Trauma-Directed Interaction (TDI)™ to Address Intergenerational Trauma

What is Trauma-Directed Interaction (TDI)?

Trauma-Directed Interaction (TDI) is a supplemental module to guide Parent-Child Interaction Therapy™ (PCIT) for children with trauma. It incorporates standardized trauma psychoeducation and a set of coping skills for the carer and child to practice and incorporate during special time and throughout the day. TDI is a time-limited, four-session module which occurs between CDI and PDI.

PCIT International recommends answering the following questions when developing an adaptation:

- What does the adaptation address that standard PCIT does not?
- How is adaptation similar to and different from standard PCIT?
- What treatment and training protocols have been developed?
- What research evidence has been gathered?

What does the adaptation address that standard PCIT does not?

A current research project (Guidry et al., in preparation) surveyed 130 Certified PCIT Therapists and Trainers to ascertain the perceptions regarding the need for a supplemental trauma-based module. While this survey occurred after the initial development of TDI, it gives valuable insights into the lived experiences and opinions of PCIT practitioners. Specifically, almost 80% of respondents indicated a supplemental trauma module to PCIT was necessary to various degrees and 65% of respondents indicated they were 80% to 100% likely to use a trauma module if it existed.

Respondents indicated the following needed components for a trauma module: trauma psychoeducation, trauma assessment for carer and child, and coaching techniques for safety and security within the PDI procedure specific to trauma symptoms or activators. While perceptions varied on the timing and placement of a trauma module within PCIT (before CDI, between CDI & PDI, or throughout PCIT), practitioners admitted to integrating other modalities into PCIT to address the gap of standardized trauma guidance. Additionally, concerns remain from stakeholders (i.e., therapists, families, referral sources, and communities/states) that PCIT does not specifically address trauma. This likely results in lost referrals to PCIT, lost funding for PCIT, client attrition and lack of treatment engagement, and degradation of PCIT fidelity. By providing assessment, psychoeducation, and coaching on coping skills for carers and children with histories of trauma, TDI fills the gap for a standardized approach to implementing PCIT with the trauma population and increases the acceptability of PCIT as a treatment for trauma used by families and therapists alike. Or, as one TDI-trained clinician stated, “[TDI] was the link that was missing,” to address carer and trauma healing within the PCIT process.

How is adaptation similar to and different from standard PCIT?

Previous research (Pearl, et al., 2012) suggests PCIT, without major adjustments to CDI or PDI, is effective for children with trauma histories. Additional research from the National Scientific Council on the Developing Child (2015) asserts a child is more resilient when they have at least one “stable, caring, and supportive” carer-child relationship. Therefore, TDI maintains fidelity to the PCIT model and theoretical underpinnings by implementing the Child-Directed Interaction (CDI) “as usual.” During the

TDI phase, carers learn a set of cumulative skills (*COPE* and *SAFE*) to address trauma symptoms and reactions, and to incorporate with CDI skills. Following the TDI phase of treatment, Parent-Directed Interaction (PDI) is also implemented "as usual" with no changes to the PDI sequence. While the psychoeducation and coping skills from TDI continue throughout PDI, the robust tenets of PDI largely remain intact.

PCIT As Usual	TDI
Carer/Child together	**Yes**
Coding	**Yes**
Coaching	**Yes**
Assessment-Driven	**Yes**
Goal Criteria	**Yes (retained for CDI & PDI)** **Not required for TDI (time-limited)**
Theory-Driven (attachment, development, behavior)	**Yes**
CDI/PRIDE	**Yes**
PDI/Timeout and Back-up	**Yes**
Homework	**Yes**
New component	**Trauma-Directed Interaction (trauma psychoeducation, COPE skills, and SAFE skills)**

What treatment and training protocols have been developed?

Robin Gurwitch, Ph.D., in Durham, North Carolina, and Christina Warner-Metzger, Ph.D., in Chicago, Illinois, are both PCIT International Certified Global Trainers and the co-developers of TDI. They have established a multi-day training curriculum with a clinical consultation component. In conjunction with Drs. Gurwitch and Warner-Metzger, Jessica Warren (Psychologist in New South Wales, Australia) is studying the outcomes for the initial pilot and feasibility application of TDI in an Australian sample, with almost 46% of children enrolled in the study identifying as Aboriginal. While TDI is in the research and development process, availability to the public for training and practice is pending research outcomes.

What research evidence has been gathered?

The TDI pilot study includes 23 PCIT Therapists across New South Wales, with 6 Therapists being TDI trained. Currently, 63 total families are enrolled in 1 of 2 treatment groups: 1) PCIT "As Usual" or 2) PCIT with TDI. Treatment length for both groups is time-limited to 25 sessions to allow for controlled comparisons. While the research is ongoing, several factors in Australia have impacted the study timeline, including wildfires, floods, and the COVID-19 pandemic. Participants in the study have completed a mixture of on-site and telehealth services. A manuscript submission to the International Journal of Environmental Research and Public Health (IJERPH) is anticipated to introduce the PCIT community and trauma field at large to the innovations of the model.

Want to be "in the know" about TDI and receive updates on TDI opportunities? Join our **contact list**.