

**PCIA-II/MAP Treatment Manual:
Modifying Attributions of Parents Intervention**

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Overview

The Parent-Child Interaction Assessment-II Modifying Attributions of Parents (PCIA-II/MAP) is a manualized intervention currently used in Canada and the USA. Two pilot studies to evaluate this intervention are currently underway in Toronto (for 3-6 year-olds) and Indianapolis (for 5-10 year-olds) respectively, involving mother-child dyads who are referred for child behavior problems, and deemed at risk for maltreatment.

This approach integrates direct observation and video-recall methods of assessment with a cognitive-behavioral therapy model. It is a brief intervention aimed at inappropriately negative, potentially risky attributions of parents when they are evident especially in the context of attachment behaviors.

Participants take part in a videotaped Parent Child Interaction Assessment-II¹. In this structured play assessment classic attachment themes are acted out. The taped play interaction then becomes the basis of a 4-session intervention which focuses on the parent's interpretations of, and attributions for her child's behaviors. Over the course of the intervention, the clinician and parent collaborate to build upon the parent's strengths as well as to recognize and modify the parent's negative attributions for their child's behavior. Negative attributions are queried and the parent is encouraged to generate alternative, more benign and nurturing explanations for attachment behaviors in particular. In the process, any of the parent's distorted perceptions of the power balance in her relationship with her child are addressed. Upon conclusion, the play assessment is repeated. Pre-treatment and post-treatment evaluations include observational and psychometric assessment of sensitivity, attributional style, potential for maltreatment, , parental stress, depression and perception of child problems.

It is expected that changes in parent attributions will be associated with a shift in parental behavior toward the child, as well as an improvement in several areas of parent functioning, for example parenting stress and depression. The intervention further aims for a decrease in child behavior problems resulting from the parent's change in behavior toward the child.

Preliminary outcome findings point to parental changes with regard to potential for child abuse, and some areas of parental stress levels, as well as rigidity. A shift in attributions is noted on the observational measures.

Rationale

Over 3 million children in North America are victims of suspected physical abuse each year, and many more endure emotional trauma. Risk of child maltreatment ranks among the most concerning family problems seen in children's mental health centers, but relatively few focused early interventions are available to clinicians who wish to prevent it. While theories of child abuse abound, preventive intervention studies are rare as they pose great challenges to scientist-practitioners. For example, clients at risk can often not be retained in treatment long enough to show results. In addition, when parents are mandated by court order, they may not participate constructively in any intervention. Yet recently, advances in infant mental health have provided us with a greater understanding of the pathways to risk for maltreatment, in particular some of the early parental attitudes and behaviors which may lead to worrisome parent-child interactions. The intent for this treatment modality is to apply empirically established constructs to a short, co-

¹ The Parent-Child Interaction Assessment-II (PCIA-II; Holigrocki, Kaminski, Frieswyk, 1999; 2002)

constructivist intervention, and to evaluate this approach. In our design, we considered the following :

- Parental maltreatment behaviours are multi-determined (Belsky, 1993; Cicchetti & Carlson, 1992), however several contributing factors such as parental expectations, sensitivity and sequelae of trauma stand out in their predictive value (Mullick et al., 2001) and their potential modifiability in a treatment situation
- Information processing models are useful in understanding maltreating behavior (Crittenden, 1993)
- One type of cognitive processing, the attribution of negative meaning to the child's behaviour and characteristics, can be critical in the prediction of abuse: Parent-child relationships that are based on a parent's distorted sense of power balance can often be destructive and involve danger of maltreatment (Bugental and Happaney, 2000). Parents who have a history of trauma may be particularly vulnerable to feelings of powerlessness, and unrealistic beliefs about their child's ability to control them.
- Unrealistic expectations about the child's developmental needs and abilities (Azar et al., 1984) and the ensuing distorted attributions can have a significant impact on the parent's immediate affective and behavioral responses to the child, and the long term quality of the parent-child relationship (Bugental & Goodnow, 1998; Miller, 1995).
- Misinterpretation of attachment behaviors and signals could be particularly problematic. Indeed, attachment relationships are frequently disrupted in dyads at risk for maltreatment (Cicchetti & Carlson, 1992).
- There are many advantages to models of assessment and feedback that elicit the assistance and active participation of the client (Fischer, 2000; Finn and Tonsager, 1997) especially clients who are feeling disempowered.
- Video feedback methods have been shown to be effectively increase sensitivity in multi-risk parents (Schechter, in press).

Goals of the intervention

Our objective was:

- To design and evaluate a short intervention for parent-child dyads that are at risk for maltreatment
- To aim for a constructivist approach that stresses parent involvement in the form of collaborative empiricism, emphasizes strengths in the parent-child relationship, and re-empowers a disempowered parent
- To address risk by focusing on parents' attributions for their child's behavior, and on sensitivity to child cues

- To use both quantitative and qualitative methods to assess parental change and reduction in risk
- To combine assessment and treatment and involving the client in a collaborative, empirical manner

What are we looking for?

Qualitative: observational and interview data

- Changes in the quality of attributions, the number of negative attributions
- Increase in developmentally appropriate expectations and sensitivity of the parent during the play interaction and video feedback, as observed with the PCIA-II

Quantitative data

- Reduction in potential for maltreatment, as measured with, for example, the Child Abuse Potential Inventory (Milner, 1986)
- Reduction in the frequency of insensitive parental behaviours in an Attachment context, as measured with the Atypical Maternal Behavior Instrument for Assessment and Classification (AMBIANCE scale: Bronfman, Parsons, & Lyons-Ruth, 2004; Lyons-Ruth, 2000)
- Change in parent attributions/ perception of power imbalance, as measured with, for example, the Parent Attributions Test (Bugental, 2004) and/or the Attributional Style Questionnaire, (Peterson, et al, 1982)
- Reduction in parenting stress, as measured with the, for example, Parenting Stress Index (Abidin, 1995)
- Reduction in parental depression, as measured with, for example, the Beck Depression Inventory-II, (Steer & Brown, 1996)
- Reduction in parental perception of especially externalizing behaviors of the child, as measured with the Child Behavior Checklist, CBCL (Achenbach & Rescorla, 2001)

Suitability

The PCIA-II/MAP intervention is designed for parents who have expressed concerns regarding their 3- to -10-year-old children's behavioral difficulties and who are seeking services to assist in strengthening their parenting skills. The intervention is designed for parents who are considered at high risk for parent-child relational disorders. Parenting risks may involve a history of maltreatment in the parent's childhood, substance abuse, psychiatric disorder, partner abuse, or current or past parent-child relational dysfunction. Advocates and therapists refer parents for the PCIA-II/MAP intervention based upon an identified need for improved parenting skills and the parents' interest in actively improving such skills. The emphasis on parental attributions in this intervention is based upon current research findings about the predictive value of this facet of parenting, especially when it comes to risk for maltreatment (Bugental, 1998).

Therapist Qualifications

The intervention is best implemented by child mental health professionals who have had experience with providing family and/or child therapy services. Skills developed from the supervised practicum and internship components of programs related to child and youth care, clinical social work, clinical or counseling psychology, or child psychiatry are essential for the successful implementation of the treatment. Licensed MA or doctoral level supervisors should be available to monitor and refine the work of any unlicensed therapists using the PCIA-II/MAP intervention.

Development

The PCIA-II/MAP intervention was developed by Dr. Yvonne Bohr in Toronto, Canada as part of an early intervention treatment program for high-risk families (see Bohr, 2005, 2004a, 2004b). Work with this population required a brief intervention that could be directed at changing maladaptive parent behaviors, developing parenting competencies, and improving parent-child relational functioning. From the outset, the treatment has included the use of observational measures, and psychometrically sound outcome instruments, as well as a research component to track the efficacy of interventions. The PCIA-II, the assessment instrument that provides the data for the video-recall portions of the intervention, was developed at the Menninger Clinic (see Holigrocki, Kaminski, & Frieswyk, 1999) as a clinical research tool to yield data about parent-child interaction. Recent articles provide examples of the cognitive-affective representations and behaviors of parents and children that are elicited by the PCIA-II (see Holigrocki & Kaminski, 2002; Holigrocki & Hudson Crain, 2004, Holigrocki & Raches, 2006). The PCIA-II/MAP intervention is currently being used in Toronto, Canada (Bohr, 2005; Bohr & Holigrocki, 2006) and as part of a randomized controlled clinical trial with a domestic violence population in Indianapolis, USA (Holigrocki, Hudson-Crain, Bohr, & Young, 2006).

How do the PCIA-II/MAP and PCIA-II differ?

The PCIA-II involves two activities that are completed in one session: (1) the filming of the parent and child as they go on the zoo trip and (2) the inquiry which involves showing the child and the parent the videotape. During the inquiry, the child observes two scenarios from the videotape and is asked a series of questions about what the child and parent are doing, thinking, feeling, and wanting. Next, the parent observes two scenarios from the videotape and asked the same set of questions.

The PCIA-II/MAP intervention is similar to the PCIA-II, but there are some key differences between the PCIA-II/MAP and the PCIA-II. While the PCIA-II is dyad-focused, the PCIA-II/MAP is primarily parent-focused. The first part, the filming of the zoo trip, is identical across the PCIA-II and PCIA-II/MAP procedures. During the PCIA-II/MAP, however, no inquiry is conducted during the initial pretreatment assessment section. In the subsequent intervention sessions, the PCIA-II/MAP inquiry (Identifying and Modifying Attributions questions) is completed with an emphasis on the parent's understanding of the child, as such:

1. Only the parent is shown the PCIA-II/MAP videotape. The child does not see the PCIA-II/MAP videotape. The child is not present during the PCIA-II/MAP intervention sessions.

2. During the treatment, the emphasis is on identifying parental attributions concerning the child.
3. At the end of treatment, the child completes the PCIA-II with the parent, but no inquiry is conducted.

PCIA-II/MAP Intervention

The PCIA-II/MAP Intervention consists of 5 or 6 meetings: Pre-treatment assessment, 3 to 4 intervention sessions, and post-treatment assessment. The 5-session model is illustrated below. The 6-session model includes an additional intervention session.

Pre-treatment assessment

During the first session, the parent and child will meet with the clinician for a brief introduction to the program. An example of the introduction follows:

Sample of an Introduction

We are pleased that you are interested in participating in this intervention program. This program will consist of 6 sessions including today's session. We will be meeting weekly for the next three weeks.

Today you will be asked to participate in a videotaped play interaction with your child. We will then use this video recording throughout the next four sessions to discuss a variety of issues regarding your child and what we can learn from his/her interactions.

In addition, you will be asked to complete a series of questionnaires today. We may also ask your permission to send a brief questionnaire about your child's behavior to your child's teacher. By allowing us to send this questionnaire to your child's teacher, we will be able to get a better understanding of your child's behavioral and emotional strengths and difficulties.

In our last session together you will be asked to fill out some additional questionnaires and complete the play task again with your child. You will also be contacted three months after you finish the program for a brief follow-up that will include several questionnaires.

Video Recording and Completion of Questionnaires

Once the participants have been introduced to the program, they will be asked to sign the informed consent forms and complete the battery of questionnaires including the PCIA-II. For example, in the University of Indianapolis study of women victims of domestic violence, the assessment battery consists of the TAT followed by the PCIA-II, and in counterbalanced order, the PAT, ASQ, CBCL/6-18, PSI-Short Form, CAP, MCMI-III, BDI-II, CTS2, CTQ, and a demographics questionnaire. The CBCL-TRF is also mailed to the child's teacher. While it is not necessary to include measures other than the PCIA-II as part of the PCIA-II/MAP intervention, doing so allows for more rigorous tests of the efficacy of the intervention and will assist in providing a more complete picture of the participants.

Preparation for Intervention Session 1.

Before intervention session 1, the researcher reviews the full PCIA-II tape with particular attention to the *attachment system activating* (ASA) scenarios: *Race, Lost, Hurt Arm, and Tunnel*.

The four ASA scenarios are viewed to identify *critical problem moments*. The therapist reviews each of the scenarios four times, viewing them:

- (1) in their entirety.
- (2) a second time with attention to child behavior problems (i.e., instances of refusal to comply with parental directives, defiance and/or oppositional behavior, acting out, physical aggression, over compliance). Note child behavior problems on the Attribution Tracking Sheet.
- (3) a third time with attention to parent behavior problems (i.e., negative parental attributions, lack of physical nurturance, lack of sensitivity and empathy, negative personal comments about the child, parental negative affect, parental role reversal, as well as parental physical control and/or punishment). Note parent behavior problems on the Attribution Tracking Sheet.
- (4) a fourth time with attention to identified strengths (IS) such as positive and/or sensitive parental behaviour

During the viewing of the ASA scenarios, the therapist completes the ASA Description Sheet (Appendix B). The remaining 11 PCIA-II scenarios are reviewed with particular attention to instances of either child or parent behavioral difficulty and the PS Description Sheet is completed. Parent and child behavior problems are also noted on the Attribution Tracking Sheet. All scenarios identified as containing any *critical problem moments* (i.e. problematic content) will be considered problem scenarios (PS).

Intervention Session 1

During session 1, one of the following ASA scenarios is reviewed with the parent: *Race, Lost, Hurt Arm, or Tunnel*. After watching the chosen scenario in its entirety, the tape is cued to:

- a) an identified strength (IS) moment. The parent's sensitivity and/or positive behavior toward the child is pointed out, with attention paid to the child's response
- b) a specific critical moment and the parent is asked the Series 1 questions designed to assess and identify parental attributions.

It may not be necessary to ask all the Series 1 questions if the attribution is clear from one of the parent's answers. Questions 1H, 4T, and 4F may be omitted if the answers were given in response to prior questions. If unsure, ask the questions.

Series 1 Questions: Identifying Parental Attributions

- 1N. What do you notice here?
 - 1H. What was happening here?
- 2T. What were you thinking here?
- 3F. What were you feeling?
- 4I. What is [child's name] intention here? / Where is [he or she] coming from?

- 4T. What was [he or she] thinking here?
 4F. What was [he or she] feeling?
 5W. Was there anything [he or she] was wanting or needing from you here? If so, what was [he or she] wanting or needing?

After reviewing the chosen ASA scenario and asking the relevant Series 1 questions, the therapist makes note of any negative attributions on the Attribution Tracking Sheet.

Next, the therapist attends to one of the critical moments within a PS scenario and Series 2 questions (see below) are asked regarding any identified *negative* attributions.

The same procedure is followed for the other identified critical moment in the PS scenario for this session. The Series 2 questions are used to query all noted negative attributions. Only ask enough Series 2 questions to allow for modifying the negative attributions. The therapist may paraphrase the questions or provide direct guidance to the parent to assist with identifying more accurate attributions.

Series 2 Questions: Modifying Parental Attributions

1. What else might [*his or her*] intention have been?
2. Could it be that [*he or she*] intended this?
3. What might [*he or she*] have intended instead?
4. Let's pretend for a moment that [*he or she*] did not mean this. What else might [*he or she*] have meant to do?
5. What might [*he or she*] have needed from you here?

Parents should be provided with positive feedback for any alternative positive attribution which they are able to generate. If the parent is unable to generate any alternative attributions, the therapist now needs to provide prompts, for example, "could it be that he really was trying to...instead?", "Is it possible that she actually needed...?"

6. Is this behavior typical?
7. Is this how you would ordinarily interpret, think, and feel about his or her behavior?

Intervention Sessions 2, 3, and 4

The procedures followed in Session 1 are repeated for sessions 2, 3, and 4. If the intervention is used clinically (i.e. not involving research) the number of sessions can be flexible, e.g. additional sessions could be provided if there is a lot of material to review, and the parent is engaged in the review and generating alternative interpretations; conversely, the intervention phase could be shortened to 2 sessions if there are few critical moments to review with little material to discuss. For research purposes, a consistent number of sessions is recommended. During each of these sessions, a different ASA scenario is reviewed and discussed according to the above protocol. In addition, a different PS scenario critical moment for both the child and parent is reviewed and discussed. Positive feedback and guidance are provided during all sessions.

Post-treatment assessment

During the final session the parent is asked to complete the outcome measures, including another videotaping of the PCIA-II assessment. The parent will be provided with feedback regarding progress throughout the intervention. Referrals for additional services should be provided on an as-needed and requested basis.

Preliminary Data from the Pilot study

(See also Table 1)

Changes on quantitative measures

- After 4 intervention sessions CAP total consistently decreased
- Rigidity (CAP subscale) also decreased
- Perceived problems with child (CAP) decreased, but reported internalizing problems increased (CBCL)
- No changes were noted, immediately after treatment, in perceived control, depression or stress levels

Qualitative measures:

- Greater sensitivity to child’s developmental needs was noted, as well as
- More realistic, positive or neutral attributions

See an illustration below:

Qualitative Data and Quantitative Trends

Time 1 (Pre-test, Participant APC-03)

Feedback from the parent to the therapist, about the “Scary tunnel” scenario in which parent and child approach a tunnel and decide whether or not to enter it.

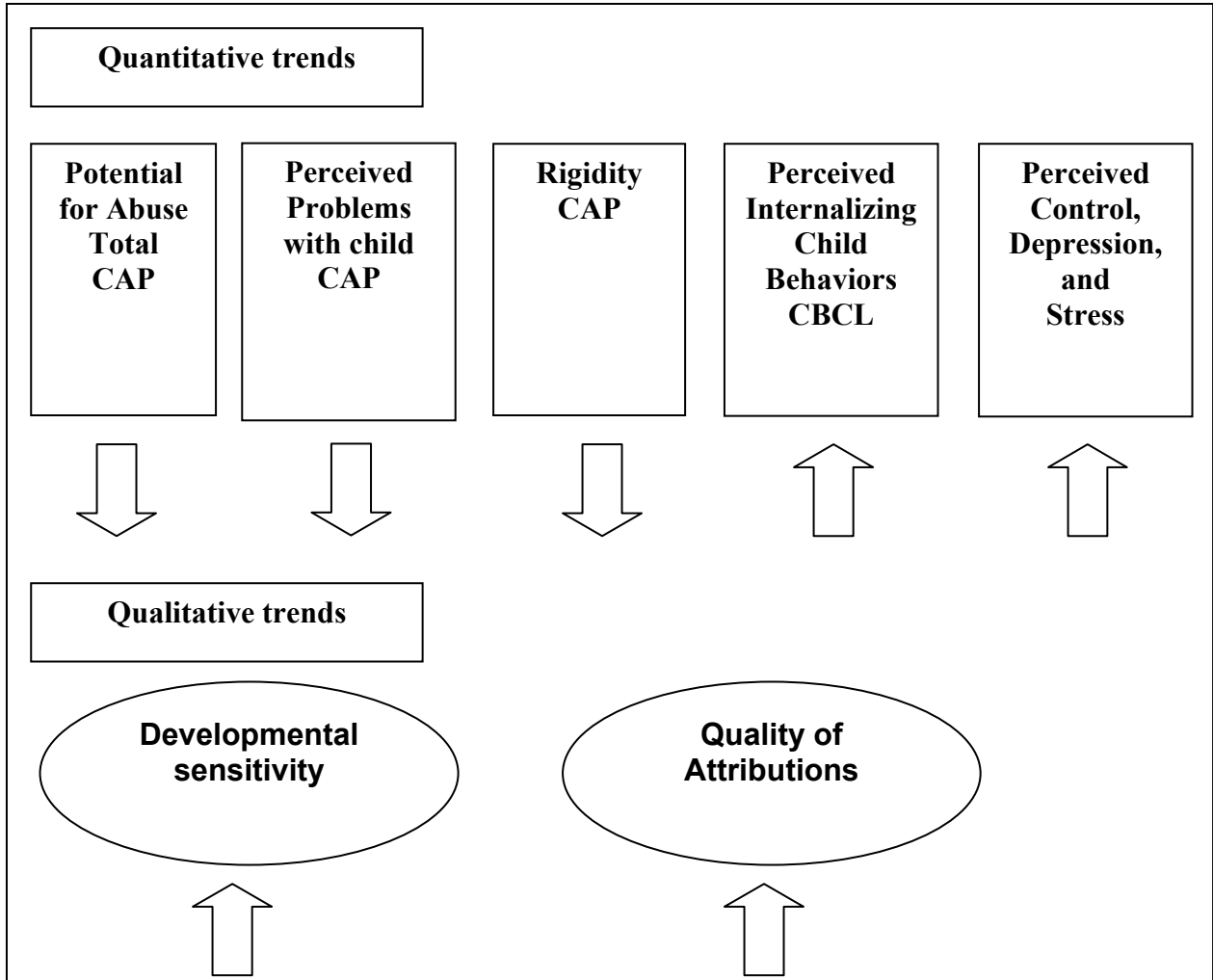
What was your child thinking ?	What were you thinking?
Maybe that I was lying – it is not as dark as I was saying – brush me off – that is how he is, doesn’t believe me I guess, he doesn’t take my word for it	I thought he was going to get all freaked out” - “I was nervous myself – don’t like dark places” - “why I was overdoing it – he wasn’t scared, I was” “maybe It would have helped if X was there for me he is always there for me - even though I am his mom

Note: Negative attributions and examples of role reversal at time 1

Time 2 (Post-test, Participant APC-03)
 Feedback about the same “Scary tunnel” scenario

What was your child feeling ?	What were you thinking ?
Feeling “scared and hesitant to go in, maybe he needed reassurance , safe to go through	too dark for him to go through – not age appropriate , he doesn’t like the dark, at home he needs a night light; I don’t know – I was patient, didn’t bother me if he didn’t want to go through, I was taking my cues from him –I went through tunnel by myself

Note: More nurturing attachment behaviours, and greater sensitivity to developmental needs at time 2



Preliminary Conclusions

- Preliminary findings are encouraging and indicate that a very short (3-4 session) intervention may have an effect on some of the parental cognitions and behaviors that pose a risk for maltreatment
- A longer intervention may be needed to effect changes in parental stress and depression
- Paper and pencil measures may not be sensitive enough to reflect the changes identified in behavioral observation
- Parents' assessment of child internalizing problems may become more sensitive as a result of video feedback

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Appendix A: PCIA-II Administration

(source: Holigrocki, Kaminski, & Frieswyk, 2002)

Set up:

- 1 table with zoo board and spiral bound booklet displaying page “FP.”
- 3 chairs
- 1 camcorder on tripod
- 3 lapel microphones
- 1 stopwatch

Place the following materials on the zoo board:

- 2 figures that match the sex of the parent and child
- 5 pairs of plastic giraffes, gorillas, hippos, tigers and zebras
- 2 plastic trees
- 10 wooden, interlocking logs of various sizes
- 10 plastic interlocking building blocks

Removed from view of parent and child:

- 4 figures
- 2 animal pens for the tigers and hippos, each constructed from 4 logs
- 1 plastic tree with Velcro on the bottom
- 1 giraffe pen constructed from 4 logs
- 1 tunnel constructed from 7 blocks
- 1 block for the race starting-block, lunch table, and gift shop
- 1 seesaw constructed from 2 logs
- 1 empty toy bucket and lid

Set up for Inquiry (Video-recall procedure):

- 1 television
- 1 videocassette recorder or DVD player

INTRODUCTION TO THE TASK

As you know, Now we’re going to make a movie as you two play together. We’ll have a chance to watch the movie together later

Begin the video recording. Direct the parent to the middle chair and say,

[Mom or Dad], you’re going to sit here...

Direct the child to the chair on the parent’s left and say,

and [child’s name], you’ll sit here.

Attach lapel microphones.

Sit in the chair to the parent’s right (across from the child)

If conducting the Inquiry say,

If appropriate, say,

Then the last thing we need is for [Mom or Dad or both of you] to answer some questions on paper.

1. FREE PLAY**TIME:** 90 SECONDS**DIRECTIONS**

We will start by just asking you to play together with the toys for about a minute. After that, I will take you on a trip to the zoo.

After 90 seconds sit in your chair, attach lapel microphone, and say,

Okay, pass me the two figures.

Although you have removed the two figures, leave the other toys on the zoo board. Proceed to the next task.

2. CO-CONSTRUCTION TASKS**TIME:** APPROXIMATELY 25 MINUTES**DIRECTIONS**

BUILD A ZOO — Turn booklet to “BZ.” Hold all six figures (3 male and 3 female) in your hands (in a random order). To parent and child say,

Are you ready? Okay, let’s get started.

Hold figures within child’s reach and say,

Now what I want you to do is to choose one of these figures to be you.

To the parent display the remaining five figures and say,

You get to choose, as well. Which figure will be you?

To parent and child say,

What I would like you to do is to start building a zoo together.

Start timing. Allow 90 seconds for the story to begin to take shape.

Okay, pass me the two figures.

Pick up the two figures. Proceed to the next task.

1. **ARRIVAL** — Turn booklet to “1A.” Place tiger and hippo pens on the zoo board as indicated. Put animals in pens. Place parent and child figures between the pens, facing each other, and say, **[Mom or Dad] and [child’s name] have just arrived at the zoo. [Child’s name] wants to look at the tigers and [Mom or Dad] wants to look at the hippos. Play out what happens together.**

Start timing. If either of the participants end the play prior to 90 seconds, say

Play out what happens next.

After 90 seconds say,

Let’s continue with our trip through the zoo. Pass me the two figures.

Proceed to the next task.

2. **RACE** — Turn flipbook to “2R.” Put a block on the rectangle marked “SB” to mark the starting point of the race. Attach the tree to the Velcro on the zoo board and say,

There is a contest to see who can run the fastest. This (point to starting block) is where [Mom or Dad] and [child’s name] start. The two of you are to race to the tree and back.

As you hand each participant their respective figure (simultaneously) say,

Play out what happens together.

Start timing. If either of the participants end the play prior to 90 seconds, say

Play out what happens next.

After 90 seconds say,

Okay, pass me the figures and we'll continue with our trip to the zoo.

The preceding transition instructions can be omitted or shortened when the parent and child understand that they are to pass the figures at the end of each scenario.

Proceed to the next task.

3. TUNNEL — Turn flipbook to “3T.” Place tunnel on zoo board as indicated. Place parent and child figures next to one another right in front of the entrance to the tunnel (with child figure nearer to child) and say,

This is the entrance to a scary tunnel. You are both entering the tunnel. Play out what happens together.

Start timing. If either of the participants end the play prior to 90 seconds, say

Play out what happens next.

After 90 seconds say,

Okay, [pass me the figures . . .].

Proceed to the next task.

4. FEEDING THE GIRAFFES — Turn booklet to “4FG.” Place giraffe pen on zoo board as indicated and put giraffes in the pen. Hand each participant his or her figure, as you recite the part of the instruction that pertains to him/her.

[Child's name] is feeding the giraffes. What is [Mom or Dad] doing? Play out what happens together.

Start timing. If either of the participants end the play prior to 90 seconds, say

Play out what happens next.

After 90 seconds say,

Okay, [pass me the figures . . .].

Proceed to the next task.

5. HURT ARM — Turn flipbook to “5HA.” Place parent figure on the zoo board as indicated. Put the child figure facedown on the zoo board next to the parent figure (on the side nearer the child) and say,

[Child's name] has fallen and hurt [his or her] arm. Play out what happens together.

Start timing. If either of the participants end the play prior to 90 seconds, say

Play out what happens next.

After 90 seconds say,

Okay, [pass me the figures . . .].

Proceed to the next task.

6. LUNCH — Turn flipbook to “6L.” Move the “starting-block” from its “Race” position to the rectangle on the zoo board marked “L” and say,

This is a table.

Place child and parent figures on opposite sides of the table and say,

[Mom or Dad] and [child's name] are eating their lunch at the zoo. Play out what

happens together.

Start timing. If either of the participants end the play prior to 90 seconds, say

Play out what happens next.

After 90 seconds say,

Okay, [pass me the figures . . .].

Proceed to the next task.

7. WAITING — Turn flipbook to “7W.” Place the parent figure and child figure side by side as indicated on the zoo board (i.e., on the “P” and “C” circles in front of the tunnel). Place a figure that is the same sex as the parent on the 3rd circle and say,

[Mom or Dad] sees a friend and wants [child’s name] to wait while [he or she] talks with their friend. [Child’s name] wants to go and play. Play out what happens together.

Start timing. If either of the participants end the play prior to 90 seconds, say

Play out what happens next.

After 90 seconds say,

Okay, [pass me the figures . . .].

Put the “friend” figure back with the toys you have hidden from view. Proceed to the next task.

8. HIGH ROCK — Turn flipbook to “8HR.” Remove the “Tunnel” from the zoo board and change the arrangement of its blocks to transform it into a “High Rock”. Put the High Rock on the zoo board as indicated. Place the child figure on top of the rock, facing the real child. Place the parent in front of the rock (on the “P” circle on the zoo board), but facing away from the rock and say,

When [Mom’s or Dad’s] back was turned, [child’s name] climbed on top of a high rock.

Play out what happens together.

Start timing. If either of the participants end the play prior to 90 seconds, say

Play out what happens next.

After 90 seconds say,

Okay, [pass me the figures . . .].

Proceed to the next task.

9. LOST CHILD — Turn booklet to “9LC.” Put parent and child figures on opposite sides of the zoo board (as indicated) and say,

[Mom or Dad] and [child’s name] are on opposite sides of the zoo. [Child’s name] is lost.

Play out what happens together.

Start timing. If either of the participants end the play prior to 90 seconds, say

Play out what happens next.

After 90 seconds say,

Okay, [pass me the figures . . .].

Proceed to the next task.

10. STRANGER — Turn booklet to “10S.” Place the parent figure and child figure side by side on the same circles used for “waiting”. Place a figure that is the opposite sex of the parent on the 3rd circle and say,

A stranger walks up to [Mom or Dad] and [child’s name]. Play out what happens

together.

Start timing. If either of the participants end the play prior to 90 seconds, say

Play out what happens next.

After 90 seconds say,

Okay, [pass me the figures . . .].

Put the “stranger” figure back with the toys you have hidden from view. Proceed to the next task.

11. SEESAW — Turn booklet to “11SS.” Place the seesaw on the zoo board as indicated and demonstrate its movement as you say,

This is a seesaw.

Hand each participant his or her figure, as you recite the part of the instruction that pertains to him/her.

[Mom or Dad] promised [child’s name] that [he or she] could play on the seesaw but [child’s name] can’t play on it because it’s time to leave the zoo. Play out what happens together.

Start timing. If either of the participants end the play prior to 90 seconds, say

Play out what happens next.

After 90 seconds say,

Okay, [pass me the figures . . .].

Proceed to the next task.

12. ANIMAL NAMES — Turn booklet to “12AN.” Place child figure at the center of the zoo as indicated by a circle, give the parent his/her figure and say,

[Mom or Dad] and [child’s name] have been seeing many animals. [Child’s name] says that [he or she] has learned the names of three new animals. What does [Mom or Dad] think of that? Play out what happens together.

Start timing. If either of the participants end the play prior to 90 seconds, say

Play out what happens next.

After 90 seconds say,

Okay, [pass me the figures . . .].

Proceed to the next task.

13. GIFT SHOP — Turn flipbook to “13GS.” Move the “lunch table” block from its position to the rectangle on the zoo board marked “GS” (the same rectangle used for “Race”). Place the parent and child figures on the same circles used for “waiting” and “stranger” and say,

This is a gift shop.

Place child and parent figures near the gift shop (as indicated on the zoo board) as you say,

[Child’s name] wants to buy a toy in the gift shop. [Mom or Dad] does not want to spend money on the toy. Play out what happens together.

Start timing. If either of the participants end the play prior to 90 seconds, say

Play out what happens next.

After 90 seconds say,

Okay, [pass me the figures . . .].

Proceed to the next task.

14. LEAVING THE ZOO — Turn booklet to “14LZ.” Hand each participant his or her figure, as you recite the part of the instruction that pertains to him/her.

[Child’s name] wants to stay at the zoo. [Mom or Dad] wants to leave. Play out what happens together.

Start timing. If either of the participants end the play prior to 90 seconds, say

Play out what happens next.

After 90 seconds say,

Okay, [pass me the figures . . .].

Proceed to the next task.

15. LOST TOY — Turn booklet to “15LT.” Place parent and child figures on the table, just off of the zoo board (at the corner nearest High Rock), with the figures’ backs to the camera and say, **You have both left the zoo. [Child’s name] lost a toy at the zoo and wants to go back for it. Play out what happens together.**

Start timing. If either of the participants end the play prior to 90 seconds, say

Play out what happens next.

After 90 seconds say,

Okay, [pass me the figures . . .].

Put flipbook away. Proceed to the next task.

3. CLEAR-UP TASK

TIME: 90 SECONDS.

Make sure the flipbook is off the table (as if the assessment is over). Place the empty toy bucket and lid on the zoo board; put the two figures in it as you say,

We’re done making the movie of your pretend trip to the zoo. Next, we’re going to watch the movie. Would you mind putting the toys away while I get the next part ready? I’ll be back in a minute.

Unobtrusively start timing. Leave the room. Return to the room and interrupt dyad after 90 seconds.

Appendix B: Worksheets

ASA Critical Moments Worksheet

Dyad ID: _____

2R Race	Time scenario begins:
Whole	
Child	
Parent	
Strengths	
9L Lost	Time scenario begins:
Whole	
Child	
Parent	
Strengths	
5HA Hurt Arm	Time scenario begins:
Whole	
Child	
Parent	
Strengths	
3T Tunnel	Time scenario begins:
Whole	
Child	
Parent	
Strengths	

PS Critical Moments Worksheet (p.1) **Dyad ID:** _____

	Parent		Child	
	Strength	Problems	Strengths	Problems
1A Arrival				
4FG Feeding Giraffes				
6L Lunch				
7W Wait				
8HR High Rock				
10S Stranger				

PS Critical Moments Worksheet (p.2)				Dyad ID: _____	
	Parent		Child		
	Strength	Problems	Strengths	Problems	
11SS Seesaw					
12AN Animal Names					
13GS Gift Shop					
14LZ Leaving Zoo					
15LT Lost Toy					

Intervention Sessions	Strength Scenario	Problem Scenario(s) (ASA and/or PS)
1		
2		
3		
4		

Note: Plan the four intervention sessions by noting the scenario names above.

Scenario Worksheet

Dyad:

Tx Session:

Scenario:

Series 1 Questions	Critical Moment: T or P	Time	Attributions: Parent	Modify Y or N
<p>1N. What do you notice here? 1H. What was happening here? 2T. What were you thinking here? 3F. What were you feeling? 4I. What is [child’s name] intention here? / Where is [he or she] coming from? 4T. What was [he or she] thinking here? 4F. What was [he or she] feeling? 5W. Was there anything [he or she] was wanting or needing from you here? If so, what was [he or she] wanting or needing?</p>				
<p>Series 2 Questions</p> <p>What else might (his or her) intention have been? Could it be that (he or she) intended this? What might (he or she) have intended instead? Let’s pretend for a moment that (he or she) did not mean this. What else might (he or she) have meant to do? What might (he or she) have needed from you here? Is this behavior typical? Is this how you would ordinarily interpret, think, and feel about (his or her) behavior?</p>	Attributions: Therapist		New Attributions: Parent	

Instructions: Use one or more sheets per scenario. Prepare worksheet prior to the session by writing in the critical problem moments and therapist attributions in column 2. During the session complete the Parent Attributions sections in column 2. Inquiry should be based on questions in column 1.

Example: PCIA-II/MAP Attribution Tracking Sheet

Dyad#: _____ Session#: _____ Date of Session: _____ Therapist: _____ Rater: _____ Date of Rating: _____

ASA scenarios: [2R Race] **[3T Tunnel]** [5HA Hurt Arm] [9L Lost]
 PS: [1A Arrival] [4FG Feeding the Giraffes] [6L Lunch] [7W Waiting] [8HR High Rock] [10S Stranger]
 [11SS Seesaw] [12AN Animal Names] [13GS Gift Shop] [14LZ Leaving the Zoo] [15LT Lost Toy]

Parent and Child behavior verbatim	Chosen by p or t	Reason for choice of moment (if therapist-chosen)	Series 1 question (if any)	Parent attribution verbatim	Redirection #1 verbatim (Series 2 question)	Parental response	Redirection #2 verbatim (Series 2 question)	Parental response
P: Asks child to protect her, "why don't you go first, I'm scared." C: No, you go first, I don't want to go first.	t	Attachment content	What was Johnny thinking here?	It's the way it always is. He doesn't care about me. <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Spontaneous <input checked="" type="checkbox"/> Reactive	Can you think of any other reason why Johnny didn't want to go first?	He may have wanted to annoy me <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative	Is it possible he was feeling something else?	He might be scared himself <input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative
				<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Spontaneous <input type="checkbox"/> Reactive		<input type="checkbox"/> Positive <input type="checkbox"/> Negative		<input type="checkbox"/> Positive <input type="checkbox"/> Negative

PCIA-II/MAP Attribution Tracking Sheet

Dyad#: _____ Session#: _____ Date of Session: _____ Therapist: _____ Rater: _____ Date of Rating: _____

ASA scenarios: [2R Race] [3T Tunnel] [5HA Hurt Arm] [9L Lost]
 PS: [1A Arrival] [4FG Feeding the Giraffes] [6L Lunch] [7W Waiting] [8HR High Rock] [10S Stranger]
 [11SS Seesaw] [12AN Animal Names] [13GS Gift Shop] [14LZ Leaving the Zoo] [15LT Lost Toy]

Parent and Child behavior verbatim	Chosen by p or t	Reason for choice of moment (if therapist-chosen)	Series 1 question (if any)	Parent attribution verbatim	Redirection #1 verbatim (Series 2 question)	Parental response	Redirection #2 verbatim (Series 2 question)	Parental response
				<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Spontaneous <input type="checkbox"/> Reactive		<input type="checkbox"/> Positive <input type="checkbox"/> Negative		<input type="checkbox"/> Positive <input type="checkbox"/> Negative
				<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Spontaneous <input type="checkbox"/> Reactive		<input type="checkbox"/> Positive <input type="checkbox"/> Negative		<input type="checkbox"/> Positive <input type="checkbox"/> Negative