

The Importance of the Caregiver-Child Relationship for Infant and Early Childhood Mental Health

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[www.pcrprograms.org](http://www.pcrprograms.org)

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Parent-Child Relationship Programs would like to acknowledge that we are on the traditional land of the first people of Seattle, the land of the Duwamish and honor with gratitude the land itself and all the Coast Salish people. We acknowledge these peoples as the traditional stewards of the lands on which we walk, live and raise our children.

We explicitly acknowledge the historical trauma caused by colonialism that led to policies that were harmful to families and communities. We honor all parents both past and present, as they move through this world raising their children and navigating the challenging experiences they face with resilience and strength.

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Confidentiality

We have permission to use the videos of parents and children for training; however, we ask that if you recognize someone you do not share this information in or outside of the class.

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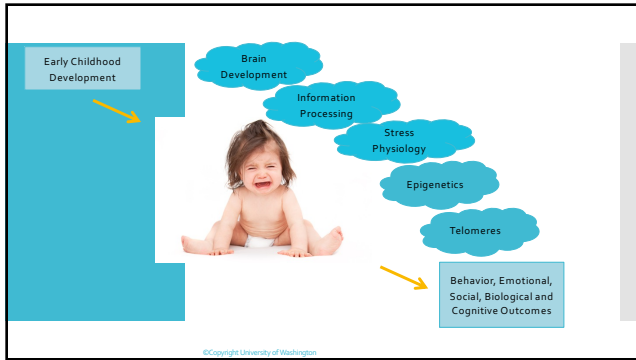
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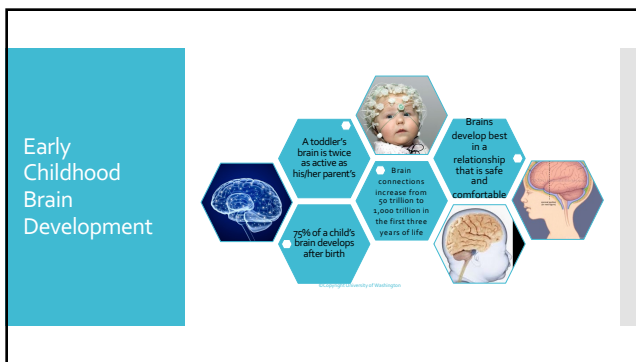
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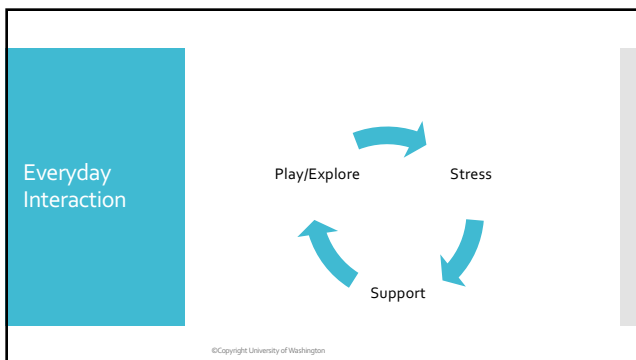
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# The function of attachment relationship:

- Helps me survive, feel safe and secure.
- Helps me explore the world and develop confidence.
- Buffers me from adversity biologically and emotionally.
- Help me understand the world and adapt to it, learn what is safe and what is not.
- Help me regulate my emotions during times of distress
  - ...so that I can explore and learn
  - ...so I can become capable and confident

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## Managing Stress in Infancy: It's in the Relationship

Access to a protective, loving adult is the best protection from stress a child can receive.

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## Observing the Attachment System once it has been Activated

- Case Example when the Attachment System is Activated
  - Observe Reunion Behavior
    - Proximity seeking/gaze, greeting, use of parent as secure base
    - Comfort with contact, regulated with contact
    - Return to play, able to explore

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Separation and Reunion



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Observing the Attachment System once it has been Activated

- Case Example when the Attachment System is Activated
  - What did you see?
    - Proximity seeking/gaze, greeting, use of parent as secure base
    - Comfort with contact, regulated with contact
    - Return to play, able to explore

<https://www.polleverywhere.com/multiple-choice/pollsinYseddkzCokUQUYCojkzG>

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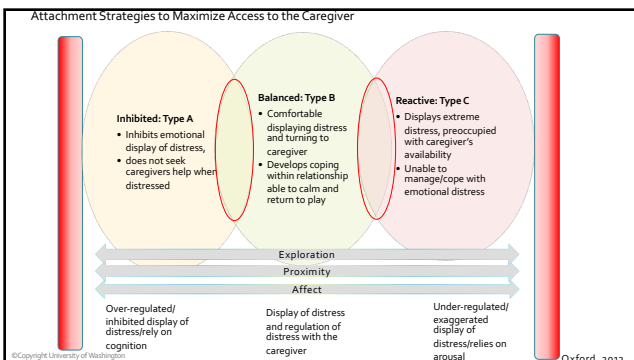
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<p><b>Inhibited A Strategy: Cognitively organized</b></p> <ul style="list-style-type: none"> <li>• Others' perspective</li> <li>• Dismiss self</li> <li>• Preoccupied with others needs</li> <li>• Omit/dissmiss negative affect</li> <li>• Minimize problems</li> <li>• Distance the past (either via idealization or memory)</li> </ul>	<p><b>Balanced B Strategy: Balanced</b></p> <ul style="list-style-type: none"> <li>• Balance use of both cognitive and affective information</li> <li>• Flexible perspective taking</li> <li>• Aware of self and others</li> <li>• Low tendency to omit cognitive or affective information</li> <li>• Retain and understands the past in a reflective manner</li> </ul>	<p><b>Reactive C Strategy: Affectively organized</b></p> <ul style="list-style-type: none"> <li>• Self-perspective</li> <li>• Dismiss others</li> <li>• Preoccupied with self needs</li> <li>• Omit/dissmiss cognition</li> <li>• Exaggerate negative affect (either helplessness or coerciveness)</li> <li>• Emphasize problems</li> <li>• Retain the past</li> </ul>
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Pat Crittenden, Raising Parents 2015

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Functional Changes with an Inhibited Strategy

Caregivers may be displeased with negative affect, harsh, rejecting, demanding of compliance or performance, intrusive, dangerous or withdrawn:

- I feel safest when I can keep you close but understand we can't be too emotionally close.....
- I'm out of the way and not drawing negative attention to myself
- I'm doing exactly what is expected
- I'm taking care of my caregiver
- I'm taking care of myself so my caregiver isn't burdened
- I can explore (because it keeps me busy and helps me to reduce focus on my emotional needs for attention, comfort, and acceptance) but my exploration is not always high functioning.

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Functional Changes with a Reactive Strategy

Caregivers are generally inconsistent, sometimes emotionally available and sometimes not, they may set limits and then not reinforce them, they may engage then push away, they may reward then punish:

- I can't rely on you to be there for me so I have to keep your attention on me, especially when I start to feel stressed.....
- I'm in control of your attention either by becoming helpless to keep you close or by becoming over-reactive so you are forced to engage
- When I'm with you I am more focused on keeping you engaged than exploring so my exploration often looks developmentally immature
- I make it so that you are the one fully responsible to manage my emotions I can't or won't do it myself

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We are talking about how individual attachment relationships support infant/toddler mental health and...many caregivers and children are under constant threat and stress due to inequity and Racism.

In addition to supporting individual relationships, we have a lot of work to do to support everyone's safety and security in our larger society.



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**DCYF**  
Strategic and racial equity plan

Training content supports strategic priorities of equity and inclusion:  
Diversity informed tenets.

Knowledge and skills will support a deeper understanding of safety in the context of infant/toddler relationships with caregivers. This will contribute to assessment and decision-making around removals and out-of-home placement.

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**The Diversity Informed Tenets**

**Developed in recognition of the fact that racism is a present and current problem in the field of infant/early childhood mental health**

- We understand that racism negatively impacts all children and parents (Tenet #2)
- We refuse to ignore racism – we invite everyone to acknowledge it when they see it (Tenet #3)
- We encourage everyone to allow vulnerability about own biases and knowledge gaps (Tenet #1)
- We listen to and value all perspectives – find a way to share your voice with facilitator (Tenet #4)
- We yield positions of power to those otherwise marginalized – we are all experts in this space (Tenets #3 & #4)
- Learn from mistakes – embrace a growth mindset (Tenet #1)

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Dyadic  
Mutuality/Synchrony  
During Play

- Back and forth exchanges punctuated with smiles or warmth
- Mutual joy or delight
- Caregivers **contingent** responsiveness to communications from the baby (verbal and non-verbal)-Serve and Return
- Baby's responsiveness to communication from the caregiver and vice versa.
- Positive interaction, positive affect from baby and parent.
- Turn -taking and cooperation, fluid.
- Developmentally appropriate choice of toy.
- Pace and control of the interaction.

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Under-  
involved or  
under-  
responsive

<p><b>The Parent</b></p> <ul style="list-style-type: none"> <li>▪ Low involvement in day to day caregiving, may not support exploration or may not monitor exploration</li> <li>▪ Low limits or guidance in day to day interaction</li> <li>▪ Low verbal engagement, communication to the child is missing or inadequate</li> <li>▪ Likely inconsistent in responses, sometimes sets a limit, sometimes doesn't, child can't rely on a predictable set of rules</li> <li>▪ Developmentally high expectations for child to be independent-not needy.</li> </ul>	<p><b>The Child</b></p> <ul style="list-style-type: none"> <li>▪ <b>ACT OUT:</b> Child may act out, threat of acting out to engage the caregiver including doing dangerous things to elicit care (C).</li> <li>▪ <b>HELPLESS:</b> Child may enact younger than expected behaviors to keep the caregiver involved and attentive (C).</li> <li>▪ <b>WITHDRAW:</b> Child may withdraw and look shut down or depressed. May have given up attempts at engagement (A).</li> <li>▪ <b>CAREGIVING:</b> Child may assume a caregiving/entertaining role to care for or cheer up the caregiver and draw them out (A)</li> </ul>
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Balanced  
Parenting

<p><b>The Parent</b></p> <ul style="list-style-type: none"> <li>▪ Encourages child to engage with the world by supporting exploration and engagement with others</li> <li>▪ Provides guidance, rules, expectations and limits with a good amount of consistency.</li> <li>▪ Delights in the child and their unique characteristics, personality, or skills</li> <li>▪ Responds when the child is scared, hurt, or upset provides some acknowledgement and/or comfort that appears age appropriate.</li> </ul>	<p><b>The child</b></p> <ul style="list-style-type: none"> <li>▪ Can turn to parent for help when needed, is developing confidence to explore the world around them (even if they need a little extra reassurance)</li> <li>▪ The child is fairly responsive to caregivers guidance and authority, the hierarchy is clear, the parent is the parent and the child is the child</li> </ul>
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### Over-involved or Too Much

<p><b>The Parent</b></p> <ul style="list-style-type: none"> <li>• Is intrusive and over involved in day to day actions of the child</li> <li>• Provides too much guidance and or discipline or has high expectation</li> <li>• Alternatively may be harsh and erratic in response that becomes too intense for the child</li> <li>• May be rejecting of the child unless the child performs in a manner that is accepting to the caregiver then the child is rewarded with love and attention</li> </ul>	<p><b>The child</b></p> <ul style="list-style-type: none"> <li>• <b>COMPLY:</b> One adaption is for the child to comply with the demands and when possible put distance between self and caregiver (A)</li> <li>• <b>INDEPENDENT:</b> If child cries or sends cues of distress and it produces harshness they may adapt a style of self care (A)</li> <li>• <b>PERFORM:</b> To do what is expected without negative displays of affect. Expectations may be indirectly conveyed and not verbalized (A).</li> </ul>
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Go to [www.menti.com](http://www.menti.com) and use the code 2148 2311

How have you observed parent and child behaviors during home visits?



GO TO [menti.com](http://www.menti.com)  
ENTER THE CODE  
2148 2311

Press (B) to show answers

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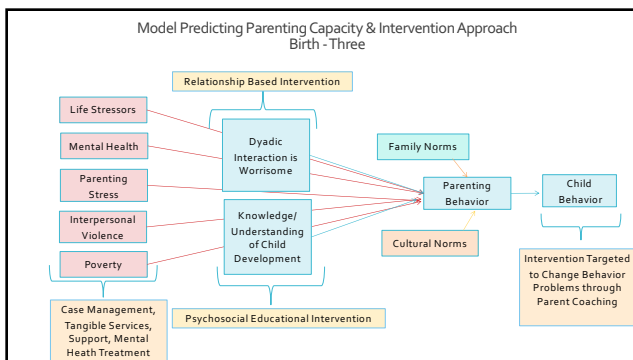
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### Meet Donna and Raven

Donna and Raven live in a transitional shelter for homeless families. Although she does not own a car, the shelter is on a bus route, and Donna is resourceful in getting to the places she needs to go. She is receiving a good deal of support from the shelter staff, although Donna confides that it is difficult for her to get close to others.

Donna turned herself into law enforcement after Raven's birth. She said that during this long period, she "felt like boiling all the time", and feels that it will take a long time for her to trust other people because during her years of running, she refused to get close to anyone for fear they would discover her history of addiction and crime.

After the third visit, Donna connects her feelings of avoidance and mistrust of others with Raven's avoidance. She realizes both of them will need to learn together to trust in order to grow and feel connected.

Donna has recently joined the support group at the shelter and is beginning to talk about the difficulties she has faced with no job and a very young child. She does not confide in the group about her incarceration. Donna does not have any contact with Raven's father. She has lost contact with her extended family and seems isolated and alone. Although she visits regularly with other mothers in the shelter, she does not want to establish close relationships with them. She talks very warmly about Raven's foster mother, and feels that Raven was well-cared for during her 2 1/2 months away from her. The foster mother, Donna and Raven still visit regularly with each other.

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### The Parent Child Interaction (PCI) Scales: Assessment and Service Matching in Child Welfare

- What are the NCAST Parent-Child Interaction (PCI) Feeding and Teaching Scales?
- Valid and reliable assessments for measuring parent-child interaction
- A well-developed set of observable behaviors that describe caregiver/parent-child interaction in either a feeding or teaching situation
- Excellent pre and post measures to document intervention effects for clinicians and researchers
- Scales which have been used in hundreds of studies and published in peer-reviewed scholarly journals
- How do the PCI Scales benefit caregiver/parent-child interaction?
- Gives concrete areas to guide intervention
- Transforms the provider's view of the parent-child relationship
- Gives the provider a new lens with which to see the strengths and opportunities for growth in the parent-child relationship

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**Parent-Child Interaction Scales Assessment**

**Six Assessment Subscales:**

1. Sensitivity to Cues
2. Response to Distress
3. Social-emotional Growth Fostering
4. Cognitive Growth Fostering
5. Clarity of Cues
6. Responsiveness to Caregiver

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**The PCI Scales are:**

- A strengths-based clinical assessment tool.
- Completed by certified assessors complete comprehensive training and meet inter-rater reliability threshold.
- "Snapshot" observation of the parent/caregiver-child relationship during either a feeding or teaching interaction.
- Identifies when intervention would support and strengthen the parent-child relationship.
- Currently available in DCYF regions 3, 4, and 6.
  - Next certification trainings mid-to-late 2023!

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NCAS TEACHING SCALE Item to Three Years Only		Code	Code name	Item	Code	Code name
1	1.1	1	1	1.1	1	1
2	2.1	2	2.1	2.1	2.1	2.1
3	3.1	3	3.1	3.1	3.1	3.1
4	4.1	4	4.1	4.1	4.1	4.1
5	5.1	5	5.1	5.1	5.1	5.1
6	6.1	6	6.1	6.1	6.1	6.1
7	7.1	7	7.1	7.1	7.1	7.1
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100	100.1	100	100.1	100.1	100.1	100.1

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Based on results of the PCI teaching scale

**Intervention Target:**

**Responsiveness to Caregiver**

- Serve and Return
- Mutual Joy and Delight

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Meet Josh and Sam



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Here is an adolescent father, initially they are playing and doing okay, but then what happens?

What do you think is happening to dad?




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NCAEPT Teaching Scale		Observed	Expected	Score
<b>1. Instructional Planning</b>				
1.1. Develops lessons and activities that are aligned with standards	1	2	3	4
1.2. Organizes content to be presented in a logical and sequential manner	1	2	3	4
1.3. Organizes content to be presented in a logical and sequential manner	1	2	3	4
1.4. Organizes content to be presented in a logical and sequential manner	1	2	3	4
1.5. Organizes content to be presented in a logical and sequential manner	1	2	3	4
1.6. Organizes content to be presented in a logical and sequential manner	1	2	3	4
1.7. Organizes content to be presented in a logical and sequential manner	1	2	3	4
1.8. Organizes content to be presented in a logical and sequential manner	1	2	3	4
1.9. Organizes content to be presented in a logical and sequential manner	1	2	3	4
1.10. Organizes content to be presented in a logical and sequential manner	1	2	3	4
<b>2. Instructional Delivery</b>				
2.1. Presents content in a clear and concise manner	1	2	3	4
2.2. Presents content in a clear and concise manner	1	2	3	4
2.3. Presents content in a clear and concise manner	1	2	3	4
2.4. Presents content in a clear and concise manner	1	2	3	4
2.5. Presents content in a clear and concise manner	1	2	3	4
2.6. Presents content in a clear and concise manner	1	2	3	4
2.7. Presents content in a clear and concise manner	1	2	3	4
2.8. Presents content in a clear and concise manner	1	2	3	4
2.9. Presents content in a clear and concise manner	1	2	3	4
2.10. Presents content in a clear and concise manner	1	2	3	4
<b>3. Assessment</b>				
3.1. Uses a variety of assessment methods to evaluate student learning	1	2	3	4
3.2. Uses a variety of assessment methods to evaluate student learning	1	2	3	4
3.3. Uses a variety of assessment methods to evaluate student learning	1	2	3	4
3.4. Uses a variety of assessment methods to evaluate student learning	1	2	3	4
3.5. Uses a variety of assessment methods to evaluate student learning	1	2	3	4
3.6. Uses a variety of assessment methods to evaluate student learning	1	2	3	4
3.7. Uses a variety of assessment methods to evaluate student learning	1	2	3	4
3.8. Uses a variety of assessment methods to evaluate student learning	1	2	3	4
3.9. Uses a variety of assessment methods to evaluate student learning	1	2	3	4
3.10. Uses a variety of assessment methods to evaluate student learning	1	2	3	4

Josh's scores compared to the PCI mean scores:  
 Response to distress: 1 SD below the mean- 7.87  
 The rest he is right at the mean or slightly below

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Let's do another poll:

[https://www.poll Everywhere.com/free\\_text\\_polls/ksouzkqgE8HjGaVd6nLf](https://www.poll Everywhere.com/free_text_polls/ksouzkqgE8HjGaVd6nLf)

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Josh and Sam continued...

Dad is doing okay until he is faced with this distress, a key place would be for intervention to help him understand his own feelings about this behavior, what his attributions and beliefs are about this behavior, and how to support his child.

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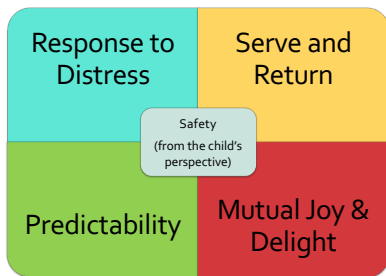
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Parenting Building Blocks



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Services for families involved in the child welfare system

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### Service Matching

- Relationship-based Services:
  - Sensitivity to Cues
  - Response to Distress
- Social-Emotional Growth
- Responsiveness to Caregiver
- Parenting Skill-based Services:
  - Response to Distress
  - Cognitive Growth
- Infant/Early Childhood Services:
  - Clarity of Cues
  - Responsiveness to Caregiver

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### Promoting First Relationships

- Age 0-3 (0-36 months).
- Pairs nicely, built from the same foundational theory as the PCI Scales.
- Relationship and skill-based.
- Bonding and attachment focus.
- Home-based intervention.
- Appropriate for all subscale and overall total scores falling one or more standard deviation from the mean.

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**Incredible Years**

Age 0-3 (0-36 months).  
 Parent training and skill-building intervention.  
 1:1 or group-based, interactive instruction and developmental curriculum.  
 Partners nicely following PPR to provide parents the opportunity to apply skills in a different setting.

Appropriate for dyads with low scores in:  
 Response to Distress,  
 Social-Emotional Growth,  
 Cognitive Growth,  
 Total Score.



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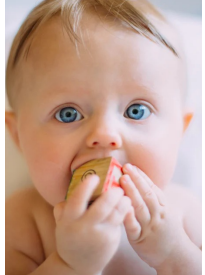
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**SafeCare**

Age 0-3 (0-36 months).  
 Parent training and skill building intervention with three modules:  
 Health,  
 Parent-child interaction,  
 Home safety.  
 Home-based intervention.

Follows PPR nicely for skill building after addressing the parent-child relationship.

Appropriate for dyads with low scores in:  
 Response to Distress,  
 Social-Emotional Growth,  
 Cognitive Growth,  
 Total Score.



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**Positive Parenting Program (Triple P)**

Age 0-3 (0-36 months).  
 Parent training and skill building intervention, focusing on discipline and structure.  
 Curriculum tailored to the needs of the family.  
 Service can be provided in a variety of contexts.

Follows PPR nicely for skill building after addressing the parent-child relationship.

Appropriate for dyads with low scores in:  
 Response to Distress,  
 Social-Emotional Growth,  
 Cognitive Growth.

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## Parent-Child Interaction Training (PCIT)

Age 0-3 (to 36 months).  
Parent training intervention.  
Sessions include the parent and child together and coaching from the provider.  
Home or center-based intervention.  
Follows PPR nicely for skill building after addressing the parent-child relationship.  
Appropriate for dyads with low Teaching Scale scores in:  
Response to Distress.  
Social-Emotional Growth.  
Cognitive Growth.



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## Homebuilders

Age 0-3 (to 36 months).  
Good option if any of the above EBP's is unavailable.  
Good option if facing imminent risk of removal.  
Referral can be tailored to the needs identified in the PCI Assessment.  
Intensive home-based service focused on child safety and can address needs related to accessing community-based resources, and problem-solving skills.  
Appropriate for dyads with low Teaching Scale scores in:  
Total Score.  
Whenever EBP's are not available.



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