

PSYCHOLOGICAL & SPECIALIST SERVICES

**Maximizing Treatment Outcomes for Young
Children and their Families in the
Statutory Child Protection System with a
Therapeutic Intervention**

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This research was completed in collaboration with:

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- **Associate Professor Sean Halpin (University of Newcastle)**
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IMPACT OF TRAUMA IN VERY YOUNG CHILDREN

- Attachment and relationships
- Physical health
- Emotional responses
- Dissociation
- Self-concept and future orientation
- Thinking and learning
- Behaviour



What is Parent-Child Interaction Therapy?

- PCIT is an evidenced-based behavioural parent training program developed by Dr. Sheila Eyberg in 1971.
- Play-based therapy aimed at increasing positive behaviours and decreasing negative behaviours
- For children aged 2-7 years with challenging behaviour problems and their parents
- Standard PCIT treatment is two phases



RESEARCH GAPS

- Focus on parent outcomes (Chaffin et al., 2004; Thomas & Zimmer-Gembeck, 2011).
- Only two studies assessing trauma symptoms of children with mixed results (Eslinger et al., 2014; Pearl et al., 2012).
- No studies assessing parental trauma symptoms.
- Impact of PCIT on permanency outcomes/goals
- Several studies note the need for adaptations to be made in order to adequately treat trauma symptoms (Gurwitch, Messer, & Funderbunk, 2017; Chaffin et al., 2004; Thomas & Zimmer-Gembeck, 2011; Eslinger et al., 2014; Thomas & Zimmer-Gembeck, 2012).

A TRAUMA ADAPTATION OF PCIT

A third phase of treatment added to standard PCIT

Trauma Directed Interaction (TDI)

Incorporates:

- Psychoeducation regarding childhood trauma
- Teaching emotional regulation strategies
- Caregiver response to trauma symptoms in the child



RESEARCH AIMS

Real world naturalistic evaluation of PCIT and PCIT with TDI within the Department of Communities and Justice

Evaluation of the magnitude of change for a variety of caregiver and child outcomes.

- Child and caregiver posttraumatic stress
- Child behavioural problems
- Parenting stress
- Caregiver mental health

Examination of the impact of treatment on placement stability and re-reporting.

METHOD

Inclusion criteria:

- DCJ case managed
- Had reported behavioural issues or caregiver stress
- Child was between 2-7 years

Exclusion criteria (caregiver):

- Significant and untreated mental health
- Intellectual disability
- Active drug abuse
- Perpetrators of sexual abuse

Exclusion criteria (child): significant communication difficulties



RESULTS

Key Participant Characteristics:

- 57.4% of children were male
- 44.1% of children were Aboriginal
- Mostly in kinship/relative care (52.9%)
- 35.3% completed treatment; 44.1% dropped out
- Children referred at an average age of 5.03 years and had an average of 6 traumatic events.
- Caregivers experienced between 5 and 8 traumatic events.

RESULTS – CHILD OUTCOMES

Key outcome areas:

- Posttraumatic Stress Total Score on the TSCYC
- Total Score on the SDQ
- ECBI Intensity and Problem Scores

Significant main effect of time only (i.e., significant drop in scores from pre to post treatment across all PCIT treatment conditions) for all child outcomes.

What about for children not completing treatment?





RESULTS – CAREGIVER OUTCOMES

Key outcome areas:

- DASS-21 (stress, anxiety and depression)
- PSS (parenting stress)
- PCL-5 (posttraumatic stress symptoms)

Significant main effect of time only (i.e., significant drop in scores from pre to post treatment across all PCIT treatment conditions) for posttraumatic stress symptoms and on the stress scales of the DASS-21 only.

RESULTS

Child abuse recidivism:

- ROSH reports obtained for children at 6 months post intervention.
- Most children had 0 ROSH reports at 6 months follow up

Permanency:

- Number of placement changes obtained for children 6 months post intervention.
- Most children did not experience any placement changes at 6 months post intervention.

Treatment type	Count			
	None	1-2	3-4	5+
	Child Protection Notifications			
PCIT with TDI	72.2	19.4	5.6	2.8
PCIT	66.7	25	8.3	0
	Placement Changes			
PCIT with TDI	88.9	11.1	0	0
PCIT	100	0	0	0



PCIT WITH TDI CASE STUDY – Seamus, 3

History:

- Prenatal drug exposure
- Parental drug and alcohol abuse
- Exposure to domestic violence
- Physical abuse
- Taken into care at 2yo as a result of these concerns
- Placed with relative carer, the only placement since coming into care

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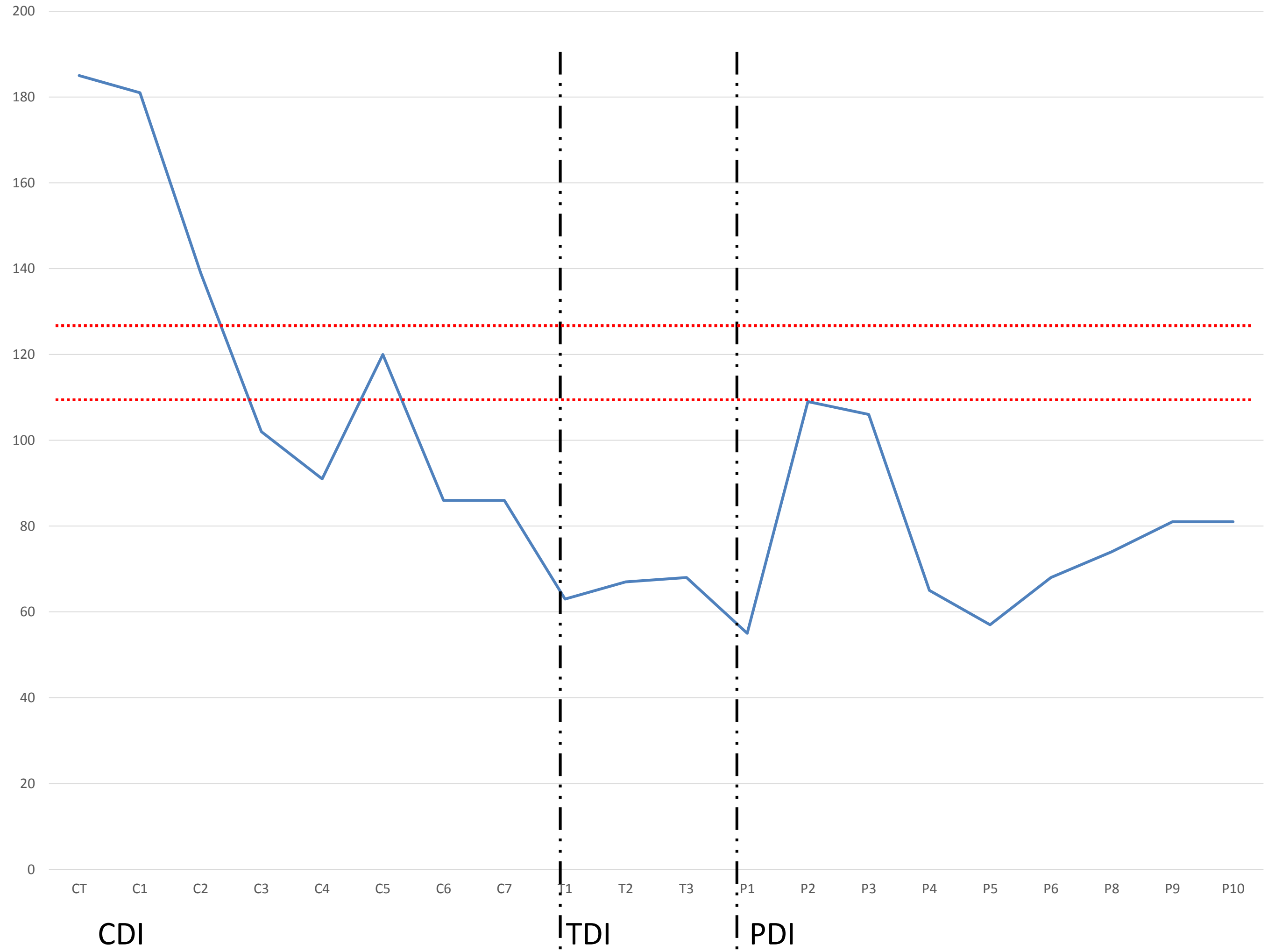
PCIT WITH TDI CASE STUDY – Seamus, 3

Presenting problems:

- Poor emotional regulation – crying up to 20 times per day, pulling his own hair, kicking and biting himself.
- Hypervigilance – watching others, sensitivity to environmental changes, increased startle reflex.
- Fearfulness in social situations.
- Clinically significant trauma symptoms and problematic behaviours.
- Behaviour impacting the whole family unit.

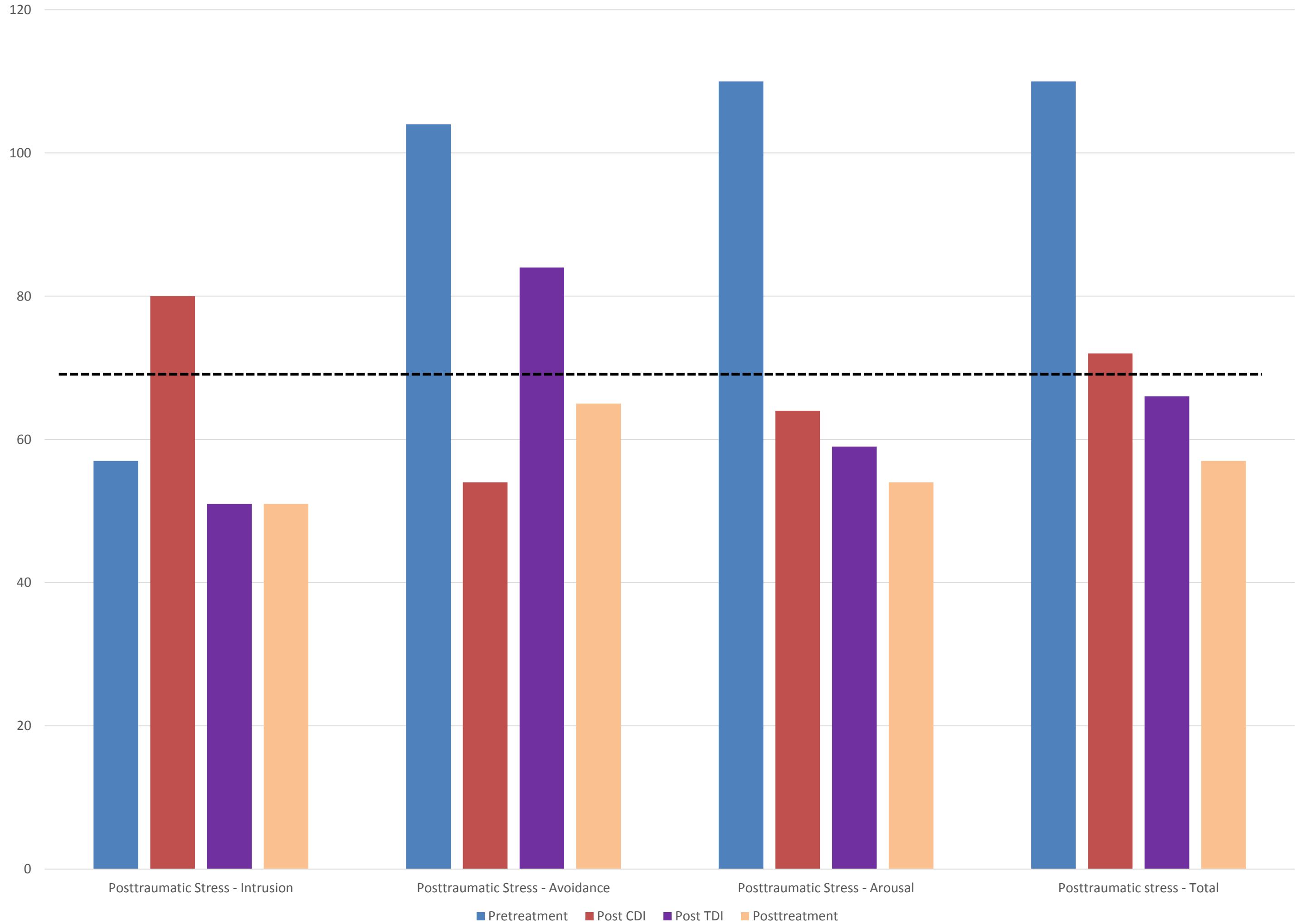
ECBI Intensity Score

- ECBI is a measure of problematic child behaviour
- This graph shows a rapid drop in ECBI scores for Seamus.
- Child behaviour problems reduced to below the clinical cut off permanently after 6 intervention sessions



Trauma Symptoms Checklist for Young Children

- The TSCYC is designed to assess trauma-related symptoms of children between the ages of 3-12.
- Clinically significant posttraumatic stress symptoms pre-treatment.
- All posttraumatic stress symptomatology within normative limits post-treatment.



QUALITATIVE OUTCOMES

- More engaging with friends and group activities at day care
- Reduced startle reflex
- Willingness to explore his surroundings more whilst using the carer as a safe base
- Improved functional pre-academic skills: now knows colors, shapes, counts to 20, and attained concepts like “forward” and “backward.”
- Greater willingness to speak and engage in conversation.
- Discharged from therapy, no additional intervention required.



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THANK YOU

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