

# Eeny, Meeny, Miny, Moe...

Where to start when traumatized youth have multiple treatment needs

Amanda Mitten, LPC & Natalie Gallo, M.Ed., LPC Candidate

## Learning Objectives

1. Illustrate three evidence based practices for child trauma, TF-CBT, PCIT, and PSB-CBT, and their overlapping and unique components
2. Facilitate clinical decision making with complicated cases of young children who experienced trauma
3. Address maintaining fidelity to the model when integrating core components of treatments
4. Address importance of collaborating with the community

## Overlap of PSB, Trauma and Disruptive Behavior

- Children with PSB present with history of a wide range of traumas, and not just sexual trauma (e.g., Silovsky & Niec, 2002)
- Children with PSB present with disruptive behavior in general (e.g., Tarren-Sweeney, 2008)
- Behavioral problems occur within trauma-focused treatment that must be managed (e.g., Cohen, Berliner & Mannarino, 2010)
- Many children, particularly preschool age children, present for treatment with histories in all 3 categories (e.g., Silovsky, Niec, Bard & Hecht, 2007)

## Parent-Child Interaction Therapy (PCIT)

- Two phases
  - *Strengthening parent-child relationship (Child-Directed Interaction)*
  - *Teaching consistent use of effective discipline techniques (Parent-Directed Interaction)*
- Characterized by:
  - *Didactics*
  - *Modeling*
  - *role-playing*
  - *Coaching*
    - Use of coaching with a 'bug-in-the-ear' from behind a one-way mirror

## Behavioral Management

- Multiple child behavior management approaches are effective
- Widely used model: Russell Barkley's Behavioral Parenting Curriculum
  - *Books: Defiant Children; Defiant Teens*
  - [www.russellbarkley.org](http://www.russellbarkley.org)
  - *For use with defiant children and teens*
  - *Also helpful for common behavior problems of youth with ADHD*
- *The Kazdin Method for Parenting the Defiant Child*
- *How to Talk so Teens Will Listen & Listen so Teens Will Talk*
  - Adele Faber and Elaine Mazlish

## Problematic Sexual Behavior - Cognitive Behavior Treatment Program (PSB-CBT)

- Behavior Parent Training (relationship & managing behavior)
- Rules about sexual behavior / Boundaries
- Sexual Education
- Abuse Prevention Skills
- Plan for Safety
- Emotional Development
- Anxiety management and Coping Skills
- Impulse control
- Social Skills
- Empathy Development (older children only)

## Treatment Considerations

- PCIT/Other behavior management
  - *Setting*
  - *Caregiver involvement (who?)*
  - *Age*
- PSB-CBT
  - *Function of behavior*
  - *Setting*
  - *Age*
  - *Functional impairment*
- TF-CBT
  - *Trauma history*
  - *Trauma symptoms*
  - *Functional impairment*

## Eeek PSB's!

- Therapists are quick to refer out cases once PSB emerges
- Why is that the case?
- What if we conceptualize PSB's as a problem behavior like fighting or lying or stealing?
  - *Helps us be 'unstuck' and use our good training to approach the problem*

## Clinical Decision Making Framework

- Questions to ask yourself when faced with a child who has 2 or 3 of these problem areas –
  - In what **settings** is each behavior occurring?
  - How **impairing** is the behavior?
  - When was the **last time** each behavior occurred?
  - What is the **frequency, duration, and intensity** of each behavior? Consider intrusiveness
  - What is the **parent's capacity** for addressing each behavior?
  - To what extent is the **safety of other children** compromised by each behavior?
  - Does the child have a **memory of the traumatic event** in question?
  - Has the family/child engaged in **previous treatments** to address each behavior?
  - What other **systems** are involved with the family?
  - Which behavior is **most distressing** to child? Caregiver? The school/DHS/CASA?

## Clinical Decision Making Cont.

- Need to select a primary target from among 3 problems –
  - *PSB if intrusive, current and impairing*
  - *Disruptive behaviors if intrusive, current and impairing*
  - *Trauma if intrusive, current and impairing*
- What if child presents with all three?
- Once you pick a target, continue to critically evaluate when to switch to a different target/treatment or if a combination is more appropriate
  - *This doesn't mean bouncing back and forth between treatments indefinitely!*

## Traumatized Children who Present with Symptoms of PTSD, Behavior Problems, and PSB:

Primary Concern	Treatment	Considerations
Problematic Sexual Behavior	Problematic Sexual Behavior focused treatment	Group treatment preferred for social skills & social support. Monitor PTSD, behavior problems, and parenting.
Disruptive Behavior Disorder	PCIT or other Behavior Parent Training, after safety planning and education about trauma impact.	Monitor PTSD and sexual behavior. May integrate teaching rules and boundary skills in PCIT.
Trauma Symptoms	TF-CBT	Safety Planning, Emphasis SBR Rules and boundaries more, Monitor PSB and other behavior

## Traumatized Children who Present with Symptoms of PTSD, Behavior Problems, and PSB:

Primary Concern	Treatment	Considerations
Problematic Sexual Behavior	Problematic Sexual Behavior focused treatment	Group treatment preferred for social skills & social support. Monitor PTSD, behavior problems, and parenting.
Disruptive Behavior Disorder	PCIT or other Behavior Parent Training, after safety planning and education about trauma impact.	Monitor PTSD and sexual behavior. May integrate teaching rules and boundary skills in PCIT.
Trauma Symptoms	TF-CBT	Safety Planning, Emphasis SBR Rules and boundaries more, Monitor PSB and other behavior

## Traumatized Children who Present with Symptoms of PTSD, Behavior Problems, and PSB:

Primary Concern	Treatment	Considerations
Problematic Sexual Behavior	Problematic Sexual Behavior focused treatment	Group treatment preferred for social skills & social support. Monitor PTSD, behavior problems, and parenting.
Disruptive Behavior Disorder	PCIT or other Behavior Parent Training, after safety planning and education about trauma impact.	Monitor PTSD and sexual behavior. May integrate teaching rules and boundary skills in PCIT.
Trauma Symptoms	TF-CBT	Safety Planning, Emphasis SBR Rules and boundaries more, Monitor PSB and other behavior

CAN'T I MAKE ONE  
MODEL ADDRESS ALL  
CONCERNS?

# Why is treatment integrity so important?

- Third party payers want treatments to work
  - *Or at least that is their excuse.*
- We know the EBT works.
  - *We don't know if untested modifications work.*
- Using untested modifications may damage the brand name.
  - *AHHGGGHHHH!!! I sound like I'm in marketing!!! Who cares about the "brand."*
    - Damaging the brand may damage the funding sources.
    - May create unwarranted negative perceptions in the field.
- A focused treatment = an efficient treatment

## Appropriate Flexibility Within Fidelity

- TF-CBT
  - *Move safety component to beginning of treatment*
  - *Add parenting sessions/increase behavior management components*
  - *Introduce Sexual Behavior Rules, Safety, and Turtle Steps (decision-making) with Cognitive Triangle/Coping*
- PCIT/ Behavior Management Therapy
  - *Add coping skills and decision-making skills for older youth*
  - *Add Sexual Behavior Rules as "House Rules" within PCIT*
- PSB-CBT
  - *If individual treatment, add psychoeducation related to trauma (if PSB seen as coping or trauma-related reaction)*



## “Flexible” TF-CBT is NOT:

- Doing TF-CBT Prac Skills then 3 sessions of PSB work then starting Trauma Narrative
- Stopping Trauma Narrative to focus on decision-making and impulse control for two sessions
- Trauma narrative in the middle of PSB-CBT or PCIT
- Avoiding parent components of TF-CBT, waiting until TF-CBT is over and then doing PCIT or Behavior Management Therapy

## What if something new happens during treatment?

- Examples:
  - *Novel incident of problematic sexual behavior*
  - *Suicidality or self-harm*
  - *Increase in behavioral concerns at school*
  - *New trauma occurs*
  - *Visitation or reunification occurs begins with an offending caregiver*
- Thoroughly assess the severity, frequency, and functional impairment of new issue and consider what can be done while keeping fidelity to the TF-CBT model or if a new treatment needs to be started

## When considering making changes to the TF-CBT protocol, ask yourself:

1. Will this impede forward motion?
2. CoW or something more serious?
3. Am I halting Trauma Narrative?
4. Where's my comfort level?
5. Am I feeling competent?

## We finished treatment, but...

- Sexual Behavior Problems are persisting
- Trauma-related symptoms are still present
- Opposition and defiance is still a significant issue

## Fidelity While Integrating Treatments

- Completed PSB-CBT and need more trauma-focused work
  - *Move to TF-CBT, but PRAC materials taught in PSB-CBT, so would only need brief review before a trauma narrative*
- Completed PCIT and need to address emerging PSB
  - *Rather than teach further parenting skills, can focus on reinforcement of skills learned in PCIT (e.g., House Rule for SBP)*
- Completed TF-CBT but PSB is increasing, persisting, or beginning
  - *Refer to PSB-CBT group and/or review coping skills, focus on following sexual behavior rules*
- Completed TF-CBT but behavior problems persist
  - *Initiate PCIT or other behavior management therapy for focused behavior management*



# YOU TELL US

Whether To Tailor Treatment or Not

## To Tailor or not to Tailor

- Parent reports that the child has already received some therapy for coping skills so they want to skip to PSB and Trauma Narrative.

## To Tailor or Not to Tailor

- Parent reports after the coping skills that they don't need to do more trauma work because the child's behavior is improved.

## To Tailor or Not to Tailor

- Parent wants you to stop in the middle of Trauma Narrative because child's behaviors are escalating.

## LET'S COLLABORATE

Share any cases you have had or currently have in which the child and family have multiple treatment goals and needs

## Treatment Planning

- Where would you start? Anything you want to incorporate?

## Treatment Planning

- PTSS seem to be most impairing – behavior problems can be understood as poor regulation skills within the context of hypervigilance (loss of control triggers fight response) and one-time PSB that was responsive to redirection does not suggest pervasive problem.
- Begin TF-CBT treatment BUT, remember significant overlap in EBP's for these three problems
  - *Will safety plan – include private part rules, supervision guidelines*
  - *Will teach behavior management for caregivers – applies to PSB and disruptive behaviors*

## Possible Combinations

- Safety planning was initiated first to address minor PSB's, then transition into TF-CBT to address PTSD symptoms
- Disruptive behaviors addressed throughout TF-CBT – Parenting component but use live coaching and at-home special time to support
- Disruptive behaviors continue after TF-CBT, so move into PCIT. New PSB's emerge. Enforce use of house rules for this new 'behavior' problem, re-visit safety plan, and review private part rules.

## Contact Information

### Amanda Mitten, LPC

Child Study Center  
Department of Pediatrics, OUHSC  
1100 NE 13<sup>th</sup> Street  
Oklahoma City, OK 73104  
(405) 271-5700  
(405) 271-2931 (fax)  
[Amanda-mitten@ouhsc.edu](mailto:Amanda-mitten@ouhsc.edu)

### Natalie Gallo, M.Ed., LPC Candidate

Child Study Center  
Department of Pediatrics, OUHSC  
1100 NE 13<sup>th</sup> Street  
Oklahoma City, OK 73104  
(405) 271-5700  
(405) 271-2931 (fax)  
[Natalie-e-gallo@ouhsc.edu](mailto:Natalie-e-gallo@ouhsc.edu)