

# Parent-Child Attunement Therapy (PCAT): An Adaptation Overview of PCIT for Children Ages 12 Months-24 Months

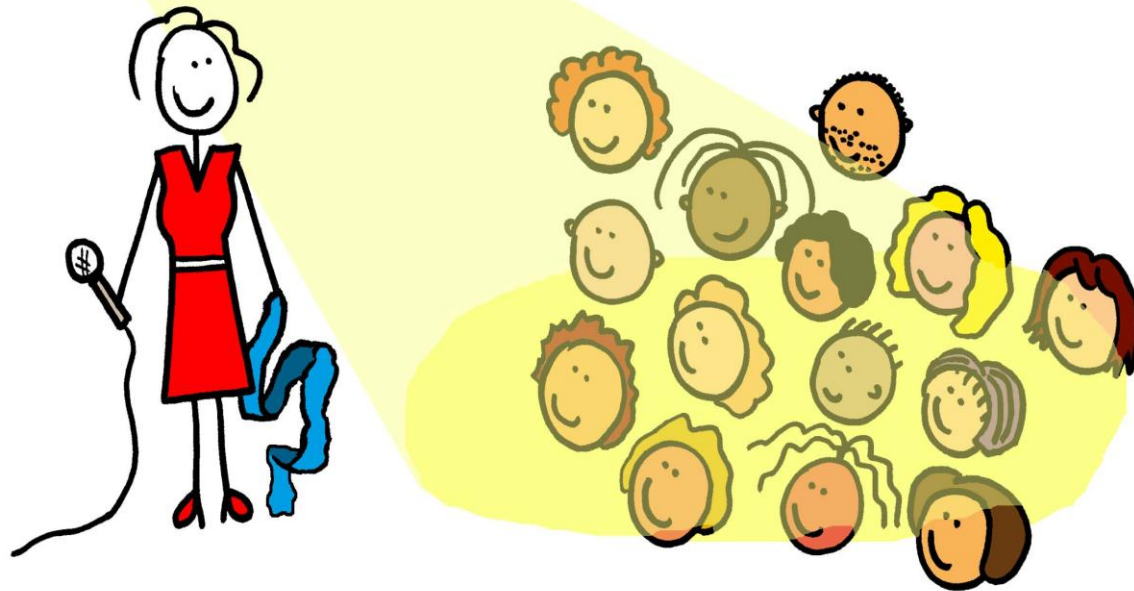
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# Welcome & Introductions



# Who is PCAT For?

- Toddlers 12 to 24 months old with their caregiver
  - Bio parents
  - Foster parents
  - Nanny or other regular care provider
- Child presenting with symptoms of aggression, impulsivity and/or high energy
- Caregivers who are concerned and searching for parenting support

# Assessment

- Developmental vs Chronological Age of Child
  - Ages & Stages Questionnaire – Social Emotional (ASQ-SE)
  - Devereux Early Childhood Assessment (Infant & Toddler Versions)
  - Bayley Scales of Infant & Toddler Development
  - Pediatric Developmental Assessment
- Referral Source:
  - Pathways to Wellness (Katie A) / DPSS/CPS
  - Regional Centers
  - Pediatrician
  - Teen Parenting Program
  - Birth and Beyond

# Sample ASQ-SE

Ages & Stages Questionnaires®: Social-Emotional  
A Parent-Completed, Child-Monitoring System for Social-Emotional Behaviors  
By Jane Squires, Diane Bricker, & Elizabeth Twombly  
with assistance from Suzanne Yockelson, Maura Schoen Davis, & Younghee Kim  
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## 18 Month Questionnaire

(For children ages 15 through 20 months)

### Important Points to Remember:

- ☒ Please return this questionnaire by \_\_\_\_\_.
- ☒ If you have any questions or concerns about your child or about this questionnaire, please call: \_\_\_\_\_.
- ☒ Thank you and please look forward to filling out another ASQ:SE questionnaire in \_\_\_\_\_ months.



### 18 Month ASQ-3 Information Summary

17 months 0 days through  
18 months 30 days

Child's name: \_\_\_\_\_ Date ASQ completed: \_\_\_\_\_  
Child's ID #: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Administering program/provider: \_\_\_\_\_ Was age adjusted for prematurity when selecting questionnaire? ☐ Yes ☐ No

1. **SCORE AND TRANSFER TOTALS TO CHART BELOW:** See ASQ-3 User's Guide for details, including how to adjust scores if item responses are missing. Score each item (YES = 10, SOMETIMES = 5, NOT YET = 0). Add item scores, and record each area total. In the chart below, transfer the total scores, and fill in the circles corresponding with the total scores.

Area	Cutoff	Total Score	0	5	10	15	20	25	30	35	40	45	50	55	60
Communication	13.06														
Gross Motor	37.38														
Fine Motor	34.32														
Problem Solving	25.74														
Personal-Social	27.19														

2. **TRANSFER OVERALL RESPONSES:** Bolded uppercase responses require follow-up. See ASQ-3 User's Guide, Chapter 6.

- |  |        |  |        |
|--|--------|--|--------|
| 1. Hears well?<br>Comments: _____                                  | Yes NO | 6. Concerns about vision?<br>Comments: _____   | YES No |
| 2. Talks like other toddlers his age?<br>Comments: _____           | Yes NO | 7. Any medical problems?<br>Comments: _____    | YES No |
| 3. Understand most of what your child says?<br>Comments: _____     | Yes NO | 8. Concerns about behavior?<br>Comments: _____ | YES No |
| 4. Walks, runs, and climbs like other toddlers?<br>Comments: _____ | Yes NO | 9. Other concerns?<br>Comments: _____          | YES No |
| 5. Family history of hearing impairment?<br>Comments: _____        | YES No |  |        |

3. **ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP:** You must consider total area scores, overall responses, and other considerations, such as opportunities to practice skills, to determine appropriate follow-up.  
If the child's total score is in the    area, it is above the cutoff, and the child's development appears to be on schedule.  
If the child's total score is in the    area, it is close to the cutoff. Provide learning activities and monitor.  
If the child's total score is in the    area, it is below the cutoff. Further assessment with a professional may be needed.

4. **FOLLOW-UP ACTION TAKEN:** Check all that apply.

- \_\_\_\_\_ Provide activities and rescreen in \_\_\_\_\_ months.
- \_\_\_\_\_ Share results with primary health care provider.
- \_\_\_\_\_ Refer for (circle all that apply) hearing, vision, and/or behavioral screening.
- \_\_\_\_\_ Refer to primary health care provider or other community agency (specify reason): \_\_\_\_\_
- \_\_\_\_\_ Refer to early intervention/early childhood special education.
- \_\_\_\_\_ No further action taken at this time
- \_\_\_\_\_ Other (specify): \_\_\_\_\_

5. **OPTIONAL:** Transfer item responses (Y = YES, S = SOMETIMES, N = NOT YET, X = response missing).

	1	2	3	4	5	6
Communication						
Gross Motor						
Fine Motor						
Problem Solving						
Personal-Social						

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Ages & Stages Questionnaires®, Third Edition (ASQ-3™), Squires & Bricker  
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# Sample DECA-Infant/Toddler

**Devereux Early Childhood Assessment for Infants**  
Record Form  
(1 month up to 18 months)

Mary Mackrain, Paul LeBuffe and Gregg Powell

Infant's Name \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_  
(In Months)

Person Completing this Form \_\_\_\_\_ Relationship to Infant \_\_\_\_\_  
Date of Rating \_\_\_\_\_ Site/Program \_\_\_\_\_ Room \_\_\_\_\_

Scale Raw Score	Initiative (IN)	Attachment/Relationships (A/R)	Total Protective Factors (TPF)
T Score			Sum
Percentile			T Score
Description			Percentile
			Description

**Item # During the past 4 weeks, how often did the infant...**

	Never	Rarely	Occasionally	Frequently	Very Frequently	IN	A/R
1 try to do new things?	0	1	2	3	4		
2 respond when spoken to?	0	1	2	3	4		
3 imitate actions of others?	0	1	2	3	4		
4 enjoy interacting with others?	0	1	2	3	4		
5 keep trying when unsuccessful?	0	1	2	3	4		
6 enjoy being cuddled?	0	1	2	3	4		
7 show interest in what others were doing?	0	1	2	3	4		
8 show affection for a familiar adult?	0	1	2	3	4		
9 notice changes in surroundings?	0	1	2	3	4		
10 seek comfort from familiar adults?	0	1	2	3	4		
11 adjust her/his energy level to the type of play?	0	1	2	3	4		
12 act in a good mood?	0	1	2	3	4		
13 act happy when praised?	0	1	2	3	4		
14 make eye contact with others?	0	1	2	3	4		
15 explore surroundings?	0	1	2	3	4		
16 calm down with help from a familiar adult?	0	1	2	3	4		
17 express her/his dislikes?	0	1	2	3	4		
18 smile back at a familiar adult?	0	1	2	3	4		
19 reach for a familiar adult?	0	1	2	3	4		
20 respond to her/his name?	0	1	2	3	4		
21 keep trying to obtain a toy?	0	1	2	3	4		
22 react to another child's cry?	0	1	2	3	4		
23 smile at familiar adults?	0	1	2	3	4		
24 respond positively to adult attention?	0	1	2	3	4		
25 act happy?	0	1	2	3	4		
26 act in a way that make others smile or show interest?	0	1	2	3	4		
27 easily go from one activity to another?	0	1	2	3	4		
28 seek attention when a familiar adult was with another child?	0	1	2	3	4		
29 look to a familiar adult when exploring her/his surroundings?	0	1	2	3	4		
30 enjoy being around other children?	0	1	2	3	4		
31 show pleasure when interacting with adults?	0	1	2	3	4		
32 act happy with familiar adults?	0	1	2	3	4		
33 accept comfort from a familiar adult?	0	1	2	3	4		

Scale Raw Scores

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**Devereux Early Childhood Assessment for Toddlers**  
Record Form  
(18 months up to 36 months)

Mary Mackrain, Paul LeBuffe and Gregg Powell

Toddler's Name \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_  
(In Months)

Person Completing this Form \_\_\_\_\_ Relationship to Toddler \_\_\_\_\_  
Date of Rating \_\_\_\_\_ Site/Program \_\_\_\_\_ Room \_\_\_\_\_

Scale Raw Score	Attachment/Relationships (A/R)	Initiative (IN)	Self Regulation (SR)	Total Protective Factors (TPF)
T Score				Sum
Percentile				T Score
Description				Percentile
				Description

**Item # During the past 4 weeks, how often did the toddler...**

	Never	Rarely	Occasionally	Frequently	Very Frequently	A/R	IN	SR
1 enjoy interacting with others?	0	1	2	3	4			
2 show affection for a familiar adult?	0	1	2	3	4			
3 adjust to changes in routine?	0	1	2	3	4			
4 seek comfort from familiar adults?	0	1	2	3	4			
5 makes needs known to a familiar adult?	0	1	2	3	4			
6 act happy with familiar adults?	0	1	2	3	4			
7 show interest in her/his surroundings?	0	1	2	3	4			
8 respond when spoken to?	0	1	2	3	4			
9 show concern for other children?	0	1	2	3	4			
10 try to comfort others?	0	1	2	3	4			
11 act happy when praised?	0	1	2	3	4			
12 participate in group activities?	0	1	2	3	4			
13 make eye contact with others?	0	1	2	3	4			
14 enjoy being cuddled?	0	1	2	3	4			
15 smile back at a familiar adult?	0	1	2	3	4			
16 ask to do new things?	0	1	2	3	4			
17 reach for a familiar adult?	0	1	2	3	4			
18 respond to her/his name?	0	1	2	3	4			
19 react to another child's cry?	0	1	2	3	4			
20 smile at familiar adults?	0	1	2	3	4			
21 easily go from one activity to another?	0	1	2	3	4			
22 show pleasure when interacting with adults?	0	1	2	3	4			
23 handle frustration well?	0	1	2	3	4			
24 makes others aware of her/his needs?	0	1	2	3	4			
25 accept comfort from a familiar adult?	0	1	2	3	4			
26 play make-believe?	0	1	2	3	4			
27 follow simple directions?	0	1	2	3	4			
28 show preference for a particular playmate?	0	1	2	3	4			
29 try to clean up after herself/himself?	0	1	2	3	4			
30 easily follow a daily routine?	0	1	2	3	4			
31 play with other children?	0	1	2	3	4			
32 try to do things for herself/himself?	0	1	2	3	4			
33 calm herself/himself?	0	1	2	3	4			
34 accept another choice when the first choice was not available?	0	1	2	3	4			
35 have regular sleeping patterns?	0	1	2	3	4			
36 express a variety of emotions (e.g. happy, sad, mad)?	0	1	2	3	4			

Scale Raw Scores

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# PCAT vs PCIT Comparison

	PCIT	PCAT
AGE OF CHILD	2 - 7 YEARS	12 - 24 MONTHS
OUTCOME MEASURE	ECBI	ASQ –SE/DECA-I/DECA-T
LENGTH OF SESSION	45-60 MINUTES	30-45 MINUTES
PLAY ROOM SET UP	3 ZONES (FLOOR, TABLE, CABINET)	ALL FLOOR OR LOW CABINET
TOY SELECTION	CREATIVE / IMAGINATION TYPE	PULL TOYS, MUSIC, SORTING
REFLECTIONS MASTERY CRITERIA	10 REFLECTIVE STATEMENTS	75% VERBALIZATIONS COOING / BABBLING
'I' & 'E' OF PRIDE	OBSERVE FOR SATISFACTION	ACTIVE COACHING OF IMITATION & ENJOYMENT
CHILD MISBEHAVIOR	DIFFERENTIAL ATTENTION	REDIRECT
TIME OUT	STUCTURED USE FOR COMPLIACE TRAINING, MULTIPLE PDI LEVELS	NOT USED FOR COMPLIANCE TRANING



# Active Ignore / Differential Attention

- Rarely used for PCAT population
  - Can be developmentally inappropriate
  - Often use ignore WITH redirection instead
- If coaching active ignore be **mindful** of:
  - Child's basic needs, are they...
    - HUNGRY
    - TIRED
    - WET
    - SICK
  - Context immediately preceding the active ignore
- Most often used in response to child misbehavior if clear and specific limit setting implemented (ex: after lunch given cookie dessert and child tantrums for more cookies)



# CDI Mastery Criteria in PCAT

- 10 Labeled Praises
- 10 Behavior Descriptions
- 10\* Reflections
  - 75% of child verbalizations
  - Reflecting cooing and babbling counts
- Emphasis on imitation & enjoyment skills
- Key Factors:
  - Use simple wording
  - Sentences are much shorter in length
  - Lots of visual prompting and body language

# PDI in PCAT

- Maintain PDI teach: 8 Rules of Effective Commands / “BE DIRECT”
- There is no time-out sequence for compliance training
- Direct commands are practiced and used for child teaching
- Time is increased from 5 seconds to 10 seconds after command
- If command is still not followed it is repeated a second time + 10 seconds
- Command still not followed the statement “*Mommy will help you*” is made with a “hand-over-hand” technique
- Sequence ends with labeled praise even when use of the hand-over-hand technique was implemented

# The PCAT Time-Out

Some behaviors cannot be redirected especially if they occur regularly and create distress in the family such as biting, hitting, kicking, etc.

When these behaviors occur the caregiver will gently and carefully pick up the child from behind and place them in a safe area such as a crib or play pen and state, “*No biting your sister*”.

The child is placed in the safe area for a total of 1 minute.

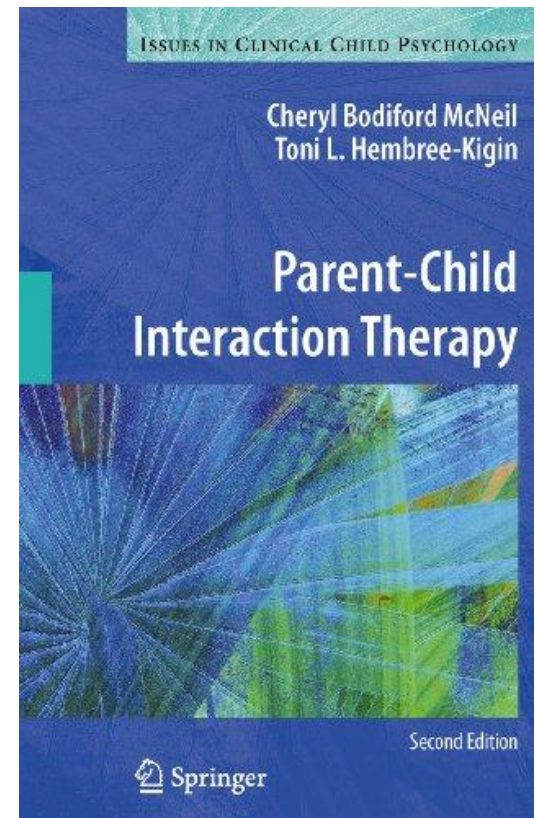
After 1 minute the caregiver takes the child out of the safe area stating, “All done” and redirects the child to new activity

# PCAT in Action



# References

- McNeil & Hembree-Kigin PCIT Book
  - Part II: Adaptations of PCIT
  - Chapter 9: Younger Children
- Dombrowski, S. C., Timmer, S. G., Blacker, D. M. and Urquiza, A. J. (2005)
  - A Positive Behavioural Intervention for Toddlers: Parent–Child Attunement Therapy. *Child Abuse Rev.*, 14: 132–151. doi:10.1002/car.888



# Future Research

- SAMHSA Grant Cat III award from the NCTS Initiative:
  - \$2.5M for 5 years
  - The Matilda Theiss Early Childhood Behavioral Health Program at Western Psychiatric Institute and Clinic of University of Pittsburgh Medical Center





# Final Thoughts

## Q & A from audience





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Girard, E. & Blacker, D. PCAT (Sept 2016)



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