

Appendix A: Coaching Child Directed Interaction excerpt: McNeil, C.B., & Hembree-Kigin, T. (2010). *Parent-Child Interaction Therapy: Second Edition (Chapter 5)*. New York: Springer

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Chapter Five

Coaching Child-Directed Interaction

What to Bring...

- 1) ECBI
- 2) DPICS-III Coding Sheets
- 3) CDI Homework Sheets
- 4) PCIT Progress Sheet

When therapists coach CDI skills, we employ the same strategies and philosophies that parents are taught to use with their children during special playtime. Therapists provide labeled praises to parents to increase particular CDI skills. We also use strategic attention and selective ignoring to increase certain parent verbalizations while decreasing others. Just as a goal of special playtime is to improve the parent-child relationship, therapists use coaching strategies that enhance rapport with the parents. For example, therapists avoid criticism when coaching, particularly the words “no,” “don’t,” “stop,” “quit,” and “not,” in order to prevent parents from feeling judged or incompetent. These negative feelings damage our relationships with the parents and lead to treatment attrition. Rather than criticizing, we enthusiastically give attention to their positive behaviors by describing and praising. When correcting the parent, we use constructive feedback telling them what “to do” rather than what “not to do.” Just as we teach parents to allow their children to lead the play, we allow parents to take the lead in their use of

PRIDE skills. That is, we want parents to use their own words and develop a play style that is comfortable for them within the CDI guidelines. We only use constructive corrections when the parent is having difficulty with a particular skill. In fact, in the first CDI coaching session Sheila Eyberg (1999) discourages use of any correction at all, so as to make rapport a priority. When parents are using the CDI skills well, we follow their lead, using descriptions and praise to demonstrate acceptance. According to Dr. Eyberg, (n.d.) the basic principles of client-centered therapy (empathy, genuineness, and positive regard), should guide our coaching. We want parents to leave coaching sessions feeling good about themselves, good about their child, and good about their progress in treatment.

Novice PCIT therapists can coach the basic Child-Directed Interaction skills with little or no prior experience. However, coaching is an art that continuously develops as the therapist gains experience working with parents from diverse cultural groups, with various communication styles and disparate childrearing attitudes, and with children who present unique challenges. Although skillful coaching develops from experiences working with dysfunctional parent-child dyads, it is also grounded in an understanding of early childhood development and normative parent-child interactions. We feel it is particularly important for the PCIT therapist to develop and maintain an “internal barometer” for the wide range of interaction styles and communication patterns that characterize healthy, nurturing parent-child relationships. In this way, the therapist will broaden his or her repertoire of coaching strategies and will reduce the tendency to develop professional “myopia,” in which similar interaction sequences are coached in all families, without regard to the family’s unique communication strengths and style.

Overview of a Typical Coaching Session

Table 5-1 presents the steps involved in typical coaching sessions for families in which one or both parents are participating. Upon arrival to each PCIT session, parents complete the ECBI Intensity Scale in the waiting area. The therapist quickly tallies the score and records it on the PCIT Progress Sheet (see Appendix 5). The session begins with a review of the homework. After problem-solving issues that arise with the homework and inquiring about other familial stressors, we observe the parent conducting a five-minute play therapy session with the child, without

Table 5-1. Steps for Conducting a Child-Directed Interaction Coaching Session

One parent participating		
Step 1.	Check-in and review of homework	10 minutes
Step 2	Coding of CDI skills	5 minutes
Step 3	Coaching of CDI skills	35 minutes
Step 4	Feedback on progress & homework assignment	10 minutes
Two parents participating		
Step 1.	Check-in and review of homework	10 minutes
Step 2	Coding of first parent's CDI skills	5 minutes
Step 3	Coaching of first parent's CDI skills	15 minutes
Step 4	Coding of second parent's CDI skills	5 minutes
Step 5	Coaching of second parent's CDI skills	15 minutes
Step 6	Feedback on progress & homework assignment	10 minutes

doing any direct coaching. Parental use of CDI skills during these five minutes is recorded on a Dyadic Parent-Child Interaction Coding System (DPICS-III) recording sheet (see Appendix 1) and later transferred to the PCIT Progress Sheet (see Appendix 5) so that parents can view session-to-session changes. After this five-minute observation period, the parent is directly coached by the therapist while continuing to practice the PRIDE skills with the child. For two-parent families, the coaching session is divided in half so that each parent receives coaching. The parent who is not being coached learns through observation and is often taught to code from behind the mirror. The observing parent should be quiet so as not to interrupt the coaching. The

last ten minutes of the session is spent providing parents with feedback on their progress (see Appendix 5 for PCIT Progress Sheet) and identifying areas that should receive special focus during the next week's home practice. The therapist may choose to reserve an additional few minutes at the end of each coaching session for individual rapport-building as needed. This individual time can decrease resistance to therapy by encouraging children to view the therapist as an ally rather than as a conspirator with the parents. Although the number of CDI coaching sessions will vary based on how quickly parents master the skills, the basic steps outlined in this chapter are used in each coaching session.

Setting Up for the Coaching Session

The parent and child meet with the therapist in a childproofed playroom equipped with a table and chairs and three to five construction-oriented toys. Generally, the parent and child play on the floor during CDI, with the parent following the child around the room as the child plays with the toys that are available. However, it is up to the child to choose whether to play on the floor or at the table. For example, if the child chooses to color at the table, the parent should sit at the table as well. A few minutes later, the child may choose to drive cars on the carpet and the parent should move to the floor to join in the play. Toys that are inappropriate for CDI should be removed from the room to avoid the unpleasantness that may occur if the child insists on playing with an inappropriate toy. Because parents will be asked to avoid limit-setting during CDI, the playroom should contain no items that may inspire the child to misbehave and require parental intervention. In our playroom, we do not include lamps, glass framed pictures, nicely upholstered furniture, sinks, boxes of tissues, or personal items such as handbags. Light switches are kept in the "on" position using lockable covers or tape.

If the therapist will be coaching via a bug-in-ear microphone device, the earpiece should be sterilized with an alcohol wipe and tested prior to the start of the therapy session. Additional materials that will be needed during each session are as follows: one DPICS-III coding sheet for each parent, one homework sheet for each parent, one PCIT Progress Sheet for each parent, and a clock or stopwatch.

Check-In and Homework Review

The session typically begins with the child playing independently nearby while the parent and therapist review the child's home and school adjustment during the previous week, discuss familial stressors, and review the week's homework practice. We ask parents to bring in a homework sheet each week indicating whether or not they were able to practice each day and noting any questions, observations, or concerns they had during the course of the week. Because one of the goals for the CDI stage of PCIT is for parents to become more adept at recognizing and praising their child's positive qualities and behaviors, we are careful to prompt parents to note progress and accomplishments by the child, not just problems. We also use this check-in period as an opportunity to teach parents to shape independent play by giving their child intermittent labeled praises for playing quietly while the adults talk.

In order to maximize the amount of time spent in direct coaching of CDI, we restrict this initial "check in" to five to ten minutes. Occasionally, the parents we work with have difficulty sticking to this time limit or bring in concerns about important marital or individual issues. If this occurs on a consistent basis, diverting focus away from the parent training intervention and slowing PCIT treatment progress, we recommend inviting parents to participate in adjunctive interventions such as individual treatment, support groups, or marital therapy. Thus, important concurrent issues may be addressed in a planful way often enhancing the effectiveness of PCIT. With some parents who tend to offer overly lengthy and detailed descriptions of their child's misbehavior, we choose to sequence the session so that this check-in period is saved for the last ten minutes of the session. This limits non-productive focus on child misbehavior both by decreasing the time available for it and by inviting parents to review child behavior only after they have been coached to focus on their child's positive attributes.

During the first CDI coaching session, the check-in period should include a brief review of the "Do" and "Avoid" skills. Most parents feel quite self-conscious about performing these new skills in front of the therapist. It is helpful to directly address this anxiety, letting parents know that it is a common experience that will quickly pass, and reminding them that the therapist does

not expect them to be “masters” of play therapy after practicing it for only one week. Finally, the check-in period during the first CDI coaching session should be concluded with a developmentally appropriate explanation of the coaching process for the child. If the therapist-coach will be recording and coaching the skills from an observation room and the child is old enough to perceive that the parent is receiving instructions over the bug-in-ear, the following explanation might be given:

It’s time for me to leave now so you can have special playtime with your mom (dad). But, I’m going to watch you and your mom (dad) play. I’ll be watching from behind that mirror. Do you want to see? [Allow child to enter observation room and briefly view the playroom]. I’m going to help your mom (dad) learn to play in a special way. Sometimes I might say things that she (he) will hear in that funny thing in her (his) ear. That thing is not a toy. You can look at it but you can’t play with it. Your job is to just play along with your mom (dad) and have fun, OK?

If the therapist-coach will be recording and coaching from within the playroom, the child might be told something like:

It’s time for you to have special playtime with your mom (dad) now. I’m going to stay here and watch you and your mom (dad) play. My job is to help your mom (dad) learn to play with you in a very special way. Sometimes I will watch quietly and write things down, and sometimes I will say some things to your mom (dad). Your job is to keep playing and pretend like I’m not even here, like I’m invisible! That means you don’t look at me or talk to me. You just play with your mom (dad) and pretend like I’m not here, OK?

Both of these explanations should be adapted to fit the cognitive and language development of the individual child, and some therapist-coaches may choose to have the parent repeat the explanation in their own words to enhance the child’s understanding. If coaching from within the room, some children will have initial difficulty remembering not to interact with the therapist. The first time this occurs, the therapist should remind the child to pretend that the therapist is not there and subsequently the therapist should completely ignore any further overtures from the child. Most children will quickly learn to tune out the therapist’s coaching

and to attend to the play with the parent. If the therapist continues to respond to the child's overtures, the latter will become more frequent and coaching will be compromised.

Parental Noncompliance with CDI Homework

Although parents often leave the early CDI sessions with the best of intentions to complete their daily homework, we find that the majority of parents have great difficulty getting their homework done on a consistent basis. Therapists should expect homework noncompliance and be proactive about problem-solving homework issues. Because clinic improvements will not readily generalize to the home without practice, both therapists and parents must view homework as a critical element of the treatment. We recognize that it is rare for families to be able to complete 100% of the assigned homework. And, we find that many families can progress well through treatment if they are completing most of their homework. When parents complete homework fewer than 3 times per week, we become seriously concerned that treatment may not progress. In those cases, we analyze the possible reasons for the homework noncompliance and employ strategies to correct the problem. Table 5-2 provides four common functions of homework noncompliance and associated remedies.

Parent Does Not "Buy In" to CDI. Some families enter treatment more motivated for CDI than others. Our highly educated parents are typically convinced easily of the potential benefits of CDI. In contrast, our court-ordered, school-referred, and less educated families tend to be harder to persuade. Homework noncompliance may be an early indicator of treatment resistance in these families. We find it helpful to address the resistance directly. We might say, "I'm sensing that you don't really believe that special playtime is going to make any difference." This opens the door for parents to directly discuss skepticism and provides us with an opportunity to further "sell" CDI. As discussed in Chapter 3, five points to emphasize when "selling" CDI are (1) the parent must have a strong relationship with the child for the intensive discipline program to work, (2) daily practice leads to faster mastery of CDI so that the family progresses to the discipline program more quickly, (3) CDI is "therapy" not just play, (4) having a short daily connection with the child adds up and leads to the child wanting to please the parent, and (5) by

practicing each day, the parent over-learns important behavior management skills that become habits that occur naturally throughout the day. For parents who remain resistant even after receiving the five “selling points” above, we encourage parents to think of CDI practice as an “experiment.” As part of the experiment, we have the parent generate the number of CDI practices that they are willing to commit to for the upcoming week. We write the agreed upon number on the top of the homework sheet and introduce the experiment in the following way:

Table 5-2. Functions of Homework Noncompliance	Solutions
1. Parent does not “buy in” to CDI	<ol style="list-style-type: none"> 1. Put the issue on the table 2. “Sell” CDI again (see Chapter 3) 3. Introduce idea of an “experiment”
2. Parent is too stressed and disorganized to make homework a priority	<ol style="list-style-type: none"> 1. Give them a folder 2. Night-before Reminder Call 3. Give them a physical reminder for refrigerator 4. Mid-week Reminder Call 5. Incentives 6. Help them develop a routine for CDI
3. Therapist has not sent a consistent message that homework should be a priority	<ol style="list-style-type: none"> 1. Avoid inadvertently reinforcing noncompliance with supportive statements such as “It’s okay. I can see it was a tough week.” 2. Consistently pick up homework sheet with ECBI, making homework sheet a “ticket” to the session 3. Give labeled praises for remembering homework sheet. 4. Give labeled praises for completing most of the homework (e.g., 4 out of 7 days) 5. Require parents to re-create the homework sheet if it is forgotten 6. Repeatedly educate the parents about the importance of homework and attribute child changes to home practice (or lack thereof)
4. Parent practice is being sabotaged	<ol style="list-style-type: none"> 1. Attempt to engage the significant others

by others in the home

- in therapy
2. Problem solve ways for parent to practice with privacy
 3. Empower the parent to be assertive with others
 4. Educate parent that others who have been criticized for CDI practice have found ways to complete homework
 5. Forecast that significant others will stop sabotaging when they see the treatment work.
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So you think you can get in 4 times this week. Is that a realistic number? Are you able to commit to that for this week only? Great. Then, when I see you next week, the first thing that I will ask you is whether you were able to do *your* part of the experiment. I will ask you whether you did special playtime 4 times during the week. It is important for you to get in all 4 practices so that we give the play therapy a chance to work. Together we will look at whether the practice time led to any good changes in your child's behavior, your relationship with your child, or your own skills as a play therapist.

We use this "experiment" as a way of shaping homework behavior. If we get the parent to do one week of homework, then we have a foot in the door. We can praise the parent for the accomplishment and make observations about how it is helping.

Parent is Too Stressed and Disorganized to Make Homework a Priority. We find that many of our multi-stressed, disorganized families are sufficiently sold on the merits of CDI but have just been unsuccessful at making it happen at home. These families lack routine, are often just trying to get through their days, are responding to crises, and feel overwhelmed by the addition of one more task. When we recognize a family as disorganized and stressed, we often give them a folder at the beginning of treatment. We tell them to put all of their handouts and homework sheets in this folder. We also help them pick one place in the home to keep the folder, and we emphasize that they need to bring this folder to every session. When possible, we instruct our staff to provide the family with a reminder call the day before their next session. In the call, the

family is reminded about the time of the session, who should come to the session, and the need to bring the folder. Sometimes these families benefit from posting a visual reminder to practice special playtime at home. Instead of expecting them to generate the reminder, we may hand them a sign to post on a wall, the door, or the refrigerator. Some therapists may choose to give the family a reminder call midway through the week to get them going on the homework and make them feel more accountable. Finally, therapists and/or agencies may choose to implement an incentive program for homework practice. Examples include the following: (1) collecting a deposit early in treatment that is refunded as parents practice homework, (2) allowing the child to select something from the “homework treat box” whenever a sufficient amount of homework was completed, and (3) awarding raffle tickets for larger prizes based on successful homework practice.

Therapist Has Not Sent a Consistent Message That Homework Should be a Priority. When training to be mental health professionals, we are taught to be supportive and client-centered with an emphasis on following the client’s lead in sessions. We have found that this supportive approach can sometimes undermine our message that homework is critical for treatment progress. When our multi-stressed families present with crises, we can be easily derailed by focusing our efforts on providing support. It is not uncommon for therapists to use active listening, empathic responding, and questioning to encourage parents to talk more about the weekly crises. We often respond by saying, “You’ve had a really rough week,” “You’ve got a lot on your plate,” “What did you do when your ex-husband did not return her on time?” and “What did you say to the teacher when she called you?” Although it is our job to be supportive, we must be careful not to inadvertently send a message to parents that homework is not very important. For example, in the midst of providing supportive statements and inquiries about

crises, we can easily find ourselves half way through the session before we ever ask about homework. And, sometimes we get so caught up in the crises that we forget to ask for homework at all. At other times, parents report to us that they were unable to do their homework because of stressful life events (e.g., death of a grandparent, a Child Protective Services report, overtime at work, a sick child, out-of-town visitors). Our training in supportive therapy leads us to respond by saying, “That’s okay. It was a tough week.” Yet, with multi-problem families, *every* week is tough. If PCIT is to progress, we have to avoid giving these families permission to not do their homework because of stressful life events. As good clinicians, we work hard every session to maintain balance between providing support and making it clear to families that we expect them to do their daily homework.

To ensure that we communicate to parents that homework is a priority, we can employ several strategies. First, just as we collect an ECBI from the parents before they enter the session, we can also collect their homework sheet up front. In this way, we can make the homework sheet a sort of “ticket” to the session. Consistently asking for the homework sheet prior to the session has two benefits: (1) it increases the chance that the therapist will remember to ask for the homework, and (2) it sends a message to the client that daily practice is so important that we do not even begin the session without examining the homework sheet. If the parents turn in their homework, they should receive labeled praise for remembering the sheet, regardless of how many times they actually practiced at home. If the parents forget to bring the homework paper, the therapist should require them to recreate the homework sheet in the waiting area prior to the beginning of the session. Completing the homework sheet in the waiting area is aversive to parents because it postpones their access to the therapist and the supportive aspects of the treatment. During sessions, we repeatedly educate parents about the importance of daily

practice. We teach them that the 5 minutes per day of special playtime is critical for (1) the development of their parenting skills, (2) improvement in the parent-child relationship, and (3) generalization of child behavior improvements from the clinic to the home setting. To help parents perceive the link between homework practice and treatment progress, we review ECBI and DPICS results. Behavioral improvements reported on the ECBI and skill improvements coded on the DPICS are directly attributed to how well parents have followed through on their homework. When progress is slow, parents are educated about the need for them to increase homework completion in order to speed up treatment gains. Finally, in those cases in which parents actually succeed in completing all or most of their homework, we make it a point to provide labeled praise for their efforts.

Parent Practice Is Being Sabotaged. Many parents tell us that it is hard to complete homework because significant others in the home observe and interfere. These significant others usually include spouses and extended family members, like grandparents, who are not participating in PCIT. Examples of interference include interrupting, showing nonverbal disapproval (e.g., shaking head, rolling eyes), inducing guilt (“Why are you wasting time playing instead of making dinner?”), and using blatant criticism (“You’re stupid if you think this is going to do any good.”). If we do not give parents specific strategies for dealing with interference from family members, there is a good chance that the participating parent will discontinue homework, hampering treatment progress. Our efforts to deal with sabotage include the following: (1) attempt to engage the significant others in therapy, (2) problem-solve ways for parent to practice with privacy, (3) empower the parent to be assertive with others, (4) educate the parent that other clients have encountered the same types of interference and still have found ways to complete

their homework, and (5) forecast that significant others will stop sabotaging when they see the treatment work.

Observing and Recording Child-Directed Interaction Skills

As mentioned earlier, we devote a brief period of time at the beginning of each session to recording parental skills progress. This allows us to closely monitor the effectiveness of our previous coaching, provides us with objective information that can be charted and shared with interested parents, and supplies us with information about what skills should receive particular focus during the subsequent coaching.

We get the most accurate picture of how parents are performing their skills at home when we conduct our recording period early in the session, before doing any coaching. If recording is done at the end of the session, after several minutes of skills coaching, nearly all parents are able to perform at a high skill level. However, this performance is artificially enhanced by short-term retention and typically is uncharacteristic of how parents perform independently in home play therapy sessions throughout the week.

We begin the recording period by telling parents:

I would like for you to go ahead and begin special playtime now. I'll just watch you for five minutes and make some notes to myself before I jump in and begin coaching, OK? Show me your best CDI skills.

We then allow a minute or so to go by so that the parents may warm up and let any initial nervousness subside as they devote their full attention to their child. We begin timing for five minutes and record tally marks in the appropriate boxes on the DPICS-III recording form. At the end of the five minutes, we take a minute or so to make notes about qualitative aspects of the interaction that we would like to address in the coaching or discuss with the parent at the end of the session. We then quickly transfer the data from the recording sheet to the parent's PCIT

Progress Sheet. This form makes it easy for the therapist to track the family's week-to-week progress.

Immediately after the five minute coding, we find it helpful to provide the parent with a "constructive feedback sandwich." The feedback sandwich consists of a hefty slice of labeled praise, followed by a delicately sliced suggestion regarding what the parent could do even better, and finished with another substantial slice of labeled praise. For example, the therapist might say, "You did a great job of increasing your reflections this week. You went from three to eight. And congratulations, you met mastery on behavioral descriptions with 12 of those. The one thing that you might want to focus on is increasing your labeled praises. I counted four and you need 10 for mastery. But overall, I thought that your play was warm, and fun, and you did a good job of letting Sasha lead the play."

The skill progress information we collect also helps us to determine how close the family has come to meeting a pre-determined set of criteria for mastery of CDI skills and progressing to the discipline portion of PCIT. The "gold standard" for mastery of CDI skills established by Eyberg (www.pcit.org) is presented in Table 5-3. Because the mastery criteria involve using 10 each of labeled praises, reflections, and behavioral descriptions, when talking with parents we often refer to the mastery criteria as the "ten-ten-ten." It should be noted that the criteria presented in Table 5-3 were established based on the concept of "over-learning." We know that after treatment is concluded and parents no longer receive weekly coaching, their CDI skills will backslide. However, if they have over-learned the skills, we expect that their skills will still be sufficient to maintain the child's positive behavior over time, even if some backsliding occurs. Over-learning also is important because it enhances generalization outside of the playtime. A goal is for the positive parenting skills to become over-learned habits that occur effortlessly throughout the day. For example, when the child tells an elaborate story in the car on the way home from school, we hope that the parent will automatically provide a reflection of the content. Or, when the two children in the family are playing amiably together in the living room, our goal is for the parent

to reflexively provide a labeled praise. It is the over-practicing and over-learning of skills during playtime sessions that lead to the spontaneous use of these skills throughout the day.

Coaching the “Do” and “Avoid” Skills: Tips for Therapists

Skillful coaching of the parent-child interactions requires that the therapist-coach provide

Table 5-3. Criteria for Mastery of Child-Directed Interaction Skills during a Five-Minute
Play Session

10 Labeled Praises
10 Reflections
10 Behavioral Descriptions
3 or fewer Commands + Questions + Negative Talk (criticism & sarcasm)
Ignore all negative attention-seeking behaviors
Imitate the child’s play
Be enthusiastic

frequent, specific feedback to parents while not disrupting the natural flow of the interaction.

That is a tall order for novice therapists who feel awkward sandwiching their comments between parent and child verbalizations. The following general principles are important for effective skills coaching.

Make Coaching Brief, Fast, and Precise. The best coaching statements contain few words. Full sentences and lengthy explanations interrupt the flow of the interaction and may cause parents to become flustered as they attempt to divide their attention between the therapist-coach and their child. Not only should the coaching statement contain few words it should be fast in that it should be delivered immediately after the parent’s verbalization. Because every word must count, the language used should be precise rather than general or vague. Occasionally, a situation will arise in which the therapist-coach needs to provide a longer explanation or

observation. In those rare situations, the coach could ask the parent to allow the child to play independently for a moment while the coach provides feedback. Situations in which we have done this include times when a parent is not responding to our coaching (e.g., remains flat for 10 minutes despite intensive coaching on enthusiasm) and when we are providing instructions for a special exercise (e.g., praise exercise). Another situation in which we have taken a moment to talk to a parent in more detail is one in which a parent becomes emotional during the coaching. For example, we worked with a mother who was so touched by a picture her child drew that she became tearful. Her son, who had seldom seen her cry became worried that she was hurt or that something bad had happened. The mother became flustered and did not know how to proceed with the special playtime. We talked with her for just a moment while the child played, giving her suggestions for how to explain “happy tears” to her son. Yet, the overwhelming majority of coaching should be brief so that it promotes rather than interferes with rapid skill acquisition. The coaching statements may take the form of labeled praises, gentle corrections, directives, and observations. Table 5-4 presents examples of commonly used coaching statements in each of these four categories.

Coach after Nearly Every Parent Verbalization. Every verbalization the parent makes provides the therapist-coach with an opportunity to teach, and the more input the parent receives, the faster and better the skills will be learned. Also, by providing feedback after each verbalization, parents learn to pause and wait for therapist input. Coaching will proceed more smoothly when the therapist and parent develop this type of pacing. Providing intensive feedback requires that the therapist think quickly and react with an appropriate labeled praise, gentle correction, observation, or direction. For novice therapists (and even very experienced ones!), this requires intense concentration and sustained effort which can be exhausting.

Therapists must resist the inclination to reduce the frequency of their feedback or to coach in a mechanical fashion.

Give More Praise Than Correction. Many parents begin therapy feeling incompetent in their parenting roles. It is critical for good outcome in PCIT that parents feel supported and successful from the outset. For that reason, the therapist-coach must stay in tune with the proportion of praise to correction being provided.

Table 5-4. Common Child-Directed Interaction Coaching Statements

Labeled praises

Good imitation.
I like how you're ignoring now.
Great job of following his lead.
Good encouraging his creativity.
Nice timing on giving him back
your attention.
Nice eye contact.

Nice physical praise.
Good description.
Good answering his question.
Great teaching!
Terrific enthusiasm!
Nice labeled praise.

Gentle Corrections

Oops, a question!
Looks like a frown.
A little leading.
You're getting a little ahead of
her now.

Sounds a little critical.
Was that a command?
Might be better to say...

Directives

Try to label it.
Say "Nice manners!"
Say it again, but drop your voice
at the end.
Say "I like it when you use your
big girl voice."
Praise her for sharing.
What can you praise now?

Can you reflect that?
More enthusiasm!
Let's ignore until he does
something neutral or positive.
Say "It's so much fun to play
with you when you're careful
with the toys."
How about a hug with that
praise?

Observations

He's enjoying this.	Sounds very genuine.
He's sitting nicely now.	Now he's imitating you.
She wants to please you.	He loves that praise.
He's talking more now because you're reflecting.	She's handling frustration a little better now.
She's staying with it longer because of your descriptions.	There's a big self esteem smile!
	You see, anything you praise will increase.
That praise is good for her self-esteem.	By saying "I'm sorry" you just set a good example for polite manners.
That's good practice for fine motor skills.	

Most parents correctly perform many of the skills from the beginning, providing natural opportunities for the therapist-coach to provide a preponderance of labeled praises. If parents are not producing descriptions, reflections, and praises on their own, the therapist should use directives to get the parent to make particular statements, followed by labeled praises after the statements are made, and observations concerning the child's responses. For example:

Parent: (watches child build but does not speak)

Therapist: (gives directive) "Say, 'Good idea to make a zoo!'"

Parent: "I like that zoo you're building!"

Therapist: (gives labeled praise) "Nice labeled praise. (makes two observations) She really lights up when you praise her. She's working even harder now."

Although it is important to provide feedback as frequently as possible, it is not wise to correct every mistake the parent makes, particularly early in treatment when errors are frequent.

Correcting every mistake, even if done in a gentle way, can tip the scale in the negative direction, causing a parent to feel criticized, inept, and discouraged. We recommend that therapist coaches

strive for a ratio of at least 5 supportive statements for every correction. An alternative to corrections is the use of selective ignoring for incorrect skill use, followed by strategic attention when the skill is used properly. The following is an example:

Parent: “What do you want to do now?”

Therapist: (selectively ignores question)

Parent: “Are you pretending to take the dog for a walk?”

Therapist: (selectively ignores question)

Parent: “Your dog is going for a walk.”

Therapist: (provides strategic attention) “Terrific description! You said it as a statement. Good job reducing those questions.”

After the first coaching session, most parents are performing so many skills correctly that most of the errors can be gently corrected while still maintaining the overall positive tone of the coaching.

Coach Easier Skills before Harder Ones. Some of the “Do” and “Avoid” skills are generally easier to learn than others, and parents are more likely to feel immediate success if more focus is placed on the easier skills initially. In our experience, describing is typically the easiest of the CDI skills, followed by imitating, reflecting, avoiding criticism, and avoiding commands. The skills that appear to be most difficult for parents to master are avoiding questions and giving praise. We believe that eliminating questions is particularly difficult because of the very high rate of questions most parents give young children at baseline. Asking questions is a difficult habit to break. For some parents, praising is difficult because they are not comfortable expressing affection verbally. Others may believe that too much praise will spoil their child or cause him or her to become boastful. Many parents resist praising because they are caught up in a coercive cycle in which they do not want to praise during special playtime if the child has displayed disruptive behavior earlier in the day. Still other parents simply have difficulty

identifying their child's positive and praiseworthy qualities and behaviors. Most parents find that praise comes more easily and naturally after they have been practicing play therapy for a couple of weeks and have been coached on praise for one or two sessions. If the parent continues to experience difficulty generating praise, we recommend processing this issue with the parent in detail.

Use Special Exercises for Difficult Skills. When the parent is performing many skills at the desired rate but one skill appears to be lagging well behind, we may interrupt the CDI to conduct special exercises in which the parent is encouraged to concentrate on the particular skill. For example, we may tell the parent, "I want to try a little experiment. I want to see how many times in the next minute you can praise Katie, OK? Are you ready? Now begin." During that minute, we stop coaching other skills, and count aloud for the parent the number of praises given. For example,

Good, there's one...that's two...three... now you're really going...think of another one...four...time is up. That was fantastic! You gave 4 praises in only one minute when you really concentrated on it. I knew you could do it. If you kept up that pace you would have 20 in five minutes, that's 10 more than you need for mastery. Well done!

An exercise such as this one provides encouragement and incentive as well as good practice for parents who are struggling with a particular skill. It is often a better strategy than continuing to provide frequent corrective feedback which can become disheartening for the parent. Other exercises that help parents to focus on particular skills include (1) asking parents to reflect everything appropriate the child says in a two-minute time period, (2) asking parents to catch every question they ask and restate it as a description or reflection, (3) asking parents to turn unlabeled praises into labeled praises, (4) asking parents to practice alternately dropping and raising the inflection of their voices to make a phrase a statement or a question, and (5) giving parents the assignment to be "extra silly" and excited for the next three minutes to promote enthusiasm.

Use Observations to Highlight Effects. Often, we find that abstract discussions of how children respond positively and negatively to particular communications from parents are not sufficiently potent teaching tools. Many times, it is not until the parent actually sees it demonstrated during a coaching session that they are able to recognize and strategically alter their communication patterns to elicit desirable child responses. Therefore, in addition to coaching parental use of “Do” and “Avoid” skills, the therapist-coach should comment on the ways in which the child is responding to the parent. For example, if the parent praises the child for putting the red blocks together and then the child reaches for another red block, the therapist-coach may state an observation such as, “Your praise is powerful. Whatever you praise him for, he’ll probably do again.” Similarly, after the parent reflects the child’s verbalization and the child speaks again, elaborating on the same topic, the therapist-coach may make an observation such as “You’ve given him positive attention for talking to you without taking his lead away, so he’ll keep the conversation going.” Because observations can be wordy and may interrupt the flow of the interaction, they should be used strategically. If a particular observation is lengthy or requires an extended discussion, we may choose to review our observations with the parent at the end of the coaching period.

The therapist-coach may also make observations about the child’s negative responses to less desirable parental verbalizations and behaviors. For example, if a parent’s “imitating” turns into the building of a far more elaborate structure than the one the child is making (despite warnings about this pitfall during the teaching session), the child may be expected to show any of several unfavorable responses: losing interest in the activity and leaving the parent to play with another toy; making negative comments about his or her own ability; or expressing frustration by damaging the parent’s structure. Rather than coaching the parent early in the sequence to tone down the complexity of the building, it is sometimes more instructional to allow the parent to continue and the child to respond unfavorably, and then help the parent to recognize how he or she precipitated this negative child response. In this situation, the therapist-coach might offer an

observation such as “He’s showing you that your building was too advanced for him and took away his chance to lead the play.”

One of our goals in PCIT is to help parents improve their attitudes toward their children. One way that this can be accomplished is by pointing out to the parent good qualities about the child. During coaching, we frequently comment on the child’s appearance, manners, intelligence, creativity, curiosity, sense of humor, problem-solving ability, building skills, speed, artistic prowess, and attire. Early in this book we recounted how we often have parents tell us that they love their children but they just do not like them anymore. When parents have given up on finding the good in their children, it is our job to train their eyes to see the positive qualities that we see. We look hard for improvements in the child’s behavior and share those observations with parents. We make it a point to comment on how parents are responsible for these improvements. For example, we might say, “He’s sharing much more this week. That is because you have been praising sharing.” We find that if we do not show parents the direct link between their changes in parenting and their children’s behavioral improvements, they often credit the child’s changes to extraneous factors, such as sleeping, eating, allergies, the toys in the room, and the phase of the moon. Observations can help parents feel proud of their children and take responsibility for their children’s behavioral improvements.

Make Use of Humor. Although coaching and learning Child-Directed Interaction is hard work for both the therapist-coach and the parent, it need not be an overly serious and formal process. In healthy parent-child interactions, most parents and children relax, laugh, and find humor in their activities and interactions. We find that the session is much more enjoyable for all involved if the therapist makes use of humor for reducing parental performance anxiety and helping to increase the warmth of the parent-child interaction.

Progress from More Directive to Less Directive Coaching. A goal of CDI coaching is to empower parents to use the skills autonomously. This can be accomplished by gradually reducing the use of directives and corrections as parents display increased mastery of play therapy skills. For example, in the beginning of a first CDI coaching session, the therapist may

need to give parents the exact words for labeled praises. As the session progresses, the therapist may only need to provide a brief prompt, such as “How about a praise?” Toward the end of the session, the parent may have developed the ability to generate his or her own praises. When this happens, the sensitive therapist-coach will step back and simply reinforce the parent’s good use of praise and provide observations on its effects. Once parents near mastery of CDI skills, the therapist should rarely need to provide directives or offer suggestions for the words parents say. Towards the end of CDI, the coaching basically sounds like this: “Nice job. You’re so good at this....You’ve got it. Just keep going....Beautiful reflection...She’s smiling!...Your praises are so warm.”

Coaching Strategic Attention and Selective Ignoring. To maximize the effectiveness of Child-Directed Interaction, parents must understand the concepts of strategic attention and selective ignoring described in Chapter 4, and they must be able to implement them in tandem to shape desirable child behaviors. The therapist-coach should look for child behaviors that are pro-social, occur with low frequency, and are appropriate targets to increase through strategic attention. Often these behaviors are naturally incompatible with identified problematic behaviors. For example, a child who is bossy may have “asking politely” as a target of strategic attention. Using the double-pronged approach, bossiness in turn may be identified as a target for decrease through selective ignoring. Examples of problematic behaviors responsive to selective ignoring and their incompatible pro-social behaviors that may be increased through strategic attention are presented in Table 5-5.

When an appropriate target for selective ignoring is presented during the coaching session, the therapist-coach first identifies the problematic behavior, coaches the parent in selective ignoring until the child ceases the problematic behavior, coaches the parent to return attention to the child for positive or neutral behaviors, and coaches the parent to keep an eye out for pro-social behaviors (which are incompatible with the problem behavior) that can be responded to with strategic praise. The following example illustrates the use of selective ignoring and strategic attention in tandem.

Table 5-5. Behavioral Targets for Strategic Attention and Selective Ignoring

<u>Strategically Attend to...</u>	<u>Selectively Ignore...</u>
Polite manners	Bossiness, demandingness
Playing gently with the toys	Banging toy on the table
Using a “big boy (girl)” voice	Whining
Talking softly	Yelling
Driving toy cars safely	Repeatedly wrecking cars
Being nice to toy people	Dropping people on floor
Sharing toys	Grabbing toys away
Building pro-social structures	Making toy guns
Trying even when it is hard	Giving up in frustration

Child: “Pow, pow, pow. You’re all dead.” (mimics shooting Lego people with a Tinkertoy gun he has made)

Therapist (to the parent): “That’s aggressive. Now is a good time to begin ignoring. Drop your eyes, quickly turn away, and begin building something of your own with some Tinkertoys. Describe out loud what you are making, but speak as though you’re just talking to yourself, not to him.

Parent: (turns away from child and picks up wheels) “I think I’m going to build a swamp buggy. Here’s one wheel...”

Child: (louder this time) “Look mom, I’m killing all of them! Pow, pow.”

Therapist: “Great job of ignoring. Keep looking away. Good describing your own play. Let’s see if we can get him interested in what you are doing so he stops the shooting. Be very enthusiastic about your buggy.”

Parent: “I’m going to make the coolest, baddest, freshest swamp buggy in the whole world!! It’s going to have red wheels. Now, I’m going to put a green seat here. I guess I’d better find a driver for my swamp buggy.”

Child: “Oh, I know, this Lego-man can drive it!! Here, I’ll show you.”

Therapist: “Perfect! You got his attention away from the aggressive play and now he’s playing appropriately with you. Let’s give him your full attention now and some labeled praise.”

Parent: (turns to face child) “What a great idea to have the Lego-man drive! Thanks for playing nicely with the toys so I can play with you again.”

Therapist: “Nice labeled praise. You did a great job of getting him back on track.”

Parent: “Now you’re adding a back seat so more people can ride.”

Therapist: “Good describing.”

Parent: “I’m really glad you’re playing swamp buggy with me. I like gentle play.”

Therapist: “Excellent labeled praise.”

Sometimes, during selective ignoring, parents will try to speed up the process by trying to coax children to re-engage in CDI. This looks like the following: While the child is pounding aggressively on the dollhouse, the parent selectively ignores the pounding and starts talking out loud about how they like to play gently with the Tinker Toys (modeling opposite behavior).

When the child does not discontinue the pounding immediately, the parent rushes the process by saying, “I sure wish that Freddie would come over here and play gently with the Tinker Toys.”

This verbalization breaks two of the CDI rules. First, it provides attention to Freddie for his disruptive behavior. And, second, it is an indirect command, making it hard for Freddie to lead the play. We coach parents to be patient and let the selective ignoring work. Parents can combine ignoring with distraction in which they enthusiastically describe their own play activity as though talking to themselves, rather than to the child. But, we do not want parents to use any form of distraction that involves looking at the child, addressing the child by name, or providing either direct or indirect commands.

There are times early in CDI coaching when children have extended tantrums and parents must ignore for up to twenty minutes. During the ignoring, parents who are not yet fully invested in treatment will give the coach nonverbal cues that they do not approve of this strategy.

They roll their eyes, sigh, raise their hands in frustration, look into the observation window skeptically, and sometimes even say out loud “This isn’t working people.” If the therapist wants these families to return to the next session, it is important to stay confident and use motivational strategies during the extended period of ignoring the tantrum. We anticipate that the parent will have a hard time withholding attention for a prolonged period and prevent them from providing negative attention by continuously talking to them about the need to look away and enthusiastically describe their own play. We also take this opportunity to remind them that CDI is not the entire treatment program. We reassure these parents that ignoring is not the only strategy that we will be recommending for misbehavior. We remind them that an intensive discipline program is coming in which we will teach them more direct and hands-on strategies for handling tantrums. If the session ends on a negative note, we often provide a mid-week call to motivate parents to hang in there with CDI.

Occasionally, we want to target a pro-social behavior that occurs so infrequently that there may be no naturally occurring opportunity to reinforce the behavior during coaching. For example, we worked with a three year old who was extremely bossy and rude, demanding that his mother do things for him (e.g., “Get me a drink,” “You sit there,” “Give me that!”). After three coaching sessions, we had never heard the child ask appropriately for anything. We decided to “prime the pump.” Before we began CDI coaching, we showed the mother how to teach the child the skill of “asking nicely” (e.g., role playing with the toy people). In this way, we were able to increase the chance that the child would ask nicely for something during the coaching session, and we could then coach the parent to provide labeled praise. With older children, we can prime the pump by simply telling them what we are looking for in the session. We might say, “Today, we are going to be working on using the words ‘please’ and ‘thank you.’”

Your mom is going to be listening very closely for those words. If she hears you say them, I know she will get very excited, and so will I.” Sometimes, after a few CDI sessions, children just need to be told directly (before CDI begins) what behavior we are hoping to see and they will come through with it to please both the parent and the therapist. Once CDI begins, commands and reminders about the identified skill are no longer used because they take the lead away from the child.

Coaching Qualitative Aspects of the Parent-Child Interaction. Although parents are instructed in a set of “Do” and “Avoid” skills for special playtime, these skills do not encompass all relevant aspects of parent-child interactions or the parent-child relationship. Novice PCIT therapists often focus their coaching exclusively on these “Do” and “Avoid” skills, neglecting other qualitative aspects of the interaction. This “tunnel vision” may result in play therapy that meets the letter but not the spirit of the mastery criteria cited earlier in this chapter, and which would not be described by an objective observer as warm, nurturing, or promoting parent-child relationship enhancement. Experienced PCIT therapist-coaches integrate coaching of the core skills with coaching of more qualitative aspects of relationships, including physical closeness and touching, eye contact, vocal qualities, facial expressions, turn-taking, sharing, polite manners, developmentally sensitive teaching, task persistence, and frustration tolerance. For a DVD demonstrating advanced PCIT coaching skills with an actual client, see the American Psychological Association video by McNeil (2008).

Physical closeness and touching. There is no “gold standard” for the optimum amount and type of physical closeness during CDI. Healthy parent-child dyads vary widely in the nature and degree of physical closeness and touching exhibited in parent-child interactions. In securely attached parent-child dyads, preschoolers will frequently move from very close physical

proximity with their parents (e.g., sitting on parent's lap) to wider and wider exploration of the environment with frequent returns to the security of "home base." However, when the parent is a participant rather than observer of the child's play, such as occurs during CDI, most securely attached children will play for extended periods of time within two or three feet of their parents, and parents will intermittently touch their children in an affectionate way.

In our work with less functional parent-child dyads, we have observed anxiously attached, clinging children as well as young children who show unusually little interest in interacting closely with their parents. We have also observed parents who hover over their children, engaging in an excessive degree of controlling physical contact, as well as those who appear to be uncomfortable with physical affection (e.g., hugs, sitting on lap) expressed by their young children. Thus, depending on the needs of the particular family, the therapist may coach parents to: (1) praise their children for more independent behaviors incompatible with clinging, like sitting in one's own chair, (2) combine verbal praise with physical praise such as stroking the child's hair, offering a hug, patting the child's knee, (3) refrain from "restraining" gestures such as grabbing the child's hand to prevent a response, or (4) move closer to the child who has distanced him- or herself from the parent, praising the child for allowing the parent to join in the game.

Eye contact, facial expressions, and vocal qualities. Among U.S. Caucasian populations, it is expected that the listener will make eye contact with the speaker during conversation, and a lack of eye contact may be interpreted as avoidance of emotional contact or poor social skills. Some of the parents we work with have significant social skills deficits or discomfort with emotional exchanges and profit from direct coaching in how to model good eye-contact during special playtime. Modeling good eye contact is helpful but sometimes insufficient for encouraging

young children to improve their own eye-contact patterns. For young children who only occasionally make eye contact, parents are coached to praise their children strategically and enthusiastically for good eye contact. When eye contact is a very low base-rate behavior, we coach parents to shape eye contact by lifting a toy that has captured the child's attention to the parents' eye level while they are speaking, and then strategically praising the child for good eye contact when the parent's and the child's eyes meet (e.g., "I like it when you look at me when we're talking"). This is a helpful strategy for young children with atypical development, such as those with Autism Spectrum Disorders. Please see Chapter 12 for a full description of working with children with developmental disabilities.

Sometimes, parents master the mechanics of the praising, reflecting, imitating, and describing, but the play therapy takes on a monotonous and boring quality. These parents appear to be "going through the motions" but not to have their hearts in it. On reflection, the therapist may notice that he or she is coaching in a monotone as well. When we first notice this occurring, we exaggerate our own animation, then coach parents to play in a more animated fashion, increasing the enthusiasm in their voices, adding clapping to praises for young preschoolers, and exaggerating facial expressions. As the parents add more animation to their play, we offer observations on its effect such as: "He's looking at your face more and making better eye contact now," "Look at her face beam. Your enthusiasm means a lot to her," and "Now she can really tell you're enjoying this time with her." When a parent does not respond to this coaching by brightening his or her affect, it is sometimes an indicator of depression, substance use, or chronic fatigue. At other times, it is an indicator that the parent is resistant to treatment. When this occurs, we temporarily suspend coaching in order to have a "heart-to-heart" discussion with the parent in which we explore these issues. Sometimes adjunctive interventions for depression or

substance abuse are recommended, strategies for stress reduction are presented, and sources of resistance to treatment are identified and addressed.

Turn-taking, sharing, and polite manners. The “Do” skills of CDI, at a basic level, represent social communication skills that people of all ages use in their interpersonal relationships. Imitation begets imitation, and when parents describe, imitate, praise, and reflect during special playtime, their young children in turn imitate these skills. Over time, young children begin spontaneously praising their parents, reflecting parental verbalizations, and describing their own and their parents’ play. For many children, we believe these positive social communication skills generalize to sibling and peer interactions as well. Other valuable social skills for young children that are not listed as “Do” skills for CDI may be targeted and coached, particularly turn-taking, sharing, and polite manners.

The “Do” skill of imitation presents a natural opportunity to coach turn-taking. As the child performs an action, the parent may be coached to label it as the child’s turn and then describe it. Then, as the parent imitates the child’s action, the parent may be coached to label their own turn in play and to praise the child for allowing them to take a turn. To clarify for the parents how this sequence of interactions may be helpful to the child, the therapist may add an additional observation such as in the example below:

Child: (puts block on tower)

Therapist: “Now label his turn and describe it.”

Parent: “You’re taking a turn and putting a blue block on the tower.”

Therapist: “Good. Now label your own turn and describe it.”

Parent: (picks up another block) “Now I’ll take my turn and add another blue block to the tower.”

Child: “OK, go ahead mom.”

Parent: “Thanks for letting me take my turn! Taking turns is fun.”

Therapist: “Good labeled praise.”

Child: “Yeah, and we’re good at it! Now I get to go, right?”

Therapist: “You’ve taught him that taking turns can be fun, and if you keep praising him for it, he’ll probably do it more when he plays with his sister.”

Just as young children can be taught the early social skill of turn-taking during the context of CDI, they can be shaped into sharing and using polite manners. Most young children will offer the parent a toy at some point during the course of a play therapy session. We encourage parents to recognize this as sharing and reward the child with enthusiastic labeled praise followed by a parental act of sharing. Similarly, many young children will say “please” or “thank you” at least once during a CDI coaching session. Parents are coached to label these verbalizations as good manners, provide labeled praise, and be sure to say “please” and “thank you” as appropriate to the child. For young children who do not spontaneously share or use polite manners, we coach parents to periodically model these early social skills, clearly labeling their own behavior so that the likelihood of imitation by the child is enhanced.

Developmentally sensitive teaching. Many parents choose to use CDI as a vehicle for developmental stimulation as well as parent-child relationship enhancement. Unfortunately, during our baseline observations of parent-child interactions, it may become apparent that the parent is not well-tuned into the child’s developmental capabilities. With preschoolers, parents may overestimate the child’s fine motor ability (e.g., building, drawing), grasp of spatial concepts, ability to remember sequentially presented information, and speed of mental processing. They may also underestimate the child’s ability to persevere at a difficult task, to pick up after him- or herself, or to select the next item needed while building. This lack of

accurate perception of a child's developmental level may become apparent during coaching. We have seen parents (1) command the child to perform a task that he or she is incapable of, (2) impatiently interfere in the child's problem-solving by taking over and completing a task for the child, (3) fail to recognize and praise the child for small increments of developmental advancement, and (4) model inappropriately advanced levels of play. Errors such as these may cause the child to feel bad about his or her own abilities or to lose interest in performing a play task that is too difficult. In addition, the parent's ability to effectively teach is compromised when input is pitched at either too high or too low a level.

To ensure that play therapy is conducted at the child's level of development, parents are encouraged to adhere to the overriding rule that the child is to remain in the lead. Parents are told that it is at this level that children are most interested in the play activity and most receptive to teaching from parents. The therapist should coach parents to (1) accurately perceive their child's developmental capabilities, (2) recognize the next step that is within the child's reach, and (3) teach the next step through subtle prompting, modeling, and shaping of successive approximations during special playtime. The following is an example of how a parent may be coached to work at the child's developmental level and stimulate learning:

Child: (draws a rough square on the chalkboard) "I'm drawing a doggy!"

Parent: "He needs a head, body, legs, a tail, a face, and a collar like your doggy, Mattie."

Child: (puts down chalk and studies own shoe)

Therapist: "I'm not sure I could remember to draw all of those parts! She's showing you with her long face that it's too hard for her. Let's back up and work at her developmental level. Point to her drawing and say, "You drew a wonderful doggy's head. I think I'll draw one just like it."

Parent: "I love the doggy's head you drew. I think I'll make one too." (draws another square)

Therapist: “Good start! Let’s focus just on the face now. Say something like, ‘I’m trying hard to remember what doggies have on their faces.’ Try to look puzzled.”

Parent: “Hmmm, I wonder what doggies have on their faces?”

Child: “I know, eyes!” (hops up and draws eyes)

Parent: “What a great job of making eyes.”

Therapist: “Good labeled praise and nice job of keeping her in the lead. Now, how can you help her think of the next thing to add without using a command?”

Parent: “This doggy can see us now because he has eyes. But if we gave him a bone he couldn’t eat it.”

Child: (giggles) “He needs a mouth! I can draw one.”

Therapist: “Excellent job of giving her a hint that was within her developmental capability. Now she’s drawn a dog’s head with eyes and a mouth. If you keep this up, she’ll draw the most detailed dog she’s ever made. You’ve broken it down into small steps so she won’t feel frustrated or overwhelmed.”

Parent: “I knew you could make a doggy’s face if we did just one part at a time. You’re a smart girl and a good artist.”

Task persistence and frustration tolerance. Many of the children we work with are easily frustrated during play as well as during early academic tasks at school. They may show their frustration by giving up when the activity becomes challenging, becoming destructive with materials, whining, crying, or throwing temper tantrums. Once a child has been identified as having difficulty in this area, several coaching strategies may be used to teach parents how to improve their child’s frustration tolerance. It is important to note that in many cases, the parents do not have a high degree of tolerance for frustration themselves. This presents a double-edged sword. The parents may find it more difficult to teach positive coping techniques to their own child, but they may also benefit from learning new skills to cope with their own frustration, in turn modeling more appropriate coping skills for their young children.

After mastering basic CDI skills, parents can be coached to provide strategic praise for task persistence, attempting difficult tasks, and staying calm when experiencing frustration. Yet,

some children require a more intensive approach. In such cases, parents are coached to demonstrate a mild degree of frustration with a play activity that is similar to one exhibited earlier by the child. The parent is coached to initially verbalize the frustration, then take a deep breath, count to five, and engage in positive coping statements and simple problem-solving strategies appropriate for the child's level of development. The parent instructs the child that this is something he or she can do too when frustrated and then prompts and rewards the child for engaging in positive coping strategies throughout special playtime. The following example illustrates how we might coach a parent to facilitate positive coping with frustration:

Child: (struggles to put stick in wheel, then slams Tinkertoy down) "Stupid thing. It never goes in. I can't do it."

Parent: "They're hard to put together. I'll give it a try too."

Therapist: "Good. Now model some mild frustration."

Parent: (struggles to fit pieces together) "This is so hard to put together."

Therapist: "Nice modeling of frustration. Now put the toy down, take a deep breath, close your eyes, and count to five out loud."

Parent: (takes a deep breath and closes eyes) "One, two, three, four, five."

Therapist: "Good relaxing yourself. Now talk about how you feel and model some positive coping statements."

Parent: "There. I took a deep breath and counted to five and now I don't feel so angry. Now I'm ready to try again. I know that if I keep trying I might get them to fit together. (tries to fit pieces together and succeeds, this time) Boy, am I proud of myself! I was mad but then I stopped, relaxed, and tried again. That's something you can do when you get mad too."

After the parent has learned how to model these steps for the child, the parent can cue the child to use positive coping in response to frustration at home, providing rewards in the form of praise or tangible reinforcers like happy-face stickers. Children can also be cued to go through this sequence of steps in response to frustration at day care, preschool, and elementary school.

However, it must be noted that very young children are rarely able to remember to initiate these

coping responses at the appropriate times without direct cuing from a parent or teacher. To be most effective, the cue should come early in the child's frustration reaction, preventing the escalation of frustration to a high level that will inhibit effective coping.

Helping Parents Handle Aggressive and Destructive Child Behavior. Most children are on their best behavior during special playtime and are rarely disruptive. After all, they have their parent's undivided attention, are playing with novel toys, and get to be in the lead. However, parents must have a strategy for handling disruptive behavior if it occurs during coaching sessions and during play sessions at home. As mentioned earlier, when children engage in mildly disruptive behavior (e.g., whining, talking back) during CDI in either the clinic or the home setting, parents are coached to address these problems using strategic attention and selective ignoring described earlier in this chapter. For more serious behaviors such as physical aggression and destructive behavior during home play sessions, we encourage parents to immediately end the special playtime. However, if aggressive or destructive behavior occurs during a clinic coaching session, we usually do not choose to suspend CDI because doing so will result in lost session time and inhibit treatment progress. Instead, we enter the room quickly and ask parents to exit and watch from the observation room. In a serious voice, we remind the child of the relevant rule of our playroom. So, if the child was hitting the parent, the therapist would review the "no hurting" rule. If the child was throwing heavy toys at the glass, the therapist would remind him of the safety rules of the playroom. When children calm immediately, the therapist leaves right away and the parent returns to CDI. When children engage in prolonged episodes of disruptive behavior, the therapist explains to the child that the child must be calm and safe before the parent will be able to come and play again. In rare cases, the child is so out of control that the therapist needs to do enthusiastic CDI to distract the child and interrupt tantrumming behavior. Once the child regains emotional control, the CDI coaching can be resumed. On those rare occasions when a therapist must enter the room because of dangerous or destructive behavior, it is helpful to spend a couple of minutes putting the room back together (e.g., picking up overturned chairs) and removing any toys that were being misused, thrown, or

broken. Please see Chapter 16 for additional strategies for coaching parents with extremely aggressive and explosive children.

Coaching Sessions with Siblings. Most parents are able to extend the Child-Directed Interaction skills to the targeted child's young siblings with little difficulty. However, when children are at different developmental levels, generalization of skills can be enhanced by having one session in which the parent is coached with the referred child and with each of his or her siblings in turn. Usually the referred child feels somewhat proprietary about special playtime in the clinic setting. For this reason, we always include some period of coaching for the referred child, even though the greater focus in this session may be on coaching the parent's use of skills with the siblings. For a more complete discussion of how to incorporate siblings into PCIT, please see Chapter 11.

End of Session Debriefing and Homework Assignment

We reserve the last ten minutes of each coaching session for providing feedback to parents on their skills progress and discussing the upcoming week's homework. Many parents are motivated by viewing the PCIT Progress sheet. This is a record of their CDI skill acquisition and ECBI changes across sessions. They are able to view their progress from week to week, as well as monitor how close they are to reaching the mastery criteria for CDI and moving on to the discipline portion of PCIT. Feedback should begin by noting for parents areas of progress in the "Do" and "Avoid" skills, child responsiveness to these skills, and improvements in qualitative aspects of the parent-child interaction. It is important that constructive feedback be given as well that highlights areas needing further work. However, as with the coaching, the therapist must carefully attend to the balance of positive and corrective feedback so that parents leave the session feeling both encouraged by their progress and motivated to work hard in the upcoming week. Between CDI coaching sessions, parents are asked to complete a daily five-minute special playtime at home, and to record their practice on their homework sheet.

Progression of CDI Coaching Sessions

The strategies and procedures described in this chapter apply to all CDI coaching sessions. Yet, there is a typical progression in what is emphasized in each coaching session (Table 5-6 presents the typical progression of CDI coaching sessions). In general, behavioral descriptions are focused on in the first coaching session, while there is a greater emphasis on reflections and avoiding questions in the second session. The third coaching session emphasizes labeled praise and fine tuning of PRIDE skills, and later sessions focus on specific drills for particular skills that have not been mastered. There is no fixed number of CDI sessions. CDI coaching continues until parents meet the 10-10-10 set of mastery criteria (with 3 or fewer commands + questions + negative talk). Thus, some families may be coached in CDI for only two sessions, whereas others may require six or more CDI coaching sessions.

What if a Caregiver Does Not Reach CDI Mastery?

We often are asked how to handle cases in which a caregiver has had numerous CDI coaching sessions (e.g., 10 or more) and still has not reached mastery. The therapist should try coding this type of family more than once during a CDI session to determine whether coaching and anxiety reduction enhance performance. Sometimes a family can meet the mastery criteria at the middle of a session but not at the beginning. Unfortunately, however, these cases often involve families who do not practice CDI at home as prescribed. The first question for a therapist to consider is whether he or she has done everything to motivate the parent to buy in to CDI and to complete homework. Then, the therapist should examine the issues in failing to reach mastery. If the parent is able to follow the child's lead and is missing mastery by only a couple of questions or a few PRIDE statements, it is possible that moving forward is an appropriate step. After all, CDI coding and coaching will continue in the PDI sessions. Sometimes parents have greater CDI buy-in after PDI has begun to work. If the parent simply is "not getting CDI," the therapist should be cautious about moving forward. PDI is likely to be difficult and possibly ineffective without the relationship enhancement. Occasionally, a family may only be motivated by the consequence that treatment may be suspended or even terminated unless the caregiver is able to commit to the daily homework requirement (e.g., a family with a history of abuse that is doing

only the bare minimum to regain parental rights). A similar issue that often arises is in dual-caregiver families when one parent reaches mastery faster than the other parent. Do we move forward with the caregiver who has reached mastery or hold the family until both caregivers attain mastery? With this decision, we usually consider the degree of involvement of the caregiver who has not reached mastery. If that caregiver is the primary caregiver or highly involved in the parenting of the child, we might choose to slow progression to allow that caregiver to “catch up.” For us, however, the ultimate issue question is this one: “What is in the best interest of the child?” If a family is getting highly frustrated with the over-abundance of CDI sessions and is at risk of dropping out of treatment, it may be in the child’s best interest to move forward to PDI. Whereas PCIT will be less effective when the family does not reach mastery, it may be even more ineffective if the family terminates prematurely. As these decisions are made on a case-by-case basis using clinical experience, we recommend taking advantage of a seasoned PCIT consultant or colleagues on the PCIT list serve (sign up at www.pcit.org) when making such judgments. One of the strongest aspects of PCIT is the large change in parenting skill that occurs when enforcing the high standards of the mastery criteria. Allowing a parent to move forward without mastery should be a rare exception. By valuing and following the mastery criteria, we can ensure that each family receives its optimal “dose” of CDI.

Table 5-6. Typical Progression of CDI Coaching Sessions

Session #1

- Labeled praise for all PRIDE skills and ignoring
- Provide only positive feedback. Do not point out mistakes in this session.
- Focus coaching primarily on behavioral description
- In homework, parents are encouraged to focus on decreasing questions and increasing reflections.

Session #2

- Review “Parents are Models for their Children” handout and discuss anger control
- Labeled praise for all PRIDE skills and ignoring

Focus coaching primarily on increasing reflections and avoiding questions
Go over CDI mastery criteria
In homework, parents are encouraged to focus on increasing labeled praise.

Session #3

Review “Getting Support” handout and discuss family’s social support network
Fine tune all PRIDE skills and ignoring
Focus coaching primarily on labeled praise and qualitative aspects of the interaction
In homework, parents are encouraged to focus on skills not yet mastered.

Session #4 and Beyond

Review “Kids and Stress” handout.
Labeled praise for all PRIDE skills and ignoring
Conduct 2–3 minute coaching drills on whatever skills are weak
If mastery criteria are met, introduce PDI and remind them that child does not attend the next session.
In homework, parents are encouraged to focus on skills not yet mastered.

For handouts listed above, see Eyberg (1999) available at www.pcit.org.

References

Eyberg, S.M. (n.d.). Parent-Child Interaction Therapy: Basic coaching guidelines introduction.

A Power Point presentation retrieved April 8, 2008, from <http://www.pcit.org>.

Eyberg, S.M. (1999). Parent-Child Interaction Therapy: Integrity Checklists and Session Materials. Retrieved April 2, 2008, from www.pcit.org.

McNeil, C.B. (2008). *Parent-Child Interaction Therapy*. A 2-hour DVD in the APA Psychotherapy Training Video Series hosted by Jon Carlson.

Reprinted by permission from Springer: McNeil, C.B., & Hembree-Kigin, T. (2010). *Parent-Child Interaction Therapy: Second Edition (Chapter 5)*. New York: Springer.



Understanding Your Child's Behavior: Reading Your Child's Cues from Birth to Age 2

Does this Sound Familiar?

Jayden, age 9 months, has been happily putting cereal pieces into his mouth. He pauses for a moment and then uses his hands to scatter the food across his high chair tray. He catches his father's eye, gives him a big smile, and drops a piece of cereal on the floor. When his father picks it up, Jayden kicks his legs, waves his arms, and laughs. He throws another piece of cereal. His dad smiles and says, "Jayden, it looks like you are all done eating. Is that right?" He picks Jayden up and says, "How about we throw a ball instead of your food, okay?"

Naomi, age 30 months, is happily playing with her blocks. All of a sudden, her mother looks at the clock, gasps, and says, “Naomi, I lost track of time! We need to go meet your brother at the school bus! Let’s go.” She scoops Naomi up and rushes toward the kitchen door. Naomi shouts, “NO!” and tries to slide out of her mother’s arms to run back to her blocks. When her mother puts on Naomi’s sneakers, she kicks them off, slaps her mother’s hands, and repeats, “No! I STAY! I playing blocks!” Naomi’s mother sighs with frustration and buckles her into the stroller with no shoes. This sets off another round of protests: “My SHOES! Where my SHOES?” Naomi pulls at her stroller’s buckle, trying to unfasten it, and kicks, screams, and cries all the way to the bus stop.

The Focus

Babies and toddlers might just be learning to talk—but they have many other ways to tell parents how they are feeling! Children can experience the same emotions that adults do, but they express those feelings differently. Jayden is giving his father many clues that he is done eating. First, he begins to play by sweeping the food across his tray. Then he drops food on the floor in an attempt to get his Dad to play the “I Drop It, You Get It” game. Jayden’s father notices and responds to these “cues,” by calling an end to mealtime and giving Jayden a chance to play. Naomi is also very clear about her feelings. She doesn’t like having to make a transition from a fun activity (blocks) so quickly. She is giving her mother many “cues” too—her words, facial expressions, and actions are all saying, “This transition was too quick for me. I



was having fun and I can’t move on so quickly.”

Children’s behavior has meaning—it’s just that adults don’t always understand what the meaning is. In the early years, before children have strong language skills, it can be especially hard to understand what a baby or toddler is trying to communicate. This resource will help you better understand your child’s behavior cues and help you respond in ways that support his or her healthy social and communication development.



What to Expect: Communication Skills

Birth to 12 Months

Did you know that crying is really just a baby’s way of trying to tell you something? Your baby’s cry can mean many different things, including, “I’m tired,” “I don’t know how to settle myself,” “I’m in pain or discomfort,” or “I want the toy you just picked up.” In the first year, babies will gradually begin to use gestures and sounds to communicate. But many parents find the first 12 months one of the most difficult times to understand the meaning of their babies’ behaviors. Below are some common ways babies communicate. With time, you will figure out your baby’s unique way of communicating.

Sounds: Crying is your baby’s primary communication tool. You might find that your baby uses different cries for hunger, discomfort (like a wet diaper), or pain (like a tummy ache). Paying attention to the sounds of these cries helps you make a good guess about what your baby is trying to communicate.

Language: Right around the one-year mark (for some babies earlier, and for some babies later), your baby will say his or her first word. While at first your child’s language skills will seem to grow slowly, right around the two-year mark they will really take off!

Facial Expressions: The meaning of a smile is easy to understand. But you will also get to know your baby’s questioning or curious face, along with expressions of frustration,



pleasure, excitement, boredom, and more. Remember, babies experience the same basic emotions we do: happiness, sadness, curiosity, anxiety, frustration, excitement, and so on.

Gaze: Look where your baby is looking and it will tell you a lot about what he or she is thinking. An overstimulated or tired baby will often break eye contact with you and look away. A baby who wants to play will have a bright gaze focused right on you or the toy she is interested in!

Gestures: Babies use their bodies in many ways to communicate. They reach for people and objects, pick objects up, sweep objects away with their hands, wave their arms and hands and kick their feet, and point (just to name a few). Babies will also turn away from sounds they don't like or arch backwards if they are upset.

Putting It Together

Babies use their whole body to communicate. So, for example, a baby might focus a bright, clear gaze on a new toy, and then look to you, then back at the toy. She might kick her legs or swing her arms excitedly. The baby might then reach for the toy while making excited “eh eh!” sounds

and smiling. While babies don't think in words yet, the message this baby is sending might be, “What is that thing? I want to see it. Can you give it to me? It looks like fun!”

Or imagine a baby who is happily playing with an older cousin. The cousin is puffing out his cheeks and then letting the air out, making a loud whooshing sound. The baby is laughing, kicking, and waving his arms. All of a sudden, though, the baby's response changes. He looks away and his expression turns to one of distress. He kicks his legs and arches his back. He starts to cry. The message this baby is sending might be, “That was fun for a while. But now it's too much. I need a break.”

12 Months to 24 Months

In the second year, young toddlers are becoming more skilled at communicating their needs and desires to you. Here are more examples of how young toddlers' communication skills are growing and changing from 12 to 24 months.

Sounds and Language: Your young toddler's vocabulary is growing slowly but steadily across his or her second year of life. Pronunciation might not be perfect, like “muh” for milk, but that will

come with time. Your toddler also understands more words than ever before. In fact, he probably understands more words than he can actually say! For example, if you ask him to touch his nose, chances are, he will be able to do so.

Even as your toddler's language skills are growing, cries are still the main way to communicate strong emotions like anger, frustration, sadness, or feeling overwhelmed. You might also see your toddler squeal with laughter and scream in delighted glee when he is too excited for words!

Facial Expressions and Gaze:

Toddlers make some of the best expressions ever, so keep your camera handy during this second year of life. You can see delight, curiosity, jealousy, and other feelings play across their faces. Young children also use eye contact to communicate with you. For example, you might see your toddler gazing at you to get your attention (Won't you come play with me?). You might also see your child watching you to learn something new (Now how do I press the cell phone buttons?).



3

Your toddler also watches your reactions to make sense of new situations (I am not sure I want Uncle Joe to hold me. I am going to check your face to see if you think he is okay or not.) Often you will find that your child mirrors your own expressions and gestures—if you take a bite of broccoli and crinkle your nose, chances are good that your toddler will too.

Gestures: Young toddlers are more talented than ever at using their bodies to communicate. They can walk, run, point, take your hand, show you things, carry and move objects, climb, open and shut things, and more. Watching your toddler's body language and gestures will give you lots of information about what she is thinking about, what she wants, or what she is feeling.

Putting It Together

Over time, it becomes easier to understand your child's cues and messages. Young toddlers are skilled at using their bodies, expressions, and growing language skills to communicate their needs more clearly than ever before. A 14-month-old might creep over to the book basket, choose a favorite story, creep back to her uncle, and tap the book on his leg while saying, "Buh." A 20-month-old might pick up her sandals and then walk to the back door, turn to her grandmother and say, "Go park." These interactions are really an amazing developmental leap for toddlers! They are now able to hold an idea in their minds ("I want to read a book and not just any book, this book") and understand how to communicate that idea to the people who can make it happen!

Three Steps to Understanding Your Baby's or Toddler's Behavior

When you see a behavior you don't understand, think about these "clues" to try to figure out what the behavior means for your child. Remember, every child is different. The same behavior (for example, a baby who is arching her back while being held) can mean that one baby is tired and that another baby wants to be put down so she can stretch out and play. Getting to know your child's unique cues is an important way that you can show your child that you love and understand him or her.

Step 1: Observe and interpret your child's behavior:

- Notice the sounds (or words) your baby or toddler is using. Does your child sound happy, sad, frustrated, bored, or hungry? When have you heard this cry or sound before?
- What is your child's facial expression? What feelings are you seeing on your child's face? Is your baby looking at a new object with interest? Perhaps he is trying to say, "Hand that to me so I can touch it."
- Notice your child's gaze. Is your baby holding eye contact with you or has she looked away? (That is usually a sign that a baby needs a break.) Is your toddler holding your gaze? Perhaps she is trying to get your

attention or wants to see how you are reacting to a new situation.

- What gestures or movements is your child using? Is your baby rubbing her eyes and pulling on her ear when you try to hold her? She might feel sleepy and be ready for a nap. An older toddler who is on the verge of beginning potty training might start to hide behind a chair or go into a closet to have a bowel movement.
- Think about what's going on when you see a behavior you don't understand. Does this behavior happen at a certain time of day (like at child care drop-off or bedtime)? Does this behavior tend to happen in a certain place (like the brightly lit, noisy mall)? Does the behavior happen in a particular situation (like when your child must cope with many other children at one time, like at the playground)?





Step 2: Respond to your baby or toddler based on what you think the meaning of his or her behavior is. It's okay if you are not sure if your guess is right. Just try something. Remember, you can always try again. For example, if your 11-month-old is pointing toward the window, lift him up so he can see outside. Even though you might discover he was really pointing to a spider on the wall, the very fact that you tried to understand and respond lets him know that his communications are important to you. This motivates him to keep trying to connect with you. When you respond to your child, say out loud what you think his behavior might mean. For example, you might say to the toddler you pick up, "Are you saying that you want up? I can pick you up." By using language to describe what the child is communicating, you will be teaching your child the meaning of words.

Step 3: If your first try didn't work, try again. Trying different techniques increases the chances that you will figure out the meaning of your child's behavior, understand his needs, and

validate his feelings. If your four-month-old is crying but refuses a bottle, try changing her position—picking her up and rocking her, or putting her down to play.

Step 4: Remember that tantrums are a communication, too. A tantrum usually means that your child is not able to calm himself down. Tantrums are no fun for anyone. They feel overwhelming and even scary for young children. For adults, it is easy to get upset when you see upsetting behavior. But what frequently happens is that when you get really upset, your child's tantrum gets even bigger. Although it can be difficult, when you are able to stay calm during these intense moments, it often helps your child calm down, too.

Another strategy to try when your child is "losing it" is to re-state how your child seems to be feeling, while reflecting her strong emotions. You might say in a very excited voice, "You are telling me that you just cannot wait for the birthday party! It is just toooooo hard for you to wait! You want to go the party right now!" For some children, having you "mirror" their intense feelings lets them know that you understand them and take them seriously, which helps them calm down. Experiment to see which response works best to calm your child.

Remember: You can't always understand what your child is trying to communicate. Even in adult

relationships, we sometimes find ourselves wondering about the meaning of another person's behavior. But these moments—when your child is distressed and you can't figure out why—can be very stressful for parents. If you feel as though you really cannot handle your baby or toddler in the moment, it's okay to put him or her somewhere safe (like a crib) and take a few minutes for yourself. Taking care of you is important. You will make better parenting choices and be able to meet your child's needs more effectively if you are feeling calm and together.

Wrapping Up

Babies and toddlers experience and express thoughts and feelings. Often they communicate their strong feelings through behaviors that adults understand right away—like a baby's big toothless grin when she sees her grandma coming. Other times, very young children's behavior can be confusing or even frustrating to the adults who care for them. Being able to stay calm, make a good guess at what the behavior might mean, and then respond helps children understand that they are powerful communicators. Over the long-term, this helps children learn how to connect with others in ways that are healthy and respectful—a skill they'll use for life.



The Center on the Social and Emotional Foundations for Early Learning



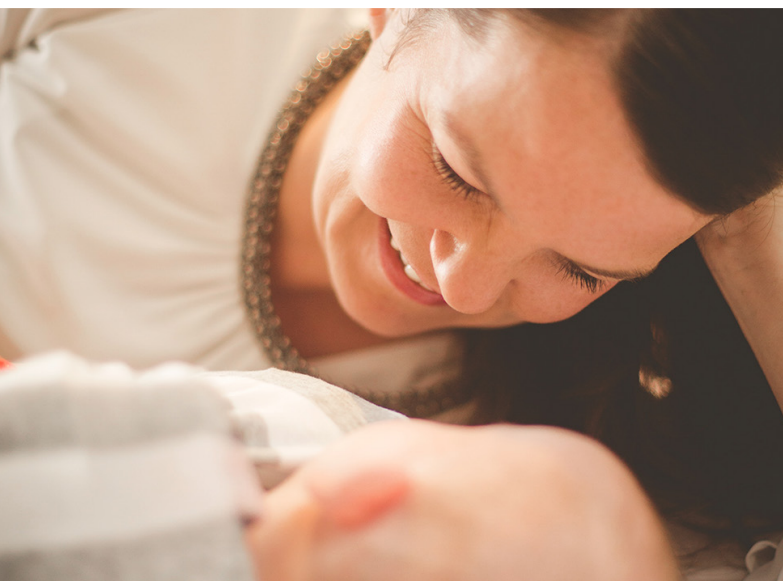
Child Care Bureau



Office of Head Start

Sleep Needs Guide for Infants 0 to 3 Years

This is a guide only, variations may be needed to meet the individual child's needs



Karitane provides advice and support to families during the early years of parenting.

Karitane offers a comprehensive range of evidence-based parenting services to support families with parenting skills, including: sleep and settling, toddler behaviour, establishing routines, feeding and nutrition and perinatal mood disorders.

Our healthcare professionals guide, support and educate families to ensure a safe and nurturing environment for their children.

Parenting help is only a call away or available 24 hours on our website.

Careline: 1300 CARING (1300 227 464)
www.karitane.com.au/mybabyandme

A daily guide for children 0 to 3 years



Our vision is for children to be safe, healthy and nurtured by confident families and communities.



This is a guide only, variations may be needed to meet the individual child's needs.

Need Help?

Regular growth checks by a child health professional are encouraged.

If concerned about your baby or toddler, don't hesitate to seek help from family, friend, Child & Family Health Nurse, GP or call **Karitane Careline** on **1300 CARING (1300 227 464)**

0-6 month Guide

0-6 WEEKS

FEED

2-4 hourly

AVERAGE NUMBER OF FEEDS

6-10 feeds in 24 hours

AWAKE (FEED & PLAY)

Around 1 hour

SLEEP/REST

1.5-3 hours per sleep

AVERAGE NUMBER OF SLEEPS

5-6 sleeps in 24 hours

TYPE OF FOODS

Milk feeds

TIRED SIGNS

- Clenched fists
- Facial contortions
- Jerky movements
- Grizzling or crying
- Rubbing eyes
- Yawning
- Staring

6 WEEKS-3 MONTHS

FEED

2-4 hourly

AVERAGE NUMBER OF FEEDS

6-8 feeds in 24 hours

AWAKE (FEED & PLAY)

1 - 1.5 hours

SLEEP/REST

1.5-2.5 hours

AVERAGE NUMBER OF SLEEPS

4-5 sleeps in 24 hours

TYPE OF FOODS

Milk feeds

TIRED SIGNS

- Clenched fists
- Facial contortions
- Jerky movements
- Grizzling or crying
- Rubbing eyes
- Yawning
- Staring

3-4.5 MONTHS

FEED

3-4 hourly

AVERAGE NUMBER OF FEEDS

5-6 feeds in 24 hours

AWAKE (FEED & PLAY)

1.5 - 2 hours

SLEEP/REST

1.5-2.5 hours

AVERAGE NUMBER OF SLEEPS

3 daytime sleeps

TYPE OF FOODS

Milk feeds

TIRED SIGNS

- Clenched fists
- Facial contortions
- Jerky movements
- Grizzling or crying
- Rubbing eyes
- Yawning
- Staring

4.5-6 MONTHS

FEED

3-4 hourly

AVERAGE NUMBER OF FEEDS

4-6 feeds in 24 hours

AWAKE (FEED & PLAY)

2 - 2.5 hours

SLEEP/REST

1.5-2 hours

AVERAGE NUMBER OF SLEEPS

3 daytime sleeps

TYPE OF FOODS

Introduce solids around 6 months

Milk feeds

TIRED SIGNS

- Clenched fists
- Facial contortions
- Jerky movements
- Grizzling or crying
- Rubbing eyes
- Yawning
- Staring

6 months - 3 years Guide

6-9 MONTHS

FEED

3-4 milk feeds.
Introduce solids.
Increase 3 meals + 2 snacks per day (start with milk then solids)

AWAKE (FEED & PLAY)

2-3 hours

SLEEP/REST

1-2 hours

AVERAGE NUMBER OF SLEEPS

2 daytime sleeps

TYPE OF FOODS

Milk feeds

Solids

TIRED SIGNS

- Upset
- Irritable or whingey
- Clingy or fussy
- Unco-operative
- Short concentration span
- Lose co-ordination or clumsy
- Rub their eyes or yawn
- Bored with toys

9-12 MONTHS

FEED

3-4 milk feeds.
3 meals + 2 snacks per day

AWAKE (FEED & PLAY)

3-4 hours

SLEEP/REST

1-3 hours

AVERAGE NUMBER OF SLEEPS

1-2 hours per sleep

TYPE OF FOODS

Solids

Milk feeds

TIRED SIGNS

- Upset
- Irritable or whingey
- Clingy or fussy
- Unco-operative
- Short concentration span
- Lose co-ordination or clumsy
- Rub their eyes or yawn
- Bored with toys

12-18 MONTHS

FEED

1-1½ serves of dairy
3 meals + 2 snacks per day

AWAKE (FEED & PLAY)

4-6 hours

SLEEP/REST

1-3 hours in total

AVERAGE NUMBER OF SLEEPS

1-2 daytime sleeps

TYPE OF FOODS

Family Foods and all drinks from a cup

TIRED SIGNS

- Upset
- Irritable or whingey
- Clingy or fussy
- Unco-operative
- Short concentration span
- Lose co-ordination or clumsy
- Rub their eyes or yawn
- Bored with toys

18 MONTHS - 3 YEARS

FEED

1½-2½ serves of dairy
3 meals + 2 snacks per day

AWAKE (FEED & PLAY)

5-7 hours

SLEEP/REST

1-2 hours

AVERAGE NUMBER OF SLEEPS

1 daytime sleeps

TYPE OF FOODS

Family Foods and all drinks from a cup

TIRED SIGNS

- Upset
- Irritable or whingey
- Clingy or fussy
- Unco-operative
- Short concentration span
- Lose co-ordination or clumsy
- Rub their eyes or yawn
- Bored with toys





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Karitane Camden

Residential, Perinatal Mental Health, Parenting Centre, Toddler Clinic
Camden Hospital, Menangle Road, Camden NSW 2560
Phone 02 4654 6125 Fax 02 4654 6213

Randwick Parenting Centre

146 Avoca Street, Randwick NSW 2031
Phone 02 9399 6999 Fax 02 9399 8510

Liverpool Parenting Centre

10 Murphy Avenue, Liverpool NSW 2170
Phone 02 9821 4555 Fax 02 9821 4559

Karitane Linking Families

130 Nelson Street, Fairfield Heights NSW 2165
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Email karitane.referrals@sswahs.nsw.gov.au

Careline & Parenting Website

Phone 1300 CARING (1300 227 464)
Email karitane.online@sswahs.nsw.gov.au
Website www.karitane.com.au/mybabyandme

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References available on request. Consumer Reviewed.

TIPS FOR SLEEP AND BEDTIME

Newborn to toddler

There are many ways you can support your child to go to sleep, and finding the strategy that best suits you and your family can be challenging. To move into sleep your child needs to feel safe, secure and relaxed plus be physically ready for sleep.

At Karitane, we use strategies which respond to your baby's cues.

If you are changing the way you settle your baby, allow a few days/weeks to adjust to the new strategy.

Remember:

- Be consistent
- If you have had enough, or your baby is becoming distressed, stop and calmly pick up your baby. Responding to your baby's cues will help them feel contained, safe and secure

It's really important that your child learns to feel safe and secure, so they can relax and move naturally into sleep.



For more information, refer to our "Understanding Sleep" brochure or our parenting website www.karitane.com.au. Be patient – change takes time, don't be afraid to seek help!

0 mth	3 mth	6 mth	9 mth	12 mth	15+ mth
Settling In Arms					
Hands-on Settling					
Comfort Settling					
Parental Presence					
Gradual Withdrawal					

Settling in Arms

Recommended for: 0 - 3 months and beyond

This strategy can be useful for young babies, or an older baby having difficulty settling.

- Cradle your baby in your arms, with or without gentle rocking, until your baby is calm. In the early days, you may need to hold your baby until they fall asleep
- Gently place your baby in their cot on their back.
- If your baby stirs or becomes upset when placed in the cot, stay with your baby and offer comfort until calm
- You can combine some of the Hands-on Settling suggestions below to support your baby to move into sleep
- If your baby becomes distressed pick up your baby and return to the first step

Hands-on Settling

Recommended for: 0 - 6 months and beyond

- Following quiet time and sleep routine (e.g. wrap, story, and cuddle) place your baby in their cot on their back
- Watch and respond to the cues your baby is giving you
- If your baby remains calm, allow your baby to settle on their own. If they start to cry, try any of the following to provide comfort and reassurance:
 - Gentle 'ssshhh' sounds
 - Pat gently and rhythmically, e.g. thigh, shoulder, tummy or pat the mattress
 - Talk quietly, using comforting tones, e.g. 'its ok', 'time for sleep'
 - Gently touch or stroke your baby's head, arm, or leg
 - Gently rock the cot in a slow, rhythmic movement to calm your baby.
- If at any time you feel like you've had enough, or your baby is not calming, stop and use a different strategy such as 'Settling in Arms'

Comfort Settling

Recommended for: 6 months and beyond

Comfort settling is different to 'Hands-on' settling in that it allows some space for your baby to discover their own way of going to sleep.

- Quiet time and preparation for sleep routine (e.g. bath, wrap, story, and cuddle)
- Place your baby in the cot awake on their back
- If this is a new strategy, stay in the room for a few minutes and make gentle 'shh shh' sounds
- If your baby remains calm, leave the room. If unsettled, stay and provide reassurance until calm
- When you leave the room, remain somewhere close by in case more reassurance is needed
- If your baby starts making noises, wait before you intervene. Babbling, whinging, brief cries and movement are common when a baby is trying to settle
- If your baby's cries go up and down in volume, wait a short time to see if they will go to sleep
- If the noise continues to increase, return to your baby and offer comfort while your baby is still in the cot

If this is not working, use the techniques from 'Hands-on' or 'Settling in Arms'. Try again next sleep cycle as baby learns with consistent and predictable patterns.

TIPS FOR SLEEP AND BEDTIME

Parental Presence

Recommended for: 6 months and beyond

This strategy is useful if your baby becomes distressed when you leave the room. It may take from 1 – 4 weeks. During the day stay in the baby's room until they are asleep and during the night sleep in the baby's room.

- Have a quiet, calm room that is dimly lit
- Have a bed or mattress in the room for you to lie on
- Stay in view, remain calm, close your eyes and breathe slowly
- If your baby wakes, make a small noise or movement to let them know that you are still there without interacting directly
- If your baby is crying and needs reassurance, offer comfort such as 'shhh' sounds or gentle soft words such as 'time for sleep now'. Move on to other forms of comfort as needed
- Aim to have your baby stay in their cot. Once your baby is calm, lie down, close your eyes and breathe slowly
- If at any time you feel like you've had enough, or your baby continues to be distressed, stop and use a different strategy such as 'Hands-on' or 'Settling in Arms'
- Once your baby has had 3 consecutive nights of relatively uninterrupted sleep, begin to leave the room before your baby is asleep and move to your own room

Gradual Withdrawal

Recommended for: 12 months and beyond

The aim of Gradual Withdrawal is for your child to learn to fall asleep without your help. This is a good strategy when moving from a cot to a bed.

Gradual Withdrawal starts with you being close to your child while they fall asleep. Over the next few days or weeks, you slowly move further away until your child is confident to settle on their own.

- Put your child in bed and start by sitting beside or on the bed. Your child may like some physical contact initially, e.g. holding hands
- Reassure your child that if they stay in bed, you will remain until they have fallen asleep (e.g. end of bed, on a chair in the room)

Reviewed February 2016 - FAM005. References available on request.



- Avoid discussions and responding to requests such as 'I want a drink' or 'another story'
- If your child continually gets out of bed, calmly take your child back to bed
- Over the following days or weeks, gradually increase the distance between you, until eventually you are outside the room
- Once outside the room, reassure your child that you are nearby. If your child leaves the bed, walk them back calmly saying "it's time for bed"

During the day, if your child does not actually go to sleep, don't be discouraged. Each attempt to settle in bed is a valuable learning experience.

Alternate Strategies to Calm your Baby Settling In a Pram

Sometimes using a pram to settle your baby can be a short-term option, such as when you are out.

It may also work at home when your baby won't settle in the cot. We recommend that this is only done during the day and have your baby facing you.

When out and about

- It is best not to cover the pram. However if there are bright lights or other distractions, try using a hood to allow for air flow and have baby facing you
- Regularly check that your baby is not getting too hot and is settled

When at home

- Use the pram as a last resort
- Movement may help calm your baby. Try walking the pram around the house (on one level) or take your baby for a walk outside in the pram

If you are feeling overwhelmed or stressed:

S-T-O-P: Stop what you are doing - Take a few breaths - Observe (what is happening? how am I feeling? what is best to do next?) - Proceed

Here are a few suggestions you can try:

- Place your baby gently in the cot and leave the room. Your baby is safe there while you calm yourself
- Take a few deep, slow breaths. Stretch or walk outside for a moment
- Phone your Child and Family Health Centre or a friend or relative for support
- Call the Karitane Careline on 1300 227 464

Need Help?

Don't hesitate to seek help from family, friends or the Karitane Careline
1300 CARING (1300 227 464)

www.karitane.com.au

PO Box 241, Villawood NSW 2163
Tel: 02 9794 2300 Fax: 02 9794 2323
ABN 25 000 018 842 Charity No.: 12991

For Parenting information:

www.karitane.com.au/mybabyandme
Karitane.online@sswahs.nsw.gov.au
Careline 1300 CARING (1300 227 464)



Teaching Your Child to: Become Independent with Daily Routines

Does this Sound Familiar?

Nadine is a single mom with two young children ages 3 and 5. Her children attend preschool while she is working. When they all get home at the end of the day, Nadine is exhausted but still has household chores to complete (i.e., making dinner, doing laundry, straightening the house, etc.). In addition, she has to help the children with bathing, getting ready for bed, and brushing their teeth. She wishes that her children would start doing some of their daily self-help routines independently. The preschool teacher has said that the 5-year-old is very helpful and independent. But at home, neither of the children will get dressed and undressed independently, and they complain and whine when asked to wash their hands, brush their teeth, or help with the

bathtime routine. When Nadine asks the children to do one of these self-help tasks, they run around the house or whine and drop to the ground. It takes every ounce of energy Nadine has to get through the evening. Often she finds herself yelling at the children and physically helping them through the entire routine, just to get it done.

The Focus

Young children can learn how to do simple daily self-help activities—they just need to be taught what to do. When teaching a child to do self-care skills, you first need to know what you can typically expect of a young child, your child’s skill level, and how to provide clear and simple instructions about how to do a task. In addition, providing children with ample encouragement that is both positive and specific will help promote their success. Children can learn, at a very young age, how to independently wash their hands, brush their teeth, and get undressed and dressed. The information below will help you understand what you can expect from your preschooler and tips for helping your child learn how to become more independent with daily routines.



What to Expect

Children who are 8 to 18 months old often can:

- Drink from a cup, pick up finger food, and begin to use a spoon
- Help undress and dress, put foot in shoe and arm in sleeve
- Point to body parts
- Have strong feelings and begin saying “no”
- Reach for/point to choices
- Feel a sense of security with routines and expectations (e.g., at bedtime)
- Imitate sounds and movement
- Understand more than they can say

Children who are 18 to 36 months old often can do all of the above and:

- Wash hands with help
- Drink from a straw
- Put clothes in the hamper when asked
- Feed self with spoon
- Push and pull toys; fill and dump containers
- Learn to use the toilet
- Bend over without falling
- Imitate simple actions
- Become easily frustrated
- Enjoy trying to do tasks on their own (note that this is why tasks may now take more time to complete)

- Pouring, washing, dressing
- Enjoy playing dress-up
- Become fascinated with water and sand play
- Begin learning simple clear rules

Children who are 3 often can:

- Help with brushing teeth
- Understand “now,” “soon,” and “later”
- Put dirty clothes in the hamper independently
- Get shoes from the closet
- Put on shoes without ties
- Enjoy singing easy songs
- Listen more attentively
- At times, prefer one parent over the other
- Enjoy playing house
- Imitate
- Match like objects
- Put non-breakable dishes in the sink
- Put trash in the trash can
- Wash body with help
- Wash and dry hands, though they may need some help reaching

Children who are 4 often can:

- Use a spoon, fork, and dinner knife
- Dress without help, except with fasteners/buttons
- Learn new words quickly
- Recognize stop signs and their own name in print
- Follow two-step directions that are unrelated



- Understand simple clear rules
- Share and begin taking turns
- Wash self in the bathtub
- Brush teeth independently
- Wash and dry hands

Children who are 5 often can:

- Follow established rules and routines (e.g., wash hands before eating, put dirty clothes in the hamper, brush teeth before going to bed)
- Independently initiate a simple routine (e.g., dress and undress, brush teeth, wash hands, eat dinner sitting at the table, take bath with adult watching)
- Understand beginning, middle, and end
- Begin to understand others' feelings
- Be independent with most self-care skills

Sometimes, children with disabilities may need special assistance to become more independent in doing daily routines. You might want to do the following:

- Expect your child to do only part of the routine, while you assist with the part that is difficult
- Provide help to your child so that he/she can complete the task
- Provide instructions in a different format, by modeling and/or using a picture or gesture so that your child understands what to do
- Allow extra time to complete the task

Teaching Your Child to Independently Complete Daily Routines

Young children like to feel independent, but sometimes they need a parent's encouragement to feel that they are capable and that adults believe that they "can" do it. Teaching independence with self-help skills like hand washing, brushing teeth, and dressing/undressing is an important step in development that can be achieved when children are taught how to do each step in each routine. Initially, it takes an adult's focused attention to teach children how to do these skills. Once the child learns how to do a skill independently, the adult can fade out of the routine completely.

When teaching your child independence in self help routines (brushing teeth, hand washing, getting dressed/undressed), try these simple, yet effective, tips:

1. Begin by getting down on your child's eye level and gaining his attention. (i.e., touch your child gently, make eye contact, physically guide, or jointly look at the same object).

2. Break down the routine into simple steps and state each step one at a time with positive and clearly stated directions. Sometimes we make the mistake of telling children what not to do or what they did wrong, such as, "Stop splashing in the water." However, it's more effective and clear to say, "All done washing, now it's time to turn off the water."

3. To clarify steps even further, you could take a photo of each step in the routine and post it where the routine takes place. For instance, with hand washing, you could post photos above the sink. As you state one step at a time, show your child the photograph to illustrate what needs to be done.

4. When teaching your child to do each step, model (i.e., demonstrate) how to do each step. After your child begins to learn the steps, you can take turns showing each other "how" to do the routine. Be prepared to provide your child with reminders about what to do. As a child first learns a skill, it's common to forget a step and need assistance. You can simply model and say, "Look, do this," and show how to do the step that is causing difficulty. If needed, you can gently physically guide your child in how to do the step so that he/she can feel successful.



5. For activities that might be difficult or not preferred, state the direction in a “first/then” phrase. For instance, “First wash hands, and then we can eat snack”; or “First brush your teeth, and then I can give you a minty fresh kiss”; or “First get dressed, and then you can choose milk or juice with breakfast.”
6. Offering children a “choice” during routines increases the likelihood that they will do the activity. With brushing teeth, you could say, “Do you want to use the mint toothpaste or the bubble gum toothpaste?”
7. It is very important that you encourage all attempts when your child is first learning how to do a routine. If you discourage or reprimand your child because it was not done quite right, his/her attempts at trying might stop. It’s important to let your child know you understand his/her feelings and then assist your child so that he/she feels successful. For example, “I know it’s hard to brush your teeth. Let me help. (Singing while you help brush) Brush, brush, brush your teeth; brush the front and back . . .

brush, brush, brush your teeth, attack the germs right back.” Remember that young children need a lot of practice—and your support—before they are able to do new skills independently.

8. Encourage your child as each routine is completed and celebrate when the task is done.

Why Do Children Sometimes Become Challenging When Learning to Do Self-Help Skills on Their Own?

As children grow, they are learning all kinds of new skills that will help them become more and more independent. A child might be using challenging behavior to communicate a variety of messages. For example, your child might need help with a task, and crying results in your providing that help. Or a child might have a tantrum to

communicate that the task is too difficult. Other children might have challenging behavior because they don’t want to leave a preferred activity (e.g., playing with toys) to do something that is less interesting (e.g., taking a bath). If you think you know the “message” of your child’s challenging behavior, a good strategy is to validate what the behavior seems to be saying. For example, you might say, “You are telling me that you don’t want to stop playing for your bath. But it’s time to be all done and get in the tub.”

What Can You Do When Children Refuse to Independently Do Daily Routines?

Remember, preschoolers are moving from the toddler stage, where much was done for them, to a new stage where they are becoming independent little people. Your child might need a bit of help or extra cueing when learning new skills that will build his/her ability to be more independent around everyday routines. Think about what your child needs and help him/her be successful...success builds independence! For instance, your child:

- Might want your attention because inappropriate behavior got attention in the past. Your child might refuse to listen or cooperate to gain your attention because this has worked before.
 - Remember to ignore the challenging behavior and teach calmly and clearly while guiding him/her through the task.



- Praise every little attempt to do any step. Attention to your child’s use of a new skill will strengthen that skill.
- Might not understand what you are trying to get him/her to do.
 - Restate your expectation in positive terms and show him/her how, with either photo cues and/or modeling.
- Could need a warning a few minutes prior to the routine.
 - Let him/her know there are only a few more minutes of “play time” and then it’s time to ____ (i.e., wash hands, eat dinner, undress/dress, brush teeth, etc.).
- Might not have heard what you asked him/her to do.
 - Gain attention and calmly and clearly restate the direction.
 - Try pairing the verbal direction with a gesture or model.
- Might feel rushed and confused.
 - As children learn new tasks, we need to slow down the routine and expect that it might take extra time to complete.
 - If you are feeling frustrated with your child and think your child is reacting to your

frustration, you might take a few deep breaths to feel calmer. First, take a deep breath in through your nose and out through your mouth several times, and then proceed with clearly stating your expectation to your child.

- Might find the routine too difficult and need some modeling or partial help.
 - First, model how to do the first step and then say, “Now you show me.” Show one step at a time, allowing time for your child to process the information and imitate what you did before moving to the next step.
 - If needed, assist your child by gently guiding him/her through the steps.
 - Praise every attempt.

- Might need encouragement and to be validated.
 - You could say, “I see you are sad. This is hard. You can do it. Let me show you how.”

It is important to try to understand your child’s point of view and feelings. This will help you respond with the most appropriate cue. Encouragement and supporting your child’s attempts will build confidence.



The Center on the Social and Emotional Foundations for Early Learning



Child Care Bureau



Office of Head Start



Does this Sound Familiar?

Responding to Your Child's Bite

Marc is preparing dinner and his two children—Jack (3 years) and Jalen (1½ years)—are playing with cars on the kitchen floor. Suddenly, Marc hears a bloodcurdling scream coming from Jack that quickly turns into sobs. Between sobs, Jack shows his dad his arm and slowly says, “He bit me.” Jalen has bitten Jack. Marc is frustrated. He doesn’t know what to do. Jalen bites often. He bites his brother, other children on the playground, and children in his childcare class. Marc is not sure how to respond. He wonders if he should use “time out” as a consequence, but thinks that Jalen is just too young to understand the relationship between biting and a “time out.”

The Focus

Many toddlers and young children bite. Developmentally, most toddlers don't have enough words to express how they are feeling. They primarily rely on sounds and actions to communicate what they are thinking and feeling. Biting is one of the ways toddlers express their needs, desires, or feelings. While biting might be very frustrating, your child is not biting purposefully annoy you or hurt anyone. Your child might be biting to say, "I'm scared," "People are crowding me," or "I'm frustrated." Naturally, parents and caregivers worry that biting might seriously injure another child. And they worry about the negative impact for the biter as well, such as being avoided by other children. The good news is that there are many ways to reduce and to stop a child's biting.

Why Do Children Bite?

Young children bite for many different reasons. Understanding why your toddler might be biting is the first step in reducing or stopping the behavior. The following are some of the reasons young children bite.

- **Communicating frustration**—Many young children bite out of frustration. They often do not know other ways to express their strong feelings. Biting might communicate messages such as, "I don't like that" or "I want that toy" or "You are in my space."
- **Challenges in playing with others**—Some young children can become overwhelmed when playing near or with others. They might not know how to share, take turns, or communicate their wishes or interests.
- **Cause and effect**—Toddlers might bite to see the effect it has on others. They learn quickly that it gets a BIG reaction and has a major impact from both the children they bite and the adults who witness it.

- **Exploration and learning**—One of the most important ways toddlers learn about their world is through their senses. Biting might be a way to find out what an object, or person, feels like. In other words, their biting might be trying to communicate, "You seem interesting. I wonder what you feel and taste like?"
- **Oral stimulation**—Some children bite because they enjoy and seek out the physical sensation of biting or chewing.
- **Teething**—Many children experience pain when they are teething. Biting or chewing on something can help ease the pain of teething.
- **Monkey see, monkey do**—Toddlers love to imitate or copy the behaviors of others. They learn so much by practicing behaviors they observe. For example, if Jalen sees Sara bite and sees that Sara receives quite a bit of attention for biting (even if it is negative attention), Jalen might want to try out that biting behavior to see how the various adults in his life react.
- **Coping with uncomfortable feelings**—When children are hungry, sleepy, bored, or anxious, they are less able to cope with life's ups and downs (for example, a toy being taken, not getting that second cookie after lunch) and might resort to biting instead of finding other ways to express their needs or feelings.

Normal but Unacceptable

While biting is a typical behavior for young children, that doesn't mean it is acceptable. Biting can cause discomfort, angry feelings, and on occasion serious injury. Other children may begin to make negative comments about (e.g., "he's mean") or avoid playing with children who frequently bite. Social reactions such as these can be very harmful to a child's relationships with other children and his feelings about himself.

What Can You Do?

Children can be taught more appropriate ways to express their needs and feelings.

Observe

Observe your child to attempt to understand more about why he/she bites. Identify any patterns, such as what happens before your child bites. Notice when, where, and who your child bites. Does he/she bite when crowded in a small space with other children, or when he/she is hungry or sleepy? Does he/she bite when there are a number of children present or when the noise level is high?



Try to prevent biting

Once you understand why and when your child is likely to bite, you can try to change situations in order to prevent it. The following are just a few ways you can use your observations to this end:

- **If your child seems to bite when frustrated:** You can say, "You are so frustrated. You want that toy." Teach your child simple words such as "mine" or "no." Teach some basic sign language or gestures for things like "help" or "stop."

- **If your child seems to bite because he/she is overwhelmed by playing near or with others:**

Join your child in play by sitting on the floor and coaching him/her in play. Your child might need help to understand other children's ideas. He/she might also need guidance to learn and practice how to join play, take turns, share, communicate with other children, and get help if he/she needs it. For example, if another child tries to take your child's doll, you might say, "Molly thinks your doll looks fun. She wants to play too. Can we show Molly where the other dolls are?"

- **If you think your child is biting to see what happens when he/she bites:**

Clearly and calmly let your child know that biting hurts. Keep your reaction neutral, non-emotional, short, and as uninteresting as possible to avoid teaching that biting has a big effect on the adult. An adult's big reaction can be very rewarding and reinforcing. Encourage your child to experiment with cause and effect in other ways. For example, you might want to show him/her how to wave "bye bye" so that others will wave back, or let your child tickle you and then give him/her a big laughing reaction.

- **If you think your child might be biting for oral stimulation:**

Offer crunchy healthy foods such as crackers, rice cakes, or pretzels at snack intervals throughout the day. Or, provide appropriate and interesting items for your child to chew on (e.g., teething toys).

- **If your child is biting because he/she is teething:**

Give him/her a teething ring or cloth to chew on. Chilled teethingers can also soothe sore gums.

- **If your child tends to bite when he/she is tired:**

Provide increased opportunities for your child to rest. Gradually move naps or bedtime up in 10- to 15-minute intervals to earlier times. Ask your child's other caregivers to watch and stay close when he/she seems tired. Minimize stressful or stimulating activities when your child is tired.

- **If you believe your child might be biting when he/she is hungry:**

Try to offer more frequent healthy snacks. Show your child what he/she can bite—food.

- **If you believe your child might bite when he/she is bored:**

Provide novel, interesting activities and toys to explore and play with. Change the environment as needed (when you see your child becoming bored or unfocused) by rotating toys or going outdoors or into different play spaces.

- **If you believe your child might bite when he/she is anxious:**

Talk about any changes he/she might be experiencing. Help your child put words or signs to his/her feelings. Attempt to keep confusion and uncertainty at a minimum by talking about transitions, schedules, plans, etc.

What Can You Do in the Moment When Your Child Bites?

- 1 Quickly yet calmly remove your child from the person he has bitten. Calmly (e.g., without yelling or scolding), clearly, and firmly say, "Stop. No biting. Biting hurts." Show and explain the effect of the bite on the other child. For example, you might say, "Jack is crying and sad because the bite hurts him."
- 2 Focus most of your attention on the child who was bitten. Understandably, adults often react strongly to the child who bit as they try to correct the biting behavior. However, even negative attention can encourage the biting. Helping to soothe the child who was bitten teaches empathy and helps the child who bit to understand the power of his actions. It might be helpful to say to the child who was bitten, "I'm so sorry this happened. I know biting really hurts," as a way to model apologies and empathy. Avoid trying to get your child to apologize. While it is important for your child to develop empathy, trying to get your child to apologize typically results in paying more attention to the biter and not the child who was bit.
- 3 Acknowledge your child's feelings. You might say something like, "You are frustrated. Let's find another way. Touch gently or ask for the toy. You can say, 'Can I have that?'"
- 4 When your child is calm (not in the heat of the moment), teach him/her other ways to express his/her needs and desires. For example, you might say to your child, "Biting hurts. Next time, if Sienna is grabbing your toy you can say stop or ask a grownup for help." It might be helpful to role play scenarios where your child can practice saying "stop" or "help."





What to Do When Biting Continues

- **Be patient.** It can take time to learn a new way to cope with difficult feelings. Continue to observe and try to understand as best you can the purpose of the biting, the need it is meeting. Stay calm when it happens and focus on teaching your child alternative ways to get needs met. Continue to help put words to your child's experience: "You don't like it when Jalen bites. You can say 'stop.'"
- **Shadow or stay within arm's distance of your child during playtime** with other children and/or at times when you believe your child might be more likely to bite. Staying close gives your child a sense of security and makes it easier to intervene before your child bites.
- **Talk to others who care for your child.** Share with your child's daycare provider or other caregivers the strategies you use when your child bites. Share the observations you have made about when your child seems to be more prone to biting. Ask your childcare provider for help and suggestions for preventing and responding to biting. Try to have all caregivers approach the biting in the same way.
- **Provide your child with education about teeth and what teeth are for.** Teeth are for chewing foods, not people. Offer your child appropriate things to chew.

- **Read books about biting.** As you read, ask your child how the different characters might be feeling. If you have an older toddler, you can ask him/her to "read" the book to you by telling you what is happening based on the pictures. Some recommended titles include
 - *Teeth Are Not for Biting* by Elizabeth Verdick
 - *No Biting* by Karen Katz
 - *No Biting*, Louise by Margie Palatini

What Not to Do

- **Don't bite back.** Biting a child back to show what it feels like creates confusion and fear. Young children often cannot make the connection between why you bit them and their own biting. And it teaches that biting is an acceptable problem-solving method. Biting hurts and can be considered a form of child abuse.
- **Don't use harsh punishment.** Yelling, scolding, lecturing, or using any form of physical punishment has not been demonstrated to reduce biting. Harsh reactions such as these might increase your child's level of anxiety or fear and might cause more biting. They also do not teach children a new skill to use instead of biting.

When to Seek Professional Help

If your child's biting does not decrease over time, you might want to consider seeking guidance from your pediatrician or the nurse in your doctor's office or medical clinic. If your child is enrolled in an early childhood or Head Start program, ask if there is someone there who might be able to address the biting or refer you to another professional. A child therapist or a child development professional can help you to sort out potential reasons for your child's biting and to devise a plan to address it.

Portions adapted with permission from "ZERO TO THREE. (n.d.). Chew on This: Responding to Toddlers Who Bite." Retrieved June 5, 2008, from http://www.zerotothree.org/site/PageServer?pagename=ter_key_social_biting&JSevSessionIdr009=4rzxepxog4.app2a



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Make the Most of Playtime

Does This Sound Familiar?

Eight-month-old Jamia loves the game of peek-a-boo she and her father play. Jamia's father, Tomas, hides his face behind the couch then pops up and with a big smile says, "Here's Daddy!" Tomas and Jamia repeat the interaction over and over. Each time Tomas pops up from behind the couch, Jamia expresses sheer glee. After a number of repetitions, Tomas becomes tired of the game and is ready to move on to things he needs to do. Once Tomas stops playing and starts to fold laundry, Jamia screams and shrieks, stretching and waving her arms out to her dad as if to say, "Don't stop!" or "More! More!"

Jackson (age 14 months) throws his sippy cup in the trash. His mother, Danette, gently picks it out, washes it off, and hands it back to him. Only seconds later, Jackson throws his sippy cup in the trash again, giving his mother a wide smile. Danette, a bit distracted and frustrated, takes the sippy cup out again, washes it off, and gives it back to him. This time, she scolds Jackson. She tells him the sippy cup doesn't go in the trash and to stop playing in the trash. Before Danette can distract Jackson with another game or remove the trash can to another location, he throws the sippy cup in the trash again. He looks to his mother with another wide smile, appearing proud and eager for her reaction.

The Focus

Babies and toddlers love to play. As a parent, it can feel overwhelming at times. You might feel like your young child thinks everything is a game. Often young children want to repeat their games over and over. They also want to test the boundaries to learn what is appropriate and what is not. For busy parents, this can test your patience. Sometimes it might seem as though your child wants to "play" exactly at the time when you have other things that must be done.



Development of Play Skills for Infants and Toddlers



Babies Birth to 4 Months

- Smile (usually around 6 weeks of age) and begin to coo (make sounds like “ooooooo” or “aaaaaa”) (usually around 4 months)
- Prefer human faces over objects or toys
- Turn toward familiar voices and faces
- Follow objects with their eyes and recognize familiar faces and objects
- Begin to explore their hands by bringing them to their face or putting them in their mouth

Babies 4-7 Months

- Enjoy social games with a caregiver such as peek-a-boo and patty cake
- Bring toys to their mouth
- Can use their fingers and thumb to pick up objects
- Enjoy looking at themselves in a baby-safe mirror
- Laugh and babble (saying things like “ba-ba-ba-ba”)
- Distinguish feelings by listening to the tone of your voice and the voices of other loved ones. (Babies can tell when you are sad, upset, or happy just by the tone of your voice.)

Babies 8-12 Months

- Might begin to make recognizable sounds (like “Ma” or “Da”) and repeat or copy sounds/word they hear you say, like “Hi!” or “Bye bye!”
- Communicate nonverbally by pointing, gesturing, pulling up, or crawling
- Play games such as peek-a-boo and patty cake
- Use some objects correctly to imitate actions, like holding a toy phone to their ear or holding a cup to their mouth
- Explore objects by shaking or banging them
- Might become shy around strangers
- Might cry when Mom or Dad or a primary caregiver leaves

Toddlers 13-24 Months

- Enjoy playing with objects such as wooden spoons, cardboard boxes, and empty plastic food containers. Toddlers also enjoy toys like board books, balls, stackable cups or blocks, dolls, simple puzzles, etc.
- Have fun filling containers up with water, sand, or toys and then dumping them out
- Enjoy watching other children play. Your child might carefully look on or smile as other children play, but might not want to join the group
- Usually plays alone or next to other children
- Might offer toys to caregivers or other children, but might want them right back
- Might choose to play close to other children using the same kind of toy or materials, but not necessarily interact with them
- Will struggle with sharing and turn taking

Toddlers 25-36 Months

- Might play with other children but in an occasional, brief, or limited way. For example, a child might play “monsters” or run around chasing other children for a brief period
- Older toddlers might begin to cooperate with other toddlers in a shared play activity. For example, children might work together to build a block tower. Or, they might work together to paint a picture together, complete a puzzle, or take on roles and act out a story. One child might pretend to be the “baby,” while another is a “mom.”
- Begin to use their imaginations in their play. For example, toddlers might pretend to give a doll a bottle, pretend to do household chores like cooking or cleaning, or pretend that the shoebox is a garage for toy cars.
- Still play alone frequently.
- Will struggle with sharing and turn taking.



Playing with your child in the first three years of life helps the two of you build a warm and loving relationship. Playing together also supports the development of essential social skills (like sharing and turn taking), language skills (like labeling objects, making requests, commenting), and thinking skills (like problem-solving).

For babies and toddlers, play is their “work.” It is through play and repetition that babies and toddlers try out and master new skills. Through play, they learn what can happen as a result of an action, explore their imagination and creativity, learn to communicate, and learn about relationships with other people. Any activity can be playful to young children, whether it’s a game of peek-a-boo or helping you wipe the table with a sponge. And all types of play help children learn and practice new skills.

As a parent, you are your child’s very first and favorite playmate. From the very beginning of his/her life, he/she is playing with you, whether watching your face at meal time or listening to your voice as you sing during a diaper change. Your baby needs you to help him/her learn to play and develop social skills to connect and build friendships with others. As your child grows, he/she will use the skills learned with you and other caregivers to have fun, enjoy, and play with other children. Your child will also learn what is appropriate to play with and what is not. For example, he/she might learn that it is okay to play with a sippy cup but it is not okay to put it in the trash.

Playtime is special. Playing together with your child is not only fun, but a critical time to support your baby or toddler’s healthy development. Making time to play with your child each day is not always easy. However, setting aside a

child to learn new skills.

Read Your Child’s Signals

Your little one might not be able to tell you with words when he/she’s had enough or when he/she’s frustrated. But your child has other ways—like using sounds, facial expressions, and gestures.

Reading these signals can also tell you what activities your child prefers. Reading the signals that come before a tantrum help you know when to jump in or change to a new activity.

Look at Your Play Space

Is the area where you play child-friendly and child-safe? Is there too much noise or other distractions? Is the area safe to explore? Is this a good place for the activity you’ve chosen, such as running, throwing balls, or painting? Checking out your space beforehand can prevent a tantrum, an accident, or a broken lamp.

Play It Again, Sam

While doing things over and over again is not necessarily thrilling for Mom and Dad, it is for young children. They are practicing in order to master a challenge. And when your child can do it “all by myself!” he/she is rewarded with a powerful sense of his/her own skills and abilities—the confidence that he/she is a smart and successful being. The more children have a chance to practice and master new skills, the more likely they are to take on new challenges and learn new things. So when you’re tempted to hide that toy because you don’t think you can stand playing with it one more time, remember how important repetition is to your child’s development.

brief period every day to play together goes a long way in building a loving relationship between you and your child. Making time for play, especially active play, can also help in reducing your child’s challenging behavior.

So what can you do to make the most of your child’s playtime?

Check out the tips below.

Follow Your Child’s Lead

Provide an object, toy, or activity for your baby or toddler and then see what he/she does with it. When your child plays, it’s okay if it’s not the “right” way...let him/her show you a “new way.” For example, when you hand your child a plastic cup, instead of pretending to drink from it, he/she might put it on his/her head as a “party hat”. Support your child’s creativity and join in the birthday play.

Go Slowly

It’s great to show your child how a toy works, but try to hold off on “doing it for him/her” every time. You can begin something, such as stacking one block on another, and then encourage your child to give it a try. Providing just enough help to keep frustration at bay motivates your





Look For Ways to Adapt Play Activities to Meet Your Child's Needs

All children learn through play, and any play activity can be adapted to meet a child's unique needs. The suggestions below can help parents of children with special needs as well as other parents think about how to make playtime enjoyable and appropriate to their child's skills, preferences, and abilities.

- **Think about the environment.** How do variables like sound or light affect your child? What is the background noise like in your play area? Is there a television or radio on? Are there many other kids around? If your child seems distressed during playtime, and you've tried everything else, move to a quieter, less stimulating area to play.
- **How does your child respond to new things?** Some infants and toddlers, particularly if they have a special need, are easily overstimulated, while others enjoy a

lot of activity. Try starting playtime slowly, with one toy or object, and gradually add others. See what kind of reactions you get. Are there smiles when a stuffed bear is touched and hugged? Does your child seem startled by the loud noises coming from the toy fire engine?

- **How does your child react to different textures, smells, and tastes?** For example, some objects might be particularly enjoyable for your little one to touch and hold. Others might "feel funny" to them. Read your child's signals and change the materials you are using accordingly.
- **Involve peers.** It is important for children to establish relationships with other children their age. Encourage siblings to play together. Arrange times to play with other children or family members. Check out opportunities to play with other kids at the park or during free public library story hours. Having fun with peers is an important way for children to learn social skills like sharing, problem solving, and understanding others' feelings—and also helps prepare children for the school setting later on.

Ideas for How to Play With Your Child

Sometimes it is difficult to figure out how to play with a very young child, especially if he/she is too young to play with toys or other children. Remember that your smile and attention are your baby's favorite "toys." Watch for your child's cues that he/she is ready to play. Play when he/she is calm, alert and content. Let him/her cuddle and rest when he/she is tired, fussy, or hungry. Below are just a few ideas to spark your own playtime adventures.

For Babies Under 6 Months

- Imitate the sounds your baby makes and try to have a "conversation" with your baby as you coo or babble back and forth to each other.
- Sing your favorite songs or lullabies to your baby.
- Talk to your baby about what you are doing. You might say, "I'm starting to cook dinner. First I wash my hands, etc." or "I'm going to change your diaper now. First we take off your pants."
- Talk to your baby about his/her surroundings, for example, "Look at your brother—he is laughing and having so much fun!" or "Look at those bright lights."
- Read to your baby. Point out bright colored pictures with contrasting bright colors.
- Let your baby touch objects with different textures. Hold a toy within reach so he/she can swat it with his/her hands or feet.



For Babies 6 to 12 Months

- Start a bedtime routine that includes time to interact with your baby and read or describe pictures from books.
- Use bath time as a time to gently splash, pour, and explore the water.
- Play peek-a-boo by covering your face and then removing your hands while you say, “Surprise!” or “Peek-a-boo!” and make a surprised facial expression.
- Hide your child’s favorite toy under a blanket and ask him/her where the toy went. Encourage your child to look for it and/or help him/her find it. You can ask, “Where did your bear go? Is it on the couch? Is it behind the pillow? Oh, here it is under the blanket!”
- Play hide and seek. “Hide” yourself (leave lots of you showing!), and if your child is crawling, encourage him/her to come and find you.

- Imitate your child’s sounds. Encourage a dialogue by taking turns listening and copying each other’s sounds.
- Use containers to fill with objects like toys or sand, and dump them out. You might use a shoebox with soft foam blocks or other baby-safe small toys.

For Toddlers 12-24 Months

- Sing special songs while changing a diaper or getting ready for bed.
- Keep reading and talking together. When looking at a book, ask your child questions about the pictures like, “Where is the doggy?” Show your excitement by acknowledging when your child points to the object: “Yes, you know where the doggy is!”
- Hide behind a door, the couch, or the high chair, then pop up and say, “Surprise!” If your child enjoys this game, change the location where you pop up. For example, if you usually pop up from under the high chair, try popping up from under the table. This switch will delight him/her!
- Use play objects to act out pretend actions. For example, use a toy phone to say, “Ring ring ring. It’s the phone. Hello. Oh, you are calling for Teddy. Teddy, the phone is for you.” Use a toy car to move across the floor saying, “Vroom, vroom, go car go!”
- Help your child stack blocks and then share his/her excitement when he/she knocks it down.
- Explore the outdoors by taking walks, visiting a park, or helping your child run up or down grassy hills.

For Toddlers 24-36 Months

- Continue to read and talk often to your child. When looking at books together, give your child time to look at the pictures before reading the words. Begin to ask questions about the book such as, “Why did he do that?”, “What happens next?”, and “Where did she go?”
- Dance and jump around to music and encourage your child to join you.
- Support your child’s imagination by providing dress-up clothes like scarves, hats, pocketbooks, or your old shoes; and props such as plastic kitchen bowls and plates, or toy musical instruments.
- Encourage your child’s creativity by playing with crayons, markers, play dough, finger paint, paints, etc.
- Use play objects that look like the “real” thing: child-sized brooms and dust pans, pots and pans, toy cash registers, etc.

What can you do when your child’s play is inappropriate or dangerous (e.g., throwing the sippy cup in the trash, pulling at the lamp, etc.)?

- Try to give your child an acceptable way to meet his/her goal. For example, show him/her how to throw the ball into a laundry basket instead of into the trash.
- Use words to validate your child’s desires: “You want to pull that lamp. You want to see what will happen. You are playing a game. You want me to come close and play with you.”
- Show your child what he/she can do: “You can put it in this basket”; “You can put the socks in the hamper”; “You can push this block tower down.”
- Distract or redirect your child to another toy or game with you: “Look at this toy.” “Do you see how this toy moves?”



- When you tell your child, “No” or “No touch, it is dangerous,” direct him/her to what he/she can do: “No touch, look with your eyes.”
- Remove the object, if possible, to make the play area more child-friendly.
- Remove the child from the area or activity: “Let’s play over here instead.”
- Use humor and join the game: “You just want me to come chase you. Now I’m going to tickle you.”

What happens when my baby or toddler has difficulty moving on from play time? What if, like Jamia, she doesn’t want to stop?

- Tell your child when a transition is coming: “one more time,” “last time.”
- Give your child a visual reminder of the transition. Set a kitchen timer or egg timer for “two more minutes” or “five more minutes.”
- Explain what is happening: “I have to stop playing now. I have to make dinner.”

- Provide an alternative activity: “I can’t play anymore, but you can sit at the table while I cook and color with crayons.”
- Provide a choice: “You can do a puzzle or play with cars.”
- Use words to validate your child’s feelings: “You want to play longer.” “Again? You want to do it again.” “You feel sad that it is time to leave the park.”
- If your child becomes upset, validate his/her feelings and try to provide words of comfort: “I know you are mad because I have to change your diaper now. You want to keep playing. We’ll play again after your diaper change.”



*Adapted with permission from:
 “ZERO TO THREE. (n.d.) Make the most of play time.”
 Retrieved May 22, 2008, from
www.zerotothree.org/site/PageServer?pagename=ter_key_play_tips&AddInterest=1154*



The Center on the Social and Emotional Foundations for Early Learning



Child Care Bureau



Office of Head Start



Toddler Book Suggestions

Source: Parents Magazine

<http://www.parents.com/fun/entertainment/books/best-toddler-books/?slideId=39592>

Book Title	Author
The Very Hungry Caterpillar	Eric Carle
We're going on a Bear Hunt	Michael Rosen & Helen Oxenbury
Freight Train	Donald Crews
The Napping House	Audrey Wood
The Happy Egg	Ruth Krauss
Fast Food	Saxton Freymann
Yummy Yucky	Leslie Patricelli
Where's My Teddy	Jez Alborough
Counting Kisses	Karen Katz
Sheep in the Jeep	Nancy Shaw
Baby Happy, Baby Sad	Leslie Patricelli
Green Eggs and Ham	Dr. Seuss
Corduroy	Don Freeman
How I became a Pirate	Melinda Long
The Family Book	Todd Parr
Are You My Mother?	P.D. Eastman
Diary of a Worm	Doreen Cronin
Walter the Farting Dog	William Kotzwinkle & Glen Murray
Cookie Count: A Tasty Pop-Up	Robert Sabuda
I Hope You Dance	Mark D. Sanders & Tia Sillers
The Big Shiny Sparkly First Words Book	Willabel Tong
I Know a Rhino	Charles Fuge
Baby Beluga	Raffi
Brown Bear, Brown Bear, What Do You See?	Bill Martin Jr.
A Pocket for Corduroy	Don Freeman

Appendix H: Developmental Tip of the Day Cards

The developmental tips cards presented are derived from the incredible work produced by the University of Minnesota in their reference material entitled, "Positive Discipline: A Guide for Parents". This complete work can be found at: <https://www.extension.umn.edu/family/school-success/professionals/tools/positive-discipline/docs/positive-discipline-guide-english.pdf>

Toddler Tip of the Day!

Most toddlers will not understand how to share. Parents can demonstrate sharing and praise their children when they do. Be sure to have lots of items around so sharing is not always necessary.



Toddler Tip of the Day!

Talk and read to toddlers often. Their vocabularies are still growing. The more words they learn early on, the more words they will be able to understand as they grow.



Toddler Tip of the Day!

Toddlers are always on the move. Be sure to pack extra activities or food to keep toddlers busy when you need them to be still and calm. Try singing songs or playing games to help them wait.



Toddler Tip of the Day!

Toddlers are still learning how to control their emotions. When they are hungry, sleepy, have a dirty diaper, or need attention, they may tantrum. Think about and try to satisfy their need in the moment to help them calm down.



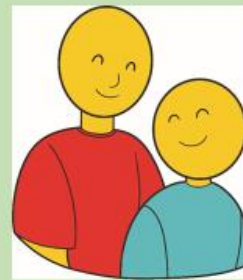
Toddler Tip of the Day!

Children often begin to toilet train around the age of 2. Never reprimand a child for having an accident. Accidents are an expected part of the toilet training process.



Toddler Tip of the Day!

Toddlers thrive on routine. Try to structure aspects of each day (nap time, bath time) similarly so your child knows what to expect.



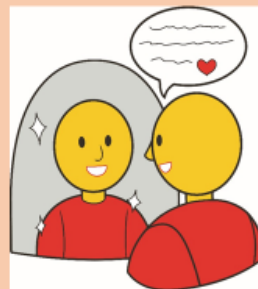
Toddler Tip of the Day!

It is a toddler's job to explore. Sometimes this can result in a mess. Be sure your child is safe at all times. Keep items that are not safe away from toddlers.



Toddler Tip of the Day!

Parenting can be very tiring. Be sure to give yourself a break to relax when others are available to care for your toddler.



Toddler Tip of the Day!

Toddlers learn by copying what they see and hear around them. Behave how you want your child to behave.

