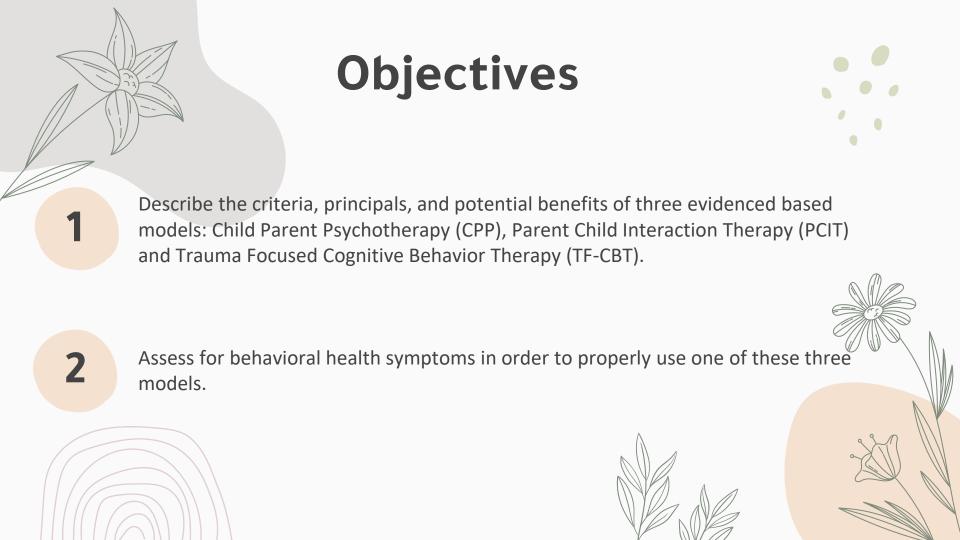
Evidenced Based Therapy Models for Children

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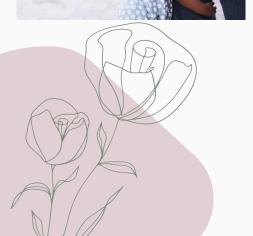


Child Parent Psychotherapy (CPP)





Lola is a Latina, 4-year-old girl, who lives with her mother and maternal grandmother in Wheat Ridge, CO. Her mother has been divorced from Lola's father for one year and no longer has contact with him due to a history of prolonged interpersonal violence. During ages 0-3 Lola witnessed this violence in the home on a weekly basis.



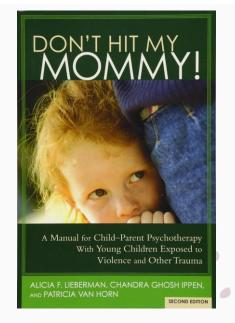
Her mother describes her as "clingy, wets the bed often, sensitive to loud sounds and other men including her uncles, cries often, has nightmares, and has difficulty interacting with peer due to always wanting to be alone or with the teacher's aide".

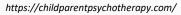
What is CPP?

- Family therapy model
- Ages: 0-5
- Focused on helping families heal from trauma: Loss of a loved one, separation/divorce, serious medical procedures, abuse or violence in the home or community
- 3 phases, 32 weekly 1 hour sessions
- Goals:
 - Supports family strengths and relationships
- Helps families heal and grow after stressful experiences
- Respects family and cultural values









 Assessment and Psychoeducation

Treatment with Child

 Termination and Planning for the Future

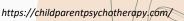
Assessment and Psychoeducation

- One on one with caregiver
- Screeners
- Needs and challenges
- Strengths and values
- History and experiences
- Preparation of presentation to child



Treatment with Child

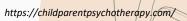
- "Speaking the unspeakable"
- Increasing reflective practice for family members to better understand each other
- Use of talk and play to process difficult experiences
- Respond to difficult feelings and behaviors
- Create a family story that leads to healing
- Strengthen child/caregiver relationship to increase safety and to help the child heal



Termination and Planning for the Future

- Celebrate changes families have made
- Model a healthy goodbye
- Consider how endings and goodbyes may bring up different feelings in the family
- Talk about what will be needed in the future





2

Parent Child Interaction Therapy (PCIT)





James is a white, 6-year-old boy, who was recently placed with his maternal grandmother in Aurora, CO following the removal by CPS from his home in Florida due to neglect, physical abuse and witnessing ongoing domestic violence. He was placed with his grandmother along with his 3 siblings (ages 12, 7, and 1).

His grandmother describes him as "uncontrollable, won't listen to anything, always needs my attention, destroys things, hits and spits, and seems unremorseful".

What is PCIT?

- Family therapy model
- Ages: 2-7, can be provided until age 12 for children who have experienced trauma.
- PCIT is conducted through "coaching.
 sessions during which child and caregiver are
 in a playroom while the therapist is in an
 observation room watching the interaction
 through a one-way mirror and/or live video
 feed. Caregivers wears a "bug-in-the-ear"
 device through which the therapist provides
 in-the-moment coaching on skills.
- 2 phases, 12-20 sessions or until family meets mastery.







What is PCIT?

Goals:

- Establishing warmth in the caregiver/child relationship through learning and applying skills proven to help children feel calm, secure in their relationships with their parents, and good about themselves.
- Equip caregiver to manage the most challenging behaviors while remaining confident, calm, and consistent. Learn proven strategies to help child accept limits, comply with directions, respect house rules, and demonstrate appropriate behavior in public.



Assessment, Observation and Teaching

Child Directed Interaction (CDI)

 Parent Directed Interaction (PDI)

Assessment, Observation and Teaching

- Education on structure, dedication and homework linked with PCIT
- Observation of caregiver/child play without intervention or coaching
- · CDI Teach of the PRIDE skills and Don'ts
- ECBI assessment which will continue to be used weekly to measure progress and to assist in identifying target behaviors



Child Directed Interaction (CDI)

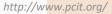
- Focused on increasing warmth and attachment between caregiver and child.
- Caregiver engages child in play using the skills and following the child's lead.
- Live coached until mastery is met.
- Completes 5 minutes of special play homework each night.
- Desired outcomes for CDI:
 - Increased: feelings of security, safety and attachment to caregiver, attention span, self-esteem, pro-social behavior.
 - <u>Decreased:</u> frequency, severity, and/or duration of tantrums, acuity levels, negative attention-seeking behaviors, parental frustration.

2

Parent Directed Interaction (PDI)

- Caregiver is taught a routine to manage disruptive behavior including the use of effective commands, the time out chair and time out room.
- Continued use of PRIDE skills and Don'ts through play.
- Applies the discipline routine to house rules and public behaviors.
- Live coached until mastery is met.
- Completes 5 minutes of special play homework each night.
- Desired outcomes for PDI:
 - Decreased: frequency, severity, and/or duration of aggressive behavior, frequency of destructive behavior (such as breaking toys on purpose), and defiance.
 - Increased: compliance with adult requests, respect for house rules, behavior in public, parental calmness and confidence during discipline.

3







Relationship Enhancement *P*R*I*D*E*



Rule	Reason	Example	Look
PRAISE appropriate behavior	Increases desired behaviors. Lets child know what you like.	"You did great concentrating on building the garage."	
REFLECT appropriate talk	Allows child to lead the conversation. Shows child you're listening and understand child.	Child: "I did it all by myself." Parent: "Yes, you did it all by yourself."	
IMITATE appropriate play	Shows approval of child's play. Models and increases desired behaviors.	Parent: "I'm going to tap the blocks quietly just like you."	
DESCRIBE appropriate behavior	Increases concentration and attention to the activity. Slows down an active child.	"You're keeping the Play-Doh o the table."	CONRTS
ENJOY	Demonstrates interest in child. Models positive emotions.	"I have so much fun playing with you."	



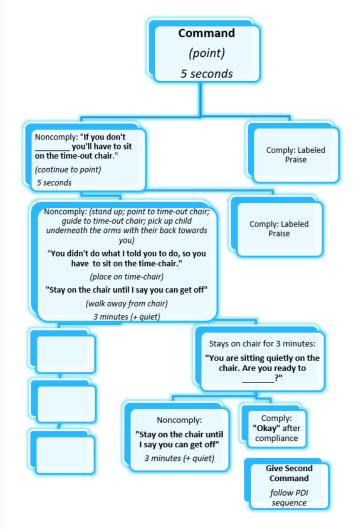
PCIT CDI Don'ts

Rule	Reason	Example	Look
AVOID NO, DON'T, STOP, QUIT and NOT	 Doesn't tell the child what TO DO. Creates power struggles. Causes conflict and negativity. 	 "Stop running in the house!" Instead say: "Please walk inside the house." 	
AVOID criticizing	 Doesn't provide any direction. Focuses attention on negative behavior. Can trigger negative behaviors. 	 "You're acting like a baby." "That's not how you do it." 	THIS IS TOO STRESSFUL STOP YELLING AT ME!!!
AVOID giving commands and asking questions	 Doesn't allow the child to lead. Creates power struggles. May seem bossy or testing. 	 Let's play with these toys. Look at this. What are you making now? What color is this? 	



http://www.pcit.org/

PCIT PDI Time Out Chair Structure



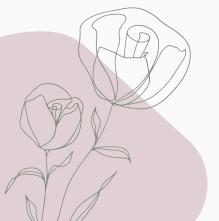


3

Trauma Focused **Cognitive Behavior** Therapy (TF-CBT)







Case Example

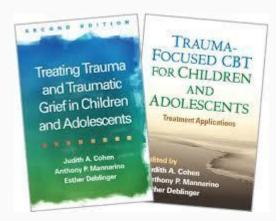
Darius is an African-American, 10-year-old boy, who lives with his mother and two siblings (2 and 13) in Englewood, CO. He has a history of witnessing community violence, interpersonal violence between his parents, physical abuse from his father, and homeless.

His mother describes him as "highly energetic, aggressive with peers, constantly anxious that the family is in danger, low self-esteem, and misses his father but is happy they don't live together anymore".

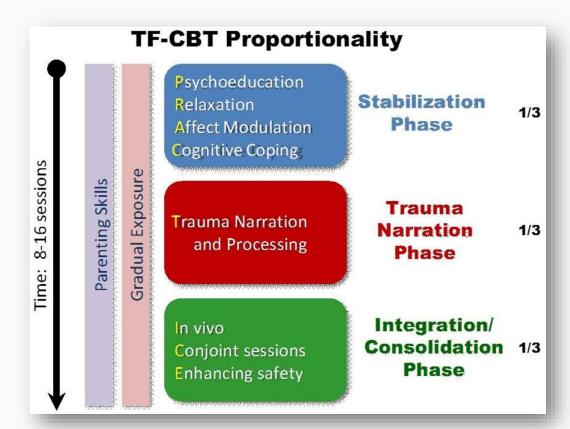
What is TF-CBT?

- Individual and Family therapy model
- Ages: 3-18
- TF-CBT is a structured, short-term treatment model that effectively improves a range of trauma-related symptoms.
- 8-25 sessions
- Goals:
 - TF-CBT effectively addresses trauma many other trauma impacts, including affective (e.g., depressive, anxiety), cognitive and behavioral problems, as well as improving the participating parent's or caregiver's personal distress about the child's traumatic experience, effective parenting skills, and supportive interactions with the child.





Stages of TF-CBT





How to Choose Which Modality?

Trauma

Age

Family availability

Priority of symptoms

Safety



How to Choose Which Modality?

Trauma	Yes	No but can be done	Yes
Age	0-5	2-7 (or up to 12 if with trauma)	3-18
Family Availability	Essential	Essential	Need for 50% of the time
Priority of symptoms	Internalizing with low externalizing (or externalizing but caregiver can manage)	Externalizing, aggressive, need for structure/boundaries	Both internalizing and externalizing
Safety	Prioritize but best to be provided past trauma	Prioritize but can be provided while experiencing some traumas	Prioritize but can be provided while experiencing some traumas



Become a Practioner

CPP	PCIT	TF-CBT
https://childparentps ychotherapy.com/pro viders/training/	http://www.pcit.org/u pcoming-trainings	https://tfcbt.org/training/



Questions &

Comments?

Thank you for your time!

