




PCIT-Toddlers

Workshop D-2:
Parent-Child Interaction Therapy for Toddlers (PCIT-T):
Improving Attachment & Emotion Regulation

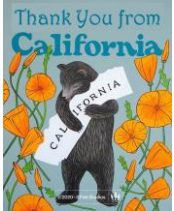
Speaker: Emma I. Girard, Psy.D.



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In Appreciation



- Jeffrey Rowe, MD
- Charmi Patel, MD
- Renee Sievert, RN, LMFT, PCC
- Andrea Mann, PhD


- To the We Can't Wait Support Team
- To Those in Attendance Today

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Acknowledgement Co-Authors of PCIT-Toddlers

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What is PCIT-Toddlers?



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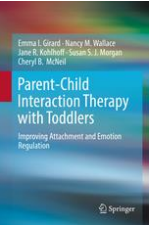
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PCIT-Toddlers Defined

- Is an Evidence Based Therapy created as a downward extension of standard PCIT developed by Drs. Emma Girard, Nancy Wallace, Jane Kohlhoff, Cheryl McNeil and MMH Susan Morgan
- Combines attachment theory, play therapy, family systems, and cognitive behavioral approaches with supportive nurturing parenting practices
- Work with the caregiver and child together with in-vivo coaching placing an emphasis on emotion regulation for both child and caregiver
- Target population children 12mo - 2.5 years* with disruptive behaviors and/or for caregivers experiencing parental stress with childrearing

Information at:
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Who is PCIT-Toddlers (PCIT-T) for?


For caregivers and toddlers (9-36 months*) presenting with early onset behavioral issues

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

Treatment goals

- Improve the positivity of caregiver speech; enhance relationship warmth and enjoyment
- Increase caregiver understanding of the toddler's developmental needs
- Increase caregiver ability to assist the child's emotion regulation
- Improve caregiver ability to regulate his/her own emotions
- Teach caregiver to give developmentally appropriate and effective instructions

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Key Features of PCIT-Toddlers

1. Dyadic play-based treatment sessions
2. In-Vivo caregiver coaching
3. Special attention to the developmental stage/needs of the child
4. Short term, intensive model (typical range 8-16 sessions)
5. Two phase Treatment Model
 1. Relationship Enhancement (Child-Directed Interaction – Toddlers)
 2. Teaching Listening Skills (Parent Directed Interaction – Toddlers)

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PCIT-Toddlers: 2 Phase Model

Phase 1: Relationship Enhancement

Child Directed Interaction - Toddlers (CDI-T)


- Do and Don't skills called PRIDE Skills
- Emotion labeling, emotion coaching & other positive skills
- CARES model for emotion regulation to 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

Phase 2: Teaching Cooperation & Listening Skills

Parent Directed Interaction – Toddlers (PDI-T)

- Teaching listening skills through a guided compliance procedure: *Tell-Show-Try Again-Guide + labeled praise for listening*
- Life Enhancement Coaching sessions if needed beyond PDI-T


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PCIT-Toddlers Model Assumption

The caregiver's role is to meet the needs (emotional, 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.




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Three Core Principles of PCIT-T

1. Disruptive behaviors in children aged less than 3 years are often signs of emotional dysregulation rather than deliberate, on purpose planned acts of negative attention to upset adults (Tronick & Beeghly, 2011) & (Patterson, 1982)
2. The early caregiver-child relationships are the models toddlers use to learn how to handle emotions and behavior regulation (Bowlby, 1988; Sroufe, 1995)
3. Toddlers have the capacity to learn how to listen and that caregivers can play a key role in helping this skill to develop. (Bloom, 2013; Hamlin et al., 2007; Thompson, 2012, 2015)

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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

In other words, Emotion Regulation is made up of 3 parts:

1. How do I interpret and give meaning to my emotions?
2. How do I feel about these emotions right now?
3. How do I experience and show others the way I am feeling?


How do children learn this complicated skill?

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Scaffolding

- **Scaffolding** is a teaching method that enables a toddler to:
 - solve a problem
 - carry out a task
 - achieve a task
- Through a gradual support system
- The layers of support needed by an adult decrease over time as a toddler successfully learns a skill




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Role Modeling

- **Role Modeling** is serving as an example to help shape
 - Behavior
 - Relationships
 - Decision making
- **Toddlers imitate** those around them, thus, role modeling is the ability to influence development




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What Can I Do As A Mental Health Professional To Help Children Understand Their Emotions & Behaviors?





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Replace Your Vocabulary


- Tantrum carries a sense of “on purpose negative behavior”
- As we learned previously, children this little do not understand and know how to control all their “**Big Emotions**”

Sinnataggen
“Spitfire or Angry Boy”



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What is a “Big Emotion”

- A change in the child’s behavior, facial expression and verbalization
- Overwhelming emotional reaction that is difficult to control
- Often includes crying, whining, yelling, anger or frustration
- Might include a demand for immediate caregiver access (reaching up to adult or laying their head on adult) or a strong rejection of the adult (pushing away the adult)
- May include physical aggression, destruction of property, flailing, arching the back, falling to the floor, and even unusual behaviors such as turning to the corner, freezing, withdrawing, or self-injury

(Girard, et. al 2018)

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Tables 5.2, p. 51 & 5.3, p. 52 (Girard, E. et al 2018)

PCIT-T: Emotion Regulation for Toddlers

Strategy	Description
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	• Help 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 (caregiver) slowly turns toy while child remains holding toy to show placement in toy sort
R Reassure Child	• Creates opportunity for increased trust • Verbal statement child will be taken care of by caregiver • Example: (caregiver) "It's ok, Ms. Anna is here." (caregiver) "I've got you, you're alright."
E Emotional Validation	• Label the child's feeling • Creates sense of understanding & support • Helps to build emotional vocabulary and understanding • Helps the child to learn that emotions are okay • Example (caregiver) "I know it's sad/frustrating when..." (caregiver) "You're proud/happy because..."
S Soothe (voice/touch)	• Provides sense of safety & security • Gives physical cues everything is ok • Model for child relaxed & calm demeanor • Example (caregiver) Give cuddle to child or pat their back (caregiver) Use quiet, lulling tone of voice

PCIT-T: Emotion Regulation for Adults

Strategy	Description
C Check, Copacetic, Clear Info, Turn-off	• Check: Ask the child what they are feeling and what they need • Copacetic: Tell the child you are there and you will help them • Clear Info: Give the child clear information about what is happening • Turn-off: Tell the child that you will help them and they can stop crying
A Assist Self	• Take a deep breath • Use a calm voice • Use a slow pace • Use a neutral facial expression • Use a neutral tone of voice • Use a neutral body language
R Reassure Self	• Tell yourself that you are doing your best • Tell yourself that you are a good parent • Tell yourself that you are a good caregiver • Tell yourself that you are a good person
E Emotional Awareness	• Recognize your own emotions • Understand how your emotions affect your behavior • Understand how your emotions affect the child's behavior
S Sensitive & Soothing	• Use a sensitive tone of voice • Use a soothing tone of voice • Use a sensitive body language • Use a soothing body language

Provide REDIRECTION after C.A.R.E.S.

Research by Gonzalez, Ana, Springer, Thomas, PCIT with Toddlers by Dr. Sheryl J. Dadds and 2018

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

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A Assist Child

- Help 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
(caregiver) slowly turns toy while child remains holding toy to show placement in toy sort

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R Reassure Child

- Creates opportunity for increased trust
- Verbal statement child will be taken care of by caregiver
- Example:
(caregiver) "It's ok, Ms. Anna is here."
(caregiver) "I've got you, you're alright."

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E Emotional Validation


- Label the child's feeling
- Creates sense of understanding & support
- Helps to build emotional vocabulary and understanding
- Helps the child to learn that emotions are okay
- Example
(caregiver) "I know it's sad/frustrating when..."
(caregiver) "You're proud/happy because..."

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S Soothe (voice/touch)

- Provides sense of safety & security
- Gives physical cues everything is ok
- Model for child relaxed & calm demeanor
- Example
(caregiver) Give cuddle to child or pat their back
(caregiver) Use quiet, lulling tone of voice


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7 Statements to Coach CARES

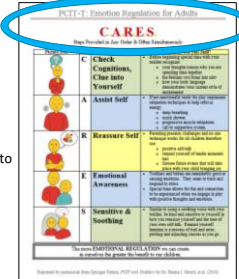
1. "She/He needs your help."
2. "Move in close, nice & calm."
3. Line feed, "Mommy/Daddy/Grammy is here."
4. Label their feeling, "You're frustrated/sad/upset/scared."
5. Line feed, "I'm here to help."
6. Give a little cuddle / positive touch.
7. Redirect to play

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Adult C.A.R.E.S.

- Caregivers 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."
- Therapists use C.A.R.E.S. too!



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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

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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

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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

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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

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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.


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Group Exercise:

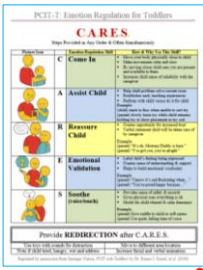
Identifying & Coaching the CARES Sequence

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Apply the CARES Model

- The fill-in-the-blank vignette reads as a sequence of interactions being coached
- Label the specific CARES step being demonstrated in the vignette
- After reading the response to the CARES step share your own coaching statements...
...What would you say to the caregiver?



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Vignette: Jordan

Referral information:

- Jordan 20 months old, mother Kay is 22 years old, single parent and currently 20 weeks pregnant
- Referred by their Pediatrician


Initial Presentation:

- Jordan appears to be a typically developing, milestones WNL and Kay wants the best for her son
- During the first meeting: Jordan was screaming, throwing himself on the floor and very distressed
- Mom's shared her only strategy to this behavior was to ignore Jordan. He would eventually "shutdown" and the behavior would "stop".
- Mom stated this may take an hour or so and occurs multiple times a day
- "Tantrums" include - intense screaming, throwing objects, physically aggressive to mother (grabbing her throat, kicking, scratching and biting)

Current session:

- Mother arrives 3 days before her scheduled appt and tells the front office:
- "It can't keep going like this. I don't know what to do." The child has thrown himself on the floor and is kicking his mother in the lobby. The dyad is extremely distressed.


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Kay's Reflection On Coaching CARES:

'I understand now what you are doing & what I have to do with him.'

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What helped?


- Attachment perspective: Parent child relationship strengthened as the parent becomes increasing self-reflective and attuned to the child's needs (Itrudman,2015)
- Creating experiences of sensitive and responsive parenting support toddler's emotional regulation and through repeated experiences the toddler requires less scaffolding and develops the ability to regulate their emotions
- Parallel process where the clinician becomes the "secure base" for the parent -recognizing and validating parent's feelings
- Coaching in real time to be calm and develop the parent's emotion regulation teaching the parent to do this for their child
- Developing the parents' skills to read the child's cues

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Goal Criteria Guidelines for Relationship Enhancement

- 10 Labeled Praises
- 10 Behavior Descriptions
- 10 Reflections*
 - 75% rule with limited verbalizations and language
- ≤ 3 Questions, Commands & Critical Statements
- Good use of CARES Skills
- Good use of Other Positive Skills



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PCIT-Toddlers Phase 2: Teaching Cooperation Skills

Phase 2: Teaching Cooperation & Listening Skills


Parent Directed Interaction – Toddlers (PDI-T)

- Sequence pairing verbal commands with task completion utilizing the caregivers as models

Tell-Show-Try Again-Guide

- Reinforcement with verbal praise and positive touch provided to the child for their cooperation/listening and completing directed task
- Prompting for increased language/vocalizations from child
- Provide Life Enhancement coaching during difficult transitions if needed

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Tell

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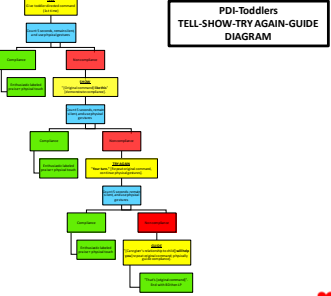
Show

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Try Again


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Guide




PDI-Toddlers TELL-SHOW-TRY AGAIN-GUIDE DIAGRAM

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The Art of Visual Prompting

- During 5-seconds delay between steps coach the parent to continuously point back-and-forth between the desired items:
 - Block to hand
 - Car to track
 - Baby doll to hand
- With animation...
 - Judge Judy has the pointing, Needs to work on + animation




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Goal Criteria Guidelines for Listening Skills

- 75% Effective Commands
- 75% Follow Through for Caregivers Implementing Listening Sequence
- Maintaining goals from phase 1, Relationship Enhancement
- Good use of CARES Skills
- Good use of Other Positive Skills



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Outcome Data

Thank You Jane Kohlhoff, PhD

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D-2 PCIT with Toddlers (PCIT-T)

Qualitative study: Themes identified

- Improved child behaviour
- Improved parent-child relationship
- New parenting skills/knowledge
- Parent's feelings/coping improved
- New perspective gained/reflective capacity

"We're a lot closer, a lot closer... it was hard to feel connected to her when I was so frustrated on youth definitely is not close. I think for starters... it reduced the behaviours, the undesirable behaviours but also it did kind of increase that bond again... it really made us feel closer and connected"

"it helped me to be more aware, more relaxed, more confident in my parenting knowledge (and)... how to interact with my daughter"

"Being a first-time mom is hard for me to know all the steps, know how to help her, knowing the signs of when she's tired, or unhappy, so I'm going to just how she's understanding and how that helps"

Kohlhoff, J., Cibralic, S., Morgan, S. (2020). A qualitative investigation of consumer experiences of the Child Directed Interaction Phase of parent-child interaction therapy with toddlers. *Clinical Psychologist*, 24 (3), 306-314.

Participant flow

Eligible (n=145) → Randomised (n=66) → Intervention (n=34) / Waitlist (n=32)

Intervention: Time 1 (n=28), Time 2 (n=16), Time 3 (n=18 full data; n=16 quest' res only)

Waitlist: Time 1 (n=28), Time 2 (n=18), Time 2 repeat (n=18)

Study 1: RCT

- Intervention (n=34) vs waitlist (n=32)
- Time 1 & Time 2 assessments
- Linear mixed-models repeated measures
- Intention to treat analysis participants included if they had Time 1 data available (n=56)

Study 2: Open trial, follow-up

- N=18 who completed PCIT-T and Time 1, Time 2 and Time 3 assessments
- For waitlist group, 'Time 1' = average of Time 1 & Time 1 repeat
- Linear mixed-models repeated measures
- Intention to treat analysis, as above

Observed parenting skills (DPICS-IV)

Positive parenting

Significant time x group interaction ($p < .001$)
 Significant Time 2 group difference ($p < .001$)
 Cohen's $d = 1.44$ (large effect size)

Negative parenting

Significant time x group interaction ($p < .001$)
 Non-significant Time 2 diff
 Cohen's $d = .50$ (medium effect size)

Emotional Availability: Sensitivity & non-intrusiveness (EAS)

Sensitivity

Significant time x group interaction ($p < .001$)
 Non-significant Time 2 diff
 Cohen's $d = .38$ (medium effect size)

Non-intrusiveness

Significant time x group interaction ($p < .001$)
 Non-significant Time 2 diff
 Cohen's $d = .45$ (medium effect size)

Infant Attachment Strange Situation Procedure PCIT-Toddlers: RCT 1

Disorganized vs. Organized attachment

7 of 16 dyads had disorganized attachment at T1 but only 1 had disorganized attachment at T3

Insecure vs. Secure attachment

7 of 16 dyads had insecure attachment at T1 but only 2 had insecure attachment at T3

Kohlhoff, J., Morgan, S., Briggs, N., Egan, R., Nieu, L. (2020). Parent-Child Interaction Therapy with Toddlers: A community-based randomized controlled trial with children aged 14-24 months. *Journal of Clinical Child and Adolescent Psychology*, 20, 1-16.

Participant flow

Assessed & randomised (n=90) → PCIT-T (n=30) / Waitlist (n=30) / COS-P (n=30)

PCIT-T: Time 1 (n=30), Time 2 (n=23), Time 2 (n=17)

Waitlist: Time 1 (n=30), Time 2 (n=22), Time 2 (n=5)

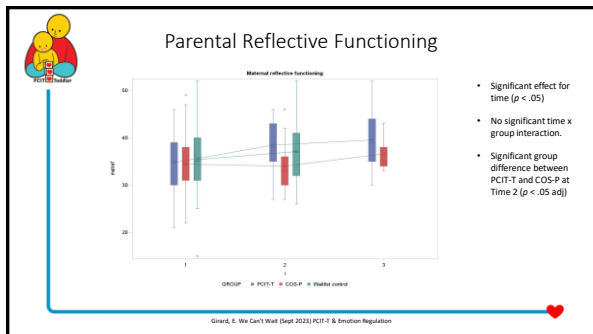
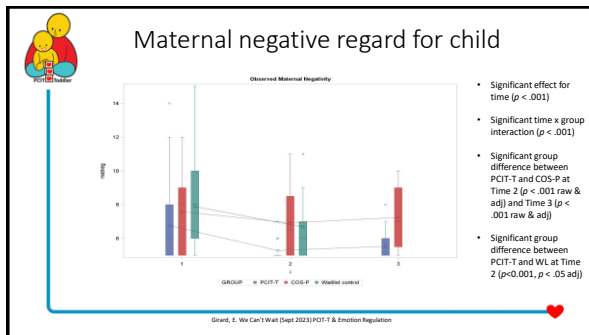
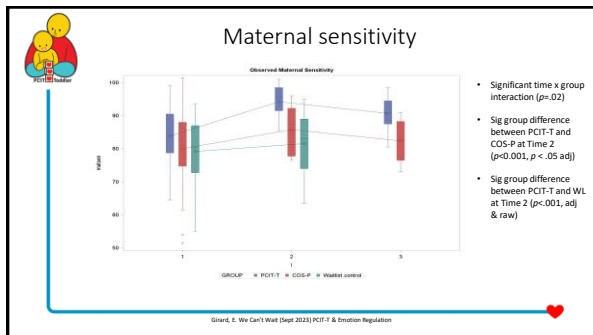
COS-P: Time 1 (n=30), Time 2 (n=13), Time 2 (n=16)

RCT 2

- Controlled for ASD status in all analyses (no significant main effects for ASD status)
- Intention to treat analysis participants included if they had Time 1 data available (n=90)

Kohlhoff, J., Cibralic, S., Wallace, N., Morgan, S., McMahon, C., Howlings, E., Egan, V., Briggs, N., McNeil, C. (2020). *BMC Psychology* 8, 93

D-2 PCIT with Toddlers (PCIT-T)



Training Requirements with PCIT Experience

PCIT standard trained clinicians (all competencies completed) seeking additional training to implement adaptation of PCIT-T

- Required 2-day training provided by a PCIT-T developer (Girard, Wallace, Kohlhoff, Morgan and/or McNeil)
- Case consultation with a PCIT-T developer through delivery of 2 completed PCIT-T cases including both CDI-T and PDI-T portions of treatment, which begins post 2-day training through duration of PCIT-T delivery

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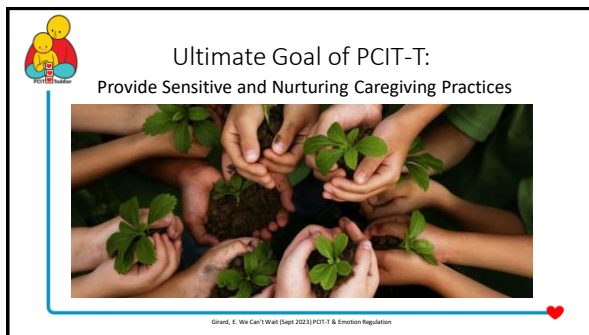
Training Requirements: New Clinicians

For clinicians with no PCIT training that will only see Toddlers

- Required 40-hour training provided by a PCIT-T developer (Girard, Wallace, Kohlhoff, Morgan and/or McNeil)
- Case consultation with a PCIT-T developer through delivery of 2 completed PCIT-T cases including both CDI-T and PDI-T portions of treatment, which begins post 2-day training through duration of PCIT-T delivery through graduation of cases, video fidelity reviews of 4 key sessions, 12months consultation typically 2x/month

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Producing PCIT-T Providers
<http://www.pcit-toddlers.org>

Trained Clinicians for Parent-Child Interaction Therapy with Toddlers

The provider names below are a listing of mental health professionals, both nationally and internationally, who have been trained directly by a developer in Parent-Child Interaction Therapy with Toddlers (PCIT-T). All providers on this list have at least a Master's degree. Providers with the title "Licensed Provider" have completed additional PCIT-T case experience while under consultation with a PCIT-T developer.

United States | Australia | Israel | Kenya
 New Zealand | Singapore | South Africa

PCIT-Toddlers Trained Clinicians United States

Alabama | Arkansas | California | Florida | Georgia | Illinois | Indiana | Iowa | Kansas | Kentucky | Louisiana | Maryland | Massachusetts | Michigan | Minnesota | Missouri | Montana | Nebraska | Nevada | New Hampshire | New Jersey | New Mexico | New York | North Carolina | North Dakota | Ohio | Oklahoma | Oregon | Pennsylvania | Rhode Island | South Carolina | South Dakota | Tennessee | Texas | Utah | Virginia | Washington | West Virginia | Wisconsin | Wyoming

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Thank You

Obbrigado, Obrigado, Danke, Danken, Shukran, Grazie, Arigato, Kiitos, Omgado, Chacoo, Thank You, ありがとう, Matondo, Xixie, Merci, Omgado

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