



Who is a Parent-Child Interaction Scales assessment for?

Any case with an infant/toddler age 0-36 months with questions about...

- The parent-child relationship in general.
- The parent’s ability to respond to distress and/or difficult toddler behaviors.
- How the parent is ensuring safety and well-being within the context of the infant’s/toddler’s primary relationship(s).
- How well the parent is fostering social-emotional and cognitive development.
- How well does the parent read and respond to the child’s cues and communication.
- Child developmental milestones, is further developmental assessment needed.
- Initial investigation/assessment.
- Planning for reunification or in-home dependency

What will the assessment tell me?

This assessment is intended to assist caseworkers in gathering information, decision-making, and case planning by identifying a parent or caregiver’s strengths and needs in the context of the relationship with the infant/toddler. These interactive events provide insights into patterns that extend throughout the relationship between parent and child.

- PCI Scales provide assessments that are valid and reliable measurements of parent-child interactions to gather pertinent information and provide direction for supporting families and young children.
- Assessment scores with statistical significance (one SD below the mean) indicate further intervention is appropriate.
- Specific sub-scale scores can identify the best EBP service-matching.
- PCI Scales are a clinical tool that reveals the child’s changing needs as well as the parent’s ability to adapt and respond to their child’s needs within the context of their day-to-day caregiving interactions.

Six assessment domains:

Sensitivity to Cues:	The parent’s responsibility is to read and respond to the infant cues, encourage interaction and to engage the infant in learning through a nurturing, supportive environment.
Response to Child’s Distress:	Infant’s signal that assistance from the parent is needed. First, the parent must recognize cues of distress; second, know what action to take which alleviates the distress; and third, they need to be available to put their knowledge into action.
Social-Emotional Growth Fostering:	The parent’s responsibility is to convey emotional signals, play affectionately with the baby, engage in reciprocal interactions and provide reinforcement for the infant’s behavior. To do these things, the parents must be aware of the infant’s level of development and be able to adjust their behavior accordingly.
Cognitive Growth Fostering:	This subscale involves the types of learning experiences the parent makes available to the child. Parents do this by introducing infants to different sights, sounds, and experiences.
Clarity of Cues:	The infant’s ability to send clear signals to the parent is assessed. To be able to communicate, a baby must demonstrate changing motor patterns and communicative behaviors they exhibit naturally unless some physical or emotional disability is present.
Responsiveness to Caregiver:	The infant’s responsibility is to respond to the caregiver’s attempt to communicate and interact so that they can modify their behavior in return.