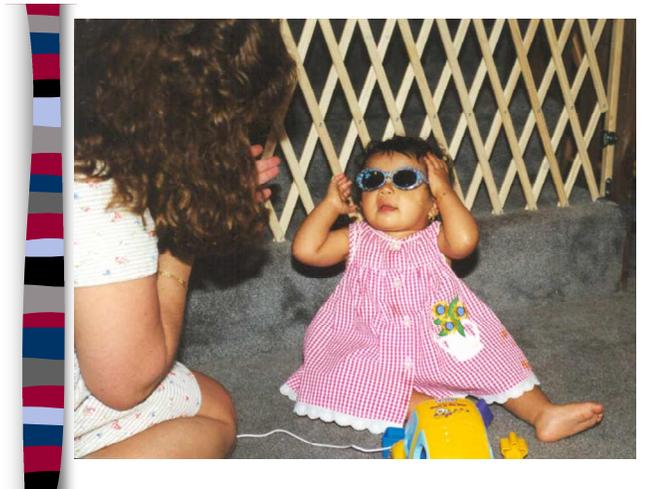


# Indicator of Parent-Child Interaction (IPCI) User's Manual



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## Introduction

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### ***Why Another Measure for Assessing Parent-Child Interaction?***

Parent or caregiver-child interaction is the earliest and foremost mechanism for promoting positive social-emotional behavior in very young children. While infant mental health theory, evidence-based practices for supporting positive behavior in young children, and routines-based intervention in early childhood all emphasize the importance of parent-child interaction in promoting children's early social-emotional behavior, few assessment tools exist for assisting practitioners in efficiently screening parent-child interactions to determine the level of risk for poor development and to monitor the progress expected with intervention.

This gap is illustrated by a host of limitations of more commonly available measures. These include administration requirements beyond the training and experience of most early intervention service providers, measures that are too long and complicated for repeated use in homes and child care settings, and lack of readily available reports that can illustrate progress toward important outcomes.

To advance effective practice for supporting early caregiver-child interaction and young children's early social-emotional development, specific characteristics are needed in measures of parent-child interaction. That is, to be useful for practitioners providing early intervention services, measures need to meet the following criteria:

- They need to focus on key parent and child behaviors that signal or indicate quality of parent-child interaction and that are predictive of social-emotional outcomes in young children
- They need to focus on behaviors that occur in the context of natural settings where parents/caregivers and children typically interact
- They need to be easy to administer for individuals across multiple disciplines with various levels of training (e.g., Part C early intervention staff, Early Head Start staff, social workers, counselors, and nurses).
- They need to be suitable for quick and frequently repeated administration in homes or child care settings
- Reports can be generated automatically through the IGDI website (described below) to guide intervention decision making

### ***What is the Indicator of Parent-Child Interaction (IPCI)?***

The Indicator of Parent-Child Interaction (IPCI) is a progress monitoring measure designed to provide information about the important general outcome of interactions in which parents and other primary caregivers respond to their child in ways that promote positive social-emotional behaviors. This General Outcome is directly related to social-emotional competence, another highly accepted and valued General Outcome in early

childhood. Performance is measured through repeated assessment of the same key skills using the same set of caregiving activities and scoring procedure.

Unique features of the IPCI as compared to many existing approaches include the following: (1) focus is on key parent and child behaviors that signal or indicate the quality of the parent-child interaction and that are predictive of social-emotional outcomes in young children, (2) focus is on activities that typically occur where caregivers and very young children interact such as in homes with parents or other caregivers or in child care settings, (3) it can be administered within 10 minutes by a variety of practitioners that typically provide early intervention services (e.g., Part C Early Intervention staff, Early Head Start staff, nurses, counselors, and social workers), (4) it is designed for frequently repeated administration in family homes or center-based settings; and (5) reports can be generated automatically through the IGDI website (described below) to guide intervention decision-making.

***With what populations has the IPCI been used?***

The IPCI has been used in several federally funded research studies with children between the ages of 2 and 42 months and their parents or familiar caregivers. We use the term “parental caregivers” throughout this manual to include parental figures such as biological, adoptive, and foster parents, as well as other familiar caregivers, such as relatives and consistent child care providers.

Families participating in studies with the IPCI were referred from a variety of agencies including urban and rural Early Head Start programs, alternative school programs for teen-aged parents, and inner urban WIC clinics and prenatal clinics. Families were culturally and linguistically diverse and many were experiencing multiple risks including the following:

- Teenage parent status
- Children with or at-risk for disabilities
- Extreme poverty
- Undocumented citizen status
- Functional homelessness
- Very low parent education level (e.g., less than a high school diploma)
- Parents at risk for child maltreatment
- Maternal depression and/or anxiety
- Families with histories of substance disorders or domestic partner abuse

***What are the qualifications for IPCI administration and scoring?***

Any early childhood service provider may administer and score the IPCI after completing administration and scoring certification.

***How can IPCI results be used?***

IPCI reports can be automatically generated from the IGDI website to provide information about both caregiver and child behavior. These reports are designed to be used in conjunction with other assessment data to guide intervention decision-making. The IPCI can be repeated as often as monthly for progress monitoring.

Caregiver Facilitator and Child Engagement domain reports can be interpreted by, and shared with, parents by an early childhood service provider who is certified in IPCI administration and scoring.

***When should behavioral/mental health consultation be sought?***

Caregiver Interrupter and Child Distress domain reports are designed to be used with mental health consultation to understand specific interaction challenges that a parent and child may be facing. When scores in these domains (i.e., Caregiver Interrupters and Child Distress) fall in the Concern range, mental health consultation should be sought for guidance in intervention decision-making and planning.

## IPCI Administration

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### **IPCI Interaction Activities**

The Indicator of Parent-Child Interaction is completed following a series of brief interaction activities between a parent (or other primary caregiver) and their young child at home or in a child care setting during a 10-minute observation period.

IPCI activities include the following:

- Free Play
- Looking at Books
- Distraction Task (NOTE: only for children 1 year of age or older)
- Dressing Task

### **IPCI Administration Materials**

The IPCI materials kit includes the following:

- Small carry case for all materials
- Blanket/plastic top table cloth (at least 5' X 7')
- Small tape recorder with intervals of 10 seconds of music/sounds alternating with 3 seconds of silence.
- Set of brightly colored keys and key ring attached to recorder
- Books [two of the following:: Brown Bear, Touch and Feel Puppy, or Fiesta (bilingual book for Spanish speaking family); versions also available Braille]
- IPCI Administration Protocol
- IPCI Rating Sheet
- Timer (Be sure time signal is soft and subtle. Do not use timer with a loud or repetitive buzzer)
- Camcorder, tripod, videotape or memory stick
- Video playback device (for clinical use of video reflection)

### **IPCI Administration Steps**

**Step 1:** The ***Pre-Assessment Visit Introduction for Parents*** should be discussed with parental caregivers prior to the assessment visit (either during a home visit that precedes the assessment visit or by telephone). It should also be reviewed again with the parent at the time of the assessment.

**Step 2:** Follow ***Administration Instructions***.

**Step 3:** Be familiar with and prepared to use ***IPCI Assessment Tips*** for establishing rapport, managing possible disruptions, responding to parent and/or child discomfort, and facilitating smooth activity transitions and positive closure.

## Pre-Assessment Visit Introduction for Parents

The following instructions should be used with parents and all points should be covered. However, it is important that the assessor *not* read the instructions verbatim but instead be thoroughly familiar with its content so that it can be conveyed in a relaxed and conversational tone in which full attention can be given to the parent.

*The ways in which young children interact with their parents (or other important caregivers) can be very different for individual children. There are also many different types of activities that young children do with their parental caregivers such as eating, bathing, dressing, and playing. To better understand how your child is relating at home (or at a child care center) with the most important adult/s in his/her life, I would like to spend some time observing some important and common activities for very young children. These include:*

- (1) Whatever you and your child enjoy doing together*
- (2) Looking at books*
- (3) Distraction task (if he/she is over 1 year old)*
- (4) Dressing (putting on shoes, socks, and shirt)*

**Getting ready for the visit:** There are a few things that you can do to help the visit go smoothly and to learn the most about how your child is relating. These include preparing your child for the visit, letting others know that you will be busy during the visit, and having anything on hand that you would like to use.

- **Preparing your child:** You can help your child to be ready for the visit by making sure that he or she has eaten recently and is rested. If your child gets fussy, please feel free to do whatever you would normally do to help your child feel comfortable. We are not interested in you or your child 'putting on a show'. Instead, we (you and I) can learn best about how your child is relating by seeing what happens the way you usually interact together- whatever it is that you and your child would normally do.
- **Letting others know that you will be busy:** It will help the visit go more smoothly if you let family and friends know that you will be busy during the time of the visit. It is best to schedule a visit at a time when you think you won't be interrupted by visitors or phone calls.
- **Things to have on hand:** While it's not necessary for you to have materials or toys available, if there are any things that you and your child especially enjoy doing together, it would be good to have any such materials out and ready. For the dressing activity, you may, take off and replace your child's shoes, socks, and shirt, or if you wish to put on another set of clothes, it would be helpful to have these ready at the time of the visit.

## **IPCI Administration Instructions**

After establishing rapport and reviewing the *Pre-Assessment Visit Introduction for Parents*, the IPCI may be administered. The assessor should be thoroughly familiar with the administration instructions prior to administration and should reference them while maintaining eye contact with the parental caregiver. Avoid giving the appearance of 'reading' the instructions.

The activities should be presented in the order that they occur in the protocol. *Always* begin with Free Play and *never* end with the Distraction task.

While the IPCI is designed to be used for guiding intervention decision-making, intervention is a separate activity from assessment and should not be attempted during the assessment. Reliable and valid results depend on following the administration protocol and making individual accommodations only as recommended for increasing parent and child comfort when warranted. Always follow the instructions and use IPCI Administration Tips for making appropriate individual accommodations.

Pay close attention to the verbal and nonverbal messages that you send during the observation. Focus on maintaining a relaxed and accepting stance. It is appropriate to provide general encouragements and reminders about what is expected. However, it is important to avoid intervening during the observation by sending verbal or nonverbal messages of approval, disapproval or behavioral expectations about what the parent or child should be doing. Unless the child is at-risk of injury during the assessment, do not intervene. There will always be the opportunity after the 10-minute assessment to provide suggestions or make comments.

## Free Play

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- **Materials:** No materials are required for this activity. However, if the parent and child wish to use toys or games, these should be available before the assessment begins.
- **Setting up:** Remember to set the timer for 4 minutes as soon as you give the instructions below.
- **Instructions:**
  - **“Let’s get started by spending a few minutes with you and your child doing something together that you enjoy.**
  - **This activity should be something that you and your child are both comfortable with and used to, and something that your child loves to do.**
  - **Please feel free to move around as is comfortable for you and your child. You don’t have to sit in one place, but I’ll need to know what room you’d like to be in so that I can move along with you.**
  - **Sometimes parents talk or play games without toys, sometimes parents just sit with their children, and sometimes children like to play with a favorite toy.**
  - **Whatever you and (child’s name) normally do that makes (child’s name) smile, laugh, or have fun is what I want to see. Feel free to stay with an activity or change activities as you would like. Attend to any needs your child might have during this time just as you normally would.”**
- **Note:** The purpose of this activity is to encourage the parent and child to engage in whatever activity they enjoy and to be as non-restrictive as possible. It is important not to impose any structure on the parent above and beyond the instructions. Therefore, do not restrict the parent’s and child’s movement by asking them to stay in one place. Instead, encourage the parent to let you know if they would like to move simply so that you can stay with them. If the parent looks toward you during the assessment or engages in behavior that suggests s/he is concerned with being in view of the camera or needing to ‘look good for the camera’ (e.g., pulling child’s arm in an attempt to position child in front of camera or saying ‘stay here so they can see you’ to the child), remind the parent that it is your job to move the camera around and that you need the caregiver and child to do whatever they would like without worrying about the camera at all and to ignore the camera as much as possible.

## Looking at Books

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- **Materials:** Books (Brown Bear, Touch and Feel Puppy, Fiesta)
- **Setting up:** Give the books to the parent. Remember to set the timer for 2 minutes as soon as you give the instructions below.
- **Instructions:**
  - **“During the next few minutes, you and your child can spend a few minutes with these books.**
  - **However you want to use the books with your child is fine.**
  - **Feel free to attend to whatever needs your child might have during this time.”**
- **Note: Do NOT ask the caregiver to ‘read’ to his or her child.** This is very important for at least two reasons. First, parents who can not read or who are self-conscious about their reading ability, may shy away from interacting with their child because of the instruction to ‘read’. Second, some parents will interpret the instruction to ‘read’ literally and will do so regardless of whatever conflicting signals for readiness the child might show. While this may happen spontaneously, the instructions were designed to avoid stimulating such an effect.

If the parent gives verbal or nonverbal cues of discomfort with the task or tells you that s/he cannot read, encourage the parent that however s/he would like to use these books with the child is just fine and that you’re really interested in the interaction with books- not necessarily in reading.

If the caregiver appears uncomfortable and looks to you for support or confirmation as to what is expected, paraphrase instructions and maintain a supportive stance, but do not make any specific behavioral suggestions to the parent.

## Distraction Task

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- **Materials:** Blanket/table cloth and recorder with tunes (10 seconds of tunes alternating with 3 seconds of silence) and key chain
- **Setting up:** Lay down the blanket. Then, give the instructions. As soon as the instructions have been given, turn the recorder on and set it on the blanket in front of and within reach of the child. Do not give the recorder directly to the parent. Remember to set the timer for 2 minutes as soon as parent and child are on the blanket and the recorder has been placed on the blanket and turned on.

*Special Accommodations:* if the parent has a physical disability making it difficult or impossible to get down on the floor, this activity can be set up by placing the recorder and keys on the couch within reach of the child and asking the parent and child to stay on a couch rather than a blanket.

- **Instructions:**
  - **“Sometimes there are materials around that are either dangerous (like electrical outlets) or that may not necessarily be unsafe for children but are breakable or otherwise not appropriate for a young child.**
  - **For a few minutes, we would like for you to keep (child’s name) on this blanket and not allow him/her to get this recorder.**
  - **Normally, we would never intentionally place something in front of your child that s/he can not have. But, because there are times when such materials may be unavoidable, such as in the car, grocery store, or at the doctor’s office, it’s important to see how your child handles such situations- when there is something in reach that is not appropriate to have.”**
- **Note:** It is fine for the parent to engage the child with any materials so long as the caregiver introduces the materials. Do not make any suggestions or give the parent alternate materials with which to engage the child. If this activity is particularly stressful for the child or parent, be prepared to help the parent and child calm at the end of this activity before moving on to the final activity. Be empathetic and reflect that this was a difficult task and praise the parent for making it through.

## Dressing Task

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- **Materials:** No materials are required if the parent wishes to take clothes off and put them back on (shirt, socks, and shoes). If parent wishes to put on a change of clothes, these will need to be available.
- **Setting up:** Remember to set the timer for 2 minutes as soon as you give the instructions below. In rare cases the dressing task, particularly with a young infant, may not last for 2 minutes. Simply note the time on the rating form. However, do not tell the parent the activity may be less than 2 minutes and do not curtail the dressing time for any reason other than the parent's spontaneous completion in less time.
- **Instructions:**
  - **“Let’s spend a few minutes now seeing what it’s like to get (child’s name) dressed in the morning with whatever clothes and/or changing routine you use.**
  - **Let’s focus on changing shirt, socks, and shoes or a diaper if that’s needed. It’s fine to simply remove and then replace the same clothing or if you’d like to use a change of clothes, that’s fine too.**
  - **However you two normally go about dressing is what I’m interested in.”**
- **Note:** After the final activity, dressing, end on a positive note. Point out something positive that you observed during the observation. If something positive was captured on video, replaying a brief section to point out the positive and encourage the caregiver’s reflection can be helpful. If the activities were particularly difficult or stressful for the parent or child, acknowledge that and empathize with the parent. If the child is distressed, ask the parent what s/he thinks might help to soothe the child. If appropriate, explore basic needs (diaper change if this was not done during the session, bottle, food, rest, or activity that child especially enjoys, etc.). In rare cases the dressing task, particularly with a young infant, may not last for 2 minutes. Simply note the time on the rating on the rating form.

## IPCI Assessment Tips

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There are a variety of things that assessors can do to help ensure that IPCI results are reliable and valid and make administration easier. These include:

- Setting the stage for administration
- Careful attention to following the administration protocol
- Fostering smooth transitions between activities

### **Set the Stage for Administration**

Setting the stage for administration involves establishing rapport with the parental caregiver, helping the parental caregiver to understand the purpose of the IPCI and what to expect, and helping the parental caregiver to feel as comfortable as possible with video recording.

*Establishing rapport with the caregiver.* Spend a few minutes (e.g., 5-10) at the beginning of the visit with the parent to help the parent to feel at ease.

*Helping the caregiver understand the purpose of the IPCI and what to expect.* Review the Pre-Assessment Visit Introduction with the parent. Answer any questions or address misperceptions that the parent may have about the IPCI assessment activities.

*Helping the caregiver feel as comfortable as possible with the video recording process.* It is important that the assessor be as comfortable as possible with the video-recording process so as not to contribute to any discomfort for the parent. If the parent appears uncomfortable or expresses concern about video recording, provide gentle reassurance, explore the parent's concerns and address these concerns. In most cases, reassurance is sufficient to address concerns and to permit video recording.

Discomfort may arise for various reasons such as concern about who will have access to the video, how the video will be used, unrealistic expectations about the video recording process, or a cultural belief that video recording will cause harm to those who are recorded. Try to identify the concerns and address them. Below is a list of possible concerns and considerations for responding to them.

*Possible concern: Who will have access to the video?*

Remind the parent that the video will be kept confidential and private. Videos also make great gifts and can be given to the parent when the child graduates from the program.

*Possible concern: How will the video be used?*

If the videos will be used for intervention purposes, explain that you will watch the video together with the parent and that it is an important tool for you and the parent to understand more about how the child is relating at home.

*Possible concern: Misconceptions about the video process or expectations*

It is important to correct misconceptions or unrealistic expectations about the video recording process. For example, some parents envision a big camera or bright lights. They may envision a 'movie shoot' or having pictures taken for a family portrait. In such cases, show the camera to the parent. Remind them that this video is very different from 'staged' videos or pictures. Instead, we are only interested in usual activities. This is not about dressing up or looking a particular way. Again, what is important is encouraging the parent and child to feel comfortable.

In taping hundreds of IPCI assessments with culturally diverse and many high-risk families, less than 1% of parents were unwilling to be video recorded after discussing their specific concerns. In one case, the parent was diagnosed with paranoid schizophrenia and had stopped taking her medication. In the other case, the parent had a disfiguring skin disorder and had removed mirrors from her home. In extreme and rare cases when video recording can not be done, IPCI activities can be scored live. A significant disadvantage is that video can not then be used for providing positive support interventions. A second disadvantage is having to correctly administer and score the IPCI simultaneously, which is extremely difficult.

In addition to preparing parents for video recording by exploring and addressing concerns, ***it is also important to watch for excessive parent or child reactivity to video recording.*** Signs of reactivity in children will be obvious and may include staring into the camera or coming to look into the camera. Watch for these signs, and if you see them, encourage the child to return to interaction with the parent. If these behaviors are very brief and the child quickly returns to interaction with the parent, then continue to record and make a note on the Rating Cover Page about the approximate duration of the reactivity and how it may have affected the assessment, if relevant. However, if the child is not quickly redirected to the parent, stop recording and stand in front of the camera. Let the parent know that when the child becomes less interested in the camera, you will continue with the next activity. Wait and attend to another activity and minimize interaction with the child.

Signs of reactivity in the parent may be more subtle and may include behaviors such as looking into the camera, instructing the child to 'behave' or perform for the camera. If you see these behaviors, remind the parent that you are interested in what the parent and child usually do- not putting on a show for the camera.

If reactivity is not minimized by the approaches above, be prepared to bring the video camera to visits and turn it on briefly over a session or two to help desensitize the parent and child to the video camera. Generally after several opportunities for recording, sensitivity decreases. If you see signs of reactivity, record these on the Rating Cover Page and note their effect on the assessment.

**Attend Carefully to Administration Instructions and Modify ONLY when Warranted**

If you are creating a video for certification review, begin video recording just before reviewing the Pre-Assessment Visit Introduction for Parents and continuing video recording until the IPCI administration is completed.

Introduce each activity by using the protocol script provided in this manual. Present activities in the listed order and do not modify the instructions, initially. If there is any concern that the parent understands the instructions, ask the parent to paraphrase them. Clarify any misconceptions by simplifying the instructions and/or reminding the caregiver about what to expect.

Do *not* tell parents the time limit for each activity. It is important that the parent does not feel rushed, but that the assessor manages time well and helps the parent transition smoothly from one activity to the next. If parents ask about the time, let them know that it will just be a few minutes and that you will let them know when it is time for the next activity.

As soon as the parent initiates the designated activity, set the timer for the allotted time (e.g., Free Play – 4 minutes; Looking at Books – 2 minutes; Distraction Task – 2 minutes; and Dressing Task – 2 minutes).

**Foster Smooth Activity Transitions**

- Be sure to select a timer that signals time in a subtle manner. Avoid loud or distracting buzzers or other distracting sounds.
- Remember, the timer is for the assessor, not the parent and child. The role of the assessor is to facilitate smooth transitions from one activity to the next.
- Avoid abrupt transitions and use care to avoid disrupting the parent and child when the timer signals the end of an activity. Even though the parent and child hear the buzzer, if they remain engaged in an activity, pause and wait for a natural break, or watch for a moment to create a break by walking slowly toward the parent and child while commenting on the activity just completed, orienting the parent to the next activity [e.g., use previewing—Let's see if (child's name) is ready to look at a book], and introducing the activity.

## Common IPCI Administration Questions and Answers

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- 1. If the family has 2 children, do we need 2 separate IPCI sessions?**
  - a. Yes. Also, if siblings are around and in the video for the target child, only score parent behavior directed toward the target child except in the case where a negative or harsh voice-tone is directed to another child and the target child is exposed by virtue of proximity.
  
- 2. What if the family is very resistant to being video taped?**
  - a. Remind the parent that the video is only to help the assessor and parent learn together about how the child is relating to others at home. Also, if the assessor is nervous or embarrassed about video recording, the family will be. Assessors must be comfortable with the procedure.
  - b. Often, if the video recording is started early and the assessor provides a brief, appropriate explanation, parent's apprehensions can be alleviated and families will get used to the recorder and ignore it.
  - c. If the parent/caregiver continues to express reservations, ask the parent about specific concerns and help to alleviate the worry, as discussed in the previous section. For example, some parents are concerned that individuals other than the assessor might see the video. Others have misconceptions about what it will be like to be videotaped and expect lots of lights and a big camera such as an in a photo shoot. In this case, parents can be shown the equipment and can be encouraged to do whatever they normally do and how things normally go- this is not about putting on a show. In other cases parents have initial discomfort with the assessor being across the room with the camera. In this case the camera can be set up with the parent and child in the shot and the assessor will sit down beside the parent and say "We will start out together on the video". Let the parent know that you will need to check the camera, but you will stay with him/her at the beginning.
  
- 3. Can we score live instead of from videotape?**
  - a. Scoring live requires the assessor to be certified in scoring live before this method can be used with families. Becoming a certified scorer during live observation is more difficult than scoring afterward because the same person must both administer and score the IPCI while managing other challenges or distractions that may occur in the home. Additionally, live scoring cannot be "paused" to consult the manual's scoring definitions like scoring videos can.
  - b. There are pros and cons that should be weighed carefully in making the decision about whether to videotape. Below are a list of pros and cons of videotaping. Our experience has been that videotaping is preferable to live scoring in a variety of ways, even for experienced scorers.

**Pros**

- (1) Staff do not have to be certified as a scorer at the time of administration.
- (2) Video can be a powerful intervention tool for supporting positive interaction and providing concrete examples of parent and child growth.
- (3) Video also offers advantages in reflective supervision, allowing for home visitors to receive concrete support in intervention planning.
- (4) Videos returned to families as home movies at the end of the program make a wonderful gift.
- (5) Videos can be viewed again if scoring questions arise.

**Cons**

- (1) Video equipment must be purchased if not on hand
- (2) Staff must be trained in sensitive use of video with families to help families become more comfortable with video.
- (3) Staff will have to spend some time up-front.

**4. What if the parent does not want to do the assessment?**

- a. Strongly encourage them to participate, as it is a normal (if new) part of the program, and does not require extra commitment on their part.
- b. Remind the parent that the assessment can provide important information to the home visitor and the parent about how the child is relating at home. This is an opportunity to learn together.

**5. It seems like the parent sections focus on the negative. Is this judging the parent?**

The IPCI focuses on parent behaviors that are known to support more positive child outcomes. This includes high rates of facilitative behaviors as well as low rates of interrupting behaviors. Low scores of interrupting behaviors are a good thing. Practitioners need to be aware of both strengths and concerns if they are going to partner with parents to build on strengths in a meaningful way. One purpose of the IPCI is to assess patterns of parent behaviors over time in order to plan and monitor interventions. This indicator can also point out specific skill areas that need to be supported.

We know that the purpose of assessment of children in early intervention should never be to 'judge' them. Rather, it is to identify areas of strengths or concerns that may warrant intervention to address real needs and improve quality of life or to determine if interventions are working as intended for the child.

Interactions with parents and other primary caregivers are of critical importance in the lives of very young children. There is strong evidence that the quality of parent responsiveness is linked to important outcomes, not only in early childhood, but throughout the life span. Parent-child interactions are especially critical to early social-emotional development. Through daily interactions, there are opportunities for parents to either directly support positive child social-emotional behavior and development or to engage in

behaviors, sometimes completely unaware, that either fail to support or actually interfere with positive social-emotional skills.

Using an indicator of parent-child interaction can provide valuable information about where concrete strengths exist so that they can be celebrated with parents. Such an indicator can also point out specific skill areas that need to be supported. In this way, information about skills that are off-track can highlight where support is needed and information about specific strengths can be used as a starting point to highlight existing skills and then begin building new skills.

In cases where agencies decide that there is not adequate support for ensuring appropriate use of information, scoring can be restricted solely to positive parent and child behaviors, but it should be understood that such application may result in the loss of important information that could be used to support parents.

**6. How often should the IPCI be done?**

Every 3 months for regular monitoring. During the intervention phase, more frequent monitoring (monthly or less) would be appropriate if a possible concern is identified.

**7. Can you do the different tasks on different days for a single IPCI administration?**

It is important to complete the activities at one time because this gives the best overall picture of parent-child interaction at a particular point in time. Preparing parents for the assessment using the *Pre-Assessment Visit Introduction for Parents* will keep the assessment time to its minimum. When it is explained to the parent up front that the entire assessment takes less than 15 minutes and parents have been prepared for the assessment through discussion about possible distractions and how these can be minimized, it is very unlikely that it will not be possible to complete the entire assessment. This is especially true if the home visitor introduces and conducts the assessment at the beginning of the meeting. In over 350 observations with high risk families, it has only been necessary to end the assessment prematurely and to re-do it on another day in one or two cases. If the assessment must be stopped for some reason and it is not possible to observe each activity, the assessment should be rescheduled for another day.

**8. Do we pause the camera if the baby's diaper is being changed?**

The key here is to make sure the child's privacy is protected. Rather than pausing the camera, it is much better to shift the camera to focus on the parent and any unexposed area of the child. This can usually be done quite easily by lifting the lens so that the child's exposed area is not in the picture. This is far preferable to pausing the camera because it allows the assessor to

see what the parent is doing and how the child is responding, which may be important for intervention purposes.

**9. What about personal and cultural differences?**

Being aware of and sensitive to cultural differences is always best practice. Parents may play with their child in many different ways; there are no restrictions on the types of activities parents may choose (e.g., social play, materials play, etc.). However, the IPCI focuses on specific behaviors that are associated with either more positive or more negative child outcomes across a variety of cultural background.

**10. What if the parent or child engages in behaviors on the video that are out of the ordinary for their typical interactions?**

Scores should be based solely on the video tape and with careful attention to the behavioral definitions, not what is known about the family from prior experience. Simply record what is occurring in the present moment. This should not result in parent-child interactions looking “worse” than they are. Rather, you are simply recording what is occurring in the present moment, which is likely to result in the most accurate picture at that particular time. If the parent or child’s behavior is truly atypical during an IPCI assessment, this will be evident when comparing that individual assessment’s scores with others from repeated assessments.

**11. What about parents who cannot read?**

Remember, instructions for the book activity do not involve asking the parent to *read* to the child. A parent who cannot read can be encouraged to simply interact with the book and their child however they wish.

**12. What about parents or children with visual impairments?**

For parents or children with visual impairments, books are also available in Braille.

## Overview of IPCI Items

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### Parental Caregiver (P/C) Domains

#### **(P/C) Facilitators**

- (1) Conveys Acceptance and Warmth
- (2) Uses Descriptive Language
- (3) Follows Child's Lead
- (4) Maintains or Extends Child's Focus
- (5) Uses Stress Reducing Strategies

#### **(P/C) Interrupters**

- (1) Uses Criticism or Harsh Voice
- (2) Uses Restrictions/Intrusions
- (3) Rejects Child's Bid

### Child (Ch) Domains

#### **(Ch) Engagement**

- (1) Positive Feedback
- (2) Sustained Engagement
- (3) Follows Through

#### **(Ch) Reactivity/Distress**

- (1) Irritable/Fuss/Cry
- (2) External Distress
- (3) Frozen/Watchful/Withdrawn

## General Scoring Procedures

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Immediately following an administration of IPCI interaction activities, the IPCI rating sheet (including the Cover Page) is completed.

Each item is rated on a 4-point scale of relative frequency [i.e., 0 = Never; 1 = Rarely (Mild); 2= Sometimes/Inconsistent; and 3 = Often/Consistently (Severe)]. A score of Rarely is reserved for sessions containing a single instance of a coded behavior. A second occurrence would change the score from Rarely to Sometimes. Furthermore, a score of Often is reserved for frequent instances of a coded behavior that occur in all IPCI assessment activities or behaviors that are infrequent but severe in the case of interrupter items. The IPCI rating form contains brief guidelines as to what scores are appropriate.

Parental Caregiver Interrupters and Child Distress are rated with regard to relative frequency as well as severity. If there is a discrepancy between relative frequency and severity, then the highest number possible is assigned. For example, if a Parental Caregiver Interrupter occurs once but is severe as specified in the item definition, then a rating of '3' [Often/Consistently (Severe)] is assigned. If a Child Distress behavior occurs frequently but is mild in nature, a rating '3' is assigned.

Do not score parent or child behaviors that occur while giving task directions; code only behaviors that occur during the timed portion of the tasks.

To enhance and maintain inter-rater reliability, the IPCI item definitions in this manual should always be referenced when scoring. For each IPCI item, a definition is provided, examples and non-examples are presented, and a scoring hint is included. While the rating sheet includes brief item labels, complete definitions are provided in the manual.

To maximize rating accuracy, it is helpful to use tally marks on the rating sheet next to each IPCI item when an example of that item is observed.

To obtain IPCI scoring certification, 2 out of 3 consecutive IPCI sessions must be rated with each score meeting the following criteria: (1) each overall rating is at or above 80% agreement with a gold-standard rater, and (2) the total Parent-Caregiver and total Child ratings are each at or above 70% agreement with a gold-standard rater. Once certification is obtained, inter-rater reliability should be checked periodically to maintain reliability.

## Item Definitions and Scoring

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### Parent or Caregiver (P/C) Domains

#### P/C Facilitators

##### 1. Conveys Acceptance and Warmth

The adult conveys acceptance and warmth through approval in any of the following ways:

- ❖ Smiling at the child
- ❖ Making a positive comment **to** or **about** the child
- ❖ Providing gentle, affectionate touch.
- ❖ Agreeing with something the child has said
- ❖ Indicating that the child's behavior is correct
- ❖ Confirming what the child has just said
- ❖ Thanking the child for something
- ❖ Stating the child made a good effort, even if the task was not performed correctly

Watch for clear and appropriate signals of acceptance and warmth. If a parent gives a verbal and nonverbal message simultaneously, these messages must match and be positive to be an example of this item.

**A positive comment with a flat expression, frowning, or negative voice tone is not an example of Conveys Acceptance and Warmth.** A negative comment while smiling or laughing is also not an example of Conveys Acceptance and Warmth.

Smiling or laughing inappropriately (such as when a child is hurt, upset, engaging in unsafe behavior, or in a behavior that is not appropriate) is not an example of Conveys Acceptance and Warmth.

Simply holding or touching a child in the context of a general routine does not necessarily convey acceptance and warmth and therefore is not an example of this item.

**Examples of Conveys Acceptance and Warmth:**

- ✧ Mom smiles as she says, “Good job, you did it all by yourself!”
- ✧ Grandma smiles and in a happy, excited voice tone says, “Oh, those are soft touches to that furry doggie.”
- ✧ Dad giggles and says, “Wow, look at you go!” as child begins to crawl or walk.
- ✧ Caregiver picks up a crying child and in a concerned and comforting voice says, “what’s wrong, honey?”

**Non-Examples of Conveys Acceptance and Warmth:**

- ✧ Mom says, “Yeah, you finally did it.” in a flat voice tone as she rolls her eyes.
- ✧ The child becomes frustrated during play and mom laughs.
- ✧ Child throws a toy across the room and Dad smiles and then says, “How many times have I told you not to do that?”

😊 **Scoring Hint:** While you are observing, make a tally mark on the rating sheet near Conveys Acceptance and Warmth each time you observe an example that meets the definition above. When you are ready to rate this item after the observation, count the number of tally marks you have made and consider these as well as consistency across activities before rating this item.

## 2. Uses Descriptive Language

This item includes adult descriptive comments that meet at least one of the following criteria:

- ❖ The comment both labels and connects objects and actions (e.g., “The wheels go round”—**not** “Those are wheels.”).
- ❖ The comment labels and connects nouns and adjectives (“There’s that furry, brown bear.”).

The adult describes activities, objects and/or child’s behavior or feelings. This item does not refer to negative descriptive statements about the child or child’s behavior (e.g., “That’s mean, don’t be a bad boy,” “You’re going to hurt yourself”, etc.).

This could include the use of rhetorical questions as long as they do not have a negative connotation (e.g., “Are you holding your teddy bear?”).

During the book activity, this item should be rated based on the parent’s use of descriptive language and imitation or expanding on the child’s interests. Simply reading, without any other descriptive comments to the child, is not an example of Uses Descriptive Language.

Keep in mind that it is possible for adults to talk a lot but not use descriptive language. This is sometimes referred to as ‘impoverished talk’. Simply making sounds, repeating words, making brief statements that do not fit the above criteria are not examples of Uses Descriptive Language.

Simply naming colors, counting, or naming objects in a room are not examples of Uses Descriptive Language. Giving commands about what color of toy to pick up is also not an example of Descriptive Language.

### Examples of Uses Descriptive Language:

- ❖ Child points to a dog and Mom says, “Yes, that’s a doggie. You see the brown doggie.”
- ❖ Child reaches for a cup and Dad asks, “You want a drink from your sippie cup?”
- ❖ Child is looking at a book and Auntie says “You see the duck. The duck says ‘quack, quack’.”
- ❖ Mom notices that child looks sleepy and asks, “You’re rubbing your eyes. Are you sleepy?”
- ❖ Dad asks in a playful voice “Why are you hiding behind that blue chair?”

### Non-Examples of Uses Descriptive Language (parent does not connect nouns with actions or adjectives):

- ❖ “See it.” “Do it.”
- ❖ “Say one.”
- ❖ “Put it there.” “That one.”
- ❖ “The orange one.” “Say, red”
- ❖ “What are you doing with that book?”
- ❖ “What are you looking at?”
- ❖ “Pick up the yellow block.”

☺ **Scoring Hint:** During the observation, use tally marks or write down key words next to Uses Descriptive Language on the rating sheet each time you hear an example. It is helpful to write a key word the first time you hear an example. If descriptive language is infrequent, then continue to write key words. If it is frequent, use tallies. Before you assign a rating, count these examples and consider consistency across IPCI activities.

### 3. Follows Child's Lead

The parent follows the child's lead by noticing what interests the child and either comments on the child's interest or joins in the same activity without interrupting the child. However, the parent does not interrupt the child or redirect child's behavior. Follows the Child's Lead can occur in the context of routines in which the parent may be taking a more active role than in play. For example, the parent who notices and comments on the child's focus and what is happening during dressing can be an indicator that the parent is following the child's lead. However, this must be done in a non-intrusive manner to be an example of this item.

- ❖ The parent may introduce an activity and make suggestions, but the score for Follows the Child's Lead focuses on his or her behaviors of attending, imitating, joining, turn-taking, and/or commenting appropriately on the child's interest.
- ❖ The parent may comment on what the child is doing. If the comment is descriptive, it would also be an example of Uses Descriptive Language. If in addition, the comment is positive and affirming of the child, it would also be an example of Conveys Acceptance and Warmth.

#### Examples of Follows Child's Lead:

- ✧ Child points to a dog and Mom says, "Yes, you see the doggie."
- ✧ Child reaches for toy phone and Dad asks, "You want to talk on the phone?" as he pulls it closer to child.
- ✧ Child is tapping a large ring toy and the parent picks up another ring and says, "Tap, tap, tap," as she taps her ring on the table.
- ✧ Child puts a toy phone up to her mouth and Mom says, "You like that phone."
- ✧ Mom gets out a book to show the child but the child is not interested and turns toward another book. Mom says, "Oh, you want to look at that one," as she pulls the book closer for the child.

#### Non-Examples of Follows Child's Lead:

- ✧ The child is looking at or reaching for a toy ring and the parent places another toy in front of the child.
- ✧ The child reaches for a toy and Mom begins talking about or pointing to another toy.
- ✧ The child shows interest in a ball by squealing and gesturing for it; the parent does not respond in any way.

☺ **Scoring Hint:** During the observation, use tally marks or write down key words next to Follows Child's Lead on the rating sheet each time you hear an example. It is helpful to write a key word the first time you see an example. If Follows the Child's Lead is infrequent, then continue to write key words. If it is frequent, use tallies. Before you assign a rating, count these examples and consider consistency across IPCI activities.

☺ **Scoring Hint:** Follows the Child's Lead is following the interests of the child, not extending the activity or conversation further.

☺ **Scoring Hint:** Remember, in order to score this item as a '3', the adult must have consistently followed the child's lead without contrary examples in which s/he interrupted

the child or missed multiple opportunities to follow the child's lead. If the parent followed the child's lead inconsistently, score a '2', if not, score a '1'. If the parent follows the child's lead once, score a '1'.

- ☺ To be given credit for Following Child's Lead, the parental caregiver must do more than simply avoid restrictions and intrusions. Always consider the presence of Restrictions and Intrusions before rating Follows Child's Lead. Using Restrictions or Intrusions directly interferes with Follows Child's Lead. If you observe Uses Restrictions, Intrusions more than 1 time during the observation, then it should be reflected in the rating for Follows Child's Lead. For example, if you observed 2 examples of Uses Restrictions, Intrusions, do not rate Follows Child's Lead above a '2.'

#### 4. Maintains or Extends Child's Focus

The adult introduces materials or interacts in a novel or interesting manner to maintain and/or extend the child's focus. The adult uses words, voice tone, facial expressions, and gestures in an interesting way to engage the child in a manner that maintains the child's focus or slightly extends the child's focus.

Maintains or Extends Child's Focus is a higher order skill than simply Follows Child's Lead. To meet the definition of Maintains or Extends Child's Focus, the adult's behavior must be interesting **and** not disrupt the child's focus of attention.

Developmental appropriateness of the parent's behavior must be considered when rating this item. In order to rate this item as present, the behavior described herein must be novel or interesting and it must be developmentally appropriate.

Attempts to stimulate development that are far beyond the child's development level are **not** examples of Maintains or Extends Child's Focus. Keep in mind that what may be novel or interesting the first time it is introduced, may not continue to be novel/interesting when repeated.

Watch for the adult to introduce new activities either when the child is not already showing interest in another activity or for the adult to introduce an activity that builds on the child's interest.

Note: Simply introducing a new activity without consideration to the child's interest is not an example of Maintains or Extends Child's Focus. Requires scaffolding language (e.g., speaking in a language that the child can understand but that will still challenge them or help them learn and grow).

##### Examples of Introduces to Maintains or Extends Child's Focus:

- ✧ The child reaches for a toy phone and begins to vocalize. Mom says, "Yes, let's call Grandma," as she moves the phone within the child's reach. [Mother extended child's play by expanding on the vocalization and reaching for the phone.]
- ✧ The child is engaging in pretend play with a toy barn. As the child picks up one the duck figure, Dad says, "'Quack, quack.' Let's feed the animals." [Dad extends the child's play by giving the child sounds for the animal to say and introducing a new activity related to the general play theme.]

##### Non-Examples of Introduces to Maintains or Extends Child's Focus:

- ✧ The child is looking at or reaching for a toy ring and the adult places another toy in front of the child.
- ✧ The child is playing with a toy barn and the parent sits beside the child quietly watching but does not engage with the child in play.
- ✧ When Mom says, "Let's look at books," the child picks up one book. Mom says (in reference to another book), "Let's look at this one instead."
- ✧ Child is fussy and mom shakes a rattle in front of child's face.

☺ **Scoring Hint:** During the observation, use tally marks or write down key words next to Maintains or Extends Child's Focus on the rating sheet each time you hear an example. It is helpful to write a key word the first time you see an example. If Maintains or Extends Child's Focus is infrequent, then continue to write key words. If it is frequent, use tallies. Before you assign a rating, count these examples and consider the consistency across IPCI activities.

## 5. Uses Stress Reducing Strategies

If a child shows frustration or distress, the parent responds appropriately through the following strategies

- ❖ **If the child shows distress/crying**, the parent uses soothing behaviors that include providing a pacifier, cradling, or rocking. With an older child, parent behaviors would include gentle touch, words acknowledging child's feelings, and words of comfort/support. However, comforting words alone (without physical comfort) are not sufficient for an infant. Remember, words of comfort alone with an infant will affect the Warmth/Acceptance rating.
- ❖ **If the child shows frustration/aversion cues**, the parent responds by providing one of the following strategies: slowing pace, using softer voice, providing a brief pause in interaction, or with older infants using appropriate distractions. Early signs of distress include gaze aversion (turning face or eyes away when a parent is trying to get the child to look at her face or a toy), increased activity level, rapid breathing, or fussy sounds. Watch for the parent to respond immediately to these signals by slowing pace, using a softer voice, or becoming quiet. With older infants/children, parents may use distraction appropriately (e.g., helping the child become interested in another activity).

Simply introducing new toys or materials to a young infant (under 6 months) who is showing aversion or distress cues is not an example of appropriate distraction. Similarly, after attempting to introduce a new activity once or twice with an older infant or young child (12 months and older), repeating this behavior is not an example of appropriate distraction.

General words of affection or comfort without steps to comfort are not examples of Stress-Reducing strategies. Instead, watch for slowing pace, using a softer voice, and with an infant providing physical comfort).

\*\* If the child does not show any aversion/frustration cues **or** distress, then 'No Opportunity' (NA) should be checked. If the child shows aversion/frustration cues but not overt distress such as crying, then rate this item based on the parent's response to aversion/frustration cues. Follow the same principle if the child shows overt distress, but not earlier signals of aversion/frustration. If the child shows both aversion/frustration cues as well as distress and the parent engages in appropriate strategies to one of these (e.g., distress/crying) but not the other (e.g., aversion/frustration cues) and the parent had an opportunity to respond, this item should be rated less than a '3'.

**Examples of Uses Stress Reducing Strategies:**

- ✧ In response to an infant crying, Dad picks up the infant, cradles the infant quietly, provides a pacifier, and begins rocking.
- ✧ A toddler turns away from the book that the mother has attempted to re-engage the child by pointing and talking about a picture; Mom says, "Let's take a break and we can look at books later."
- ✧ A child begins to whine and cry when he becomes frustrated because Auntie removed a phone (that the child was attempting to play with) and placed it out of reach. Auntie quietly says, "That's for grown-ups, let's find something for you to play with," as she leads child gently by the hand to find an appropriate activity.

**Non-Examples of Uses Stress Reducing Strategies:**

- ✧ An *infant* begins to cry and mom picks up baby and says "What's wrong? Shh." In a gentle voice without any other intervention.
- ✧ After a few minutes of face to face play, an older infant begins to fuss. Mom quickly places a series of toys in front of the baby, shaking each toy and talking in an animated voice as she attempts to interest child in the toys.
- ✧ A *toddler* is running, falls down and skins his knee. Mom says "You're okay."

☺ **Scoring Hint:** Always consider opportunities for Uses Stress Reducing Strategies. Reserve a rating of '3' for situations in which the caregiver consistently recognizes signs of distress (including subtle signals of frustration and disinterest) and responds consistently with specific stress-reducing strategies described above. If the parent consistently responds to obvious signs of distress with stress reducing strategies, but misses opportunities to use stress reducing strategies in response to subtle signs of distress (such as gaze aversion, disinterest, frustration), do not assign a rating above a '2.' During the observation, use tally marks or write down key words next to Uses Stress Reducing Strategies on the rating sheet each time you hear an example. It is helpful to write a key word the first time you see an example. If Uses Stress Reducing Strategies is infrequent, then continue to write key words. If it is frequent, use tallies. Before you assign a rating, count these examples and determine approximately what proportion of the opportunities to address child distress to which the parent responded.

## **Parent or Caregiver Interrupters**

### **1. Uses Criticism or Harsh Voice**

For this item, as well as each of the Interrupter items, consider both frequency **and** severity when rating Interrupters. **If there is a disparity between frequency and severity, use the higher score** to rate the item (e.g., single episodes of a parent calling a child a name, using a derogatory label, or making emotional threats such as “I’m going to leave you;” “I don’t want you anymore,” or using anything more than the most mild physical force) should **automatically** be rated as a ‘3’ due to severity even though it only occurs once.

Watch for name-calling, sarcastic tone of voice, yelling, raised voice, or critical statements about the child.

While parent behaviors directed to a child other than the target child are not usually scored, if the parent uses a harsh tone of voice with another child, do score it, because the target child was exposed to this parent behavior.

Avoid trying to ‘interpret’ a parent’s meaning with this item. Enter a tally mark if you observe any of the behaviors listed. It is possible for a parent to make a very demeaning statement while laughing or dismissing the comment. Avoid looking for reasons to dismiss criticism or harsh voice. Instead, refrain from making a judgment about intent or meaning behind such statements and simply make a tally to note that it occurred.

It can be helpful to consider the parent’s baseline voice tone with you and other adults. Using a flat or monotone voice without warmth is not an example of this item. There must be a criticism in words and/or a raised and harsh tone of voice.

#### **Examples of Uses Criticism or Harsh Voice:**

- ✧ A consistent child care provider says in an angry tone, “How many times do I have to tell you... (not to do that, etc.)
- ✧ A Mother says, “You’re so rotten,” as she laughs.
- ✧ A Father says in an angry, rough voice, “Look at me when I talk to you.”
- ✧ A Mother says, “Why can’t you ever do what I tell to you to?”
- ✧ A Mother says sarcastically, ‘You’re just my favorite child’.

#### **Non-Examples of Uses Criticism or Harsh Voice:**

- ✧ A mother maintains a flat tone devoid of warmth throughout the observation.
- ✧ Using a firm voice, a mother says, “ use a gentle touch”

😊 **Scoring Hint:** For this item, a single critical statement should be scored a ‘3’ if it is severe (e.g., calling the child a name, belittling the child, threatening to abandon or withhold love). To score a ‘1,’ the statement must be mild and occur only once.

## 2. Uses Restrictions/Intrusions

Restrictions include statements such as “No, Don’t, Stop, Quit”. They also include repeated vague warnings such as “Watch out,” “Be careful.” If you hear a vague warning once, disregard it. If you hear it more than once, make a tally for each time thereafter.

Intrusions include taking things away unnecessarily, controlling child’s movement unnecessarily, using physical discipline, or pushing objects in front of a child’s face. Consider both frequency and severity. A rating of ‘3’ should be assigned if mild restrictions are used frequently. A rating of ‘3’ should also be assigned if only 1 restriction is observed but it is severe (e.g., slapping a child’s hand, yanking a child away from a toy).

### Examples of Restrictions/Intrusions:

- ✧ The child is playing roughly and the parent says “Be careful,” on several occasions without providing any other support.
- ✧ Mom pulls a clean toy ring out of baby’s mouth. [Unnecessary because there were no safety concerns.]
- ✧ Baby begins to mouth a baby board book and Dad says, “Get that out of your mouth,” and pulls the book away.
- ✧ The child is reaching for an ashtray on the coffee table and Mom slaps the child’s hand.
- ✧ The toddler reaches for a door knob and Mom says, “No, stop it.”
- ✧ The child is trying to climb up on a table top. The Mom roughly pulls the child down.

### Non-Examples of Restrictions/Intrusions:

- ✧ Child is reaching for something inappropriate and mom says in a firm but kind voice, “Oh, you can’t have that, it’s not safe”, as she leads child away and to a safe activity.
- ✧ The child is trying to climb up on a table top. The Mom gently helps the child down and says, “You need to come down, you could get hurt up there. Let’s play with your blocks on the floor.”

☺ **Scoring Hint:** Remember, for this item as well as for each Interrupter item, consider both frequency and severity. **If there is a disparity between frequency and severity, use the higher number** to rate the item (e.g., single episodes of hitting a child, or using anything more than the most mild physical force should **automatically** be coded as 3).

☺ For this item, a single intrusion should be scored a ‘3’ if it is severe (e.g., slapping, roughly yanking a child backward). A rating of ‘3’ would also be given if intrusions are frequent but mild. To score a ‘1,’ the intrusion or restriction must be mild and occur only once.

### 3. Rejects Child's Bid

This item includes words or gestures the parent uses (specifically in response to the child's search for support, help, or attention from the parent) that **explicitly** convey that the child is not to interrupt the parent or seek the parent's attention or physical support (e.g., motioning the child to go away from the parent or pushing the child away, saying "Not now," or "I don't want to play with you," pulling away from a child who is seeking a hug, or blatantly ignoring a child's request for help or attention).

The child must initiate a specific bid for the parent's attention (i.e., showing a toy, asking for something, crawling on the parent's lap, etc.) for this item to be considered. If the child never initiates a bid for attention, then "never" should be scored.

If the child initiates a bid for the parent's attention, the bid must be explicitly rejected (i.e., the parent saying "no", pushing the child away, etc.) The response from the parent must be an intentional rejection of the child's bid. A parent simply ignoring the behavior (or not realizing the child is making a bid for attention) do not count as rejecting the child's bid.

Another example of Rejects Child's Bid is if a parent taunts or teases a child with a toy, holding it out to the child and then withdrawing it when the child reaches for it. This should only be coded in this category if the parent continues the behavior in the case of child distress. For example, if both the child and the parent are laughing, this is a turn-taking game instead of taunting.

Remember to consider severity not simply frequency. One severe rejection would be scored a '3.' If the child does not seek the parent's attention or approval through gaze, vocalization, comment, soft touch, approach, or smile a score of "never" is given.

#### Examples of Rejects Child's Bid:

- ✧ Child tries to show Mom a picture and Mom pushes child away.
- ✧ Child brings a cup to Mom for water and Mom says "I told you, no. You're not getting any."
- ✧ Child brings toy to Dad, and Dad says "Go away, can't you see I'm busy?"
- ✧ A caregiver holds out a teddy bear to a child but then takes it back when the child reaches for it. (When the child reached for the toy, this was a bid, which was clearly rejected when the caregiver pulled the toy back out of the child's reach. Note that because the caregiver offered the toy and then pulled it back, this is taunting, which is quite different than taking something unsafe or inappropriate from a child. Keep in mind also that if the child was able to put his/her hands on the teddy bear before the parent pulled it away, this would also be an example of Restrictions/Intrusions).

#### Non-Examples of Rejects Child's Bid:

- ✧ The parent uses a harsh tone and engages in very few facilitative behaviors but does not reject the child's bid for attention.
- ✧ The child does not make any attempt to seek the parent's attention.
- ✧ Rather than being engaged in a mutual activity, the child and the parent are interacting side by side during the assessment and the child does not attempt to make a bid for the parent's attention.

## Child (Ch) Domains

### Engagement

#### 1. Positive Feedback

Child provides positive feedback to parent through positive social signals such as appropriate smiling or laughing, eye contact, vocalizing, words, or gentle touch. This item does **not** reflect a child passively looking at a parent who is not engaged with the child.

In rare cases, a young infant may have no opportunity to provide positive feedback to the parent because the parent is physically unavailable (such as an infant lying on his or her back who cannot see the parent's face due to parent positioning). In such rare cases, 'No Opportunity' (NA) should be checked.

#### **Examples of Positive Feedback:**

- ✧ The baby smiles and coos as Mom shows a book to the baby.
- ✧ The baby wiggles arms and legs and vocalizes when Dad leans over the baby and smiles.
- ✧ The child leans into the parent, giving a hug, and smiling.

#### **Non-Examples of Positive Feedback:**

- ✧ The child focuses visually on a book but does not provide any positive feedback.

😊 **Scoring Hint:** With a toddler or slightly older child, reserve a rating of '3' for frequent, clear expressions of positive feedback. For example, occasional smiling interspersed with frequent whining, crying, and refusals, should never be rated as a '3.'

## 2. Sustained Engagement

Child engages in an activity for a sustained length of time. Consider both social and non-social engagement with toys or materials. For older infants and young children, the child must be **actively engaged** (e.g., reaching for, looking at/turning pages of a book, manipulating objects, etc.). This item does not include an older infant or child sitting and passively watching others interact. **However, for very young infants, this item does include sustained visual attention to toys, materials, or face.** Watch for at least 30 seconds of sustained attention to parent's face or materials. Simply looking around a room is not an example of this item.

If a child looks away from the activity for 3 seconds or more a new count of 30 seconds should begin again for counting sustained engagement.

### Examples of Sustained Engagement:

- ✧ The baby focuses on a board book for at least 30 seconds by reaching, grasping, intent focus, or attempting to turn pages.
- ✧ The child plays with toy house for at least 30 seconds before switching focus.
- ✧ Baby watches Mom playing peek-a-boo for at least 30 seconds.

### Non-Examples of Sustained Engagement:

- ✧ The child watches the parent while parent sits on couch without looking at the child and without interacting.

☺ **Scoring Hint:** Use tally marks to note instances of 30-second or more intervals of sustained attention. Count these and consider consistency across IPCI activities before scoring.

### 3. Follow Through

When, and if, the parent attempts to engage the child or requests action, the child follows through by vocalizing, gesturing, or attempting the task. For very young children, follow through could include imitating a smile or vocalization of the parent. This item assesses the extent to which the child follows through and responds to the parent's attempt to engage the child.

Watch for the child to follow a parent's instruction, follow through with a verbal request or a clear non-verbal cue that is paired with a verbal request or instruction.

#### Examples of Follow Through:

- ✧ In response to Mom smiling and expanding on the baby's vocalization, the baby smiles and vocalizes.
- ✧ The mom puts a toy in a box and says, "Let's put them away," and the child begins to pick up toys.
- ✧ The dad claps his hands and says, "You do it," as he models clapping and child claps her hands.
- ✧ The auntie says, "You can do it, get that bunny," and the child reaches for the bunny but doesn't quite grasp it.

#### Non-Examples of Follow Through:

- ✧ Mom says, "Let's play 'Peek-a-boo,'" and holds her hands up to her eyes as child watches.

- ☺ **Scoring Hint:** Use tallies if and when you observe Follow Through. Count these and consider consistency across IPCI activities before assigning a rating.
- ☺ **Scoring Hint:** If parent does attempt to engage the child or requests an action and the child does not follow through, make a tally mark on the score sheet under "no occur."
- ☺ **Scoring Hint:** When scoring Follow Through take into account the number of attempts to engage the child or requests for action vs. the number of times the child engages or complies with the request.

## Child Reactivity/Distress

### 1. Irritable/Fuss/Cry

This item reflects both clear signals of fussiness and crying and unclear, difficult-to-read signals. Watch for fussing, whining, crying, or signals that change quickly and may be difficult to understand. The child's signals may shift rapidly to whimpering, fussing or crying with little warning. Note the child's facial expressions and vocalizations when coding this item. Consider how the child recovers from stressors. Uncontrollable or inconsolable crying are examples of this item. Difficulty calming after a stressor is also an example of this item.

If the child fusses or cries, even if it is due to a clear environmental stressor, this should be reflected in the scoring.

As soon as an instance of this item is observed, a tally mark should be made on the score sheet. For each 15 second interval that the fussing, crying, etc. continues another tally mark should be scored. This will aid in determining severity for scoring this item.

#### Examples of Irritable/Fuss/Cry:

- ✧ The dad and child are playing peek-a-boo and the child begins to cry.
- ✧ Mom is reading a book to the child and the child begins to fuss and whine.
- ✧ During toy play, it is difficult to tell if the child's vocalizations are signals of enjoyment or distress.

#### Non-Examples Irritable/Fuss/Cry:

- ✧ The dad and child are playing peek-a-boo and the child says, "No more, want book."
- ✧ The mom is playing patty cake with the child, and the child smiles and giggles in response.

😊 **Scoring Hint:** Make a tally mark next to this item, each time you see an example during the observation. Count these and consider consistency across IPCI activities before scoring.

## 2. External Distress

Child engages in a tantrum, or aggressive behavior (hitting, biting, kicking, throwing objects, spitting, head-banging, screaming, verbal or nonverbal social rejection, name-calling, derogatory language, or threats). Non-compliance alone (simply not following through) is **not** an example of externalizing behavior.

Similarly, saying 'No' unless it is repeated and is combined with another behavior such as yelling or screaming is not an example of External Distress. This item does not include a child who simply turns eyes and/or head away from interaction or fails to follow the parent's instructions.

As with the irritable/fuss/cry item, as soon as an occurrence is seen a tally mark should be made on the score sheet. For every 15 seconds that the behavior continues, another tally mark should be made to aid in determining severity.

### Examples of External Distress:

- ✧ The mom tries to show child book and child throws book at Mom.
- ✧ The mom says, "It's time to get dressed," and child screams no as she turns away.

### Non-Examples of External Distress:

- ✧ Mom says, "Let's put your shoes on," and child pulls his foot away.
- ✧ Mom says, "It's time to get dressed," and child says "No" as she turns away.

😊 **Scoring Hint:** If a child engages in biting or head-banging, these behaviors should be rated as '3' even if they occur only once.

### 3. Frozen/Watchful/Withdrawn

Child startles, flinches, or pulls away from the parent or engages in frozen, watchful behavior without joining in the interaction. A child who is simply not engaged in an activity or whose attention shifts to an activity other than where the parent wants the child to focus is **not** an example of this item. Watch for behaviors such as flinching, pulling away, or looking with a frozen/watchful gaze. The behavior should give a clear impression of fear, uncertainty, or avoidance.

#### Examples:

- ◇ Mom reaches in front of child to pick up a toy and child flinches and ducks.
- ◇ Mom says "Come here," and child startles and then freezes while intently watching the mom.

#### Non-Examples:

- ◇ Mom says, "Come here," and child does not respond.
- ◇ Mom attempts to engage child in play; the child shows no interest and continues to play with another toy.

😊 **Scoring Hint:** Make a tally mark beside this item for each example observed. Remember to consider severity as well frequency. Observation of a dramatic flinch response should be rated as a '3.'