICE CAPACITY
- DYADIC INTERACTIONS USING "PORTALS" TO MEET CPP GOALS
- ADDRESSING CAREGIVER AND CHILD DYSREGULATION
- CONVEY HOPE
- DEVELOP EMPATHIC RELATIONSHIP WITH FAMILY MEMBERS
- ENHANCE SAFETY
- ENGAGE ENVIRONMENTAL SUPPORTS

TERMINATION PHASE

- UNPLANNED TERMINATION
- PLANNED TERMINATION
 - PLAN WITH FAMILY MEMBERS
 - POST-TREATMENT EVALUATION
 - PREPARE CHILD AND CAREGIVER
 - HOLD FINAL SESSION

SIMILARITIES AND DIFFERENCES

- BOTH INTERVENTIONS INVOLVE:
 - PARENT-CHILD DYAD
 - INCREASING ATTUNEMENT AND BUILDING POSITIVE ATTACHMENT
 - EDUCATION TO THE PARENT/CAREGIVER

SIMILARITIES AND DIFFERENCES

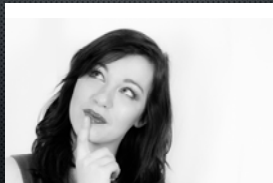
PCIT

- AGES 2-7 YEARS (WITH SOME MODIFIED APPLICATIONS AVAILABLE)
- NUMBERS-BASED GOALS TO ADVANCE
- TRAUMA-PROCESSING ADAPTATIONS NOW AVAILABLE
- AVERAGE NUMBER OF SESSIONS BETWEEN 12 AND 20 ([WWW.PCIT.ORG](http://www.pcit.org))

CPP

- AGES 0-5 YEARS
- CAREGIVER HAS THE CAPACITY TO BE SAFE AND APPROPRIATE
- AVERAGE NUMBER OF SESSIONS UP TO 50 ([HTTP://DHHS.NE.GOV/MEDICAID/DOCUMENTS/CPP.PDF](http://DHHS.NE.GOV/MEDICAID/DOCUMENTS/CPP.PDF))

DECIDING ON THE MOST APPROPRIATE INTERVENTION



FINDING PROVIDERS AND ENGAGING FAMILIES

- BOTH MODELS HAVE CRITERIA FOR TRAINING AND SUPERVISION PRIOR TO GIVING PROFESSIONAL CERTIFICATION OF ACCOMPLISHMENT
- PCIT – 40 HOURS LEVEL I TRAINING PLUS 3-DAY ADVANCED TRAINING AND 12-24 MONTHS OF CONSULTATION (2 COMPLETED PCIT CASES)
- CPP – 3-DAY INITIAL TRAINING, 2 ADDITIONAL 2-DAY INTENSIVE SESSIONS AND 18 MONTHS OF CONSULTATION (2-3 COMPLETED CPP CASES)
- BOTH MODELS PROVIDE DIRECTORIES OF CERTIFIED PROVIDERS

QUESTIONS