

*NCAST PCI Feeding &  
Teaching Scales*

# Syllabus 2022

*for*  
**CERTIFIED PCI  
INSTRUCTORS**

---

© **Copyright 2018 University of Washington**  
**Seattle, Washington**

First Edition 1994; **Revised Edition 2018** incorporates:  
Second Editions of the Feeding and Teaching Manuals  
and  
**2018 PCI Educational Video Series**

**\*Reprinted March 2022**  
Supersedes all other versions of the syllabus.



**Parent-Child Relationship Programs**  
**University of Washington**  
**Box 357231**  
**Seattle, Washington 98195-7231**  
**(206) 543-8528**  
**pcrp@uw.edu**  
**www.pcrprograms.org**

---

---

# Letter to NCAST PCI Instructors

*Dear Instructor,*

*This syllabus was developed to help you gain confidence in your teaching of the scoring, understanding and interpretation of the NCAST Parent/Child Interaction (PCI) Feeding and Teaching scales. As providers, we often rely on our own experiences to evaluate the parent-child relationship. Sometimes these experiences interfere with our ability to be objective. In order to learn and use the scales in a reliable manner, we need to learn to look through a new or different lens. Encourage your learners to try looking through this new lens.*

*One strategy that is very effective is to have students learn the content in the Keys to Caregiving program prior to learning the Feeding and Teaching scales. Those who offer this program in a group setting and encourage an active learning style seem to have a higher success rate when the scales are taught. Encouraging discussion, observing infants and children, describing the concepts to parents, and role-playing the use of the Keys parent booklets are all ways to learn the content. Time, again, seems to be the variable which makes the difference.*

—LEARNING TAKES TIME—

*Every agency and/or learner who wants to be educated in the NCAST PCI Scales should understand the time commitment and the possibility of not attaining reliability immediately. Historically, more than 95% of all learners are able to attain reliability by their second attempt. In this syllabus you will find step-by-step guidelines so you can readily let your learners know how much time you will need to schedule for the learning of each scale.*

*The Syllabus provided is divided into 3 phases which encompasses a total of 7-8 days of teaching over time:*

*Phase I—Instruction in the Feeding and Teaching scales (5-6 days)*

*Phase II—Interpretation and Use of the Feeding and Teaching scales (1 day)*

*Phase III—Use of the Feeding and Teaching scales and Personal Environment Assessments (1 day)*

*Phase I—Instruction in the Feeding and Teaching scales:*

*Consists of 5 1/2 days of instruction: 3 days for the Feeding scale and 2 1/2 days for the Teaching scale with two extra partial days scheduled for learners who do not attain reliability on their first attempt. The most frequently used strategy for instruction is to teach one scale, wait to be notified about class results; then tutor those who did not reach 85% before proceeding on to the next scale. Reliability results are generally provided within one-two weeks of our receiving the reliability forms and scales. The sooner the tutoring/rescoring is done, the more likely reliability will be attained. Each week you wait, the more precise information learned initially is lost. Sending learners out into the field “to learn” the scale is not advised until they are deemed reliable.*

---

We recommend you teach one scale at a time and leave about one month in between scales. The month time frame can be used in order to accomplish two things; first, it allows the reliable learners to use the scale in their work setting and attempt to solidify the items into their long term memory (re-reading the item descriptors before and after scoring is the best way we know). and second, this time can be used to tutor those learners who need to view the videos again to become reliable.

### **Phase II—Interpretation and Use of the NCAST PCI Feeding and Teaching Scales to Inform Practice and Guide Intervention**

One short day of instruction scheduled when every learner who is going to attain reliability has done so. This day is essential in being able to understand the normative scoring of the scales and more importantly for evaluating scores from their own client sample. Following Phase II each learner will have a blueprint of where the client's actual strengths lie and where supportive intervention may be offered and be able to do a comparison of their clients with other similar groups.

### **Phase III—Use of the Feeding and Teaching Scales and Personal Environment Assessments**

One more short day of follow-up to support learners in the use of the scales and any challenges they encounter as well as share ideas, present case studies, and educate learners in the Personal Environment Assessments. Phase III needs to be scheduled at a time when most learners are able to attend. The date of this meeting can be agreed upon when everyone completes their reliability or during the Phase II meeting. Follow-up phone calls are also desirable in order to see that learners understand how to use the scales to evaluate their client's strengths and areas for growth and to plan interventions.

### **Additional Materials**

Additional materials that we know will be helpful to you as an instructor are included in this section including a class roster to copy for each class, how to order NCAST materials, instructional materials such as cut-outs to learn Potent Disengagement Cues and Teaching items #38 and #41, how reliability feedback is provided, and reliability recommendations using the Feeding and Teaching Scales.

Your resource USB drive (in the case with your videos) has PowerPoint templates with some notes for getting you started on content. There are also electronic versions of the above materials as well as the Barnard Model, CHA Model, and the Parent-Child Relationship Programs logo for slides. **\*\*Please give credit to Parent-Child Relationship Programs at the Barnard Center when doing a presentation.**

**Note:** This 2021 syllabus references page numbers found in the Second Edition of both the Feeding and Teaching manuals. If you have students using the prior version, the page numbers will not match, nor will the subscale practice ratings. Answers for the subscale ratings are included on your USB Resource drive.

---

# Table of Contents

Letter to Instructors .....	<i>i</i>
Table of Contents .....	<i>iii</i>
Class Overview (in person)* .....	<i>iv</i>
Class Overview (virtual)* .....	<i>v</i>
Assignments* .....	<i>vii</i>
General Comments About Instruction.....	<i>viii</i>
Reminders.....	<i>x</i>
Instructor’s Responsibilities .....	<i>xii</i>
Class Syllabus* .....	<i>1</i>
<i>Phase I</i> .....	<i>1</i>
Day 1-The Feeding scale.....	<i>2</i>
Day 2-The Feeding scale.....	<i>11</i>
Day 3-The Feeding scale.....	<i>19</i>
Feeding Practice Answers #1.....	<i>25</i>
Feeding Practice Answers #2.....	<i>27</i>
Feeding Practice Answers #3.....	<i>29</i>
Feeding Practice Answers #4.....	<i>31</i>
Day 4-The Teaching scale .....	<i>34</i>
Day 5 -The Teaching scale .....	<i>45</i>
Day 6 -The Teaching scale.....	<i>50</i>
Teaching Practice Answers #1 .....	<i>56</i>
Teaching Practice Answers #2 .....	<i>58</i>
Teaching Practice Answers #3 .....	<i>60</i>
Teaching Practice Answers #4 .....	<i>62</i>
<i>Phase II</i> .....	<i>65</i>
<i>Phase III</i> .....	<i>73</i>
Supporting Materials.....	<i>77</i>
Class Roster .....	<i>79</i>
Ordering PCRP/NCAST PCI materials.....	<i>81</i>
Instructional Materials.....	<i>82</i>
Potent Disengagement Cues .....	<i>82</i>
Teaching Items #38 & #41 .....	<i>83 &amp; 84</i>
Sample of Reliability Feedback Letter .....	<i>85</i>
Renewing Reliability in the Feeding & Teaching scales.....	<i>86 &amp; 87</i>

## Definition of Terms\*

- Class Overview — A general outline of the number of days, hours, and an overview of materials covered.  
Assignments — Reading assignments that the learner must complete prior to each class. You may copy for learners.  
Class Syllabus — Day by day, minute by minute schedule for teaching. The maximum amount of time is allotted for each activity to cover the needs of all learners and it is assumed learners come prepared for class.

---

# Class Overview (In Person)

## **PHASE I**

Day 1 (8 hours) AM

- Introduction to Feeding and Teaching Scales
- Infant State/Child Communication Cues
- Feeding Scale—Caregiver Items

PM

- Feeding Scale— Caregiver Items
- Feeding Scale— Child Items

Day 2 (8 hours) AM

- Feeding Practice 1, 2

PM

- Feeding Practice 3, 4
- Administration/Application of the Feeding Scale in Practice

Day 3 (5-6 hours)AM

- Feeding Reliability 1, 2, 3, 4, 5\*  
(A break of at least a month between scales is recommended)

Day 4 (8 hours) AM

- Infant State/Child Communication Cues
- Teaching Scale — Caregiver Items
- Teaching Scale— Child Items

PM

- Teaching Practice 1, 2 (?)

Day 5 (8 hours)

- Teaching Practice 2, 3, 4
- Administration/Application of the Teaching Scale in Practice

Day 6 (5 hours)

- Teaching Reliability 1, 2, 3, 4, 5\*

## **PHASE II**

Day 1 (6 hours)

- What the Feeding & Teaching Scales Measure
- Step-By-Step Process/ Legal Suggestions
- Feeding and Teaching Case Studies
- Instructor/Learner Case Study Discussion

## **PHASE III**

Day 1 (6 hours)

- Learner's Use of Feeding/Teaching Scales in Practice
- Use of the NCAST Personal Environment Assessments, SAR
- Follow up planning/case conference scheduling, etc.

---

\* You may need to schedule an additional day for learners who do not become reliable on their first attempt.

---

# Class Overview (Virtual)

## **PHASE I**

Day 1 (4.5 hours)

- Introduction to Feeding and Teaching Scales
- Infant State/Child Communication Cues
- Feeding Scale — Caregiver Items

Day 2 (4.5 hours)

- Feeding Scale — Caregiver Items
- Feeding Scale — Child items

Day 3 (4 hours)

- Feeding Practice 1 & 2

Day 4 (4.5 hours)

- Feeding Practice 3 & 4
- Administration/Application of the Feeding Scale in Practice

Day 5 (5 hours)

- Feeding Reliability 1, 2, 3, 4, & 5\*

Follow the same process for the **Teaching scale**. You may find the Teaching scale proceeds more quickly. Plan only **4.5 hours for the Teaching Reliability** as the videos are shorter. IF you are doing the Teaching scale as a follow up to the Feeding and learners have seen the Introduction to the Scales and watched the Infant Cues video, you will need less time on Day 1 and merely review cues and states specific to Teaching interactions and begin with Teaching scale items.

## **PHASE II**

Day 1 (4.5 hours)

- What the Feeding & Teaching Scales Measure
- Step-By-Step Process/ Legal Guidelines
- Feeding and Teaching Case Studies
- Instructor/Learner Case Study Discussion

## **PHASE III**

Day 1 (4 hours)

- Learner's Use of Feeding/Teaching Scales in Practice
- Use of the NCAST Personal Environment Assessments, SAR
- Follow up planning/case conference scheduling, etc.

*\* You may need to schedule an additional day for learners who do not become reliable on their first attempt.*

---

# Personalized Agenda Planning

---

# Assignments

## **PHASE I—The Feeding Scale**

*Prior to Day One*

Read Section I, II, & III in the NCAST PCI Feeding Manual (2nd Ed).

*Prior to Day Two*

Review Section III & IV for practice ratings. Read Sections VI & VII (pages 128-138 only) in the NCAST PCI Feeding Manual (2nd Ed).

*Prior to Day Three*

Review Section III & V for reliability.

*Following Attainment of Reliability in the Feeding Scale*

Begin to use the Feeding scale in your practice once you have been notified that you have been deemed reliable in the Feeding scale.

## **PHASE I—The Teaching Scale**

*Prior to Day Four*

Read Section I, II, & III in the NCAST PCI Teaching Manual (2nd Ed).

*Prior to Day Five*

Review Section III, IV, & V for practice and reliability. Read Sections VI and VII (pages 131-137 only) in the NCAST PCI Teaching Manual (2nd Ed).

*Following Attainment of Reliability in the Teaching Scale*

Begin to use the Teaching scale in your practice once you have been notified that you have been deemed reliable in the Teaching scale.

## **PHASE II—Interpretation and Use of the Feeding and Teaching Scales in Practice**

*Prior to Phase II*

Read Section VI, Section VII (pages 139-149), and Section VIII in the Feeding Manual, (2nd Ed).

Read Section VI, Section VII (pages 138-145), and Section VIII in the Teaching Manual, (2nd Ed).

## **PHASE III—Use of Feeding and Teaching Scales, Personal Environment Assessments, and Sleep Activity Record (SAR)**

*Prior to Phase III*

Observe and score a minimum of 2 Feeding and/or Teaching scales on one dyad and bring to the Phase III class for discussion. Or, use the scale on a specific population such as adolescent moms or specific education groups for comparison purposes. This exercise is designed to demonstrate how to build upon the caregivers strengths, identify areas for growth, discuss how change occurs, as well as discussing intervention strategies.

---

# General Comments About Instruction

1. We strongly recommend all learners view the Keys to Infant Caregiving video series prior to learning the Feeding and Teaching scales. The Keys program provides a global understanding of the behaviors infants are born with and how infant state impacts all they do. When Keys learning is provided first, much less resistance to the subject matter and a better understanding of the items and of infant and child behavior is observed.
2. We recommend that you develop a flyer that provides an overview of the course, objectives, dates, times and place of classes and assignments so that each learner (and supervisor, if applicable) knows, well in advance, what is expected. Make it clear at the outset that make up days may be needed for recoding reliability if not attained on the first attempt.
3. Make sure all learners have their Feeding and Teaching manuals well ahead of the first class and that they have thoroughly read Sections I, II, & III before the first class. Assign readings following each class so they are prepared for the next class. (See Assignments page vii).
4. Separate the Feeding and Teaching learning process by at least a month. Once the learner has been notified of their reliability in the scale this allows them time to gain skill in one scale before learning another. It also gives learners who have not attained reliability a chance to do so before learning the second scale.
5. Every learner must have a manual. PCRCP will not accept any reliabilities other than the original Reliability form torn from the manual. We strongly recommend everyone have a teaching administration kit. In agencies where they have many staff, one kit for two people is acceptable. We have found that providers who do not have access to a Teaching Kit do not use the scale.
6. Keep your groups small 10-12 or less is advised. Also the larger the screen or monitor, the easier it will be for your learners to view the videos. Good audio is essential.
7. Help learners avoid attaching their own biases and experiences to the interaction between caregivers and children. Remind them to only rate what is observed. If the behavior does not occur, score "no." One of the most valuable parts of learning the scale is learning how to observe and protect from your biases.
8. Subscale Practice Answers are in each learners manual. **Answers for the Practice sessions (full scale) are found only in this syllabus.** Once the learners have completed scoring each practice video provide them with feedback from your practice answer sheets on pages 25-32 for Feeding and pages 56-63 for the Teaching. We recommend the learner attain 85-90% reliability, on each practice video. You decide what level is acceptable for your learners to move forward to

---

reliability. If the discussion after a practice video is rich and you feel students gained valuable knowledge and insight into the intent of the item, less than the 85-90% may not be predictive of final reliability. The biggest determinant is whether they understand the intent of the items after completing all the practice videos. Do not be surprised that there is a lack of confidence expressed about doing reliability which is common. Being tested creates a lot of anxiety for most people. Do some relaxation/mindfulness activities to create a safe, relaxed environment. Share with them that they "know more than they think they do!"

9. Reliability examples are to be viewed three times. A suggested protocol is to have learners focus on the caregiver during the first viewing, filling in all items they can score confidently, the child during the second viewing, completing as many items as possible, and then focusing on the caregiver/child pair filling in all items left blank.

10. Make home or clinic visits with a family using the Feeding and Teaching scales over time to document change, plan interventions, and provide feedback to caregivers. This is an integral part of Phase II afternoon session, **Instructor Case Discussion**. Your involvement at this level will make these tools come alive for the learners.

---

# Reminders

- Explain to your learners that the items are standardized and cannot be interpreted in any other way than what is written in the manual. They may not always agree with the items but to score in a valid and reliable way the items must be interpreted according to the definitions.
- Prior to viewing the item instruction portion of the videos, demonstrate and discuss how a Feeding and Teaching are introduced to the caregiver. This will help learners understand the importance of the beginning and end of the session and the instruction that leads to a caregiver feeding or teaching their child. See page 129 of the Feeding Manual and page 132 of the Teaching Manual for how to introduce and administer the scales.
- Remember that all potent disengagement cues = distress. This is a difficult concept for some to grasp. You may need to take extra time role playing potent disengaging cues so everyone fully understands them. Connecting them to adult life situations and how we behave under stress seems to help. Also, during the subscale and practice video sessions make sure learners have seen and accurately recorded *all* the potent disengagement cues observed during the interaction on the back of their scale.
- Do not count the potent disengagement cues that occur prior to one minute into the feeding, terminate the feeding or occur after the feeding has ended (see page 51 Feeding Manual). Likewise, do not count the potent disengagement cues as distress that terminate the Teaching or occur after the Teaching has ended (see page 56 of the Teaching Manual).
- Many errors are made because item descriptions are not read in their entirety. Emphasize the importance of reading and highlighting idiosyncrasies of item descriptions. We recommend that you, as the instructor, point these out as you go through each subscale. They include such things as:
  - *Only needs to occur once to score no.*
  - Caregiver must *comment on satiation cues.*
  - The signal which marks the end of the teaching must be directed to the child for the caregiver to score *yes.*
  - For engaging in social forms of interaction during feeding, both caregiver and child need to participate.
  - Caregiver is in the en face position for *more than half of the feeding, etc.*
- Remind your learners that if the behavior does not occur or is not observed, score *no*. For instance, if the baby doesn't demonstrate a change in motor activity, doesn't have periods of alertness (widening and brightening of eyes) during the feeding, score *no*, or in contingency items, if either the child or caregiver behavior is absent, score *no*. Remember, *behaviors not observed are marked no and a no response is not 'negative' merely not seen during this observation.*

- 
- Over the years we have found that the initial scoring of an item is generally correct. Encourage learners to go with their first scoring and not change their answers when they view the interaction the second or third time unless they observe something that they obviously missed on their first scoring.
  - Instructors must be in the room during reliability testing. There should be no discussion during the observing and scoring of the reliability videos. Pens only will be accepted on reliability forms. Show the each reliability dyad three times. We recommend at least 5 minutes be scheduled between each reliability video for instructor and learners to take a stretch break. Ask learners to turn over or cover their reliability forms during breaks.
  - The 85% interrater reliability required for certification is an average of all 5 reliability video ratings i.e.  $84\% + 80\% + 94\% + 88\% + 85\%$  divided by 5 = 86%
  - Experience has shown the following lead to the best results for attaining reliability:
    1. Teaching each scale on two consecutive days rather than half days or two days a week or more apart.
    2. Teaching one scale at a time with at least a month in between scales. This allows learners to receive feedback on whether or not they attained reliability and have time to prepare for and score reliability a second time. The timeframe also gives the learner the opportunity to use the scale in practice once reliable.
    3. Requiring 85-90% on the practice videos before going on with the reliability videos. (See #8 under General Comments about instruction)
    4. Collect the learners practice disagreement forms following the practice ratings to review for the most frequently missed items and subscales, individually and as a group and filing with your class roster. Having this available when feedback is given to see if there are certain items or subscales that are missed consistently between practice and reliability is helpful. This will help you prepare the learner for their next attempt at reliability. This may also identify subscales/items that may need more attention during your next class.
    5. If you are team teaching with another instructor, take ownership for teaching either the Feeding or Teaching scale and be responsible for teaching that scale only. When two instructors take turns answering questions about scale items, it can lead to confusion for learners and they tend not to do as well on reliability.

---

## Instructor's Responsibilities Prior to Teaching

1. Take time to view the videos prior to teaching so you are knowledgeable about the content as it is presented and comfortable with navigating the videos.
2. Go through all the subscale practice videos AND the practice videos, noting time stamps and identify behaviors so you are ready to support them being able to identify behaviors that meet item criteria. Make notes in your Instructor syllabus and your Instructor version of the Feeding and Teaching manuals.
3. Read the Feeding and Teaching manuals completely, as a review, as well as to highlight important areas to share with learners.
4. Thoroughly familiarize yourself with this syllabus by reading it completely. Your role as instructor, expectations of learners, and time schedule is explained in detail. You may adapt the syllabus to meet your needs, however, following the syllabus as it is is the best way to predict successful reliability outcome for your students.
5. Contact the PCRCP office prior to teaching if you have questions or need a confidence boost.
6. Follow a family or two over time and use the Feeding and Teaching scales periodically. Analyze the case using the Step-By-Step Process for scoring and giving feedback on page 139 of the Feeding Manual and page 138 of the Teaching Manual or access the worksheets on the Parent-Child Relationship Programs (PCRCP) website under the resources tab. There is a PCI Standard Deviation calculator available from the PCRCP webstore. It uses Office Excel 2013, works on both PCs and MACs and automatically does calculations for you and provides a color chart for printing for the client file. When you discuss cases and a case study, it lends credibility to your teaching and allows you to speak with ease about how the scales inform your practice and guide your interventions.
7. Remember active participation of learners is necessary to learn the material. If learners are not questioning or discussing the subscale and practice segment answers this does not mean they know the item or the intent of the subscale. It is important that you find a way to get them involved to find out just how much they know. Prior to teaching think about how you might present the material to generate more discussion or participation. Create strategies for including all vs letting more vocal participants dominate all the "air" time.

*PHASE I*

**The NCAST PCI  
Feeding Scale**

*(Days 1, 2, and 3)*

# Phase I - Day 1

## Introduction, Infant Cues, Feeding Scale Items

### *Reading Assignments Prior to Day One*

Read Section I, Section II, Section III, and Section IV in the NCAST Caregiver/Parent-Child Interaction Feeding Manual (2nd Ed.).

### *Instructional Materials for Day One*

Class Roster, Feeding Manual, Videos: Introduction and Infant Cues, Feeding Scale Item Instruction, Learner Handouts i.e. Class Overview, Reading Assignments, and pens.

(20 min.)

#### Introductions

- Self
- Learners
- History of NCAST Programs — now Parent Child Relationship Programs
- Value of PCR Programs to your community

#### Overview of classes

- Number of classes, schedule
- Breaks
- Videos, class discussion, assignments, handouts, learner participation
- Have each learner complete Class Roster (send to PCR Programs following the first class). Print names and addresses clearly. It must be readable by our office staff for accurate recordkeeping. A fillable form version of the roster is available on the PCR website under resources and on your Resource CD.
- Review of program materials
  - Feeding Manual and scales

(10 min.)

#### Review content of Section I: Introduction in Feeding Manual

- Review Child Health Assessment Model page 3, Principles page 5, Barnard Model page 13, Concepts page 18, structure of the scales on page 21 & 22. (Use your Resource CD in the back of this syllabus)

(35 min.)

#### **VIDEO** INTRODUCTION (35 MIN)

(10 min.)

#### Questions for Discussion and Practice page 2 of Feeding Manual

(10 min.)

#### Review pages 24-40 of the Feeding Manual

- Discuss importance of Infant State to Feeding (pp. 31-36)
- Discuss engagement/disengagement cues during feeding (pp. 37-48)
- Clustering of cues — feeding and hunger posture (p. 49)

(15 min.) **VIDEO** INFANT CUES (15 min.)

(30 min.)

#### Discussion and Role playing of Cues

- Review the potent disengaging cues. These are all indicators of distress. Have the learners identify those they have difficulty identifying as distress and discuss the reasons for those cues being signals of distress. Some cues learners have problems with are maximal lateral gaze aversion, halt hand, overhand beating movements, pale/red skin, tray pound, walking or crawling away, withdrawal from alert to sleep.
- Write out each Potent Disengagement cue on a slip of paper or copy and use instructional material provided on page 84 of this syllabus. Have each learner act out one or more of these cues until all are understood and any other potent or subtle cues that may have come up during discussion. Discuss why it is a sign of distress i.e. a need for a break from what they are doing or needing assistance from their caregiver.
- Role play an engaging interaction.
- Role play an interaction where disengagement predominates.
- Practice a clustering of satiation cues infants demonstrate. Ask learners to identify their own satiation cues.
- Practice a clustering of hunger cues infants demonstrate. Ask learners to identify their own hunger cues.
- Discuss the cues you demonstrate when you are sick, happy, fatigued, sad, anxious, etc.
- Why do some children have more disengaging cues than others?

#### (15 min.) Break

(5 min.)

#### THE FEEDING SCALE - Caregiver Items

- Explain to the learners how they are going to proceed through the first 4 caregiver subscales ( **see Video Viewing** p. 52 in the Feeding Manual).
- Refer learners to **Key to Symbols** at the bottom of page 52. Help them get to know the symbols by walking through pages 55-58 and pointing out examples of the symbols next to items and what they mean. Explain the clock on page 61 and read the description under the clock to them. Explain timing is paramount.
- Suggest they have a Feeding scale in front of them to refer to as the *mechanics* of the Feeding scale are presented on video.
- Require that *pens only* be used. *Pens only* because:
  - 1) their first sense of what was seen is usually most accurate
  - 2) they are less likely to change answers
  - 3) the scales are legal documents
- Remind them they will be scoring subscale segments in their manuals using pens only.

- (10 min.) **VIDEO** FEEDING OVERVIEW (7 min.).
- Introduction and mechanics of the Feeding scale show video from beginning to screen showing *Pause: Review Sensitivity to Cues Subscale*
- (5 min.) Allow the class to independently read the Sensitivity to Cues subscale item Descriptions pages 54-58 as a review.
- The time allotted assumes the learners have already read the subscale prior to class.
- (25 min.) **VIDEO** View Sensitivity to Cues Subscale (15 mins)
- Use PowerPoint to go over each item and clarify the intent.
  - If you prefer, you may read and discuss each item or have the participants take turns reading the items aloud. Encourage them to highlight important components of item descriptions to assist with scoring accuracy.
- (5 min.) **VIDEO** Sensitivity Practice Segment for the first time. (2:53 seconds)
- Ask learners to not look at the answer score sheet on page 60 until you direct them to. Tell them this is a proven way for learning the scales.
  - Encourage them to use item descriptions in the manual for scoring.
  - Have them score as many of the items they can confidently on p.59.
- (5 min.) **VIDEO** View the Sensitivity Practice segment a second time (2:53 seconds).
- Have them focus on the caregiver/child pair filling in all items.
  - Ask learners to not look at the answer score sheet on page 60 until they have completed scoring all items.
  - Ask them to circle all items on which they disagreed with the master scoring on page 60.
  - Have them to refer to the Subscale practice answers on page 60 to read the rationale for the yes or no answers.
- (10 min.) Discuss all items either beginning with number 1 or with the most disagreed upon items.
- As an instructor share those idiosyncrasies you find in item descriptions i.e. notes at bottom of item descriptions, *if it doesn't occur score no*, etc. Refer to the descriptions frequently for clarification and have them highlight unique qualities of Sensitivity to Cues items found on pages 54-58.
  - Do not proceed with the next subscale until all learners understand the intent of the items.
  - If necessary, look at the practice segment a third time using the time codes in the manual to locate and demonstrate items in question.
- (10 min.) Review Potent Disengagement Cues and read Response to Distress Subscale discussion and item descriptions pages 61-64.
- Remind learners they will need to record all the potent disengaging cues they observed during the segment in the box provided at bottom of page 55.

- The time allotted assumes the learners have already read the subscale prior to class.
- (15 min.) **VIDEO** View the Response to Distress Subscale (8 minutes)
- Use PowerPoint to go over each item and clarify the intent.
  - If you prefer, you may read and discuss each item or have the participants take turns reading the items aloud. Encourage them to highlight important components of item descriptions to assist with scoring accuracy.
- (5 min) **VIDEO** Response to Distress Subscale Practice segment for the first time. (2:20 seconds)
- Have them focus on the child's potent disengagement cues
  - Have them score as many of the items they can confidently on page 65.
  - Encourage them to use the item descriptions in the manual for scoring.
- (5 min.) **VIDEO** View Response to Distress Subscale Practice segment a second time (2:20 minutes).
- Have them focus on the parent's response, filling in all the blanks
  - Coach participants to not look at the answer score sheet on page 66 until they are finished scoring.
  - Make sure they record **all** the potent disengagement cues they observed in the box on the answer sheet.
  - Ask them to refer to the Subscale Practice Answers on page 66 to read the rationale for the yes or no answers.
- (10 min.) Discuss all items either beginning with number 17 or with the most disagreed upon items.
- As an instructor share those idiosyncrasies you find in item descriptions. Refer to the descriptors frequently for clarification and have them highlight unique qualities of Response to Distress items.
  - Do not proceed with the next subscale until all learners understand the intent of the items.
  - If necessary, look at the practice segment a third time using the time codes in the manual to locate and demonstrate items in question.

### (60 min.) Lunch

- (5 min.) Read Social-Emotional Growth Fostering Subscale Item Descriptions pages 67-70.
- The time allotted assumes the learners have already read the subscale prior to class.
- (20 min.) **VIDEO** View Social-Emotional Growth Fostering Subscale (9 minutes)
- Use PowerPoint to go over each item and clarify the intent.

- If you prefer, you may read and discuss each item or have the participants take turns reading the items aloud. Encourage them to highlight important components of item descriptions to assist with scoring accuracy.
- (5 min) **VIDEO** Social-Emotional Growth Fostering Subscale Practice segment for first time focusing on the caregiver. (1:28 seconds)
- Have them score as many items as they can with confidence on page 71.
  - Encourage and remind them to use the item descriptions in their manual for scoring. We don't expect memory of all nuances.
- (5 min.) **VIDEO** View Social-Emotional Growth Fostering subscale practice segment second time (1:28 seconds).
- Have them fill in all blanks.
  - Have them turn the page and circle all the items where they disagreed with the master scoring on page 72.
  - Ask the learner to refer to the Subscale practice answers on page 72 to read the rationale for the yes or no answer.
- (10 min.) Discuss all items either beginning with number 28 or with the most disagreed upon items.
- As an instructor share those idiosyncrasies you find in item descriptions. Refer to the descriptors frequently for clarification and have them highlight unique qualities of Social-Emotional Growth Fostering items.
  - Do not proceed with the next subscale until all learners understand the intent of the items.
  - If necessary, look at the practice segment again using the time codes in the manual to locate and demonstrate items in question.
- (5 min.) Read Cognitive Growth Fostering Subscale Item Descriptions pages 73-76.
- The time allotted assumes the learners have already read the subscale prior to class.
- (20 min.) **VIDEO** View Cognitive Growth Fostering Subscale ( 10 minutes)
- Use PowerPoint to go over each item and clarify the intent.
  - If you prefer, you may read and discuss each item or have the participants take turns reading the items aloud. Encourage them to highlight important components of item descriptions to assist with scoring accuracy.
- (5) **VIDEO** Cognitive Growth Fostering Subscale Practice segment for first time (2:37 seconds).
- Encourage them to use the item descriptions in the manual for scoring.
  - Have them score as many of the items they can confidently on page 77.

- 
- (5 min.) **VIDEO** View Cognitive Growth Fostering Subscale Practice segment a second time (2:37seconds).
- Have them complete scoring the parent-child pair filling in all blanks.
  - Ask the learners to circle all items they disagreed with the master scoring on page 78.
  - Have the learner to refer to the Subscale Practice Answers on page 78 to read the rationale for the yes or no answers.
- (10 min.) Discuss all items either beginning with number 42 or with the most disagreed upon items.
- As an instructor share those idiosyncrasies you find in item descriptions. Refer to the descriptors frequently for clarification and have them highlight unique qualities of Cognitive Growth Fostering items.
  - Do not proceed with the next subscale until all learners understand the intent of the items.
  - If necessary, look at the practice segment a third time using the time codes in the manual to locate and demonstrate items in question.
- (5 min.) Read Clarity of Cues Subscale Item Descriptions pages 79-82.
- The time allotted assumes the learners have already read the subscale prior to class.
- (15 min.) **VIDEO** View Clarity of Cues Subscale (11 minutes)
- Use PowerPoint to go over each item and clarify the intent.
  - If you prefer, you may read and discuss each item or have the participants take turns reading the items aloud. Encourage them to highlight important components of item descriptions to assist with scoring accuracy.
- (5 min.) **VIDEO** Clarity of Cues Subscale Practice segment for first time. (2:23 seconds).
- If you notice looking ahead at the answers on page 84 encourage them to wait as it is a proven way to learn the scale, piece by piece.
  - Coach them to use the item descriptions in the manual for scoring.
  - Have them score as many of the items they can confidently on page 83.
- (5 min.) **VIDEO** View Clarity of Cues Subscale Practice segment a second time (2:23 mins).
- Have them complete scoring the child by filling in all blanks.
  - Ask the learners to circle all items they disagreed with the official scoring on page 84.
  - Refer them to the Subscale Practice Answers on page 84 to read the rationale for the yes or no answer.
-

- (10 min.) Discuss all items either beginning with number 51 or with the most disagreed upon items.
- As an instructor share those idiosyncrasies you find in item descriptions. Refer to the descriptors frequently for clarification and have them highlight unique qualities of Clarity of Cues items.
  - Do not proceed with the next subscale until all learners understand the intent of the items.
  - If necessary, look at the practice segment a third time using the time codes in the manual to locate and demonstrate items in question.

**(15 min.) Break**

- (5 min.) Read Responsiveness to Caregiver Subscale Item Descriptions pages 85-88.
- The time allotted assumes the learners have already read the subscale prior to class.

- (15 min.) **VIDEO** View Responsiveness to Caregiver Subscale (8 minutes)
- Use PowerPoint to go over each item and clarify the intent.
  - If you prefer, you may read and discuss each item or have the participants take turns reading the items aloud. Encourage them to highlight important components of item descriptions to assist with scoring accuracy.

- (5 min.) **VIDEO** Responsiveness to Caregiver Practice segment for the first time (2:16 seconds)
- If you notice scoring without referencing the manual, encourage them to use the item descriptions in the manual for scoring as we don't expect them to remember all the caveats and nuances of each item.
  - Have them score as many of the items that they can confidently on page 89.

- (5 min.) **VIDEO** View Responsiveness to Caregiver a second time (2:16 seconds).
- Ask the learners to circle all items they disagreed with the official scoring on page 90..
  - Direct the learner to refer to the Subscale Practice Answers on page 90 to read the rationale for the yes or no answer.

- (10 min.) Discuss all items either beginning with number 66 or with the most disagreed upon items.
- As an instructor share those idiosyncrasies you find in item descriptions. Refer to the descriptors frequently for clarification and have them highlight unique qualities of the Responsiveness to Caregiver items.
  - If necessary, look at the practice segment a third time using the time codes in the manual to locate and demonstrate items in question.
- (5 min.) Assignments and Wrap up
- Review Section III for practice and explain the process for beginning to put all the subscales together and begin learning to code an entire scale. Ask them to read Section V, and Section VII (pages 128-138 only) in the NCAST Caregiver/Parent-Child Interaction Feeding Manual.
  - Time and place of next class.

Notes:

# Phase I - Day 2

## Feeding Practice # 1, 2, 3, 4 Administration/Application of the Feeding in Practice

### *Reading Assignments Prior to Day Two*

Review Section III for practice. Read Section V and VII (pages 128-138 only), in the NCAST Caregiver/Parent-Child Interaction Feeding Manual (2nd Ed.).

### *Instructional Materials for Day Two*

Feeding Manual, Feeding Scales, Videos: Feeding Practice, extra pens, and Class Roster if not completed on Day 1.

(5 min.) **VIDEO** Feeding Practice

The learners are ready to score the entire Feeding scale. There are 4 Feeding Practice examples to rate before reliability. For this exercise they will need:

- 4 blank Feeding scale forms
- a pen and pad of paper
- Feeding manual

Have them number their Feeding scales from 1, 2, 3, 4. Discuss that this is their opportunity to practice rating entire feedings and fully understand the intent of the items. It is NOT a test, but a learning/practice session. **Each Feeding practice example is shown three times on the program. We have found that watching the video three times allows all types of learners to be more successful. It is best to adhere to the suggested time frame for viewing/scoring.**

(5 min.) Provide a few minutes for the learners to review all the items of the Feeding scale in preparation for the first video example.

(15 min.) **VIDEO** Feeding #1 (4 minutes 41 seconds)

- Have the learners watch the first practice example completely to the end. (They may wish to focus on the **caregiver** and score as many items as they can confidently). If not, have them score as many items as they are confident scoring.
- Stress the need to use the item descriptions in their manual for scoring.

(15 min.) **VIDEO** View Feeding #1 a second time (4 minutes 41 seconds).

- They may wish to focus on the child and fill in as many items as possible, or fill in all the blanks.

(10 min.) **VIDEO** View Feeding #1 a third time (4 minutes 41 seconds).

- Have them focus on the parent/child pair and complete filling in all items left blank.

- (45 min.)      Feedback and Discussion of Feeding Practice #1
- Once they have completed scoring practice example #1 provide them with the correct answers as found on pages 25 and 26 of this syllabus including the potent disengagement cues checked.
  - As you post the answers, have them circle the disagreed items on their Feeding scale.
  - You may wish to ask for a show of hands by subscale the number who missed specific items and/or potent disengagement cues.
  - Discuss all disagreements and items you find frequently missed or misunderstood in this subscale. Refer to the descriptors frequently for clarification and have them highlight unique qualities of items.
  - Return to the video using the time codes on the practice answer sheet (p. 25) to locate and demonstrate items in question to enhance learning an item.

- (5 min.)      Table for Calculating Percentage Scores p. 93 of Feeding Manual.
- Have them count up the total number of items they disagreed with the master scoring.
  - Have them refer to the chart on page 93 under the column Total # of Disagreed Items. Find the number of disagreed items and look to the right of that number for percent agreement. Record this number on the top of their Practice #1 Feeding scale.
  - If scores are below the percentage you have established (at least 85%) have them review items they are having difficulty with and discuss. They may need to see the interaction again now or at a later time.

**(10 min.) Break**

- (15 min.)    **VIDEO**    Feeding #2 (2 minutes 49 seconds)
- Provide the learners with the demographic information found on the top of Feeding Practice Rating #2 (page 27 of this syllabus) before showing the second practice example.
  - Have the learners watch the first viewing of the practice example completely to the end. (They may wish to focus on the caregiver and score as many items as they can confidently). If not have them score as many items they are confident scoring.
  - Stress the importance of reading the item descriptions in their manual when scoring.

- 
- (15 min.) **VIDEO** View Feeding Practice #2 a second time (2 minutes 49 seconds).
- Have them focus on the child and fill in as many items as possible.
- (10 min.) **VIDEO** View Feeding #2 a third time (2 minutes 49 seconds)
- They may wish to focus on the parent/child pair and complete filling in all items left blank.
- (40 min.) **Feedback and Discussion of Feeding Practice #2**
- Once they have completed practice example #1 provide them with the correct answers as found on pages 27 to 28 of this syllabus.
  - As you post the answers have them circle the disagreed items on their Feeding scale.
  - Ask for a show of hands by subscale the number who missed specific items and/or potent disengagement cues.
  - Discuss all disagreements and items you find frequently missed or misunderstood in this subscale. Refer to the descriptors frequently for clarification and have them highlight unique qualities of items.
  - Return to the video using the time codes on the practice answer sheet (p. 27) to locate and demonstrate items in question to enhance learning an item.
- (5 min.) **Table for Calculating Percentage Scores p. 93**
- Have them count up the total number of items they disagreed with the master scoring that you provided.
  - Have them refer to the chart on page 83 under the column Total # of Disagreed Items. Find the number of disagreed items and look to the right of that number for percent agreement. Record this number on the top of their Practice #2 Feeding scale.
  - If scores are below the percentage you have established (at least 85%) have them review items they are having difficulty with and discuss. They may need to see the interaction again at a later time.
- (10 min.) **Feeding Practice Disagreement Form p. 95**
- Once they have completed these two practice ratings, have them transfer the disagreed items onto the form found on page 93 called Practice Feeding Disagreement Form. This form is designed to help you and them look at the items and/or subscales of the Feeding that are causing problems.
  - If they disagreed twice on any item have them circle the item(s) on this form.
  - Take time to review the most challenging items by rereading the item description or demonstrating the item to the person/class.

**(60 min.) Lunch**

- (15 min.) **VIDEO** Feeding #3 (3 minutes 54 seconds)
- Provide the learners with the demographic information found on the top of the Feeding Practice Rating (page 29 of this syllabus).
  - Have the learners watch the first viewing of the practice example completely to the end. (They may wish to focus on the caregiver and score as many items as they can confidently). If not, have them score as many items as they are confident scoring.
  - Stress the need to use the item descriptions in their manual when scoring.
- (15 min.) **VIDEO** View Feeding #3 a second time (3 minutes 54 seconds).
- They may wish to focus on the child and fill in as many items as possible.
- (10 min.) **VIDEO** View Feeding #3 a third time (3 minutes 54 seconds )
- Have them focus on the parent/child pair filling in all item left blank.
- (40 min.) Feedback and Discussion of Feeding Practice #3
- Once they have completed practice example #3, provide them with the correct answers as found on pages 29 and 30 of this syllabus.
  - As you post the answers have them circle the disagreed items on their Feeding scale.
  - Ask for a show of hands by subscale the number who missed specific items and/or potent disengagement cues.
  - Discuss all disagreements and items you find frequently missed or misunderstood in this subscale. Refer to the descriptors frequently for clarification and have them highlight unique qualities of items.
  - Return to the video using the time codes on the practice answer sheet (p. 29) to locate and demonstrate items in question to enhance learning an item.
- (5 min.) Table for Calculating Percentage Scores p. 93
- Have them count up the total number of items they disagreed with the master scoring that you provided.
  - Have them refer to the chart on page 83 under the column Total # of that number for percent agreement. Record this number on the top of their Practice #3 Feeding scale.
  - If scores are below the percentage you have established (at least 85%) have them review items they are having

difficulty with and discuss. They may need to see the interaction again at a later time.

(10 min.)

Feeding Practice Disagreement Form (page 95)

- Once they have completed the third practice rating have them transfer the disagreed items onto the form found on page 95 called Practice Feeding Disagreement Form. This form is designed to help you and them look at the items and/or subscales of the Feeding that are more difficult for them.
- If they disagreed twice on any item have them circle the item(s) on this form .
- Take time to review the most challenging items by rereading the item description or demonstrating the item to the person/class.

**(10 min.) Break**

(15 min.)

**VIDEO** Feeding #4 (4 minutes 28 seconds)

- Provide the learners with the demographic information found on the top of the Feeding Practice Rating Form #4 (page 31 of this syllabus).
- Have the learners watch the first viewing of the practice example completely to the end, focusing on the caregiver. Have them score as many items as they are confident scoring.
- Encourage them to refer to item descriptions frequently while scoring.

(15 min.)

**VIDEO** View Feeding #4 a second time (4 minutes 28 seconds).

- Have them focus on the child filling in as many items as possible.

(10 min.)

**VIDEO** View Feeding #4 a third time (4 minutes 28 seconds).

- Have them focus on the parent/child pair and fill in the all the items left blank.

(40 min.)

Feedback and Discussion of Feeding Practice #4

- Once they have completed practice example #4 provide them with the correct answers as found on pages 31 and 32 of this syllabus.
- As you post the answers have them circle the disagreed items on their Feeding scale.
- Ask for a show of hands by subscale the number who missed specific items and/or potent disengagement cues.
- Discuss all disagreements and items you find frequently missed or misunderstood in this subscale. Refer to the descriptors frequently for clarification and have them

highlight unique qualities of items.

- Return to the video using the time codes on the practice answer sheet (p. 31) to locate and demonstrate items in question to enhance learning an item.

(5 min.)

Table for Calculating Percentage Scores p. 93

- Have them count up the total number of items they disagreed with the master scoring that you provided.
- Have them refer to the chart on page 93 under the column Total # of Disagreed Items. Find the number of disagreed items and look to the right of that number for percent agreement. Record this number on the top of their Practice #4 Feeding scale.
- **If scores are below the percentage you have established** (at least 85%) have them review items they are having difficulty with and discuss. They may need to see the interaction again at a later time.

(10 min.)

Feeding Practice Disagreement Form (page 95).

- Once they have completed this practice rating again have them transfer the disagreed items onto the form found on the Practice Feeding Disagreement Form.
- If they disagreed twice on any item have them circle the item(s) on this form.
- Review the problematic item by rereading the item description or demonstrating the item to the person/class.

On their Practice Disagreement Form (page 95) have them record their interrater reliability scores at the bottom of the practice disagreement form under item #76 for each practice video. Then have them add up all the percentages and divide by 4 to arrive at their overall reliability for the practice videos e.g. 89% + 85% + 85% + 90% divided by 4 = 87%.

***NOTE: For the best possible reliability outcomes it is recommended that learners gain at least 85% on each practice example before proceeding with the Reliability Videos. If the student does not feel ready, or, as the instructor you do not feel the learner is ready for reliability testing, it is suggested that they be given support and the opportunity to view or practice rating subscales or practice segments until they, or you, feel confident they will succeed.***

If their overall interrater reliability is less than 85-90% due to one or two low scores, have them review their practice ratings that brought their average down. Have them look closely at the specific items they found challenging. Ask them to carefully re-read the item descriptions and highlight any unique qualities in the item description that they may be forgetting or having difficulty understanding. Make sure they are interpreting the item(s) as they are intended. If the items they missed clustered in a subscale, refer back to that subscale in the practice answers and work to clarify the item(s) that prove to be more challenging. Also, referring to the subscale section of their manual and reviewing the purpose of the subscale and their score on the subscale rating might provide further insight.

If there wasn't much difference in how they rated the 4 practice sessions and the overall reliability was below 85% have them refer to their Practice Disagreement Form (page 93) as shown in the example on the top of page 93. Have them look for items in which they disagreed with 2 or more items. Reread the item descriptions highlighting any unique qualities that they may be forgetting or having difficulty understanding. Make sure they fully understand the intent of the item. If the missed items cluster in a specific subscale(s) review the purpose of the subscale and re-look at how they rated that particular subscale during subscale rating and practice answers to determine why the problem occurred. Also, referring to the subscale section of the manual and reviewing the purpose of the subscale and their score on the subscale rating might provide further insight. Have them re-score the practice videos until they gain at least 85-90% reliability overall. This will increase their ability to do well on reliability testing.

Collect the Practice Disagreement forms following the practice ratings to review for the most frequently missed items and subscales, individually and as a group. File with your class roster to have available when feedback is given to see if there are certain items or subscales that are missed between practice and reliability. This will help you prepare the learner for their next attempt at reliability. This also identifies subscales/items that may need more attention during your next class.

(60 min.)

Administration/Application

- How to Observe the Feeding (Feeding Manual page 129)
  - Role play how to introduce the feeding in different settings. Include introduction of self, purpose of visit, directions when observing the feeding, completing the form in the home, feedback about strengths, and recommendations to caregiver.
  - Discuss problems that may arise and ways to handle them.
- Clinical use of the Feeding Scale (page 135)
  - Discuss and role play how to give feedback.
- **This piece of your training is very important.** It allows your learners to begin using the scale upon learning they are reliable. You will be able to build on this piece when you teach the interpretation/intervention piece in Phase II.

# Phase I - Day 3

## Feeding Reliability #1, 2, 3, 4, 5

### *Reading Assignments Prior to Day Three*

Read Section III in the NCAST Caregiver/Parent-Child Interaction Feeding Manual in preparation for reliability.

### *Instructional Materials for Day One*

Feeding Manual, Feeding Reliability videos, Feeding Scales, and pad of paper & pens.

(10 min.)

#### Feeding Reliability Overview

- Your learners are now ready to score five parent-child pairs in order to attain reliability on the Feeding scale. For this exercise they will need 5 blank Feeding scale forms numbered 1, 2, 3, 4, 5, a pad of paper and their manual. Pens only must be used for this exercise.
- Forty five minutes has been allotted for viewing and scoring each video with a five minute break in between. This amount of time seems to accommodate the needs of all types of learners. **The scoring of the reliability video must be monitored by you and there is no discussion regarding content during this period or during break times.** This is not to be a rushed exercise. If learners finish early they need to remain quiet. Use a timer and advance the group when the allotted time is done.

**NOTE: The Feeding reliability examples are shown three times on the video. Have the learners first focus on the caregiver marking as many items as they can confidently score, then focus on the child scoring as many items as possible and for the third viewing, focus on the parent-child pair filling in all items left blank.**

**RECOMMENDED:** We recommend doing a mindfulness or relaxation exercise prior to reliability. Many learners are anxious about being "tested" and this may help them access their higher thinking skills. We also recommend "introducing" each dyad for about 10 seconds to lessen the level of novelty with seeing something new. Just let them know you are going to introduce the dyad and then start over from the beginning.

#### **VIDEO** FEEDING RELIABILITY

(15 min.)

#### View Feeding Reliability Dyad #1 (4 minutes 02 seconds).

- Have the learners focus on the **caregiver** and score as many items as possible.
- Stress the importance of using their manuals for item descriptions, clarification of items they were unsure of, and in preparation for the second viewing.

- (15 min.) **VIDEO** View Feeding Reliability #1 a second time (4 minutes 02 seconds).
- Have the learners focus on the **child** and score as many items as possible.

- (10 min.) **VIDEO** View Feeding Reliability Dyad #1 a third time (4 minutes 02 seconds).
- Have the learners focus on the **parent/child pair** and fill in all boxes left blank.

**NOTE: Suggest learners to think twice before changing answers. It has been our experience that first answers are generally most accurate.**

- (5 min.) Feeding Reliability Form
- Complete the Feeding Reliability form for the first dyad following the directions listed at the top of page 99. Please remind learners to use an **X** for their NO answers (they often revert to using the "D" from their recent use of the disagreement form.).

**NOTE: Filling in the Reliability Form after each scoring will avoid errors in transferring all the scores at the end as suggested in the manual.**

**(5 min.) Break (stretch & move)**

- (15 min.) **VIDEO** View Feeding Reliability Dyad #2 completely (4 minutes 14 seconds).
- Have the learners focus on the **caregiver** and score as many items as they can.
  - Again, stress the need for them to use their manuals for item descriptions, clarification of items they were unsure of, and in preparation for the second viewing.

- (15 min.) **VIDEO** View Feeding Reliability Dyad #2 a second time (4 minutes 14 seconds).
- Have the learners focus on the **child** and score as many items as possible.

- (10 min.) **VIDEO** View Feeding Reliability Dyad #2 a third time (4 minutes 14 seconds).
- Have the learners focus on the **parent/child pair** and fill in all boxes left blank.

- (5 min.) Feeding Reliability Form
- Complete the Feeding Reliability form for the second dyad following the directions listed at the top of page 99.

---

**(5 min.) Break (stretch & move)**

- (15 min.) **VIDEO** View Feeding Reliability Dyad #3 completely (4 minutes 30 seconds).
- Have the learners focus on the **caregiver** and score as many items as they can.
  - Encourage use of manuals for item descriptions, clarification of items they were unsure of, and in preparation for the second viewing.
- (15 min.) **VIDEO** View Feeding Reliability Dyad #3 a second time (4 minutes 30 seconds).
- Have the learners focus on the **child** and score as many items as possible.
- (10 min.) **VIDEO** View Feeding Reliability Dyad #3 a third time (4 minutes 30 seconds).
- Have the learners focus on the parent/child pair and filling in all the items left blank.
- (5 min.) Feeding Reliability Form
- Complete the Feeding Reliability form for the third dyad following the directions listed at the top of page 99.

**(5 min.) Break (stretch & move)**

- (15 min.) **VIDEO** View Feeding Reliability Dyad #4 completely (3 minutes 22 seconds).
- Have the learners focus on the **caregiver** and score as many items as possible.
  - Encourage use of manuals for item descriptions, clarification of items they were unsure of, and in preparation for the second viewing.
- (15 min.) **VIDEO** View Feeding Reliability Dyad #4 a second time (3 minutes 22 seconds).
- Have the learners focus on the **child** and score as many items as possible.
- (10 min.) **VIDEO** View Feeding Reliability Dyad #4 a third time (3 minutes 22 seconds).
- Have the learners focus on the **parent/child pair** and fill in all boxes left blank.

***NOTE: Suggest learners to think twice before changing answers. It has been our experience that first answers are generally most accurate.***

- (5 min.) Feeding Reliability Form
- Complete the Feeding Reliability form for the fourth dyad following the directions listed at the top of page 99.

**(5 min.) Break (stretch & move)**

- (15 min.) **VIDEO** View Feeding Reliability Dyad #5 completely (4 minutes 34 seconds).
- Have the learners focus on the **caregiver** and score as many items as possible.
  - Again, encourage use of manuals for item descriptions, clarification of items they were unsure of, and in preparation for the second viewing.

- (15 min.) **VIDEO** View Feeding Reliability Dyad #5 a second time (4 minutes 34 seconds).
- Have the learners focus on the **child** and score as many items as they can.

- (10 min.) **VIDEO** View Feeding Reliability Dyad #5 a third time (4 minutes 34 seconds).
- Have the learners focus on the **parent/child pair** and fill in all boxes left blank.

- (5 min.) Feeding Reliability Form
- Complete the Feeding Reliability form for the fifth dyad following the directions listed at the top of page 99.

- (15 min.) Feeding Reliability Form pp. 99-100.
- Have learners' complete the Reliability Form on page 99.
  - After completing the Feeding Reliability Form ask them to tear the form from their manual and turn it in along with their original five Feeding Scales to you. Staple the five scales and Feeding Reliability form together with the Reliability form on top.

**\*\*\*NOTE: PCRP/NCAST will not accept any paper reliability forms other than those torn from the manual or provided by the PCRP office and will not**

**process reliability unless all 5 original Feeding scales are attached to the reliability form.**

**\*\*\*NOTE:** Since we are now able to teach classes virtually, instruct your students to make a **black and white, 8.5 x 11 PDF copies of the reliability form (front and back) and both sides of all five scales** as the supporting documentation of their scoring. Please ask them to check for readability. Do not send images. To maintain the integrity of the tool, please ask your students to destroy their forms OR submit them to you or their supervisor for proper disposal.

- Tell your learners a response from the PCRPN/NCASST office can be expected within 2 weeks. If they are reliable in the Feeding scale their name will be added to the PCRPN/NCASST Programs International Registry and a notification of their success will be sent to you.
- Explain you will notify each person individually as to how they did. If reliability was not attained, directions on how and when a make-up session(s) will occur to attempt reliability a second time will need to be decided.
- If a person is interested in becoming reliable in only one scale, an electronic letter of certification will be sent to you for distribution, Please alert the PCRPN/NCASST office of this on the roster. If a learner is seeking reliability in both scales, PCRPN/NCASST will wait until reliability is attained in both scales before sending their certificate to you for your signature and distribution.

**Collect and send all of your learners packets of 5 scales and Reliability Forms to:**

**Electronic Submission:**

[ncastreliabilities@uw.edu](mailto:ncastreliabilities@uw.edu)

**Postal Service:**

Parent-Child Relationship Programs  
at the Barnard Center  
University of Washington  
University Box 357231  
Seattle, WA 98195-7231

**UPS, FedEx, DHL, etc.**

Parent-Child Relationship Programs  
at the Barnard Center  
University of Washington  
1959 NE Pacific St.  
Health Sciences Bldg. F-346  
Seattle, WA 98195-7231

**NOTE: If you plan to begin the next scale within a short time, you may send both Feeding & Teaching reliabilities together, however learners often like to know as soon as possible.**

(5 min.) Assignments and Wrap up

- Read Sections I, II, III, & IV in the NCAST Caregiver/Parent-Child Interaction Teaching Manual.
- Instruct learners to begin using the Feeding scale in their practice once they have been notified of their reliability in the Feeding scale. Discuss number and frequency of observations to be made with the Feeding scale in preparation for Phase II/III. Time and location of next class and/or class time for retaking reliability.

**NOTE: Please ask your learners not to use the Feeding scale until they receive feedback regarding their reliability status. Families deserve to have the most accurate assessments when developing a family care plan.**

# NCAST PCI Feeding Practice #1 Answers Birth to One Year Only

Person Observed ____ Age ____ Educ. ____ <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____ Major Caregiver <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Type of Feeding <input checked="" type="checkbox"/> Breast <input type="checkbox"/> Bottle <input type="checkbox"/> Solid Usual Feeding Time <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Length of Time Feeding (circle minutes) (10 or Less) 11-19 20-29 30 or more 4:41	Setting <input type="checkbox"/> Home <input type="checkbox"/> Clinic <input checked="" type="checkbox"/> Other <u>studio</u> Were Others Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify <u>film crew</u>	Child's Name <u>Anaya ** see below</u> Child's Age (in months) <u>2 m</u> Child's Sex <u>F</u> Child's Birth Order (circle) 1 (2) 3 4 5 or More Child's State at Beginning of Feeding (circle) Quiet Sleep Active Sleep Drowsy (Quiet Alert) Active Alert Crying
--	--	---

### I. SENSITIVITY TO CUES

	YES	NO	
1.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	safe, arms never restricted
2.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	continuously
3.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	for the whole feeding
4.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	throughout the feeding
5.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	only during burping (back patting)
6.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	smiled & verbalized several times; 2:19 one example
7.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	:05 "Are you ready to eat?" & :08 to hunger posture
8.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4:36 "Are you full?" to decreased sucking and elevated mood
9.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	many times throughout, name, verbal repartee
10.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	tucks in at :55; shifts legs 2:01 & 2:06
11.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	pats leg at :23; 2:36 cheek and nose touch
12.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	typical brfdg. allows baby to control suck/pause sequence
13.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	allows expression of cues: look away, increased foot movement. . .
14.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	terminates in response to decreased sucking (4:12) and happy mood (4:06)
15.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no interruptions
16.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no pursuit or inserting nipple while looking away
Total	<b>16</b>		

### II. RESPONSE TO CHILD'S DISTRESS

	YES	NO (Potent Disengagement Cues Observed)	
17.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	stops feeding 1:32
18.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	sits up at 1:31
19.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	none heard
20.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	none heard
21.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	pats back 1:35 - 1:42
22.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	not observed
23.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	not heard
24.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	not heard
25.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	not heard
26.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	not observed
27.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	not observed
Total	<b>8</b>		

### III. SOCIAL-EMOTIONAL GROWTH FOSTERING

	YES	NO	
28.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	always attentive
29.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	in and out; <i>en face</i> 60% of the time
30.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	many times
31.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	smile 2:22, laughs, serious
32.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	verbal repartee 3:05 - 3:17
33.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	all positive comments, feels good about feeding
34.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"big girl" at 3:14 ("good girl" at 3:35 to latch is overriding cues of satiation so doesn't count)
35.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	changes pitch many times: 1:58 "An noo no"
36.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	smiles @ 2:22, 2:58 and others
37.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	touches cheek and nose at 2:35
38.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	at the onset, other times as well
39.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	not seen (lip compression at 1:19 doesn't count as not making eye contact w/ baby)
40.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	not seen
41.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	not heard
Total	<b>14</b>		

### IV. COGNITIVE GROWTH FOSTERING

	YES	NO	
42.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	finger/hand not provided; functionally present
43.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	visual exploration of caregiver face; allows baby to touch her hand :49 also
44.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	talks to baby on several occasions
45.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	no description or labeling heard. only "eating" which doesn't meet item criteria
46.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	'what are you looking at?' 1:47
47.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	lots of questions, no commands
48.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	several times: verbal repartee 3:04 - 3:20 good example
49.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1:47 "What are you looking at Anaya?" to head turning (this is subtle head turning)
50.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no baby talk heard
Total	<b>7</b>		

**\*\*NOTE:** Share with group that mom's comments that sound like "metana" are not easily translated to English. "kind, positive words used when speaking to babies" in Amharic.

**V. CLARITY OF CUES**

	YES	NO	
51.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	turns to mother; hunger posture, vocalizes
52.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	flexion of arm, fistful hand, vigorous suck
53.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2:06 lowers arm to feeding posture
54.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	many periods of alertness
55.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	happy, contentment, affection
56.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	inactive e.g. 1:07 - 1:18
57.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	typical 2-month-old movements
58.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	directed toward caregiver
59.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	look at mother face/eyes @ 2:16; again @ 4:01
60.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	many times: onset, 3:03, 3:20, 4:01
61.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	smiles 2:28
62.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	averts gaze 1:46; turns head/looks away
63.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	no vigorous refusal seen
64.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	decreased sucking, relaxed, happy and content
65.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no rapid state changes observed
Total	<b>14</b>		

**VI. RESPONSIVENESS TO CAREGIVER**

66.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	responsive >75% of the time
67.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	verbal repartee starting 3:03
68.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2:45 averts gaze, mother says "Ah nay noo" and child looks at 2:51
69.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	vocalizes several times : onset, 3:03, 4:22
70.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	responds to mother during verbal repartee
71.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	smiles at mother 2:28 and 4:22
72.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	reaches out to touch mother's hand :49
73.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	no <i>noticeable</i> increase or decrease in activity after upright to burp
74.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	not seen
75.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	only closer than 7-8 inches during burp
76.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	averts gaze 1:46
Total	<b>7</b>		

Enter the total yes answers from each subscale and compare it with the possible score:

	Subscale Score			Contingency		
	Possible	Your score	NCAST Score	Possible	Your score	NCAST Score
SENSITIVITY TO CUES	16		16	6		6
RESPONSE TO DISTRESS	11		8	6		3
SOCIAL-EMOTIONAL GROWTH FOSTERING	14		14	1		1
COGNITIVE GROWTH FOSTERING	9		7	2		2
<b>CAREGIVER TOTAL</b>	<b>50</b>		<b>45</b>	<b>15</b>		<b>12</b>
CLARITY OF CUES	15		14	0		0
RESPONSIVENESS TO CAREGIVER	11		7	3		1
<b>INFANT TOTAL</b>	<b>26</b>		<b>21</b>	<b>3</b>		<b>1</b>
<b>CAREGIVER/INFANT TOTAL</b>	<b>76</b>		<b>66</b>	<b>18</b>		<b>13</b>

Check the Potent Disengagement Cues (PDC's) observed during the feeding interaction (excluding initial tension up to a minute into the feeding and any PDC's that terminate the feeding).

- Back arching
- Choking 1:31
- Coughing 1:33
- Crawling away
- Cry face
- Crying
- Fussing
- Halt hand
- Lateral head shake
- Maximal lateral gaze aversion
- Overhand beating movements
- Pale/red skin
- Pulling away
- Pushing away
- Saying "no"
- Spitting
- Spitting up
- Tray pounding
- Vomiting
- Walking away
- Whining
- Withdraw from alert to sleep state (quickly)



**V. CLARITY OF CUES**

	YES	NO	
51.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	joins hands, whine, fuss, mouthing, kicking
52.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	turns in to mother
53.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	stabilizes from : 45 - 1: 40
54.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	alert most of feeding
55.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	distress, uncertainty, contentment
56.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	alternates between quiet (during singing) and active
57.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no abnormal movements noted
58.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	generally yes, especially when nursing
59.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	:35 briefly
60.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	:06, :10, 2:09, 2:18, whines @1:49
61.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	not seen or heard
62.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2:07 turns head, averts gaze
63.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	pull away to mom offering breast is not a vigorous refusal or actively resisting
64.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no real satiation seen; over stimulated?
65.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no rapid state changes observed
Total	<b>13</b>		

**VI. RESPONSIVENESS TO CAREGIVER**

66.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	always
67.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	briefly attends to singing at 1:24
68.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	at 1:24 to singing
69.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	vocalizes (screech) at 2:10
70.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2: 14 mother vocalizes, baby responds at 2: 18 w schreech
71.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	not observed
72.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	:29, :37, :44, many other times
73.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	repositioned from :08 to :11; increase in activity evidenced by leg kicking starting at :12
74.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MLGA, pull away, whining
75.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MLGA @ 2:09
76.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	food secured at 25-30 seconds; doesn't turn away from mom until 1:40 (first half would be at about 1:08)
Total	<b>10</b>		

Enter the total yes answers from each subscale and compare it with the possible score:

	Subscale Score			Contingency		
	Possible	Your score	NCAST Score	Possible	Your score	NCAST Score
SENSITIVITY TO CUES	16		15	6		6
RESPONSE TO DISTRESS	11		10	6		5
SOCIAL-EMOTIONAL GROWTH FOSTERING	14		13	1		1
COGNITIVE GROWTH FOSTERING	9		7	2		2
<b>CAREGIVER TOTAL</b>	<b>50</b>		<b>45</b>	<b>15</b>		<b>14</b>
CLARITY OF CUES	15		12	0		0
RESPONSIVENESS TO CAREGIVER	11		10	3		3
<b>INFANT TOTAL</b>	<b>26</b>		<b>22</b>	<b>3</b>		<b>3</b>
<b>CAREGIVER/INFANT TOTAL</b>	<b>76</b>		<b>67</b>	<b>18</b>		<b>17</b>

Check the Potent Disengagement Cues (PDC's) observed during the feeding interaction (excluding initial tension up to a minute into the feeding and any PDC's that terminate the feeding).

- Back arching
- Choking
- Coughing
- Crawling away
- Cry face
- Crying
- Fussing
- Halt hand
- Lateral head shake
- Maximal lateral gaze aversion 2:09
- Overhand beating movements
- Pale/red skin
- Pulling away 1:40, 1:52
- Pushing away
- Saying "no"
- Spitting
- Spitting up
- Tray pounding
- Vomiting
- Walking away
- Whining 1:49
- Withdraw from alert to sleep state (quickly)

\*Item 61: At 2:10 it's hard to tell if he's smiling or screeching. Based on mother's response you may accept Yes or No for this item. It's not a clear smile.

\*Note Item 64: No real evidence of satiation seen. He is still breathing rapidly and has some facial tension, looking away. However, he also is not unhappy. Younger infants tend to relax, be happy, or go to sleep when satiated. Older infants might need to protest when parents offer more and they don't want to eat. He's sort of in the middle age wise. Allow either Yes or No for this item.

# NCAST PCI Feeding Practice #3 Answers Birth to One Year Only

Person Observed ____ Age ____ Educ. ____ <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____ Major Caregiver <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Type of Feeding <input type="checkbox"/> Breast <input checked="" type="checkbox"/> Bottle <input type="checkbox"/> Solid Usual Feeding Time <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Length of Time Feeding (circle minutes) <input checked="" type="radio"/> 10 or Less <input type="radio"/> 11-19 <input type="radio"/> 20-29 <input type="radio"/> 30 or more 3:54	Setting <input type="checkbox"/> Home <input type="checkbox"/> Clinic <input checked="" type="checkbox"/> Other <u>studio</u> Were Others Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify <u>film crew</u>	Child's Name <u>Tadeo</u> Child's Age (in months) <u>9 m</u> Child's Sex <u>M</u> Child's Birth Order (circle) 1 2 <input checked="" type="radio"/> 3 4 5 or More Child's State at Beginning of Feeding (circle) Quiet Sleep Active Sleep Drowsy Quiet Alert <input checked="" type="radio"/> Active Alert Crying
---	--	--

### I. SENSITIVITY TO CUES

	YES	NO	
1.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	safe & free to move one arm
2.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	always
3.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	continuously
4.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	positioned for eye contact
5.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	closer than 7-8 inches much of feeding
6.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	smiles at child 1:42
7.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"You want it? Yes you do" :08 in response to opening mouth
8.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> *	"no?" to not opening mouth and turning head away, then "no? okay, no" at the end
9.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	very animated mother, e.g. whispers at :16
10.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	upright to recumbent at onset; rocking :19
11.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	pats :12; cradles arm :15; mouth wipes
12.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2:40 push away; 3:11 pull away, doesn't allow
13.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1:09 hand to mouth; 3:13 turning head, doesn't allow
14.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	stops after push away, no sucking, and turning head
15.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no interruptions (baby puts hands in mouth, pushes away)
16.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	pursues with bottle @ 1:29
Total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>12</b>

### II. RESPONSE TO CHILD'S DISTRESS

YES  NO (Potent Disengagement Cues Observed)

17.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	stops feeding at 1:20 to pull away at 1:17
18.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	tucks in, reposition to start feeding 1:27 (child sits up)
19.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"What happened?" 1:20
20.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"Baby?" (higher pitch) 1:24; Whispers "Tadeo, "do you want your bottle?" (¿quieros bibi?) 3:05
21.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1:24, 3:22 wipes mouth
22.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	not seen
23.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"Move your hand" (mueve la mano) and "No, don't do that." Sequence begins at 2:43 after push away
24.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	none heard
25.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	none heard
26.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	not seen
27.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	not seen
Total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>9</b>

### III. SOCIAL-EMOTIONAL GROWTH FOSTERING

	YES	NO	
28.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	continuously attended
29.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	almost never in <i>en face</i> position
30.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1:40
31.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1:38 smile, 1:40 brow raise
32.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	finger play :35
33.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	significantly more positive than negative
34.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"What a good boy" at :16
35.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	whispers at :54; 2:11
36.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	smiles at :04, 1:38, 1:43, 3:42
37.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	:35 hand/fingertip touch
38.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2:02 voc., "don't pull it, don't do it"
39.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	compresses lips at 3:08 but no eye contact
40.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	none seen - "no no" is not harsh or derogatory
41.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	none heard
Total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>13</b>

### IV. COGNITIVE GROWTH FOSTERING

42.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	does not <i>hand over</i> bottle and keeps control; age doesn't match item criteria for finger play *
43.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	allows touching of bottle 1:40, 2:39
44.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	talks frequently to baby
45.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	bottle :04, yummy 1:35, milk 3:42
46.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	:36 "do you want to sleep?"; :40 "are you tired?"
47.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	~30 questions & statements vs. ~10 commands
48.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	child vocalizes at 1:43, mom responds at 1:44
49.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1:59 increased foot movement says "what's going on?" and 3:29 "are you sleepy?" to eye rubbing
50.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no baby talk heard
Total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>8</b>

\* **Item 8** : "no? no, okay no" to refusal isn't clear but meets the minimal criteria for this item. So accept Yes or No on this.

\***Item 42**: time stamps NOT releasing bottle: :46, 1:04, 1:50

### V. CLARITY OF CUES

	YES	NO	
51.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	smiles, leans forward, opens mouth
52.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	vocalizes, leans forward, opens mouth
53.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	restless, never settles in for long; does not stabilize which is essential for this item
54.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	alert most of feeding, couple instances of drowsy
55.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	happy, uncertain, content, unhappy
56.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	alternates from active to inactive
57.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	typical movements of a 9-month-old
58.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	turned toward mother majority of feeding
59.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1:33 and again at 3:53
60.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1:21, 2:02, 2:32, 3:50 vocalizations
61.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	:05 little smile/laugh at onset (brief)
62.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2:48 averts gaze and 3:10 turn away
63.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	no vigorous refusals to <i>offering</i> of bottle; must refuse in ways listed in item
64.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	stops sucking, push away, turn away
65.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no rapid state changes observed
Total	<b>13</b>		

### VI. RESPONSIVENESS TO CAREGIVER

	YES	NO	
66.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	>75%
67.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	social exchange at onset & 1:40; hand/finger play at :22
68.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1:40 after "yummy" and 1:45 after "baby"
69.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	child vocalized to mom at 1:21
70.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"what happened?" 1:20, vocalizes at 1:21
71.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	smile is not at caregiver; mother sees but he is looking at bottle
72.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	:23 hand and 1:27 chest
73.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	more active at 2:34
74.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	overhand beating, push away, pull away
75.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	only subtle disengagement cues when moves closer than 7-8 inches
76.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	:34 looks down, again at 1:17 & 1:34
Total	<b>8</b>		

Enter the total yes answers from each subscale and compare it with the possible score:

	Subscale Score			Contingency		
	Possible	Your score	NCAST Score	Possible	Your score	NCAST Score
SENSITIVITY TO CUES	16		12	6		3
RESPONSE TO DISTRESS	11		9	6		5
SOCIAL-EMOTIONAL GROWTH FOSTERING	14		13	1		1
COGNITIVE GROWTH FOSTERING	9		8	2		2
<b>CAREGIVER TOTAL</b>	<b>50</b>		<b>42</b>	<b>15</b>		<b>11</b>
CLARITY OF CUES	15		13	0		0
RESPONSIVENESS TO CAREGIVER	11		8	3		2
<b>INFANT TOTAL</b>	<b>26</b>		<b>21</b>	<b>3</b>		<b>2</b>
<b>CAREGIVER/INFANT TOTAL</b>	<b>76</b>		<b>63</b>	<b>18</b>		<b>13</b>

Check the Potent Disengagement Cues (PDC's) observed during the feeding interaction (excluding initial tension up to a minute into the feeding and any PDC's that terminate the feeding).

- Back arching
- Choking
- Coughing
- Crawling away
- Cry face
- Crying
- Fussing
- Halt hand
- Lateral head shake
- Maximal lateral gaze aversion
- Overhand beating movements 2:28
- Pale/red skin
- Pulling away 1:17; 3:00; 3:17
- Pushing away 2:40; 3:00
- Saying "no"
- Spitting
- Spitting up
- Tray pounding
- Vomiting
- Walking away
- Whining
- Withdraw from alert to sleep state (quickly)

# NCAST PCI Feeding Practice #4 Answers Birth to One Year Only

Person Observed _____ Age _____ Educ. _____ <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____ Major Caregiver <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Type of Feeding <input type="checkbox"/> Breast <input type="checkbox"/> Bottle <input checked="" type="checkbox"/> Solid Usual Feeding Time <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Length of Time Feeding (circle minutes) <input checked="" type="radio"/> 10 or Less 11-19 20-29 30 or more <span style="margin-left: 100px;">4:26</span>	Setting <input type="checkbox"/> Home <input type="checkbox"/> Clinic <input checked="" type="checkbox"/> Other <u>studio</u> Were Others Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify <u>film crew</u>	Child's Name <u>Caroline</u> Child's Age (in months) <u>12 m</u> Child's Sex <u>F</u> Child's Birth Order (circle) <input checked="" type="radio"/> 1 2 3 4 5 or More Child's State at Beginning of Feeding (circle) Quiet Sleep Active Sleep Drowsy <input checked="" type="radio"/> Quiet Alert Active Alert Crying
---	--	--

### I. SENSITIVITY TO CUES

	YES	NO	
1.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	safe with no arm restrictions
2.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	continuously
3.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	high chair precludes trunk contact
4.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	well positioned for eye contact
5.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	always >7- 8 inches away
6.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	:06, verbalizes "Are you hungry?" to open face gaze
7.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	:03 :06 mouth movements: says "Are you hungry?" and :11 "yes, you're hungry" to opening mouth for bite
8.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	no comments heard
9.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	lots of variation, one example would be "Yes, baby!"
10.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	no movement
11.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spoon wipes only; no affectionate touch or variation
12.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	let's child eat at her own pace, allows pauses
13.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	offers bites while looking away, 1:49 and 3:01
14.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	terminates when container empty, no satiation cues
15.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	allows child to swallow before more bites given
16.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	inserts spoon while looking away 1:37
Total	<b>9</b>		

### II. RESPONSE TO CHILD'S DISTRESS

YES  NO (Potent Disengagement Cues Observed) \*SEE NOTE on Page 32

17.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4:23 gives last little bit (starts feeding)
18.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	no position change
19.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4:17 "that's fine"
20.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4:17 low volume with above statement
21.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	no soothing touch or actions
22.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	no diversion provided
23.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no negative verbal responses
24.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no negative comments
25.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no yelling
26.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no rough handling or abrupt movements
27.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no slapping/hitting/spanking
Total	<b>8</b>		

### III. SOCIAL-EMOTIONAL GROWTH FOSTERING

	YES	NO	
28.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	focused only on child/feeding
29.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	mom in front of high chair entire time (child can move in and out, caregiver position is what matters)
30.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	:06 and 3:34 eye contact made
31.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	smiles :27, again at 1:41
32.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"Where is baby?" and pointing several times
33.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	positive statements; conveys feeling good about feeding her baby.
34.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3:33 "Yes, big girl" and 4:24 "Good girl"
35.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1:24 softer, 2:10 whisper, 2:52 "baby"
36.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	:27 smiles and laughs
37.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	only spoon wipes, no gentle fingertip touch
38.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ch voc at 4:14, mom responds at 4:17
39.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	not observed
40.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	not observed
41.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	not heard
Total	<b>13</b>		

### IV. COGNITIVE GROWTH FOSTERING

42.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	block and yogurt lid
43.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	yogurt lid
44.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"Are you hungry?" "Where is baby?" "Baby and the mommy" "Do you like yogurt?"
45.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	yogurt (suānnāi) and spoon (sháozi)
46.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	baby, flower :46
47.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	only command was "no no no" at 1:24
48.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"moh" at 4:14, responds with "that's fine"
49.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	:24 "yes, baby!" to pointing and "no, no, no" to hand over side of tray 1:24
50.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no baby talk used
Total	<b>9</b>		

**V. CLARITY OF CUES**

	YES	NO	
51.	X		:04 mouthing (subtle)
52.	X		:08 opens mouth, leans forward, leg kicking
53.	X		:52 more relaxed posture, playing quietly
54.	X		alert throughout feeding
55.	X		contentment, unhappy at end
56.	X		:31-:41 inactive; :40-:50 pointing, kicking
57.	X		no atypical movements; smooth, coordinated
58.	X		lots of looking away but torso, arms, legs are generally directed toward mother.
59.	X		2:30 (very brief)
60.	X		"moh!" 4:14, then fusses at 4:17
61.		X	child does not smile or laugh
62.	X		many times, :31, 1:23, 2:59, 3:16
63.		X	no vigorous refusal to food offered
64.		X	no satiation cues; still opening mouth for bites, fusses at end as if she wants more
65.	X		no rapid state changes
Total	12		

**VI. RESPONSIVENESS TO CAREGIVER**

66.	X		always opens mouth
67.	X		"Where is baby?" Points, "Yes, baby!" :42
68.	X		:05 to "yogurt"; 2:54 to "baby"
69.	X		4:14 says "moh" = more
70.	X		4:14 to mom's verbalizing
71.		X	no smiles
72.		X	no attempt or exploration of caregiver
73.		X	no repositioning
74.	X		coughing and fussing (4:14 & 4:17)
75.		X	mother never moved closer than 7-8 "
76.		X	:29 & 1:23 turns head
Total	6		

Enter the total yes answers from each subscale and compare it with the possible score:

	Subscale Score			Contingency		
	Possible	Your score	NCAST Score	Possible	Your score	NCAST Score
SENSITIVITY TO CUES	16		9	6		3
RESPONSE TO DISTRESS	11		8	6		3
SOCIAL-EMOTIONAL GROWTH FOSTERING	14		13	1		0
COGNITIVE GROWTH FOSTERING	9		9	2		2
<b>CAREGIVER TOTAL</b>	<b>50</b>		<b>39</b>	<b>15</b>		<b>8</b>
CLARITY OF CUES	15		12	0		0
RESPONSIVENESS TO CAREGIVER	11		6	3		1
<b>INFANT TOTAL</b>	<b>26</b>		<b>18</b>	<b>3</b>		<b>1</b>
<b>CAREGIVER/INFANT TOTAL</b>	<b>76</b>		<b>57</b>	<b>18</b>		<b>9</b>

Check the Potent Disengagement Cues (PDC's) observed during the feeding interaction (excluding initial tension up to a minute into the feeding and any PDC's that terminate the feeding).

- SEE NOTE BELOW**
- Back arching
  - Choking
  - Coughing 4:14
  - Crawling away
  - Cry face
  - Crying
  - Fussing 4:17
  - Halt hand
  - Lateral head shake
  - Maximal lateral gaze aversion
  - Overhand beating movements
  - Pale/red skin
  - Pulling away
  - Pushing away
  - Saying "no"
  - Spitting
  - Spitting up
  - Tray pounding
  - Vomiting
  - Walking away
  - Whining
  - Withdraw from alert to sleep state (quickly)

**\*NOTE:** Why is distress scored at the end of this feeding? The coughing and fussing are not the cues that end the feeding, the feeding ends because the cup is empty, therefore mom's response to her child's distress would be included.

*PHASE I*

**The NCAST PCI  
Teaching Scale**

*(Days 4, 5, and 6)*

# Phase I - Day 4

## Infant State, Child Communication Cues, Teaching Scale Items Teaching Practice Video #1, maybe #2

### *Reading Assignment Prior to Day Four*

Read Section I, Section II, Section III, and Section IV in the NCAST Caregiver/Parent-Child Interaction Teaching Manual.

### *Instructional Materials for Day Four*

Teaching Manual, Teaching scales, Videos, pad of paper and pens.

**NOTE:** *You may need to adjust your timing based on whether you are teaching the Teaching Scale as the first scale, if so, follow the Feeding scale timeframe.*

- |           |  |
|-----------|--|
| (5 min.)  | Overview of classes and materials required for learning the Teaching scale.  |
| (10 min.) | Review pages 29-42 <ul style="list-style-type: none"><li>• Discuss importance of Infant State to the Teaching interaction (pp. 29-31)</li><li>• Review engagement/disengagement cues during Teaching (pp. 32-42)</li><li>• Emphasize photographs of cues that relate specifically to the Teaching interaction.</li></ul>   |
| (20 min.) | <b>VIDEO</b> INFANT CUES (16 min.) <i>(If the Feeding scale was recently completed, you may just do the above review and begin with the Introduction to the Teaching Scale.)</i>   |
| (15 min.) | Discussion and role playing of cues <ul style="list-style-type: none"><li>• Begin by reviewing the potent disengagement cues. These are all indicators of distress. Have the learners identify those they have difficulty identifying as distress and discuss the reasons for those cues being signals of distress. Some cues learners have problems with are maximal lateral gaze aversion, halt hand, overhand beating movements, pale/red skin, tray pound, walking or crawling away.</li><li>• Copy the instructional material provided on page 84 of this syllabus and pass them around the class. Have each learner act out one or more of these cues until all are understood and any other potent or subtle cues that may have come up during discussion. Discuss why it is a sign of distress i.e. a need for a</li></ul> |

- 
- break from what they are doing.
  - Role play an engaging teaching interaction.
  - Role play a teaching interaction where disengagement predominates.
  - Why might a child want to disengage from a teaching interaction?
- (5 min.)      **The Teaching Scale—Caregiver Items (pp. 49-71)**
- Explain to the learners how they are going to proceed through the first 4 caregiver subscales ( see Video Viewing p. 44 of the Teaching Manual).
  - Refer learners to Key to Symbols in the middle of page 44. Help them get to know the symbols by walking through pages 49-52 and pointing out examples of the symbols next to items and what they mean. Explain the large clock on page 55 and read the description under the clock to them. Explain timing is paramount for accurate scoring.
  - Suggest they have a Teaching Scale in front of them to refer to as the mechanics of the Teaching scale are presented on video.
  - Require that pens only be used. Pens only because:
    - 1) their first sense of what was seen is most accurate
    - 2) they are less likely to change answers
    - 3) the scales are legal documents
- (15 min.)      **VIDEO    INTRODUCTION TO THE TEACHING SCALE (12 min.)**
- Introduction and mechanics of the Teaching scale (show video from beginning to screen showing "*Pause Video Review Sensitivity to Cues items*");
- (5 min.)      **Read Sensitivity to Cues Subscale Item Descriptions as a review (pp. 49-52)**
- The time allotted assumes the learners have already read the subscale prior to class.
- (30 min.)      **VIDEO    View Sensitivity to Cues Subscale (18 min)**
- Use a PowerPoint presentation (template on your USB Resource drive) to clarify the meaning and intent of each item. IF you prefer to not use a slide show, you may read each item or have each participant take turns reading each item outloud. Be sure to have them highlight the salient portions of each item to assist in scoring accuracy.

- (5 min.)    **VIDEO**    Sensitivity Subscale Practice segment for the first time (54 secs.)
- Ask learners not to look at the answer score sheet on page 54 until you direct them to. Tell them this is a proven way for learning the scales.
  - Encourage them to use item descriptions in the manual for scoring.
  - Have them score as many of the items they can confidently score on page 50.
- (5 min.)    **VIDEO**    View the Sensitivity Subscale Practice segment a second time (54 seconds).
- Ask learners not to look at the answer score sheet on page 54. Share that time has proven this is the best way to learn the scales.
  - Have the learners circle all items they disagreed with the official scoring from page 54.
  - Ask them to refer to the Subscale Practice Answers on page 54 to read the rationale for the yes or no answers.
- (15 min.)    Discuss all items either beginning with number 1 or with the most disagreed upon items.
- As an instructor share those idiosyncrasies you find in item descriptions i.e. notes at bottom of item descriptions, if it doesn't occur score no, etc. Refer to the descriptions frequently for clarification and have them highlight unique qualities of Sensitivity to Cues items found on pages 49-52.
  - Note item #'s most frequently missed. Do not proceed with the next subscale until all learners understand the intent of the items.
  - If necessary, look at the practice segment a third time using the time codes in the manual to locate and demonstrate items in question.

**(10 min.) Break**

- (5 min.)    Review Potent Disengagement Cues and read Response to Distress Subscale Item Descriptions pages 55-58.
- The time allotted assumes the learners have already read the subscale prior to class.
  - Coach your learners about needing to record all the potent disengaging cues they observed during the segment in the box provided at bottom of page 59.
- (20min.)    **VIDEO**    View the Response to Distress Subscale (8 min)
- Use a PowerPoint presentation to clarify the meaning and intent of each item. IF you prefer to not use a slide

show, you may read each item or have each participant take turns reading each item outloud. Be sure to have them highlight the salient portions of each item to assist in scoring accuracy.

- (5 mins) **VIDEO** Subscale Practice segment (1:55) for the first time.
- Ask learners to not look at the answer score sheet on page 56 . Tell them this is a proven way for learning the scales.
  - Have them score as many of the items they can confidently on page 59.
  - Encourage them to use item descriptions in the manual for scoring.
- (5 min.) **VIDEO** View Response to Distress Subscale Practice segment a second time (1 min. 55 secs)).
- Have them focus on the parent-child pair, not leaving any boxes unscored.
  - Ask learners to not look at the answer score sheet on page 60 until you direct them to.
  - Make sure they record all the potent disengagement cues they observed in the box on the answer sheet.
  - Ask the learners to circle all items and potent disengagement cues they disagreed with the official scoring.
  - Have them refer to the Subscale Practice Answers on page 60 to read the rationale for the yes or no answers.
- (15 min.) Discuss all items either beginning with number 12 or with the most disagreed upon items.
- As an instructor share those idiosyncrasies you find in item descriptions. Refer to the descriptors frequently for clarification and have them highlight unique qualities of Response to Distress items.
  - Note item #'s most frequently missed. Do not proceed with the next subscale until all learners understand the intent of the items.
  - If necessary, look at the practice segment a third time using the time codes in the manual to locate and demonstrate items in question.
- (5 min.) Read Social-Emotional Growth Fostering Subscale Item Descriptions pp. 61-64.
- The time allotted assumes the learners have already read the subscale prior to class.
- (20 min.) **VIDEO** View Social-Emotional Growth Fostering Subscale (11 minutes)
- Use a PowerPoint presentation to clarify the meaning

and intent of each item. IF you prefer to not use a slide show, you may read each item or have each participant take turns reading each item outloud.

- (5 min.) **VIDEO** Social-Emotional Growth Fostering Subscale Practice (1:17) watch and score this segment for first time.
- Have them score as many of the items that they can confidently on page 65.
  - Encourage them to use item descriptions in the manual for scoring.
- (5 min.) **VIDEO** View Social-Emotional Growth Fostering Subscale Practice segment second time. (1 minute 17 seconds)
- Have them focus on filling in all blank boxes.
  - Have the learners to circle all items they disagreed with the official scoring.
  - Ask them to refer to the Subscale Practice Answers on page 66 to read the rationale for the yes or no answer.
- (15 min.)
- Discuss all items either beginning with number 23 or with the most disagreed upon items.
- As an instructor share those idiosyncrasies you find in item descriptions. Refer to the descriptors frequently for clarification and have them highlight unique qualities of Social-Emotional Growth Fostering items.
  - Note item #'s most frequently missed. Do not proceed with the next subscale until all learners understand the intent of the items.
  - If necessary, look at the practice segment a third time using the time codes in the manual to locate and demonstrate items in question.
- (5 min.)
- Read Cognitive Growth Fostering Subscale Item Descriptions pages 67-71.
- The time allotted assumes the learners have already read the subscale prior to class.
- (40 min.) **VIDEO** View Cognitive Growth Fostering Subscale (28 minutes)
- Go over each item
  - Spend extra time on this subscale as there is a lot of content here. Go over #38 and #41 specifically.
- (5 min.) **VIDEO** Cognitive Growth Fostering Subscale Practice segment (1:48) for first time.
- Have them score as many of the items they can confidently score on page 73.
  - If you notice that you don't hear pages turning or manuals being used for item descriptions, do a quiet

quick reminder that they are expected to use their manuals for scoring.

- (5 min.) **VIDEO** View Cognitive Growth Fostering Subscale Practice segment a second time (1 minute 48 seconds).
- Have them focus on the **parent-child pair** filling in all blanks.
  - Have the learners to circle all items they disagreed with the official scoring on page 74.
  - Ask the learner to refer to the Subscale Practice Answers on page 74 to read the rationale for the yes or no answer.
- (20 min.) Discuss all items either beginning with number 34 or with the most disagreed upon items.
- Refer them back to item descriptions frequently.
  - Note item #'s most frequently missed. Do not proceed with the next subscale until all learners understand the intent of the items.
  - If necessary, look at the practice segment a third time using the time codes in the manual to locate and demonstrate items in question.

### **(60 min.) Lunch**

- (5 min.) Read Clarity of Cues Subscale Item Descriptions pages 75-77
- The time allotted assumes the learners have already read the subscale prior to class.
- (10 min.) **VIDEO** View Clarity of Cues Subscale (6 minutes)
- Follow your process for reviewing each item of the subscale.
- (5 min.) **VIDEO** Clarity of Cues Subscale Practice segment (2:01) for first time.
- Have them score as many of the items that they can confidently on page 79.
- (5 min.) **VIDEO** View Clarity of Cues Subscale Practice segment a second time (2 minutes 1 seconds)
- Have them focus on filling in all blanks.
  - Ask the learners to circle all items they disagreed with the official scoring on page 80.
  - Have the learner to refer to the Subscale Practice Answers on page 80 to read the rationale for the yes or no answer.

- (20 min.) Discuss all items either beginning with number 51 or with the most disagreed upon items.
- As an instructor share those idiosyncrasies you find in item descriptions. Refer to the descriptors frequently for clarification and have them highlight unique qualities of Clarity of Cues items.
  - Note item #'s most frequently missed. Do not proceed with the next subscale until all learners understand the intent of the items.
  - If necessary, look at the practice segment a third time using the time codes in the manual to locate and demonstrate items in question.
- (5 min.) Read Responsiveness to Caregiver Subscale Item Descriptions pages 81-84.
- The time allotted assumes the learners have already read the subscale prior to class.
- (20 min.) **VIDEO** View Responsiveness to Caregiver Subscale (15 minutes)
- Follow your process for reviewing each item of the subscale.
- (5 min.) **VIDEO** Responsiveness to Caregiver Practice segment (1:26) for the first time.
- If you notice people not using their manuals, encourage them to use item descriptions in the manual for scoring.
  - Have them score as many of the items they can confidently on page 85.
- (5 min.) **VIDEO** View Responsiveness to Caregiver Subscale a second time (1min and 26 seconds).
- Have the learners focus on the parent/ child pair filling in all blanks.
  - Ask learners to not look at the answer score sheet on page 86 until you direct them to.
  - Read out all the correct subscale practice answers from page 86. Direct the learners to circle all items they disagreed with the official scoring.
  - Direct the learner to refer to the Subscale Practice Answers on page 86 to read the rationale for the yes or no answer.
- (15 min.) Discuss all items either beginning with number 61 or with the most disagreed upon items.
- As an instructor share those idiosyncrasies you find in item descriptions. Refer to the descriptors frequently

for clarification and have them highlight unique qualities of the Responsiveness to Caregiver items.

- Note item #'s most frequently missed.
- If necessary, look at the practice segment a third time using the time codes in the manual to locate and demonstrate items in question.

***NOTE: By the end of the subscale practices you should have a fairly good sense of which items are most frequently missed and who is struggling some items more than others and who is struggling with objectivity (continue interpreting based on their own experiences). Your decision whether to proceed with the practice videos needs to be based on this information.***

### (10 min.) Break

(10 min.) **VIDEO** Teaching Practice

**NOTE:** You may only have time to do Practice 1 today. Add Practice 2 to the next morning.

- The learners are now ready to score the entire Teaching scale. There are 4 Teaching Practice examples to rate. They will need:
  - 4 blank Teaching scale forms
  - a pen and pad of paper
  - Teaching manual

Have learners number their Teaching Scales #1, #2, #3, #4. Provide learners the demographic information on the top of Teaching Practice Rating #1 (page 56 of this syllabus) before showing the first practice segment. Remind them this is their opportunity to practice rating an entire teaching and fully understand the intent of the items. It is NOT a test. Practice is a proven way to learn.

**Each Teaching practice video is shown three times.**

(5 min.) Provide a couple of minutes for the learners to skim all the items of the Teaching scale in preparation for the first video example.

(10 min.) **VIDEO** Teaching Practice #1 (2 minutes 22 seconds)

- Have the learners watch the first practice example **focusing on the caregiver**. When the interaction is over have them score as many of the items they are confident scoring.
- Encourage them to refer to item descriptions in their manual when scoring.

- (10 min.) **VIDEO** View Teaching Practice #1 a second time (2 minutes 22 seconds).
- Have the learners focus on the **child** and score as many items as possible.
- (10 min.) **VIDEO** View Teaching Practice #1 a third time (2 minutes 22 seconds).
- Have the learners focus on the **parent/child pair** and fill in the items left blank.
- (45 min.) Feedback and Discussion of Practice #1
- Once they have completed practice example #1 provide them with the correct answers as found on pages 56 and 57 of this syllabus including potent disengagement cues checked.
  - As you post the answers have them circle the disagreed items on their Teaching scale.
  - Ask for a show of hands by subscale the number who missed specific items and/or potent disengagement cues.
  - Discuss all disagreements and items you find frequently missed or misunderstood in this subscale. Refer to the descriptors frequently for clarification and have them highlight unique qualities of items.
  - Return to the video using the time codes on the practice answers (p. 56) to locate and demonstrate items in question to enhance learning an item.
- (5 min.) Table for Calculating Percentage Scores p. 89 (Teaching Manual)
- Have them count up the total number of items they disagreed with the official scoring that you provided.
  - Have them refer to the chart on page 89 under the column Total # of that number for percent agreement. Record this number on the top of their Practice #1 Teaching scale.
  - If **scores are below the percentage you have established** (at least 85% ) have them review items they are having difficulty with and discuss. They may need to see the interaction again at a later time.
- (10 min.) **VIDEO** View Teaching Practice #2 (2 minutes 17 seconds).
- Provide the learners with the demographic information found on the top of the Teaching Practice Rating #2 on page 58 of this syllabus.
  - Have the learners watch the second practice example **focusing on the caregiver**. When the interaction is over have them score as many of the items they are confident scoring.
  - Encourage them to refer to item descriptions in their

---

manual when scoring.

- (10 min.) **VIDEO** View Teaching Practice #2 a second time (2 minutes 17 seconds).
- Have the learners focus on the **child** and score as many items as possible.
- (10 min.) **VIDEO** View Teaching Practice #2 a third time (2 minutes 17 seconds).
- Have the learners focus on the **parent/child pair** and fill in the items left blank.
- (20 min.) Feedback and Discussion of Teaching Practice #2
- Once they have completed practice example #2 provide them with the correct answers as found on pages 58 and 59 of this syllabus.
  - As you post the answers have them circle the disagreed items on their Teaching scale.
  - Ask for a show of hands by subscale the number who missed specific items and/or potent disengagement cues.
  - Discuss all disagreements and items you find frequently missed or misunderstood in this subscale. Refer to the descriptors frequently for clarification and have them highlight unique qualities of items.
  - Return to the video using the time codes on the practice answer sheet (p. 58) to locate and demonstrate items in question to enhance learning an item.
- (5 min.) Table for Calculating Percentage Scores p. 89
- Have them count up the total number of items they disagreed with the official scoring that you provided.
  - Have them refer to the chart on page 89 under the column Total # of Disagreed Items. Find the number of disagreed items and look to the right of that number for percent agreement. Record this number on the top of their Practice #2 Teaching scale.
  - **If scores are below the percentage you have established** (at least 85% ) have them review items they are having difficulty with and discuss. They may need to see the interaction again at a later time.
- (20 min.) Teaching Practice Disagreement Form p. 91
- Once they have completed these 2 practice ratings have them transfer the disagreed items onto the form found on page 91 called Teaching Practice Disagreement Form. This form is designed to note the

items and/or subscales of the Teaching that are more challenging.

- If they disagreed twice on any item have them circle the item(s) on this form .
- Take time to review the more challenging items by re-reading the item description or demonstrating the item to the person/class.

***NOTE: If time permits continue with Teaching Practice #2, page 46. The fewer practice scales they need to score the next day, before reliability, makes the day less stressful for the learners.***

(5 min.)

Assignments for the next class and Wrap Up

- Review Section III for practice and reliability. Read Section V, and Section VII (pages 131-137only) in the NCAST Caregiver/Parent-Child Interaction Teaching Manual, 2nd Ed.
- Time and place of next class.

# Phase I Day 5

## Teaching Practice (maybe #2), #3, & 4, Application of Teaching in Practice

### Reading Assignment Prior to Day Five

Review Section III for practice and reliability. Read Section V, and Section VII (pages 131-137 only) in the NCAST Caregiver/Parent-Child Interaction Teaching Manual.

### Instructional Materials for Day Five

Teaching Manual, Scales, Videos, extra pens and a stapler or paper clips (and chocolate for reliability!)

- (5 min.) Overview of Day 5  
Explain the process and content for the day.
- (10 min.) **VIDEO** Teaching Practice
- For scoring of the remaining Practice videos, each learner will need:
    - 2 blank Teaching scale forms
    - a pen and a pad of paper
    - Teaching manual
- Have them number their Teaching scales #3, #4 if they haven't done so. Remind them this is their opportunity to practice rating entire teaching and fully understand the intent of the items.
- Note: EACH TEACHING PRACTICE VIDEO IS SHOWN THREE TIMES**
- (5 min.) Provide a couple of minutes for the learners to read all the items of the Teaching scale in preparation for the first video example.
- (10 min.) **VIDEO** Teaching Practice #3 (3 minutes 22 seconds)
- Provide the learners with the demographic information found on the top of the Teaching Practice Rating #3 page 60 of this syllabus.
  - Have the learners watch the practice example **focusing on the caregiver**. When the interaction is over have them score as many of the items they are confident scoring.
  - Encourage them to refer to item descriptions in their manual when scoring.
- (10 min.) **VIDEO** View Teaching Practice #3 a second time (3 minutes 22 seconds).
- Have the learners focus on the **child** and score as many items as possible.

- (5 min.) VIDEO View Teaching Practice #3 a third time (3 minutes 22 seconds).
- Have the learners focus on the **parent/child pair** and fill in all the items left blank.
- (20 min.) Feedback and Discussion of Teaching Practice #3
- Once they have completed practice example #3 provide them with the correct answers as found on pages 60 and 61 of this syllabus.
  - As you post the answers have them circle the disagreed items on their Teaching scale.
  - Ask for a show of hands by subscale the number who missed specific items and/or potent disengagement cues.
  - Discuss all disagreements and items you find frequently missed or misunderstood in this subscale. Refer to the descriptors frequently for clarification and have them highlight unique qualities of items.
  - Return to the video using the time codes on the practice answer sheet (p. 60) to locate and demonstrate items in question to enhance learning an item.
- (5 min.) Table for Calculating Percentage Scores p. 89
- Have them count up the total number of items they disagreed with the official scoring that you provided.
  - Have them refer to the chart on page 89 (T manual), under the column Total # of Disagreed Items. Find the number of disagreed items and look to the right of that number for percent agreement. Record this number on the top of their Practice #3 Teaching scale.
  - **If scores are below the percentage you have established** (at least 85% ) have them review items they are having difficulty with and discuss. They may need to see the interaction again at a later time.
- (15 min.) Teaching Practice Disagreement Form (page 91)
- Once they have completed these practice ratings, have them transfer the disagreed items onto the form found on the Practice Teaching Disagreement Form (page 95).
  - If they disagreed twice on any item have them circle the item(s) on this form.
  - Take time to review the problematic items by re-reading the item description or demonstrating the item to the person/class.

- 
- (10 min.) **VIDEO** Teaching Practice #4 (3 minutes 28 seconds)
- Provide the learners with the demographic information found on the top of the Teaching Practice Rating #4 on page 62 of this syllabus.
  - Have the learners watch the fourth practice example **focusing on the caregiver**. When the interaction is over have them score as many of the items they are confident scoring.
  - Encourage them to refer to item descriptions in their manual when scoring.
- (10 min.) **VIDEO** View Teaching Practice #4 a second time (3 minutes 28 seconds).
- Have the learners focus on the **child** and score as many items as possible.
- (10 min.) **VIDEO** View Teaching Practice #4 a second time (3 minutes 28 seconds).
- Have the learners focus on the parent/child pair and fill in the items left blank.
- (20 min.) Feedback and Discussion of Teaching Practice #4
- Once they have completed practice example #4 provide them with the correct answers as found on pages 59 and 60 of this syllabus.
  - As you post or read the answers have them circle the disagreed items on their Teaching scale.
  - Ask for a show of hands by subscale the number who missed specific items and/or potent disengagement cues.
  - Discuss all disagreements and items you find frequently missed or misunderstood in this subscale. Refer to the descriptors frequently for clarification and have them highlight unique qualities of items.
  - Return to the video using the time codes on the practice answer sheet (p. 62) to locate and demonstrate items in question to enhance learning an item.
- (5 min.) Table for Calculating Percentage Scores p. 89
- Have them count up the total number of items they disagreed with the official scoring that you provided.
  - Have them refer to the chart on page 89 under the column Total # of Disagreed Items. Find the number of disagreed items and look to the right of that number for percent agreement. Record this number

on the top of their Practice #4 Teaching scale.

- If scores are below the percentage you have established (at least 85% preferably 90%) have them turn in their score sheets, close their manuals, view the practice video a third time and rate the observation.

(15 min.)

Teaching Practice Disagreement Form (page 91)

- Once they have completed this practice rating again have them transfer the disagreed items onto the form found on the Practice Teaching Disagreement Form.
- If they disagreed twice on any item have them circle the item(s) on this form .
- Review the problematic item by rereading the item description or demonstrating the item to the person/ class.

On their Practice Disagreement Form (page 91) have them record their interrater reliability at the bottom of the practice disagreement form under item #73 for each practice video. Then have them add up all the percentages and divide by 4 to arrive at their overall reliability for the practice video i.e.  $89\% + 78\% + 84\% + 90\%$  divided by 4 = 85%.

***NOTE: For the best possible reliability outcomes it is recommended that learners gain at least 85%, preferably 90%, on each practice video before proceeding with Reliability . If the student does not feel ready, or, as the instructor, you do not feel the learner is ready for Reliability testing, it is suggested that they be given support and the opportunity to view or practice rating subscales or practice segments until they, or you feel confident they will succeed.***

If their overall interrater reliability is less than 85-90% due to one or two low scores, have them review their practice ratings that brought their average down. Have them look closely at the specific items they found challenging. Ask them to carefully re-read the item descriptions and highlight any unique qualities in the item description that they may be forgetting or having difficulty understanding. Make sure they are interpreting the item(s) as they are intended. If the items they missed clustered in a subscale, refer back to that subscale in the practice answers and work to clarify the item(s) that prove to be more challenging. Also, referring to the subscale section of their manual and reviewing the purpose of the subscale and their score on the subscale rating might provide further insight.

If there wasn't much difference in how they rated the 4 practice sessions and the overall reliability was below 85-90%, have them refer to their Practice Disagreement Form (page 91) as shown in the example on the top of page 91. Have them look for items in which they disagreed with 2 or more items. Reread the item descriptions highlighting any unique qualities that they may be forgetting or having difficulty understanding. Make sure they fully understand the intent of the item. If the missed items cluster in a specific subscale(s) review the purpose of the subscale and re-look at how they rated that particular subscale during subscale rating and practice answers to determine why the errors occurred. Also, referring to the subscale section of the manual and reviewing the purpose of the subscale and their score on the subscale rating might provide further insight. Have them re-score the practice videos until they gain at least 85-90% reliability overall. This will increase their ability to do well on reliability testing.

Collect the learners' practice disagreement forms following the practice ratings to review for the most frequently missed items and subscales, individually and as a group. File with your class roster to have available when feedback from NCAST Programs is given to see if there are certain items or subscales that are missed between practice and reliability. This will help you prepare the learner for their next attempt at reliability. This also identifies subscales/items that may need more attention during your next class.

### Application of Teaching in Practice

(45 min.)

Application:

- **Administration of the Teaching Scale** (page 132-136).
  - Role play how to make a home visit for the purpose of observing the Teaching interaction. Include introduction of self, purpose of visit, directions when observing the teaching, completing the form in the home, feedback about strengths, and recommendations to caregiver.
  - Display and discuss the Teaching Kit (page 131).
- **Clinical use of the Teaching Scale** (page 137).
  - Discuss and role play how to intervene.

# Phase I Day 6

## Teaching Reliability #1, #2, #3, #4, & #5

### Reading Assignment Prior to Day Six

Review Section III for practice and reliability. Read Section V, and Section VII (pages 131-137 only) in the NCAST Caregiver/Parent-Child Interaction Teaching Manual.

### Instructional Materials for Day Five

Teaching Manual, Scales, Videos, , timer, extra pens and a stapler or paper clips (**and chocolate!**)

(10 min.)

#### Overview of Teaching Reliability Process

- Your learners are now ready to score five parent-child pairs in order to attain reliability on the Teaching scale. For this exercise they will need 5 blank Teaching scale forms numbered 1 to 5 and their manual. Use pens only for this exercise.
- Thirty-five minutes has been allotted to view each dyad three times , five minutes to transfer their NO answers to their reliability form, and a five minute stretch break in between. This amount of time seems to accommodate the needs of all types of learners.
- The scoring of the reliability must be monitored by you and there is no discussion regarding content during this period or during break times.
- This is not to be a rushed exercise. If learners finish early they need to remain quiet.

**NOTE: The Teaching reliability dyads are shown three times. Have the learners first focus on the caregiver scoring as many items as they can confidently, then on the child scoring as many items as possible, and for the third viewing focus on the parent-child pair filling in all items left blank.**

**RECOMMENDED:** We recommend doing a mindfulness or relaxation exercise prior to reliability. Many learners are anxious about being "tested" and this may help them access their higher thinking skills. We also recommend "introducing" each dyad for about 10 seconds to lessen the level of novelty with seeing something new. Just let them know you are going to introduce the dyad and then start over from the beginning.

(10 min.)

#### VIDEO

View Teaching Reliability Dyad #1 completely (1 minute 23 seconds).

- Have the learners focus on the **caregiver** and score as many items as possible.

- Stress the importance of using manuals for item descriptions, clarification of items they were unsure of, and in preparation for, the second viewing.

(10 min.) **VIDEO** View Teaching Reliability Dyad #1 a second time (1 minute 23 seconds).

- Have the learners focus on the **child** and score as many items as possible.

(10 min.) **VIDEO** View Teaching Reliability Dyad #1 a third time (1 minute 23 seconds).

- Have the learners focus on the **parent/child pair** and fill in all boxes left blank.

**NOTE: Suggest learners to think twice before changing answers. It has been our experience that first answers are generally most accurate.**

(5 min.) Teaching Reliability Form

- Complete the Teaching Reliability form for the first dyad following the directions listed at the top of page 95. Please remind learners to use an X to mark all their NO answers.

**NOTE: Filling in the Reliability Form after each scoring will avoid errors in transferring all the scores at the end.**

**(5 min.) Break (stretch & move)**

(10 min.) **VIDEO** View Teaching Reliability Dyad #2 completely (1 minute 29 seconds).

- Have the learners focus on the caregiver and score as many items as possible.
- Encourage use of manuals for item descriptions, clarification of items they were unsure of, and in preparation for the second viewing.

(10 min.) **VIDEO** View Teaching Reliability Dyad #2 a second time (1 minute 29 seconds).

- Have the learners focus on the child and score as many items as possible.

- (10 min.) **VIDEO** View Teaching Reliability Dyad #2 a third time (1 minute 29 seconds).
- Have the learners focus on the parent/child pair and fill in all boxes left blank.

**NOTE: Suggest learners to think twice before changing answers. It has been our experience that first answers are generally most accurate.**

- (5 min.) Teaching Reliability Form
- Complete the Teaching Reliability form for the second dyad following the directions listed at the top of page 95.

**(5 min.) Break (stretch & move)**

- (10 min.) **VIDEO** View Reliability Teaching Reliability Dyad #3 completely. (2 minutes 19 seconds)
- Have the learners focus on the caregiver and score as many items as possible.
  - Stress use of manuals for item descriptions, clarification of items they were unsure of, and in preparation for the second viewing.

- (10 min.) **VIDEO** View Teaching Reliability Dyad #3 a second time. (2 minutes 19 seconds)
- Have the learners focus on the child and score as many items as possible.

- (10 min.) **VIDEO** View Teaching Reliability Dyad #3 a third time. (2 minutes 19 seconds)
- Have the learners focus on the parent/child pair and fill in all boxes they left blank.

- (5 min.) Teaching Reliability Form
- Complete the Teaching Reliability form for the third dyad following the directions listed at the top of page 95.

**(5 min.) Break (stretch & move)**

- (10 min.) **VIDEO** View Teaching Reliability Dyad #4: View video example #4 completely. (2 minutes 19 seconds)
- Have the learners focus on the caregiver and score as many items as possible.
  - Encourage use of manuals for item descriptions, clarification of items they were unsure of, and in preparation for the second viewing.

- (10 min.) **VIDEO** View Teaching Reliability Dyad #4 a second time.  
(2 minutes 19 seconds)
- Have the learners focus on the child and score as many items as possible.
- (10 min.) **VIDEO** View Teaching Reliability Dyad #4 a third time.  
(2 minutes 19 seconds)
- Have the learners focus on the parent/child pair and fill in all boxes left blank.
- (5 min.) Teaching Reliability Form
- Complete the Teaching Reliability form for the fourth dyad following the directions listed at the top of page 95.
- (5 min.) Break (stretch & move)**
- (10 min.) **VIDEO** View Teaching Reliability Dyad #5 completely.  
(1 minute)
- Have them focus on the caregiver and score as many items as possible.
  - Encourage use of manuals for item descriptions, clarification of items they were unsure of, and in preparation for the second viewing.
- (10 min.) **VIDEO** View Teaching Reliability Dyad #5 a second time.  
(1 minute)
- Have them focus on the child and score as many items as possible.
- (10 min.) **VIDEO** View Teaching Reliability Dyad #5 a third time.  
(1 minute)
- Have the learners focus on the parent/child pair and fill in all boxes they left blank.
- NOTE: Suggest learners to think twice before changing answers. It has been our experience that first answers are generally most accurate.***
- (5 min.) Teaching Reliability Form
- Complete the Teaching Reliability form for the fifth dyad following the directions listed at the top of page 95.
- (10 min.) Teaching Reliability Form p. 94-96
- Make sure the learners have completed the back of the Reliability form page 96.

- After completing the Teaching Reliability Form ask them to tear the form from their manual and turn it in along with their original five Teaching scales to you. Staple each learner's 6 forms together with the Teaching Reliability form on top and send to NCAST.

**NOTE: NCAST Programs will not accept any reliability forms other than those torn from the manual or provided by the PCRP office and will not process reliability unless all 5 original Teaching Scales are attached to the reliability form.**

**\*\*\*NOTE:** *Since we are now able to teach classes virtually, instruct your students to make a **black and white, 8.5 x 11 PDF copies of the reliability form (front and back) and both sides of all five scales as the supporting documentation of their scoring. Please ask them to check for readability. Do not send images. To maintain the integrity of the tool, please ask your students to destroy their forms OR submit them to you or their supervisor for proper disposal.***

- Tell your learners a response from the PCRP office can be expected within 2 weeks. If they are reliable in the Teaching scale, their name will be entered into the NCAST PCI International Registry and a notification of their success will be sent to you.
- Explain you will notify each person individually as to how they did. If reliability was not attained, directions on how and when a make-up session(s) will occur to do a second attempt at reliability will need to be decided.
- If a person is interested in becoming reliable in only one of the scales, an electronic letter of certification will be sent to you for distribution and you must alert the PCRP/NCAST office of this fact on the roster. If a learner is seeking reliability in both scales PCRP/ NCAST will wait until reliability is attained in both scales before sending their certificate to you for your signature.

(10 min.)

#### Assignments and Wrap Up

##### Prior to Phase II

- Read Section VI, Section VII (pages 136-144 only), and Section VIII in the Teaching Manual; Section VI, Section VII (pages 138-142 only), and Section VIII in the Teaching Manual.
- Discuss number and frequency of observations to be made with the Feeding and/or Teaching scale for Phase II/III once notified of reliability in the scale(s).
- Time and location of next class and/or class time for retaking reliability.

Collect and send all of your learners  
packets of 5 scales and Reliability  
Forms to:

**Electronic Submission:**

ncastrreliabilities@uw.edu

**Postal Service:**

Parent-Child Relationship Programs  
at the Barnard Center  
University of Washington  
Box 357231  
Seattle, WA 98195-7231

**UPS, FedEx, DHL, etc.**

Parent-Child Relationship Programs  
at the Barnard Center  
University of Washington  
1959 NE Pacific St.  
Health Sciences Bldg. F-346  
Seattle, WA 98195-7231

***NOTE: We encourage learners to NOT use the Teaching scale until they receive feedback regarding their reliability scoring. Families deserve to have the most accurate assessments when developing an intervention plan.***

# NCAST PCI Teaching Practice

## #1 Answers

### Birth to Three Years Only

Person Observed ____ Age ____ Educ. ____	Setting <input type="checkbox"/> Home <input type="checkbox"/> Clinic <input checked="" type="checkbox"/> Other <u>Studio</u>	Child's Name <u>Stella</u>
<input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____	Were Others Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Child's Age (in months) <u>3 m</u>
Major Caregiver <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, specify <u>film crew</u>	Child's Sex <u>F</u>
Name of Task <u>transfer block</u>		Child's Birth Order (circle) ① 2 3 4 5 or More
Length of Time Teaching (minutes) 1 or Less ② 3 4 5 6 or more 2:22		Child's State at Beginning of Feeding (circle) Quiet Sleep Active Sleep Drowsy <u>Quiet Alert</u> Active Alert Crying

#### I. SENSITIVITY TO CUES

	YES	NO	
1.	X		good trunk & head support in car seat
2.	X		materials handed to baby
3.	X		alerts with name and "what's that?"
4.	X		Stops w/ disengagement, teaches when attentive except at :08 when baby turns head
5.	X		allows visual exploration 6 seconds :01-:07
6.	X		eye-to-eye contact is possible throughout
7.	X		pauses when mouths block at :34
8.	X		:37 "good job" "you did it!"
9.	X		3 performances - :35, 1:15, and at the end
10.	X		1:45 mother moves block from left hand to right hand (subtle)
11.	X		does not force completion
Total	11		

#### II. RESPONSE TO CHILD'S DISTRESS

	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
12.		X	starts teaching right after OHB movements each time
13.	X		"Wanna try that hand first?" 1:41
14.	X		"ahhh!" and imitates OHB on car seat edge at 1:20 to 1:19 OHB
15.	X		moves to right hand 1:41
16.		X	none seen
17.	X		parent imitates OHB with tray pounding on car seat edge at 1:20
18.	X		not heard
19.	X		not heard
20.	X		not seen
21.	X		not seen
22.	X		not heard
Total	9		

\* \* Note on 24: The parent must be positioned so they are vertically aligned and just raising lowering head puts them in face-to-face position. If either has to turn their head side to side to be in full face position it is No.

#### III. SOCIAL-EMOTIONAL GROWTH FOSTERING

	YES	NO	
23.	X		smooth movements, relaxed posture
24.		X	baby must turn her head to be face to face w mom. **
25.	X		:39 smiles
26.	X		:13 tickles tummy
27.	X		already smiling when baby vocalizes but nearly simultaneous so Yes or No okay here*
28.	X		repeated "good job" feels like overall praise
29.	X		:45 "try again" and 1:26 "you try"
30.	X		stops talking when baby vocalizes @ 1:18
31.	X		none heard
32.	X		none heard
33.	X		none heard
Total	10		

#### IV. COGNITIVE GROWTH FOSTERING

34.	X		no distractions
35.	X		>60% focused on baby and task
36.	X		narrates, encourages not intervening
37.	X		mouthing :34 mom says "nom nom nom"
38.	X		:04 blue block
39.	X		"block in one hand to the other" "you got it in the middle, can you separate?"
40.	X		no imperatives heard, lots of questions
41.	X		"block" and later "one hand to the other"
42.	X		:08 and 1:02
43.	X		from :27 - :37
44.	X		"you switched hands, good job!" 2:19
45.	X		smiles @ 2:19 (child does more independently so considered improvement)
46.	X		1:18 child vocalizes, mom responds
47.	X		both modeling of task and verbal instruction
48.	X		several, e.g. 1:55 alert; 1:56 instruct; 2:05-2:18 allow performance time, 2:20 feedback
49.		X	not clear to baby, needs to say we're done or remove block
50.	X		total time 2:22
Total	16		

**V. CLARITY OF CUES**

	YES	NO	
51.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	quiet alert state
52.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	:01 eyes widen
53.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	:07 turns head, leg extension
54.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	not diffuse, clearly either attentive or not
55.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1:08 reaching
56.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	not at task materials
57.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1:16 little smile before vocalization
58.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	:28 frown, brow lowering
59.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1:40 and 1:46 overhand beating movements
60.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	many, e.g. gaze aversion, join hands, hands stomach, increased foot movement, hand- to-mouth, hand-to-eye,tongue show
Total	<b>9</b>		

**VI. RESPONSIVENESS TO CAREGIVER**

61.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	:04 task materials
62.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	not child initiated
63.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1:35
64.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1:15 "Oh, where'd it go?" 1:17 child vocalizes
65.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1:17
66.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	not looking at caregiver
67.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	not looking at caregiver
68.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	caregiver never moved closer than 8 inches
69.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	OHB at 1:40 after block to nose at 1:38
70.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	:20 hands to stomach; :25 hands to mouth
71.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	no intrusion
72.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	no intrusion
73.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	no soothing attempts to OHB (activates rather than soothing)
Total	<b>6</b>		

Enter the total yes answers from each subscale and compare it with the possible score:

	Subscale Score			Contingency		
	Possible	Your score	NCAST Score	Possible	Your score	NCAST Score
SENSITIVITY TO CUES	11		11	5		5
RESPONSE TO DISTRESS	11		9	6		4
SOCIAL-EMOTIONAL GROWTH FOSTERING	11		10	3		3
COGNITIVE GROWTH FOSTERING	17		16	6		5
<b>CAREGIVER TOTAL</b>	<b>50</b>		<b>46</b>	<b>20</b>		<b>17</b>
CLARITY OF CUES	10		9	0		0
RESPONSIVENESS TO CAREGIVER	13		6	12		6
<b>INFANT TOTAL</b>	<b>23</b>		<b>15</b>	<b>12</b>		<b>6</b>
<b>CAREGIVER/INFANT TOTAL</b>	<b>73</b>		<b>61</b>	<b>32</b>		<b>23</b>

Check the Potent Disengagement Cues (PDC's) observed during the feeding interaction (excluding initial tension up to a minute into the feeding and any PDC's that terminate the feeding).

- Back arching
- Choking
- Coughing
- Crawling away
- Cry face
- Crying
- Fussing
- Halt hand
- Lateral head shake
- Maximal lateral gaze aversion
- Overhand beating movements (OHB) 1:18, 1:40
- Pale/red skin
- Pulling away
- Pushing away
- Saying "no"
- Spitting
- Spitting up
- Tray pounding
- Vomiting
- Walking away
- Whining
- Withdraw from alert to sleep state

# NCAST PCI Teaching Practice

## #2 Answers

### Birth to Three Years Only

Person Observed _____ Age _____ Educ. _____	Setting <input type="checkbox"/> Home <input type="checkbox"/> Clinic <input checked="" type="checkbox"/> Other <u>Studio</u>	Child's Name <u>Olivia</u>
<input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father	Were Others Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Child's Age (in months) <u>11 m</u>
<input type="checkbox"/> Other _____	If yes, specify <u>film crew</u>	Child's Sex <u>F</u>
Major Caregiver <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Child's Birth Order (circle) ① 2 3 4 5 or More
Name of Task <u>Pull the car by the string</u>		Child's State at Beginning of Feeding (circle) Quiet Sleep Active Sleep Drowsy
Length of Time Teaching (minutes) 1 or Less ② 3 4 5 6 or more		Quiet Alert Active Alert Crying

#### I. SENSITIVITY TO CUES

	YES	NO	
1.	X		belted in child seat
2.	X		placed within easy reach
3.	X		"look!"
4.	X		only gives instructions while attentive or not looking away or down
5.		X	did not hand over car; first instruction at :08
6.	X		good positioning for eye-to-eye contact
7.	X		1:45 allows brief (5 seconds) exploration of car
8.	X		praises every success
9.		X	five performances (:19, :32, 1:06, 1:18 2:10)
10.	X		1:04 moves string after unsuccessful from :54 - 1:00
11.	X		never forces completion of task
Total	9		

#### II. RESPONSE TO CHILD'S DISTRESS

	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
12.	X		stops at 1:34 to play with car after TP at 1:33
13.		X	not heard ("awww thank you" is not in recognition of distress)
14.	X		2:03 "lemme see" to OHB @1:58 (softer/higher pitch)
15.	X		2:05 repositions car
16.		X	not seen
17.	*	X	needs to be something other than task materials
18.	X		not heard
19.	X		not heard
20.	X		not seen
21.	X		not seen
22.	X		not heard
Total	8		

\* Note on 17: Need to be true to item description. Vroom vroom DOES divert her attention but she needs to use something other than the task materials. Read item description in class to clarify.

#### III. SOCIAL-EMOTIONAL GROWTH FOSTERING

	YES	NO	
23.	X		relaxed entire time
24.		X	child has to turn head to be face-to-face
25.	X		many times e.g. onset, :12, :20
26.		X	no affectionate touch seen
27.	X		1:40 child smiles/vocalizes and at 1:45 Mom smiles and says "you wanna try it?"
28.	X		2:15 at end "good job" is for overall task effort
29.		X	only questions asking if she wants to try. cheerleading is not a question.
30.	X		does not talk over child
31.	X		none heard
32.	X		none heard
33.	X		none heard
Total	8		

#### IV. COGNITIVE GROWTH FOSTERING

34.	X		no distractions
35.	X		focused on child entire time
36.		X	:45 for <5 seconds, only needs to happen one time (:41 "grab it?" :45 "wanna grab it?")
37.	X		1:45 allows to manipulate car for 5 seconds
38.		X	No descriptive words of task materials
39.	X		"Wanna pull it?" "Can you pull it" "grab it"
40.	X		almost all questions
41.		X	never uses 'string'; ONLY 'play with car' and 'pull it'
42.		X	Rolls car but does not pull by string
43.	X		:17 seconds allows performance
44.	X		instantly successful but does by self at :30 and 2:08. Mom says "yay"
45.	X		as above, Mom smiles
46.	X		child vocalizes at 1:43; 1:44 "yeah"
47.		X	no non-verbal instruction or modeling; pointing to string is alerting, not instruction
48.	X		several, e.g. first 22 seconds all four parts in succession
49.		X	does not signal termination to child or remove materials
50.	X		2:17 seconds total teaching time
Total	11		

**V. CLARITY OF CUES**

	YES	NO	
51.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	quiet alert state
52.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	several times, e.g., :27 attends to mother and task both
53.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	no activity increase until :18 when pulls car, then at :23 sits forward in seat
54.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no diffuse movements
55.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1:33 pounding, 1:53 waving arms
56.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1:42 vocalizes
57.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1:37 smiles and laughs 1:40
58.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	not seen
59.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	overhand beating, tray pounding
60.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	look down, sobering, look away, turn head
Total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>8</b>

**VI. RESPONSIVENESS TO CAREGIVER**

61.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	:42 gazes at task materials after "look" and pointing
62.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	:59 (other times as well)
63.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	:28
64.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1:42 "you try it?" 1:44 child vocalizes
65.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1:42 mom reaches for car, 1:44 child vocalizes
66.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	not seen (looking at materials not mom)
67.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	not seen
68.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mother doesn't loom
69.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	:45 mom points and child looks away and turns head at :48
70.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	:45 "Wanna grab it?" - looks away and turns head at :48
71.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1:33 tray pounding to taking car from mouth
72.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1:51 mom reaches to take car - child throws, waves arms, tray pounds
73.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	no soothing efforts
Total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>9</b>

Enter the total yes answers from each subscale and compare it with the possible score:

	Subscale Score			Contingency		
	Possible	Your score	NCAST Score	Possible	Your score	NCAST Score
SENSITIVITY TO CUES	11		9	5		5
RESPONSE TO DISTRESS	11		8	6		3
SOCIAL-EMOTIONAL GROWTH FOSTERING	11		8	3		3
COGNITIVE GROWTH FOSTERING	17		11	6		4
<b>CAREGIVER TOTAL</b>	<b>50</b>		<b>37</b>	<b>20</b>		<b>15</b>
CLARITY OF CUES	10		8	0		0
RESPONSIVENESS TO CAREGIVER	13		9	12		8
<b>INFANT TOTAL</b>	<b>23</b>		<b>17</b>	<b>12</b>		<b>8</b>
<b>CAREGIVER/INFANT TOTAL</b>	<b>73</b>		<b>54</b>	<b>32</b>		<b>23</b>

Check the Potent Disengagement Cues (PDC's) observed during the feeding interaction (excluding initial tension up to a minute into the feeding and any PDC's that terminate the feeding).

- Back arching
- Choking
- Coughing
- Crawling away
- Cry face
- Crying
- Fussing
- Halt hand
- Lateral head shake
- Maximal lateral gaze aversion
- Overhand beating movements 1:55; 1:58
- Pale/red skin
- Pulling away
- Pushing away
- Saying "no"
- Spitting
- Spitting up
- Tray pounding 1:33, 1:42
- Vomiting
- Walking away
- Whining
- Withdraw from alert to sleep state

# NCAST PCI Teaching Practice

## #3 Answers

### Birth to Three Years Only

Person Observed _____ Age _____ Educ. _____	Setting <input type="checkbox"/> Home <input type="checkbox"/> Clinic <input checked="" type="checkbox"/> Other <u>Studio</u>	Child's Name <u>Andre</u>
<input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____	Were Others Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify <u>film crew</u>	Child's Age (in months) <u>21 m</u>
Major Caregiver <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Child's Sex <u>M</u>
Name of Task <u>Put beads on string</u>		Child's Birth Order (circle) 1 2 <b>3</b> 4 5 or More
Length of Time Teaching (minutes) 1 or Less 2 <b>3</b> 4 5 6 or more 3:22		Child's State at Beginning of Feeding (circle) Quiet Sleep Active Sleep Drowsy <u>Quiet Alert</u> Active Alert Crying

#### I. SENSITIVITY TO CUES

	YES	NO	
1.	<b>X</b>		safe and developmentally appropriate
2.	<b>X</b>		within easy reach
3.	<b>X</b>		"mama's gonna show you something" and presents materials
4.	<b>X</b>		yes
5.		<b>X</b>	doesn't allow five seconds of ALL materials
6.	<b>X</b>		good positioning; able to turn heads easily
7.		<b>X</b>	no exploration by child
8.	<b>X</b>		2:12 "very good. good job little man"
9.	<b>X</b>		only one performance
10.	<b>X</b>		3:09 holds red bead steady
11.	<b>X</b>		never forces completion
Total	<b>9</b>		

#### II. RESPONSE TO CHILD'S DISTRESS

	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
12.	<b>X</b>		pauses and acknowledges desire to do it w/o help
13.	<b>X</b>		2:47 "OK, you can do it" (positive & soothing)
14.	<b>X</b>		lower volume with above statement
15.	<b>X</b>		2:49 moves string
16.		<b>X</b>	not seen
17.		<b>X</b>	not seen
18.	<b>X</b>		not heard
19.	<b>X</b>		not heard
20.	<b>X</b>		not seen
21.	<b>X</b>		not seen
22.	<b>X</b>		not heard
Total	<b>9</b>		

#### III. SOCIAL-EMOTIONAL GROWTH FOSTERING

	YES	NO	
23.	<b>X</b>		entire time
24.		<b>X</b>	both would have to turn heads to be face-to-face
25.	<b>X</b>		1:20 smiles
26.		<b>X</b>	no affectionate touch
27.	<b>X</b>		1:23 smiles after child says "lellow"
28.	<b>X</b>		"good job Andre" at end
29.	<b>X</b>		"try again" at :35; "you're doin' it" at 2:56
30.	<b>X</b>		nice turn taking; doesn't talk over child
31.	<b>X</b>		none heard
32.	<b>X</b>		none heard
33.	<b>X</b>		none heard
Total	<b>9</b>		

#### IV. COGNITIVE GROWTH FOSTERING

34.	<b>X</b>		no distractions
35.	<b>X</b>		focused entire time
36.	<b>X</b>		six seconds one time, meets item criteria
37.		<b>X</b>	no off task play attempted
38.	<b>X</b>		colors, 'beads', circles
39.	<b>X</b>		"here, let's put 'em on a string"; "let's put another one on"
40.	<b>X</b>		questions/statements almost entirely
41.	<b>X</b>		"Let's put 'em on a string" and "I'll hold the bead, you put the string in"
42.		<b>X</b>	no <i>simultaneous</i> model & verbal instruction
43.	<b>X</b>		:22 - :35 allows performance
44.	<b>X</b>		1:23 good job
45.	<b>X</b>		1:23 smiles
46.	<b>X</b>		child voc and mother responds many times, e.g. :55, 1:27, 2:15, 2:37
47.	<b>X</b>		:47 nonverbal (puts string through) :50 "put another one on"
48.	<b>X</b>		onset: alerts w materials, @ :21 "put on string", performance time, "that's great"
49.		<b>X</b>	not directed to child
50.	<b>X</b>		total teaching time is 3:22
Total	<b>14</b>		

**V. CLARITY OF CUES**

	YES	NO	
51.	<b>X</b>		quiet alert
52.	<b>X</b>		attentive to task entire time
53.	<b>X</b>		reaches, takes string
54.	<b>X</b>		directed toward task
55.	<b>X</b>		reaches
56.	<b>X</b>		many times, especially when identifying colors
57.	<b>X</b>		:17 smile
58.	<b>X*</b>	<b>X</b>	Microanalysis shows two frowns but so brief not recognizable to the observer. Needs to be a recognizable expression.
59.	<b>X</b>		saying "no, I do it" at 2:45
60.	<b>X</b>		tongue show, head lowering, lip compression, shoulder shrug
Total	<b>9</b>		

**VI. RESPONSIVENESS TO CAREGIVER**

61.	<b>X</b>		looks at materials at onset
62.		<b>X</b>	not seen
63.		<b>X</b>	not seen (mom tries at onset but no response)
64.	<b>X</b>		:17 "nah" to mom saying "are they circles?" at :15
65.	<b>X</b>		:59 "white" to mom pointing at bead
66.		<b>X</b>	never looks at caregiver
67.		<b>X</b>	never looks at caregiver
68.		<b>X</b>	mother never looms
69.	<b>X</b>		1:49 tongue show to 1:47 pointing
70.	<b>X</b>		1:52 tongue show to "what color is that?"
71.		<b>X</b>	no intrusion (she WANTS to, but doesn't)
72.		<b>X</b>	not seen
73.	<b>X</b>		"you can do it" has a gentle tone and he doesn't say "no" again
Total	<b>6</b>		

Enter the total yes answers from each subscale and compare it with the possible score:

	Subscale Score			Contingency		
	Possible	Your score	NCAST Score	Possible	Your score	NCAST Score
SENSITIVITY TO CUES	11		9	5		4
RESPONSE TO DISTRESS	11		9	6		4
SOCIAL-EMOTIONAL GROWTH FOSTERING	11		9	3		3
COGNITIVE GROWTH FOSTERING	17		14	6		5
<b>CAREGIVER TOTAL</b>	<b>50</b>		<b>41</b>	<b>20</b>		<b>16</b>
CLARITY OF CUES	10		9	0		0
RESPONSIVENESS TO CAREGIVER	13		6	12		6
<b>INFANT TOTAL</b>	<b>23</b>		<b>15</b>	<b>12</b>		<b>6</b>
<b>CAREGIVER/INFANT TOTAL</b>	<b>73</b>		<b>57</b>	<b>32</b>		<b>22</b>

Check the Potent Disengagement Cues (PDC's) observed during the feeding interaction (excluding initial tension up to a minute into the feeding and any PDC's that terminate the feeding).

- Back arching
- Choking
- Coughing
- Crawling away
- Cry face
- Crying
- Fussing
- Halt hand
- Lateral head shake
- Maximal lateral gaze aversion
- Overhand beating movements
- Pale/red skin
- Pulling away
- Pushing away
- Saying "no" 2:46
- Spitting
- Spitting up
- Tray pounding
- Vomiting
- Walking away
- Whining
- Withdraw from alert to sleep state

# NCAST PCI Teaching Practice

## #4 Answers

### Birth to Three Years Only

Person Observed _____ Age _____ Educ. _____	Setting <input type="checkbox"/> Home <input type="checkbox"/> Clinic <input checked="" type="checkbox"/> Other <u>Studio</u>	Child's Name <u>Gabriel</u> Child's Age (in months) <u>36 m</u> Child's Sex <u>M</u> Child's Birth Order (circle) ① 2 3 4 5 or More Child's State at Beginning of Feeding (circle) Quiet Sleep Active Sleep Drowsy <u>Quiet Alert</u> Active Alert Crying
<input type="checkbox"/> Mother <input checked="" type="checkbox"/> Father <input type="checkbox"/> Other _____	Were Others Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify <u>film crew</u>	
Major Caregiver <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Name of Task <u>Cut shape w/ scissors</u> Length of Time Teaching (minutes) 1 or Less 2 ③ 4 5 6 or more		

#### I. SENSITIVITY TO CUES

	YES	NO	
1.	X		safe, developmentally appropriate
2.	X		materials within reach
3.	X		at the onset: "look Junior!"
4.	X		always attentive during instruction
5.		X	no exploration allowed - alerts then instructs. Must hand over scissors and paper before giving any instructions and allow 5 secs to explore.
6.	X		easily turn heads to see one another
7.	X*	X	no off task behavior attempted by child*
8.	X		:40 good job; many other times
9.	X		one performance
10.	X		moves scissors :27 - :36. Steadies about 3:00
11.	X		no forced completion
Total	10		

#### II. RESPONSE TO CHILD'S DISTRESS

	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
12.	X		1:40 stops giving instructions
13.	X		2:10 "almost" is positive
14.	X		2:02 "careful of your fingers" lowers volume
15.	X		1:50 gently pulls him forward
16.		X	not seen
17.		X	not seen
18.	X		
19.	X		
20.	X		
21.	X		
22.	X		
Total	9		

\*Note on 7: It's about allowing the child to "fool around" with the materials. Tearing of the materials is *not* about fooling around for Gabriel, rather he is trying to get the task DONE. It's a contingency item, so the child must first 'fool around' for this to be a yes. Accept Yes or No on #7.

\*\*Note on 37: Does dad allow the materials to be used in a different way? We decided that the dad allows him to tear rather than cut, thus using the materials (paper) in a different way. Very different experience if dad had said "no."

\*\*\* Note on 44/45: child does cut best on the first side, but as dad recognizes he is making progress toward cutting out the whole shape we give him credit for the positive affirmations.

#### III. SOCIAL-EMOTIONAL GROWTH FOSTERING

	YES	NO	
23.	X		relaxed
24.		X	not face-to-face
25.	X		2:32 smiles
26.		X	not seen (high five doesn't meet item criteria)
27.		X	not seen
28.	X		"good job, gimme five, nice." at the end
29.	X		"almost" 1:07 ; "you can do it" 2:44 and "you can try again" 3:00
30.	X		doesn't talk over child
31.	X		none heard
32.	X		none heard
33.	X		none heard
Total	8		

#### IV. COGNITIVE GROWTH FOSTERING

34.	X		no distractions
35.	X		keeps focused on task
36.		X	onset, corrects holding of scissors
37.	X		allows tearing off sides of paper**
38.	X		scissors; "little holes" at :33
39.	X		"cut it out"; "cut around the black line"
40.	X		no commands heard
41.	X		says "paper" "scissors" "square" "cut it out"
42.	X		:51 "cut right there" and points
43.		X	corrects scissor holding at :27
44.	X		:46 & 1:03, "good job", 2:17 "nice" ***
45.	X		1:09 and 1:37 nods ***
46.	X		dad responds to "I wanna do my own" with confirmation at 2:42
47.	X		verbal: "cut it out"; nonverbal: dad cuts part of square at beginning
48.	X		several. onset is one example.
49.	X		high five "are you done cutting?" & child nods
50.	X		total teaching episode is 3:28
Total	15		

## V. CLARITY OF CUES

	YES	NO	
51.	X		quiet alert
52.	X		postural attention to task
53.	X		dad presents at :19 and child reaches for scissors and paper
54.	X		directed toward task
55.	X		reaches
56.	X		2:41 "I wanna do my own"
57.		X	not seen
58.		X	not seen; generally sober entire time
59.	X		pulling away
60.	X		head lowering, look away, hand to ear, should shrug, increased foot movement
Total	8		

## VI. RESPONSIVENESS TO CAREGIVER

61.	X		onset looks at materials
62.	X		@ 3:20, child initiated. (dad's comments at 3:17 not considered alerting)
63.	X		:11 to "You know how you used these once?"
64.	X		:11 child responds with 'yeah'
65.	X		"I want to do my own" to touch and gesture at 2:40
66.		X	not seen
67.		X	not seen
68.		X	never moved closer than 7-8 inches
69.	X		dad smiles/laughs at 2:31; hand-to-ear 2:33
70.	X		dad says "cut it. it's ok" at 2:51; shoulder shrug at 2:55. also, "try again" at 3:00 and increased foot movement seen at 3:02
71.	X		head lowering/shoulder shrug 2:41
72.		X	no aggressive response to intrusion
73.		X	no soothing actions, so automatic No
Total	8		

Enter the total yes answers from each subscale and compare it with the possible score:

	Subscale Score			Contingency		
	Possible	Your score	NCAST Score	Possible	Your score	NCAST Score
SENSITIVITY TO CUES	11		10	5		4
RESPONSE TO DISTRESS	11		9	6		4
SOCIAL-EMOTIONAL GROWTH FOSTERING	11		8	3		2
COGNITIVE GROWTH FOSTERING	17		15	6		5
<b>CAREGIVER TOTAL</b>	<b>50</b>		<b>42</b>	<b>20</b>		<b>15</b>
CLARITY OF CUES	10		8	0		0
RESPONSIVENESS TO CAREGIVER	13		8	12		7
<b>INFANT TOTAL</b>	<b>23</b>		<b>16</b>	<b>12</b>		<b>7</b>
<b>CAREGIVER/INFANT TOTAL</b>	<b>73</b>		<b>58</b>	<b>32</b>		<b>22</b>

Check the Potent Disengagement Cues (PDC's) observed during the feeding interaction (excluding initial tension up to a minute into the feeding and any PDC's that terminate the feeding).

- Back arching
- Choking
- Coughing
- Crawling away
- Cry face
- Crying
- Fussing
- Halt hand
- Lateral head shake
- Maximal lateral gaze aversion
- Overhand beating movements
- Pale/red skin
- Pulling away 1:40, 2:02, 2:33
- Pushing away
- Saying "no"
- Spitting
- Spitting up
- Tray pounding
- Vomiting
- Walking away
- Whining
- Withdraw from alert to sleep state

### \*Note on Pulling Away:

The definition of pulling away is withdrawing or increasing distance from caregiver or object. Gabriel's sitting back does this. IF students push for "he was just repositioning himself" talk about how disengagement cues are self-regulatory. He was feeling uncomfortable and repositioned himself by pulling back and away. For the purpose of coding, we need to follow descriptions and not try to assign our own meaning.

**Notes:**

# *PHASE II*

## Interpretation and Use of the NCAST PCI Feeding & Teaching Scales

*(1 Day)*

# Phase II —1 Day

## What the Feeding and Teaching Scales Measure, Step-by-Step Process, Legal Suggestions

### *Assignments Prior to Phase II*

Read Section VI and Section VII pages 139-146 in the Feeding Manual.

Read Section VI and Section VII pages 138-142 in the Teaching Manual.

When reliable, observe and score one or more caregiver/parent-child interactions with the Feeding and Teaching scales and bring to class. ***Bring calculators to class.***

(Overview) Purpose of What the Feeding and Teaching Scales Measure

By the end of this class your learners should:

- Understand statistical concepts on page 103 -104 of the Feeding Manual and pages 99 -100 of the Teaching Manual so they will be familiar with the terms and able to read the tables.
- Know the meaning of a score (Caregiver Total, Child Total, Overall Total, Contingency score) in relation to demographics (maternal age, income, education, etc.) and the full sample.
- Know what makes the scales reliable and valid measures of caregiver/ parent-child interaction.
- Be aware of some of the group differences that occur.

***NOTE: It is important that they have a working knowledge of the information, a firm grasp of the statistics is not necessary.***

(30 min.) Statistical Concept Review (**OPTIONAL**)

The following exercises are designed to help learners better understand the statistical concepts discussed in the Feeding and Teaching Manuals. These exercises are entirely optional.

### *Measures of central tendency*

- Read pages 103 of the Feeding manual or pages 99 of the Teaching manual for definition.
- Give the class of list of 10 numbers between 1 and 10 repeating one number at least 3 times. Have them find the mean, median, and mode.
- Using the Teaching manual refer to Tables 9 & 10 on page 108 and have them look at the Mean (*M*) for child's age and mother's level of education. Discuss what it means. On Table 6, page 105 look at the mean's for all the subscales and total scores across ethnicity. Encourage the learners to discuss what this tells you?
- Now look at the means for mother's age and education in Table 8. How do the mothers' means in the different groups compare in age and education?

### Standard Deviation

- Make a bell shaped curve and demonstrate the distribution of IQ scores using the data on page 99.
- Refer to page 108 Table 9 of the Teaching Manual and determine what one standard deviation above and below the mean are. For instance, the mothers Sensitivity to Cues for 12 years of education is 8.95 and the SD is 1.73. Add 1.73 to 8.95 to get the one standard deviation above the mean (10.68) and subtract 1.73 from 8.95 to determine one SD below the mean (7.21). The majority of mothers scores would range from approximately 7-11.

**NOTE: This is important because later they will discover that any caregiver who falls one or more standard deviations below the mean indicates a conservative recommendation to follow up.**

### 10th Percentile cut-off score

- For an example of this refer to Tables 9 and 10 in the Teaching Manual. The 10th percentile has been established as the lower limit of the normal range. Scores that fall below the 10th percentile cutoff point may be cause for concern and we urge you to evaluate such families further.

**NOTE: The step by step process and case study discussion in Phase II will help make these concepts come alive for your learners.**

### Correlations

Correlations = associations, not causality

Perfect Correlation = +1.0

A moderate correlation for behaviors (like on the Feeding and Teaching scales) is between .30-.50 Look at the associations listed on page 106 to evaluate the correlations in the Feeding scale. The significant correlations  $p > .001$  are with mother's age and education.

### Statistical significance

These tests rule out the possibility that differences or correlations are occurring by chance. Common tests are listed on page 101 under statistical significance heading i.e. t-test, f-test, etc. Refer to the tables and text to find out the levels of significance expressed in probability levels  $p > .05$ ,  $.01$ ,  $.001$ .

(45 min) What the Feeding Scale Measures (Section VI)

- Starting on page 115, this section reports and discusses the reliability and validity. It highlights the studies that demonstrate the Feeding scale's reliability over time,

concurrently, and the usefulness to predict behavior, document change, etc. Refer back to Section 1, pages 6-10 to see the scale's usefulness with different populations, program evaluations, etc.

- Discuss the difference between reliability and validity.

(45 min) What the Teaching Scale Measures (Section VI)

- Beginning on page 110, this section reports and discusses the reliability and validity. It highlights the studies that demonstrate the Teaching scale's reliability over time, concurrently, and its usefulness to predict behavior, document change, etc. Refer back to Section 1, pages 6-10 to highlight the scale's usefulness with different populations, program evaluations, etc.

### **(15 min.) Break**

(30 min.) NCAST Feeding Database (pp.104-114)

NCAST Teaching Database (pp. 101-109)

- A very important piece for the learners to know well and understand. Take time reviewing this section. Help the learners become familiar with the tables since they will need to use these in the next two sections and in their practice.

(60 min) Step-by-Step Process For Scoring and Giving Feedback Using the Feeding or Teaching scale.

*Note: Manuals are needed to write in for this exercise.*

- Walk the learners through the step-by-step process having them use the case example on pp. 139-145 of the Feeding Manual or 138-142 of the Teaching Manual. Have them complete step #3 (p. 139) in the Feeding or step #4 (p.138) in the Teaching Manual with your help. Discuss difficulties or questions that arise.
- Have the learners use the step-by-step process with one of the Feeding or Teachings they have brought to class (preferably a different scale than they used in the previous exercise). Encourage them to write out their responses to each question and discuss as a class.

(15 min.) Discussion

- Suggested Guidelines When Using NCAST PCI Assessments Within the Legal System.

### **(60 min.) Lunch**

(60 min.) Feeding and Teaching Case Study Discussion

- Assign one case study from the Feeding Manual (pages 152-170) and one from the Teaching Manual (pages 150-169) that you think your group would benefit the most from. The general groupings are:

FEEDING

Public Health Nursing	Pages 153 to 158
Therapeutic Visitation w/ Alleged Maltreatment	Pages 159 to 161
Preterm Infant	Pages 162 to 163
Adolescent Mother	Pages 164 to 169

TEACHING

Postpartum Depression	Pages 150 to 156
Occupational Therapy	Pages 157 to 162
Infant/Parent Mental Health	Pages 163 to 166
Public Health/Child Welfare	Pages 167 to 169

- Give your learners 45 minutes to read both case studies and answer the questions at the end of each case study.
- As a group discuss the questions at the end of each case study and then answer the following:

Questions for Discussion and Practice:

1. How did you see information from the NCAST PCI Feeding and Teaching assessment being useful in understanding the child, the parent or their interaction?
2. What were your thoughts about what intervention was needed or possible in the case studies you read? Were there other avenues you would have explored for either assessment or intervention?
3. Using the cases as an anchor point, which guidelines or principles would you support from recommendations we have made about clinical use of the scales; refer to General Principles on page 5 (both) and Clinical Use of the Feeding scale on pages 133-135 & Clinical Use of the Teaching scale on page 137. What new ones would you suggest based on your own background? Try to make it specific to the populations addressed in the cases and to the disciplines represented in your learners.

**(15 min.) Break**

(60 min.) Instructor's Case Study Discussion

**NOTE: Prior to class, review your case study and record your personal responses in these areas to promote discussion.**

- Provide each learner a copy of the Feeding and Teaching Scales from a case you have worked with over time. Make sure there are some identifiable concerns or challenges.
- Have the learners break in groups of 3-5 people with as diverse as backgrounds as possible e.g. nursing, social work, psychology, O.T., P.T., etc.
- Have each group appoint a person as a recorder.
- Have each group identify strengths, areas for growth, further assessments needed and interventions for each assessment. Provide a handout (see below) for each assessment.
- Allow 45 minutes for small group discussion before discussing as a class.
- Ask each group for their responses to each area. For instance, if you begin with the Feeding, have each group take turns providing one response at a time to "strengths". Once you have exhausted all responses to this area for the Feeding move on to areas for growth and so on. Repeat for the Teaching and any other assessments (Community Life Skills scale, Difficult Life Circumstance scale, Network Survey, etc.), that you may have completed on this family. Taking turns allows everyone to participate. Continue this until all areas have been discussed.

*NOTE: If possible, record all the responses on a whiteboard, flip chart or a format that can be shared with learners. The list of ideas generated will give your learners new strategies for gathering data and intervening.*

Assessments	Strengths	Potential Growth Areas	Further Assessments	Interventions
Feeding Scale				
Teaching Scale				

The purpose of this exercise to demonstrate and emphasize:

- 1) The tremendous amount of information that can be obtained through the assessments as well as insight into their ability to identify strengths, areas for growth and interventions readily.

- 2) The danger of "reading into" assessment information that is not there.
- 3) The importance of looking at patterns vs. total scores.
- 4) The amount of knowledge they already have and to instill confidence in their ability to use the scales in their practice.

**(15 min.) Break**

(45 min.) Learner's Case Discussion

- Select learners who have completed assessments on a family or collected data on a population. Use a similar process of looking at strengths, concerns, further assessments, and interventions as a group.

(5 min.) Assignment and Wrap Up

- Provide guidelines or help learners establish goals for use of the scales in their practice. Clear expectations regarding the number of cases or types of cases needed to present and discuss at your next meeting is essential to embed the use of the scales in practice.
- Date and time of next class or phone contact.



# *PHASE III*

## **Use of the NCAST Feeding & Teaching Scales and the Personal Environment Assessments**

*(1 Day)*

## Phase III-Day 1

### Follow Up of Learner's Use of the Assessments with Families and Further Training in Selected Assessment Tools

#### *Assignments Prior to Phase III*

Observe and score a minimum of 3 Feeding and/or Teaching on one dyad and bring to the Phase III class to discuss. Or, use the scale on a specific population such as teen mothers for comparison purposes. This exercise is designed to demonstrate how to identify problems, how change occurs, as well as discuss intervention strategies.

*This day consists of one full day of follow-up support to encourage learners in use of the scales and problem solving situations they encounter as well as share ideas, present case studies, and train learners in the Personal Environment Assessments. Phase III needs to be scheduled at a time when most learners are able to attend. The date of this meeting can be agreed upon when everyone completes their reliability or during the Phase II meeting.*

*Follow-up phone calls beyond Phase III are also desirable in order to see that learners understand how to use the scales to evaluate their client's strengths and weaknesses and plan interventions.*

# ***Personal Environment Assessments (PEAs)***

Researchers at the University of Washington School of Nursing tested methods of assessment for early identification and subsequent intervention for many years. NCAST Programs was developed by Dr. Kathryn Barnard and colleagues, consists of educational programs and assessment tools which combine results from research and practice. The personal environment assessment tools include the Community Life Skills scale, Difficult Life Circumstances scale, and the Network Survey. These assessments have proven valuable in conducting systematic assessments of families over time. They are useful in all types of settings, home, clinic, hospital, and with all age groups. The assessments have had wide use in clinical practice and research studies. They are designed for all levels of professionals and paraprofessionals working in the community.

## ***Community Life Skills (CLS) scale***

---

The CLS is a 33 item binary scale that assesses a person's use of community resources. It measures aspects of an individual's ability to negotiate for self and family in the community. The 33 items were developed for six major content areas. These content areas include: Transportation, Budgeting, Support Services, Support-Involvement, Interests-Hobbies, and Regularity-Organization-Routine in daily life and in health care.

The CLS is useful for gathering baseline and outcome data about the individual's use of community resources, identifying strengths and needs, facilitating mutual goal setting, and evaluating change as a result of intervention.

CLS information is obtained through a semi-structured interview. Each item is scored *yes* or *no*. Total and subscale scores are obtained by adding the positive responses (all items marked *yes*). A total score of less than 18 is considered worrisome. No formal training is required, however, becoming familiar with the content, and attaining reliability with another observer on 3 families is strongly suggested. Forms and a manual must be purchased for use. Both Spanish and English versions available. The CLS was revised in 2010.

## ***Difficult Life Circumstances (DLC) scale***

---

The DLC was revised in 2015. It is a 38-item binary scale that assesses the existence of stressors or chronic problems in families. It can be administered as a self-report instrument or interview. The items in this tool were created from extensive experience and a research project with families. The questions are clear and easily understood. Completion of the tool takes approximately 15 minutes. The tool is different from others in that sensitive questions are included such as substance abuse and physical abuse or sexual abuse. It is important to

note that responses to questions are the client's perception of whether or not a problem exists. A score of 6 or more *yes* answers is suggested as a marker for being at risk for altered parenting and child outcomes.

No formal training is required, however, in order to use the scale, forms and a manual must be purchased. The manual provides background material, suggestions for use in clinical and research settings, and how to interpret DLC scores. Both Spanish and English versions available.

## ***Network Survey (NET)***

---

The Network survey is a clinical tool that analyzes a person's social support network. It is a method of assessing who the important sources of support are for the individual/ family. By using this assessment form, the clinician obtains information about the type of help available, how accessible help is to the family and how satisfactory the help has been both from individuals (personal and professional) and from the community at large. It can also be used as a teaching tool, helping individuals become aware of the importance of their social support and ways to network resources for managing stressful events in their lives.

The Network Survey can be used as an interview or questionnaire. The form is two sided. Side one, Part A, asks questions about the individual's personal network and Part B, their professional network. On each side of the form the names and relationships of people or professionals they can count on for help are listed.

Social support is important for maintaining one's physical and mental well being, to confident parenting, and in moderating stress. The Network Survey is a valid and reliable way of assessing a person's support within a network framework. No training is required, however, forms and a manual must be purchased to use the tool.

For information on how to use and/or order the assessment forms and manuals contact:



University of Washington • School of Nursing • Box 357231 • Seattle, WA 98195-7231  
(206) 543-8528 • pcrp@uw.edu • www.pcrprograms.org

**Notes:**

# **Supporting Materials**

## Supporting Materials

### **Class Roster (page 79-80)**

This class roster is for you to copy prior to teaching each class. There is an electronic class roster (recertification one too!) on your Instructor Resource USB drive and on the pcrprograms.org website. Using the computer generated form will minimize errors on letters and certificates. It is important for our record keeping purposes that you use the official NCAST PCI class roster. Make several copies of the original roster and keep them in a file for this class. Send a copy with any student reliability that is posted at a later date than the original group (this includes second attempts).

*Please do not send reliability forms to our office without a class roster.*

### **Ordering NCAST PCI Materials (page 81)**

Please follow these guidelines to expedite the ordering of NCAST materials for your classes.

### **Potent Disengagement Cues Sheet (page 84)**

This sheet of cues is included for you to copy, cut, and give to students for acting out the potent disengagement cues following the viewing the Infant Cues video section of the instructional videos (see page 3 of syllabus).

### **Ambiguous vs. Non-Ambiguous Language & Descriptive Qualities exercises (page 85-86)**

Items #38 and #41 from the Teaching scale are frequently missed items because students may not fully understand ambiguity or the range of perceptual and descriptive qualities that can be given to teaching materials. These two sheets are included for you to copy, cut, and use with students in the ways suggested on page 3 of this syllabus.

### **Sample of email, phone call, or letter received re: Reliability Feedback (page 87)**

When you send in your Feeding and/or Teaching Reliabilities you will receive notification of who achieved reliability and who did not. We will give you feedback on those learners who were not reliable in the Feeding or Teaching. In the majority of cases you will receive feedback in the form of a phone call. If we are unable to make contact in a timely matter by phone, we will send an email. Use the blue and pink second attempt forms for those who were unable to attain reliability the first time, and the yellow form with \$15 attached for those who need a third attempt. When your learners pass both scales you will receive their certificate to sign and give to them. If a student chooses to do only the Feeding Scale or the Teaching Scale, they are sent a letter directly which states they are reliable in one of the scales. They do not receive certificates unless they choose to get reliable in the other scale at a later date. Please let us know the status of all learners on your class roster each time you send it in with reliabilities. We need to know if and when each learner is intending to become reliable in either or both of the scales.

### **NCAST Programs Recommendation for Renewal of Reliability for Instructors and Learners (page 88-89)**

These two pages outline the purpose, rationale, and costs for renewing reliability.

*Instructors always renew reliability at no cost.*

# NCAST PCI Class Roster

FOR OFFICE USE ONLY			
Database	_____	_____	_____
Reliability	_____	_____	_____

\_\_\_\_\_ **Year**

**Instructor** \_\_\_\_\_

**City & State/Province of Class** \_\_\_\_\_

**Best Contact Phone** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

**Feeding Class Dates** \_\_\_\_\_ **Redo date** \_\_\_\_\_

**Teaching Class Dates** \_\_\_\_\_ **Redo date** \_\_\_\_\_

NOTE TO INSTRUCTOR: Please complete and return this form to PCRCP with your first set of reliabilities. Print or type learner name EXACTLY as it is to appear on their certificate. Please send the completed roster to: PCR (NCAST) Programs, University of Washington, Box 357920, Seattle, WA 98195-7920. Be sure to keep several copies in your file.

LEARNER NAME <small>(Please print clearly)</small>		MAILING ADDRESS & EMAIL		FOR OFFICE USE ONLY		
				Feeding	Teaching	Certificate or Letter Sent
<b>Profession/Job Title:</b>  I am taking: (circle) Feeding only    Teaching only    Both						
<b>Profession/Job Title:</b>  I am taking: (circle) Feeding only    Teaching only    Both						
<b>Profession/Job Title:</b>  I am taking: (circle) Feeding only    Teaching only    Both						
<b>Profession/Job Title:</b>  I am taking: (circle) Feeding only    Teaching only    Both						
<b>Profession/Job Title:</b>  I am taking: (circle) Feeding only    Teaching only    Both						
<b>Profession/Job Title:</b>  I am taking: (circle) Feeding only    Teaching only    Both						



---

# Ordering Materials for NCAST Classes

The following guidelines will help expedite your order of NCAST PCI materials:

- Allow 3 weeks for processing and delivery of your order. In emergencies, we can ship 2nd day delivery or overnight but remember you pay a higher price, which can be substantial.
- When ordering PCI materials we need an instructor's name to process the order. The instructor's name will be noted on the package when your order is shipped. If your purchasing department will be submitting the order, inform them they must make note of who the instructor is on the purchase requisition.
- If you want your agency to be billed, you must put the purchase order # on your order form, either online in the webstore or with an actual paper order form. If ordering via phone, obtain this number before calling our office.
- When ordering materials it is important to provide the correct address and name of person responsible for paying the invoice. Delay in payment is often the result of the invoice originally being mailed to the wrong department/person. Past due invoices are sent to a collections agency by the University of Washington. They are also assessed late fees after 30 days. Note: This is the policy of UW Receivables who handles our account, not PCR/NCAST Programs.
- If your students are paying individually, gather the checks and send them into our office together. When quoting prices to students be sure to include shipping costs. If you are unsure of shipping/handling charges, call our office and we will calculate the cost for you.
- Check in the nooks and crannies of your office and ask around before calling our office because you didn't receive your order. Often the package was delivered but never opened or seen by the instructor. Count your order as soon as it arrives in order to give us time to correct any errors.

Back arching	Choking	Coughing
Crawling away	Cry face	Crying
Fussing	Halt hand	Lateral head shake
Maximal lateral gaze aversion	Overhand beating movements	Pulling away
Pushing away	Saying "no"	Skin color change
Spitting	Spitting up	Tray pounding
Vomiting	Walking away	Whining
A clustering of hunger cues	Withdraw from alert to sleep	A clustering of satiation cues

Describe the qualities of the rattle.

Describe the qualities of the squeak toy.

Describe the qualities of a cracker/cookie.

Describe the qualities of the car/string.

Describe the qualities of the cup.

Describe the qualities of the puzzle.

Describe the qualities of footform/ shoelace materials.

Describe the qualities of the button/material.

Describe the qualities of body part/clothing in book.

Describe the qualities of the multi-colored blocks.

Describe the qualities of the tongue.

Describe the qualities of the container.

Describe the qualities of the crayon/paper.

Describe the qualities of the beads/string.

Describe the qualities of pat-a-cake.

Describe the qualities of shape/ scissors.

Describe the qualities of the zipper material.

Describe the qualities of the book.

Describe the qualities of a block.

State in ambiguous and unambiguous language the task: *Child can hold onto rattle.*

State in ambiguous and unambiguous language the task: *Child can pick up cracker and eat it.*

State in ambiguous and unambiguous language the task: *Child can find the vehicle hidden by a cloth.*

State in ambiguous and unambiguous language the task: *Child can pretend to drink from a cup.*

State in ambiguous and unambiguous language the task: *Child can string beads.*

State in ambiguous and unambiguous language the task: *Child can pull zipper up and down.*

State in ambiguous and unambiguous language the task: *Child can tie a shoelace.*

State in ambiguous and unambiguous language the task: *Child can sort blocks by color.*

State in ambiguous and unambiguous language the task: *Child can play pat-a-cake.*

State in ambiguous and unambiguous language the task: *Child can imitate parent's showing of tongue.*

State in ambiguous and unambiguous language the task: *Child can squeak a squeak toy.*

State in ambiguous and unambiguous language the task: *Child can pull a car by a string.*

State in ambiguous and unambiguous language the task: *Child can stack block on top of each other.*

State in ambiguous and unambiguous language the task: *Child can take lid off of a container.*

State in ambiguous and unambiguous language the task: *Child can balance on one foot.*

State in ambiguous and unambiguous language the task: *Child can draw a shape using a crayon.*

State in ambiguous and unambiguous language the task: *Child can button a button.*

State in ambiguous and unambiguous language the task: *When using a picture book child can point to body parts when asked.*

State in ambiguous and unambiguous language the task: *Child can follow a rattle with eyes.*

State in ambiguous and unambiguous language the task: *Child can make a letter of the alphabet using a crayon.*

# Example of Email Reliability Feedback

Dear NCAST Instructor,

Here's the feedback for your most recent **Feeding** class. Congratulations! 7 out of 9 students achieved reliability on their first attempt.

Those reliable are:      Loretta Hernandez  
                                 Danae Brown  
                                 Katie Smith  
                                 Hongyan Guan  
                                 Marietta Marchessi  
                                 Hamida Shah  
                                 Charlie Brown

Those needing a second attempt to achieve reliability are: Debra Black and Peppermint Pattie.

When you tutor Debra, focus on Social-Emotional Growth Fostering, Cognitive Growth Fostering and Responsiveness to Caregiver items, she really struggled with dyad #3.

Encourage her to write down everything that the parent says and pay close attention to contingency items on Cognitive. Encourage her to watch carefully for smiles and listen for vocalizations. Helping her identify vocalizations will help her immensely. She consistently missed items 22, 38, 45, 47, 61, 70, 71, and 74 also.

For Peppermint, please focus your review on Response to Distress and Clarity of Cues. Go over all the ways that parents respond to their child's distress. Review the timing issue in response to distress. She's having some challenges scoring items 19 & 20. Talk with her about contingency items on Cognitive Growth Fostering. Review what vocalizations might sound like and encourage her to listen carefully for those. Practicing some sounds may help. Go over satiation cues with her. She consistently missed items 48 and 69 also.

I hope this is helpful feedback. Please don't hesitate to call if you need clarification or assistance in any way. I look forward to receiving their second attempts soon.

Warm regards,

*Denise*

## NCAST PCI Instructor Renewal of Reliability Policy

PCI Instructor's are required to renew reliability in the Feeding and Teaching scales at the 90% level once a year. There are several reasons for this policy:

- to keep our standards and the quality of teaching high
- to find out which instructors wanted to be *active* or *inactive*
- to determine which instructors were interested in teaching outside their institutions
- to update our address list

NCAST PCI Instructors are placed on an "active" or "inactive" list depending on their current teaching status. *Active* instructors renew their reliability once a year, are interested in teaching the Feeding and Teaching scales, and/or considering the possibility of teaching others outside their agency. Those considered *inactive* are generally unavailable or not interested in teaching and may or may not renew their reliability in the coming year. Each year you will be notified of your upcoming reliability renewal, which you need to complete before you continue teaching.

The focus of the Instructor Workshop is on the role of the instructor and how to intervene using the scales. Everyone who attends must already be trained at the 85% practice level, have used the scales in practice, be prepared at the baccalaureate level, and have some previous teaching experience. Three days of the six-day workshop are spent bringing everyone up to the Instructor level of 90% reliability and focusing on how to teach the scales to others, while the remaining three days are spent on the multi-faceted role of the NCAST PCI Instructor, other PCRIP assessments and tools, with emphasis on teaching the intervention component.

We strongly recommend that any instructor who has not been updated with the 2018 with the new training videos, who has not taught for several years, or has had a large number of students having trouble attaining reliability, return for a "booster" workshop. Those instructors who have returned for an update report feeling an increased level of confidence and are more successful with their teaching.

\*\*The first edition of the NCAST PCI training videos and reliability videos are no longer supported. Please contact the office if you need assistance for access to the 2018 second edition.

***Renewing reliability once a year assures you will be  
the best possible instructor.***

## Recommendation for NCAST Learner Renewal of Reliability\*

Since all observers are known to drift over time in the interpretation of the behavioral criteria of coding schemes, it is mandatory to check reliability on a periodic basis. Research has shown that reliability begins to drift by 6 months following initial training. For this reason we encourage all learners to re-establish reliability every **12 months** using the NCAST Parent-Child Interaction Feeding and Teaching scale reliability videos.

Re-establishing reliability on a yearly basis is important for several reasons. It provides

- a high standard of quality
- a qualified staff
- proof of re-reliability in the form of a letter
- protection when records are subpoenaed by the courts
- accurate data
- assurance that families in your community get the best evaluations
- more frequent use of the scales in practice
- increased confidence in intervening with families

To promote reliability in the scales, we encourage instructors to hold recertification training annually or as often as feasible and to send out notices of upcoming re-reliability training to past learners. If this type of training is not available, learners are encouraged to contact their former instructor and request this training or check the PCR/P/NCAST website for instructors in their area or those willing to provide training virtually.

To prepare for renewal certification, PCR/P/NCAST recommends studying the item descriptors, scoring a couple of practice videos, and then scoring the five caregiver-child pairs on the NCAST PCI reliability videos with an instructor present. *PCR/P charges \$40 per scale for processing reliability and renewal of certification.* Two attempts are included in the cost. If a third attempt is necessary an additional \$15 is required. Letters of re-certification are sent for learners who renew their reliability and their names are documented in the NCAST PCI International Registry. If you need more information please call the office.

***Renewing reliability assures that the families in your community receive the best evaluations possible.***

\*For information about Research Reliability contact the PCR/P/NCAST office.