PCIT with Toddlers (PCIT-T):
Improving Attachment & Emotion Regulation

Emma Girard, Psy.D.

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for Traumatized Children

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Emma I Girard, Psy.D.

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PCIT International					X		
UC Davis PCIT Training Center		X				X	

PCIT with Toddlers Book Released!

Springer Publishing :

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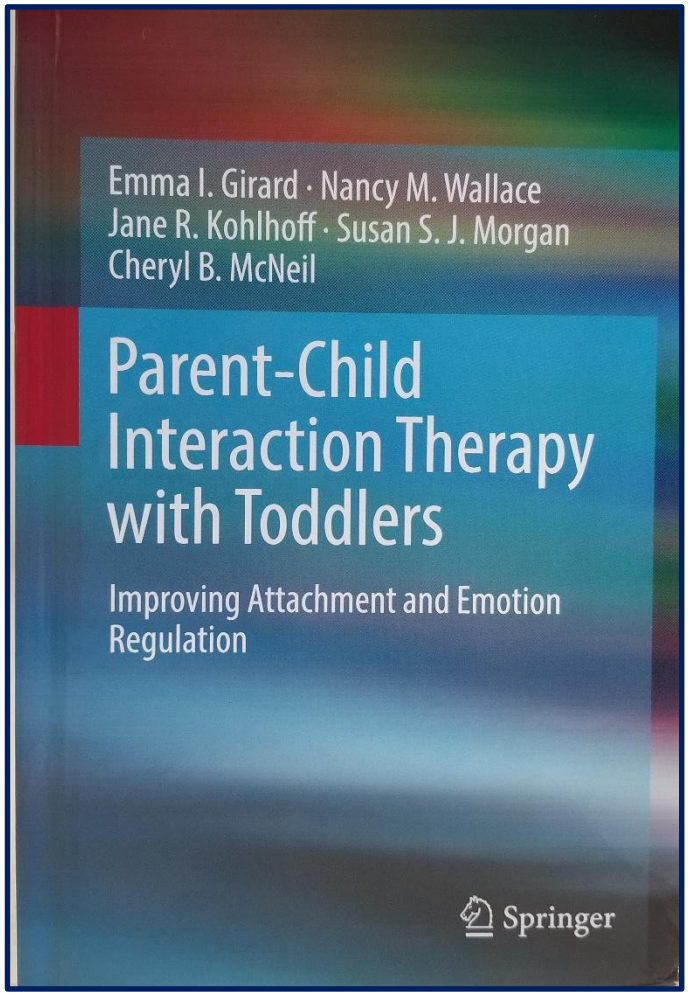
Also available on Amazon



Acknowledgements
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PCIT-T Mini Workshop Overview

- Introduction
  - Theory & core assumptions
  - PCIT-T compared to standard PCIT
  - Research evidence-base
- Assessment
  - Measures
  - DPICS-T
  - Transitional cue cards
- CDI-T
  - CARES model
  - Case study
- PDI-T
  - Tell-Show-Try Again-Guide
  - PDI-T coding

PCIT-T
Intro, Theory, Data

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Toddlers

- Rapid language acquisition
- Increased physical mobility
- Independence/autonomy vs separation anxiety
- Limit testing & desire to master environmental constraints

Limited capacity for emotional and behavioural control

Disruptive Behaviors in Toddlers

- Tantrums
- Aggression (e.g., hitting, biting, pinching)
- Fussiness (e.g., screaming, whining, crying)
- Anger, frustration, head-banging
- Child abuse and neglect
- Separation anxiety or withdrawal from parent
- Attachment difficulties (e.g., rejection of parent, difficult to comfort)
- Parental stress (e.g., anxiety, dissatisfaction, difficulty coping, lack of confidence)

Attachment Theory

John Bowlby

"An infant requires a "warm, intimate and continuous relationship with his/her mother (or permanent mother substitute)" (1952, p.11)

Ainsworth's Infant Attachment classifications

- Secure - B
- Insecure-avoidant - A
- Insecure-resistant (anxious/ambivalent) - C
- Disorganised/ disoriented - D

Why think about attachment with toddlers with disruptive behaviors?

1. THE FIRST 2 YEARS IS A 'CRITICAL' PERIOD

"…the first 1001 days from conception until age 2 as a springboard for neuro-cognitive development, life-long health and well-being and socioeconomic success" National Scientific Council on the Developing Child, Harvard University.

2. IMPORTANCE OF THE PARENT-CHILD RELATIONSHIP

- *"There is no such thing as a baby; there is a baby and someone"* Winnicott, 1947
- Toddlers are growing in independence but still reliant on caregiver(s) to meet their physical and emotional needs
- Attachment system is being consolidated; still malleable

Adaptations of PCIT for younger children

- Parent-Child Attunement Therapy (PCAT) - Dombrowski, Timmer, Blacker, and Urquiza (2005)

- Bagner and colleagues - Bagner, Garcia, & Hill, 2016; Blizzard, Barroso, Ramos, Graziano, & Bagner, 2017

PCIT-T Model Assumption

- The parent (or caregiver's) role is to meet the needs, both emotional and physical of the infant or toddler…

….and in doing so to help the child develop the skills and capacities that will optimize social-emotional functioning across the lifespan

Three PCIT-T Core Principles

1. Disruptive behaviors in toddlers = emotional dysregulation Tronick & Beeghly, 2011; Patterson, 1982

2. Early parent-child attachment relationship = vehicle through which the child develops the capacity for emotion and behavior regulation Bowlby, 1988; Sroufe, 1995

3. Toddlers have the capacity to learn how to listen and that parents can play a key role in helping this skill to develop Bloom, 2013; Hamlin et al., 2007; Thompson, 2012, 2015

What is Emotion Regulation (ER)?

- "The process by which individuals influence which emotions they have, when they have them, and how they experience and express these emotions." Gross, 1998, p. 275

- What does that mean for toddlers?
  - Children aged 12-24 months require scaffolding provided by caregivers to assist in learning ER
  - Caregivers themselves need good ER to provide/teach ER

PCIT vs PCIT-T

	PCIT	PCIT-Toddlers
AGE OF CHILD	2 - 7 YEARS	12 - 24 MONTHS
OUTCOME MEASURE	ECBI	DECA(-I or –T)/BITSEA
LENGTH OF SESSION	45-60 MINUTES	30-45 MINUTES
PLAY ROOM SET UP	3 ZONES (FLOOR, TABLE, CABINET)	ALL FLOOR OR LOW TABLE SAFETY AREA
TOY SELECTION	CREATIVE / IMAGINATION TYPE	PULL TOYS, MUSIC, SORTING, FARM HOUSE
REFLECTIONS MASTERY CRITERIA	10 REFLECTIVE STATEMENTS	75% VERBALIZATIONS COOING / BABBLING
'I" & "E' OF PRIDE	OBSERVE FOR SATISFACTION	ACTIVE COACHING OF ANIMATION & ENJOYMENT
CHILD MISBEHAVIOR EXPERIENCE BIG EMOTION	DIFFERENTIAL ATTENTION -----	----- CARES: ER (child & adult)
COMPLIANCE TRAINING	Time-Out	Tell-Show-Try Again-Guide

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PCIT-T in a nutshell

- **Child Directed Interaction - Toddlers (CDI-T)**
  - Do and Don't skills
  - Emotion labeling, emotion coaching & other positive skills
  - CARES model (for child and parent) - for "big emotions"
  - Under-Reaction and Redirection – for minor provocative, attention-seeking actions
  - Age appropriate limit setting – for aggressive and destructive behaviors
  - Check-in questions & discussion - to enhance caregiver reflective capacity

- **Parent Directed Interaction – Toddlers (PDI-T)**
  - Teaching listening skills through a guided compliance procedure:

    tell-show-try again-guide + labeled praise for listening

Goals of PCIT-T

CAREGIVER SKILLS

- Quality of caregiver speech
- Caregiver distress
- Understanding toddler's developmental needs
- Ability to assist the child in regulating emotions
- Caregiver's emotion regulation

CHILD BEHAVIOR

- Social-emotional functioning
- Social skills
- Emotion regulation

CAREGIVER-CHILD RELATIONSHIP

- Reciprocal enjoyment
- Caregiver perceptions of the child, self & relationship
- Child perceptions of the caregiver (available, safe, reliable, nurturing)

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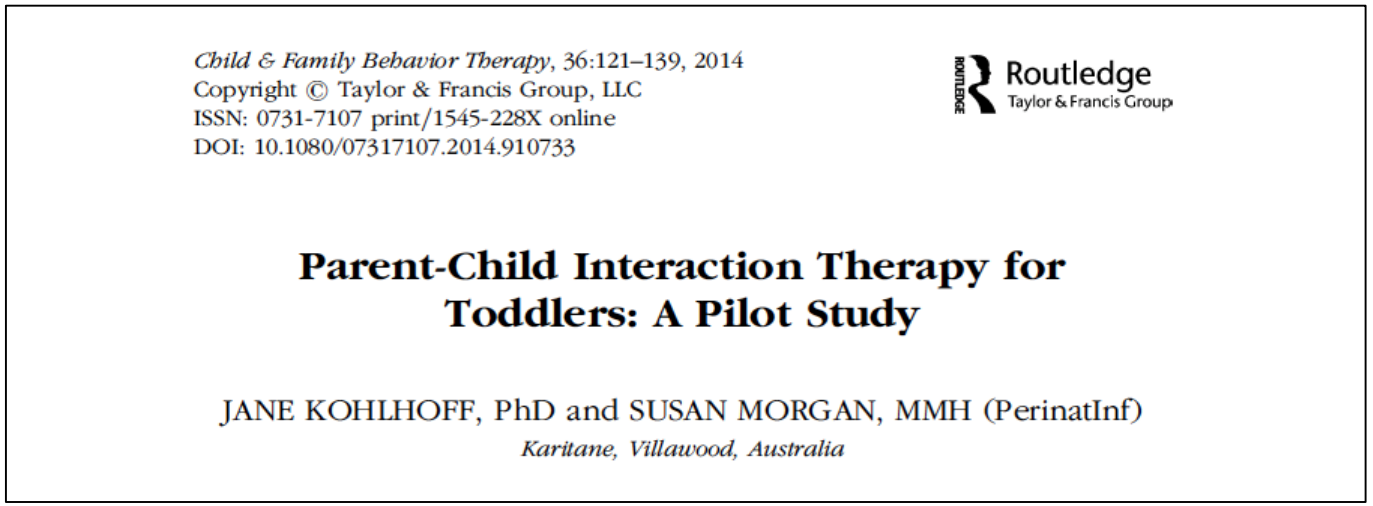
Where's the evidence?

Initial development and pilot study (2014)



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Parent-Child Interaction Therapy for Toddlers: A Pilot Study

JANE KOHLHOFF, PhD and SUSAN MORGAN, MMH (PerinatInf)
Karitane, Villawood, Australia

- Retrospective file review, n=29 toddlers, CDI phase only
- PCIT-T associated with significant improvements in:
  - Child behavior (ECBI)
  - Parent skills (DPCIS)
- Consumer satisfaction (TAI)

Waitlist controlled trial & longitudinal follow-up study

- 66 toddlers randomly allocated to PCIT-T (CD-TI only) or Waitlist; PCIT-T group showed significant improvements in:
  - Externalizing & internalizing behaviors (CBCL)
  - Parent skills (DPCIS)
  - Parental emotional availability (EA scales)*
- 18 toddlers followed-up 4 months after PCIT-T (CDI-T only)
  - 85% of the children classified as “Disorganized” on the SSP were no longer disorganized at follow-up

PCIT-T:
Measures, DPICS, Transitions

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PCIT-T Assessment Outcomes

Required Outcomes

Devereux Early Childhood Assessment

- DECA-Infant (ages 12-18 months)
- DECA-Toddler (ages 18-36 months)

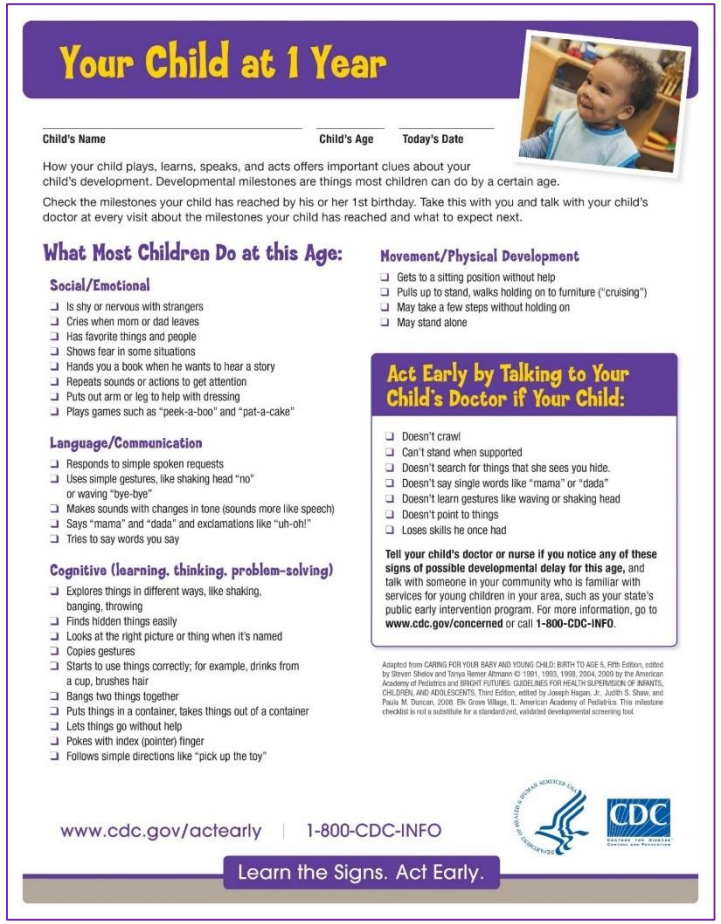
Or

- The Brief Infant Toddler Social Emotional Assessment (BITSEA)

AND

- Dyadic Parent-Child Interaction Coding System (DPICS-IV) weekly
- Behavioral Observation DPICS Pre/Post Tx

Developmental Checklists if Needed
Center of Disease Control – Act Early



Your Child at 1 Year

Child's Name | Child's Age | Today's Date

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by his or her 1st birthday. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Children Do at this Age:

Social/Emotional
- ❑ Is shy or nervous with strangers
- ❑ Cries when mom or dad leaves
- ❑ Has favorite things and people
- ❑ Shows fear in some situations
- ❑ Hands you a book when he wants to hear a story
- ❑ Repeats sounds or actions to get attention
- ❑ Puts out arm or leg to help with dressing
- ❑ Plays games such as "peek-a-boo" and "pat-a-cake"

Language/Communication
- ❑ Responds to simple spoken requests
- ❑ Uses simple gestures, like shaking head "no" or waving "bye-bye"
- ❑ Makes sounds with changes in tone (sounds more like speech)
- ❑ Says "mama" and "dada" and exclamations like "uh-oh!"
- ❑ Tries to say words you say

Cognitive (learning, thinking, problem-solving)
- ❑ Explores things in different ways, like shaking, banging, throwing
- ❑ Finds hidden things easily
- ❑ Looks at the right picture or thing when it's named
- ❑ Copies gestures
- ❑ Starts to use things correctly; for example, drinks from a cup, brushes hair
- ❑ Bangs two things together
- ❑ Puts things in a container, takes things out of a container
- ❑ Lets things go without help
- ❑ Pokes with index (pointer) finger
- ❑ Follows simple directions like "pick up the toy"

Movement/Physical Development
- ❑ Gets to a sitting position without help
- ❑ Pulls up to stand, walks holding on to furniture ("cruising")
- ❑ May take a few steps without holding on
- ❑ May stand alone

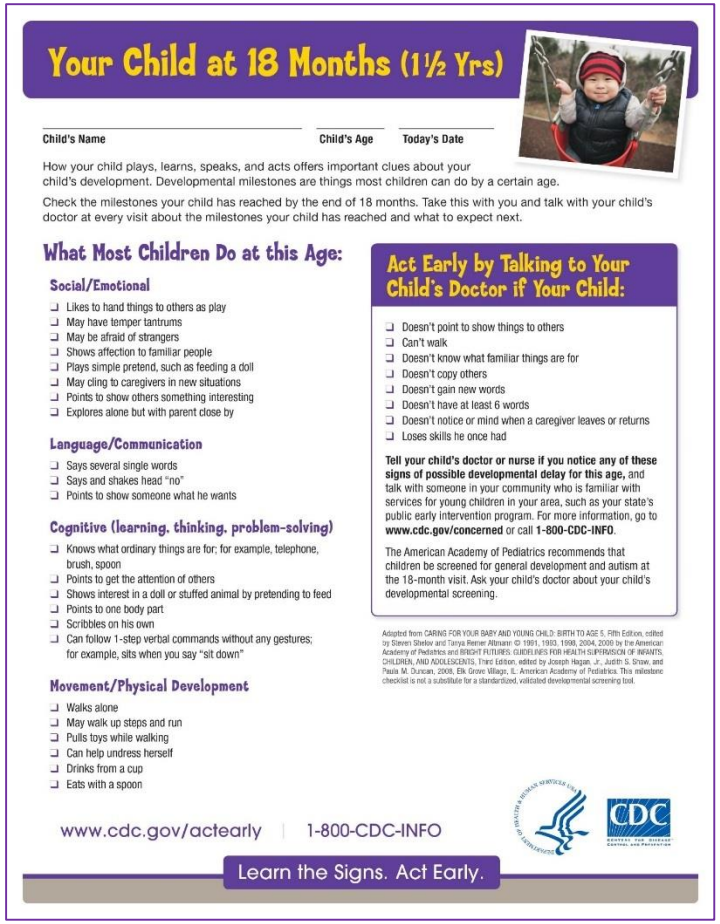
Act Early by Talking to Your Child's Doctor if Your Child:
- ❑ Doesn't crawl
- ❑ Can't stand when supported
- ❑ Doesn't search for things that she sees you hide.
- ❑ Doesn't say single words like "mama" or "dada"
- ❑ Doesn't learn gestures like waving or shaking head
- ❑ Doesn't point to things
- ❑ Loses skills he once had

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to **www.cdc.gov/concerned** or call **1-800-CDC-INFO**.

Adapted from CARING FOR YOUR BABY AND YOUNG CHILD: BIRTH TO AGE 5, Fifth Edition, edited by Steven Shelov and Tanya Remer Altmann © 1991, 1993, 1998, 2004, 2009 by the American Academy of Pediatrics and BRIGHT FUTURES: GUIDELINES FOR HEALTH SUPERVISION OF INFANTS, CHILDREN, AND ADOLESCENTS, Third Edition, edited by Joseph Hagan, Jr., Judith S. Shaw, and Paula M. Duncan, 2008. Elk Grove Village, IL: American Academy of Pediatrics. This milestone checklist is not a substitute for a standardized, validated developmental screening tool.

www.cdc.gov/actearly | 1-800-CDC-INFO

Learn the Signs. Act Early.



Your Child at 18 Months (1½ Yrs)

Child's Name | Child's Age | Today's Date

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by the end of 18 months. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Children Do at this Age:

Social/Emotional
- ❑ Likes to hand things to others as play
- ❑ May have temper tantrums
- ❑ May be afraid of strangers
- ❑ Shows affection to familiar people
- ❑ Plays simple pretend, such as feeding a doll
- ❑ May cling to caregivers in new situations
- ❑ Points to show others something interesting
- ❑ Explores alone but with parent close by

Language/Communication
- ❑ Says several single words
- ❑ Says and shakes head "no"
- ❑ Points to show someone what he wants

Cognitive (learning, thinking, problem-solving)
- ❑ Knows what ordinary things are for; for example, telephone, brush, spoon
- ❑ Points to get the attention of others
- ❑ Shows interest in a doll or stuffed animal by pretending to feed
- ❑ Points to one body part
- ❑ Scribbles on his own
- ❑ Can follow 1-step verbal commands without any gestures; for example, sits when you say "sit down"

Movement/Physical Development
- ❑ Walks alone
- ❑ May walk up steps and run
- ❑ Pulls toys while walking
- ❑ Can help undress herself
- ❑ Drinks from a cup
- ❑ Eats with a spoon

Act Early by Talking to Your Child's Doctor if Your Child:
- ❑ Doesn't point to show things to others
- ❑ Can't walk
- ❑ Doesn't know what familiar things are for
- ❑ Doesn't copy others
- ❑ Doesn't gain new words
- ❑ Doesn't have at least 6 words
- ❑ Doesn't notice or mind when a caregiver leaves or returns
- ❑ Loses skills he once had

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to **www.cdc.gov/concerned** or call **1-800-CDC-INFO**.

The American Academy of Pediatrics recommends that children be screened for general development and autism at the 18-month visit. Ask your child's doctor about your child's developmental screening.

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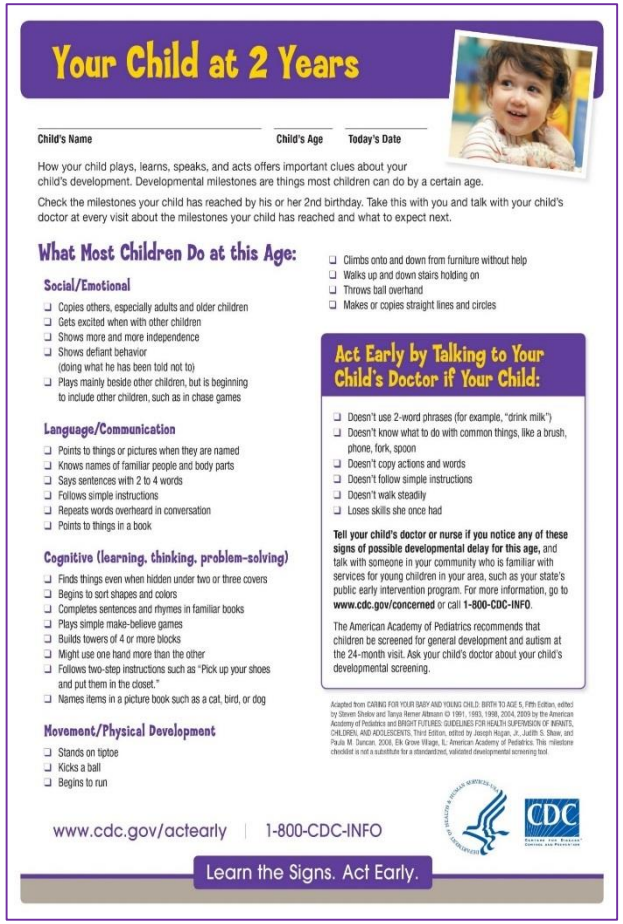

Your Child at 2 Years

Child's Name | Child's Age | Today's Date

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by his or her 2nd birthday. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Children Do at this Age:

Social/Emotional
- ❑ Copies others, especially adults and older children
- ❑ Gets excited when with other children
- ❑ Shows more and more independence
- ❑ Shows defiant behavior (doing what he has been told not to)
- ❑ Plays mainly beside other children, but is beginning to include other children, such as in chase games

Language/Communication
- ❑ Points to things or pictures when they are named
- ❑ Knows names of familiar people and body parts
- ❑ Says sentences with 2 to 4 words
- ❑ Follows simple instructions
- ❑ Repeats words overheard in conversation
- ❑ Points to things in a book

Cognitive (learning, thinking, problem-solving)
- ❑ Finds things even when hidden under two or three covers
- ❑ Begins to sort shapes and colors
- ❑ Completes sentences and rhymes in familiar books
- ❑ Plays simple make-believe games
- ❑ Builds towers of 4 or more blocks
- ❑ Might use one hand more than the other
- ❑ Follows two-step instructions such as "Pick up your shoes and put them in the closet."
- ❑ Names items in a picture book such as a cat, bird, or dog

Movement/Physical Development
- ❑ Stands on tiptoe
- ❑ Kicks a ball
- ❑ Begins to run
- ❑ Climbs onto and down from furniture without help
- ❑ Walks up and down stairs holding on
- ❑ Throws ball overhand
- ❑ Makes or copies straight lines and circles

Act Early by Talking to Your Child's Doctor if Your Child:
- ❑ Doesn't use 2-word phrases (for example, "drink milk")
- ❑ Doesn't know what to do with common things, like a brush, phone, fork, spoon
- ❑ Doesn't copy actions and words
- ❑ Doesn't follow simple instructions
- ❑ Doesn't walk steadily
- ❑ Loses skills she once had

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to **www.cdc.gov/concerned** or call **1-800-CDC-INFO**.

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PCIT-T CDI DPICS Coding

Emotion Labeling

- Not a mastery criteria category
- It is an important skill for parents to identify and label children's emotions ("You seem happy," "You look sad.").
- It is helpful for toddlers to be exposed to feeling words so that they can learn to recognize emotions and associate behaviors with corresponding emotional states.
- Additionally, use of this skill is intended to increase children's emotional vocabulary, an important step in communication and emotion regulation.

Do Skills	Tally Count	TOTAL	Mastery
Neutral Talk			--
Emotion Labeling			--
Behavioral Description			10
Reflection			10
Labeled Praise			10
Unlabeled Praise			--
Don't Skills	**Tally Count**	**TOTAL**	**Mastery**
Question			$0 \leq 3$
Commands			
Negative Talk			

What About the Lower Half of DPICS?

- Do you show attention to ….
  - Imitation?
  - Enjoyment?
- Are these skills left out in the "cold" during our standard PCIT coaching?

….. Be Prepared…..

More **"Other Positive Skills"** in PCIT-Toddlers

Other Positive Skills in PCIT-T

Positive Skills		Circle One	NOTES
Imitate	Satisfactory	Needs Practice	
Show Enjoyment	Satisfactory	Needs Practice	
Physical Affection	Satisfactory	Needs Practice	
Mutual Eye Contact	Satisfactory	Needs Practice	
Animated Tone of Voice	Satisfactory	Needs Practice	
Animated Facial Expressions	Satisfactory	Needs Practice	
Play Style at Developmental Level	Satisfactory	Needs Practice	

CDI-T Mastery Criteria

- 10 Labeled Praises
- 10 Behavior Descriptions
- 10 Reflections*
  - 75% rule when limited verbalizations and language opportunities present during 5-minute coding
- ≤ 3 Questions, Commands & Critical Statements

Child-Directed Interaction-Toddlers (CDI-T)

CARES model

Girard, E., Wallace, N., Kohlhoff, J., Morgan, S. & McNeil, C.
UC Davis (2018)

CDI-T

Includes the core components of standard PCIT

Building a strong positive relationships between the parent and toddler through dyadic play situation

PRIDE Skills

Positive attention to shape positive behavior

“in vivo” coaching

Unique Features has emphasis on:

Emotion regulation and consideration of child development

Education on typical toddler development

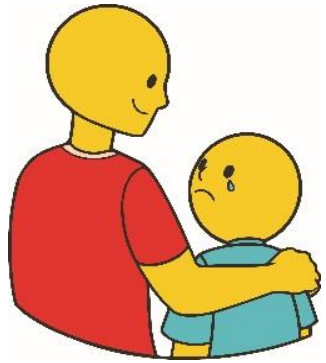
Age appropriate limit sitting for dangerous or aggressive behavior

CARES

The C.A.R.E.S. model

- A series of techniques that parents can use to help toddlers manage emotions
- Used whenever the child appears to be experiencing a ‘big emotion’
- Most effective if used quickly, before the child’s emotions escalate
- Provides ‘scaffolding’ for the child as he/she learns to regulate their own emotions

C Come in



- Move your body physically close to child
- Make movements calm and slow
- By moving closer the child sees you are present and available to them
- Increases the child's sense of trust in the caregiver

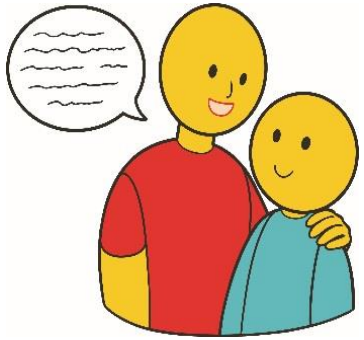
A Assist Child

- Helps child problem solve current issue
- Establishes early teaching experiences
- ‘Perform with child’ versus ‘do it for child’
- Example:

  (child) starts to fuss when unable to sort toy

  (parent) slowly turns toy while child remains holding toy to show placement in toy sort

R Reassure Child

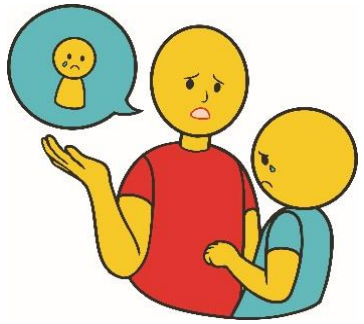


- Creates opportunity for increased trust
- Verbal statement that the child will be taken care of by caregiver
- Example:

  (parent) “It’s ok, Mommy/Daddy is here.”

  (parent) “I’ve got you, you’re alright.”

E Emotional Validation

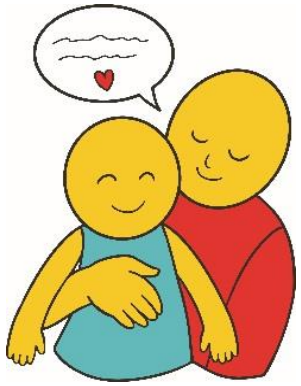


- Label the child's feelings
- Creates sense of understanding & support
- Helps to build emotional vocabulary and understanding
- Helps the child to learn that emotions are okay
- Example

  (parent) "I know it's sad/frustrating when…"

  (parent) "You're proud/happy because…"

S Soothe Child



- Provides sense of safety & security
- Gives physical cues everything is ok
- Model for child relaxed & calm demeanor
- Example

  (parent) Give cuddle to child or soft caress

  (parent) Use quiet, soothing tone of voice

Additional points about C.A.R.E.S.

- The C.A.R.E.S. steps are provided in any order & often simultaneously
- REDIRECTION is used after C.A.R.E.S.
  - Use toys with sounds for distraction
  - Note if child tired, hungry, wet and address
  - Move to different area/location
  - Increase facial and verbal animation
- Coaching around the C.A.R.E.S. model will most likely need to be directive in early sessions
- Under reaction and redirection used for minor behaviour and absence of a big emotion

Aggressive Behavior

Get Down to Child Level, Cover & Hold Their Hands in Yours,

Give **Direct Eye Contact** While Stating in Firm Tone: **"No Hurting."**

Look Away from Child While Still Covering Their Hands for **3 seconds**

Return **Direct Eye Contact**, State in Firm Tone: **"No Hurting. Gentle Hands."**

Quickly phyiscally **rotate child** from around the waist **toward another toy** while facing away from the parent

Redirect with PRIDE Skills and Provide C.A.R.E.S. as Needed

Adult C.A.R.E.S.

- Parents are taught to use ‘C.A.R.E.S. for adults’
  - “The more EMOTIONAL REGULATION we can create in ourselves the greater the benefit to our children.“
- The therapist uses C.A.R.E.S. too!

C Check Cognitions Clue into Yourself

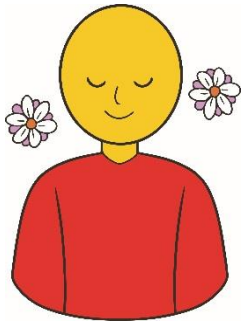
Before beginning special time with your Toddler recognize:

Your thoughts/reasons why you are spending time together

The feelings you bring into play

How your body language demonstrates your current style of engagement

A Assist Self



If not emotionally ready for play implement relaxation techniques to help refocus energy:

- Deep breathing
- Quick shower
- Progressive muscle relaxation
- Call to supportive system

R Reassure Self

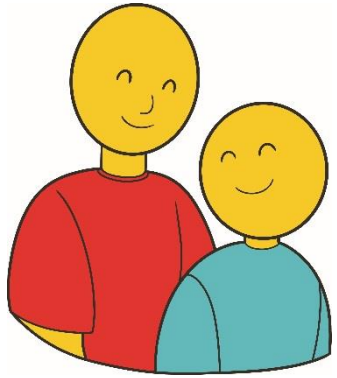
Parenting presents challenges and no one technique works for all children therefore use:

Positive self talk

Remind yourself of tender moments

Foresee future event that will take place with your child that brings joy

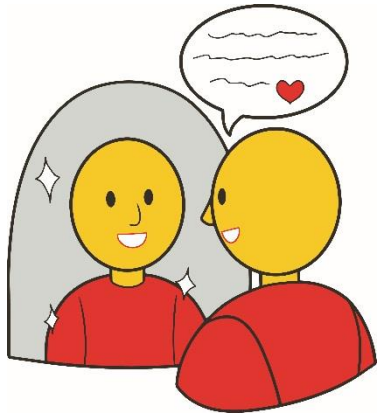
E Emotional Awareness



Toddlers are remarkably good at sensing emotions. They seem to track and respond to stress

Special time allows for fun and connection to be experienced when we engage in play with positive thoughts and emotions

S Sensitive & Soothing



Similar to using a soothing voice with your toddler , be kind and sensitive to yourself in how you reassure yourself and the tone of your own self-talk. Remind yourself learning is a process of trial and error, plotting and adjusting courses.

Parent-Directed Interaction – Toddler (PDI-T)

Girard, E., Wallace, N., Kohlhoff, J., Morgan, S. & McNeil, C.
UC Davis (2018)

PDI Standard Versus PDI Toddler

PDI Standard

- Primary focus on compliance training/discipline strategies
- Time-out/back-up room for noncompliance
  - **Assumption:** Child *knows* what to do but *chooses* not to do it
- Parents coached to remain firm, calm, and consistent when delivering commands

PDI-Toddler

- Teaching listening skills
- Guided compliance procedures
  - **Assumption:** Child may not know what to do and must be taught to do it
- Parent coached to deliver commands in a clear but upbeat, enthusiastic manner

PDI Standard Versus PDI Toddler (cont.)

PDI Standard

- Commands are **not** limited to pre-specified concepts and phrases
- A positive touch (e.g., rubbing the child's back) is **not** required to be paired with a labeled praise for compliance
- A parent is **not** required to be in close proximity to the child prior to issuing a command

PDI-Toddler

- Commands **are** limited to pre-specified concepts and phrases
- A positive touch (e.g., rubbing the child's back) **is** required to be paired with a labeled praise for compliance
- A parent **is** required to be in close proximity to the child prior to issuing a command

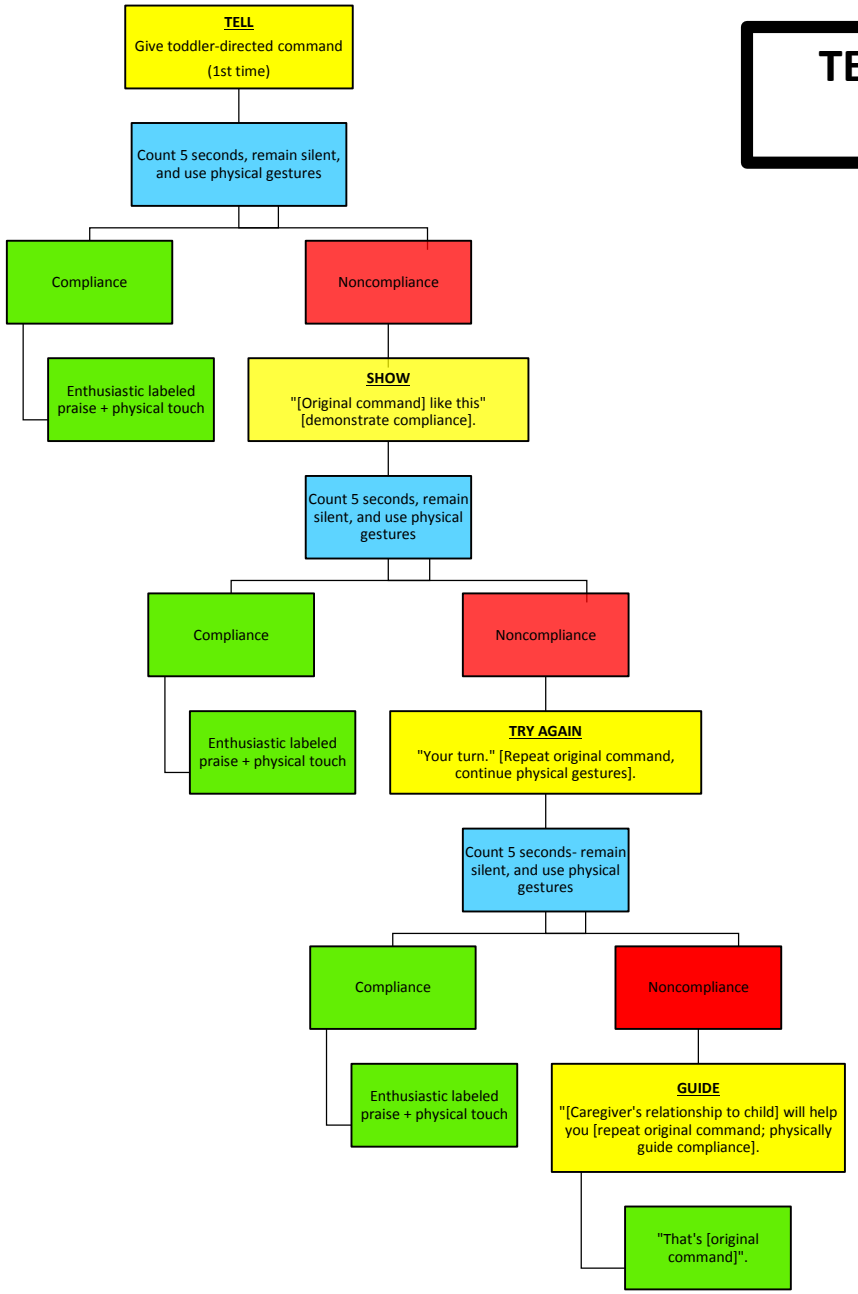
TELL-SHOW-TRY AGAIN-GUIDE DIAGRAM

Tell

Show

Try Again

Guide



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PDI-T Mastery Criteria

Parent Skill	Mastery Level to be Achieved
Effective Delivery of the PDI-T Guided Compliance Sequence	75% effective commands during a five-minute sequence mastered at the outset of the session 75% effective follow through to effective commands
Effective Use of the Directive Language Stimulation	Satisfactory Implementation
Effective Use of the Procedure for Physical Aggression, Destruction of Property, and/or Self-Injurious Behavior (if applicable)	Satisfactory Implementation

PCIT with Toddlers (PCIT-T)
Thank you!

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www.PCIT-Toddlers.org

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