



Bridging Trauma- and Violence-Informed Care and the Parent-Child Interaction Scales: A Comprehensive Guide for Ontario Home Visiting Programs

In the Healthy Babies Healthy Children (HBHC) and Nurse-Family Partnership (NFP) programs in Ontario, the parent-child relationship strengths and areas for concern are identified through completion of the Parent-Child Interaction (PCI) Feeding and Teaching Scales¹. To prioritize emotional, cultural and physical safety for clients, the implementation of these assessment tools requires consideration and application of the principles of trauma- and violence-informed care (TVIC). The purpose of this document is to provide professional practice support to public health nurses in conducting the PCI Scales with a TVIC lens.

TVIC uses person-centred practices that prioritize physical, cultural, and emotional safety, through a universal approach to care to reduce the risk of harm or re-traumatization especially among those who face stigma, racism, and other forms of discrimination. When following the principles of TVIC everyone receives respectful, safe, care.

There are four inter-related principles of TVIC² that can be demonstrated through care provider actions before, during and after administration of a PCI Scale.

1	Understand trauma and violence, especially structural violence, its prevalence and its impacts on peoples' lives and behaviours	<ul style="list-style-type: none">• Be mindful of clients' histories and effects• Handle disclosures appropriately by believing the experience, affirming and validating, expressing concern for safety and well-being
2	Create emotionally, culturally and physically safe environments for people who access and provide services	<ul style="list-style-type: none">• Take a non-judgmental approach• Make clients feel accepted and deserving• Foster connection and trust• Provide clear information and expectations
3	Foster opportunities for choice, collaboration, and connection	<ul style="list-style-type: none">• Provide real and meaningful care choices• Consider choices collaboratively• Actively listen, and privilege the client's voice
4	Provide strengths-based and capacity-building ways to support people who access services	<ul style="list-style-type: none">• Recognize and help clients identify strengths• Acknowledge the effects of historical and structural conditions• Teach skills for calming, centering and recognizing triggers

The PCI Scales are valid and reliable assessments used to measure how parents and children interact. They include a set of observable behaviours that describe the quality of parent (or caregiver)-child interactions in either a feeding or teaching situation that reveal the infant or young child’s changing needs as well as the parent’s ability to adapt to those changes³.

PCI Scales are to be used to assess the parent-child relationship of every eligible family participating in the HBHC or NFP programs. Occasionally, families face urgent issues that may seem more pressing than assessing the parent-child relationship. However, parents with children in their care will need to continue parenting amidst these crises. Home visiting staff can support families by connecting them with community programs and services to address concerns that are beyond the scope of HBHC or NFP. This approach allows staff to focus on parental wellness, healthy child development, and the development of positive parenting practices and attachment.

Sensitive, supportive and consistent parenting is crucial in protecting children from negative outcomes related to adverse childhood experiences (ACEs).

Using the PCI Scales to assess the strengths of the parent-child relationship will inform an individualized care plan that can reinforce strengths and address any gaps. This approach will help the parent improve their competence and confidence in parenting, thereby minimizing the effects of ACEs on their children. Having a directed, individualized care plan ensures the work the nurse is doing is the “right” work. **By developing the client’s care plan using information gathered from the PCI assessment, the nurse's efforts will become more effective and efficient.**

However, these assessments involve a level of intimacy and vulnerability on the part of the client that requires sensitive understanding and approach. The prenatal, postpartum and early parenting years can reactivate the stress response system influenced by a client’s own experience with childhood trauma. Participants have reported discomfort with being observed and can feel hesitant to engage in the assessment. For these, and many other reasons, **universally approaching use of the PCI Scales with a TVIC lens is imperative.**



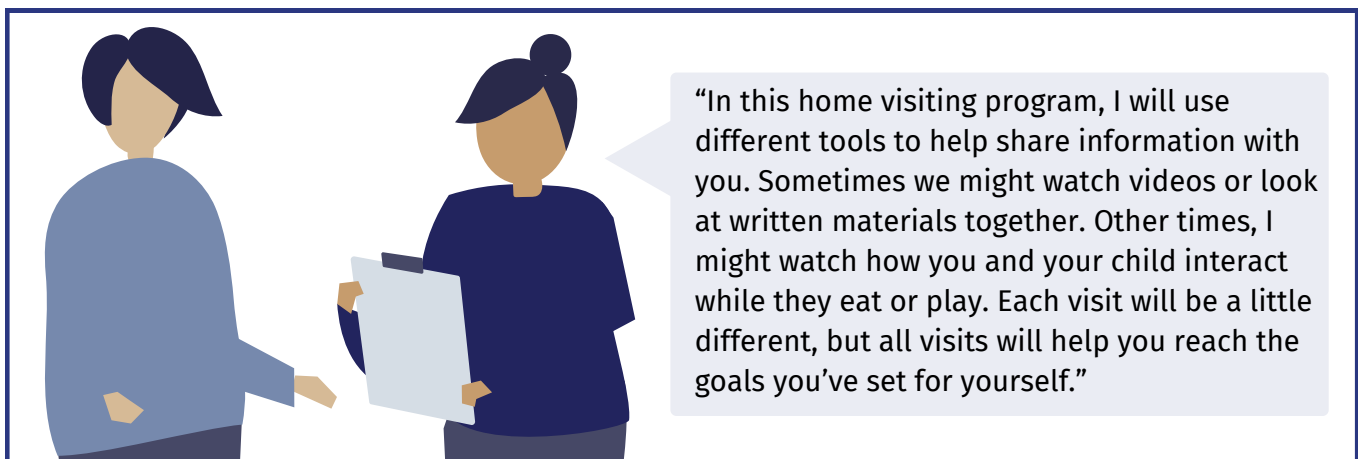
A TVIC Approach to Introducing the PCI Scales to the Family

Ensuring a respectful, client-centred approach when facilitating the PCI Scales with a family begins with the onboarding experience. This may occur in-person, virtually, or by telephone, after the nurse has assessed that a family, who meets the admission criteria, may benefit from the support of the home visiting program.

During this time, the nurse explains:

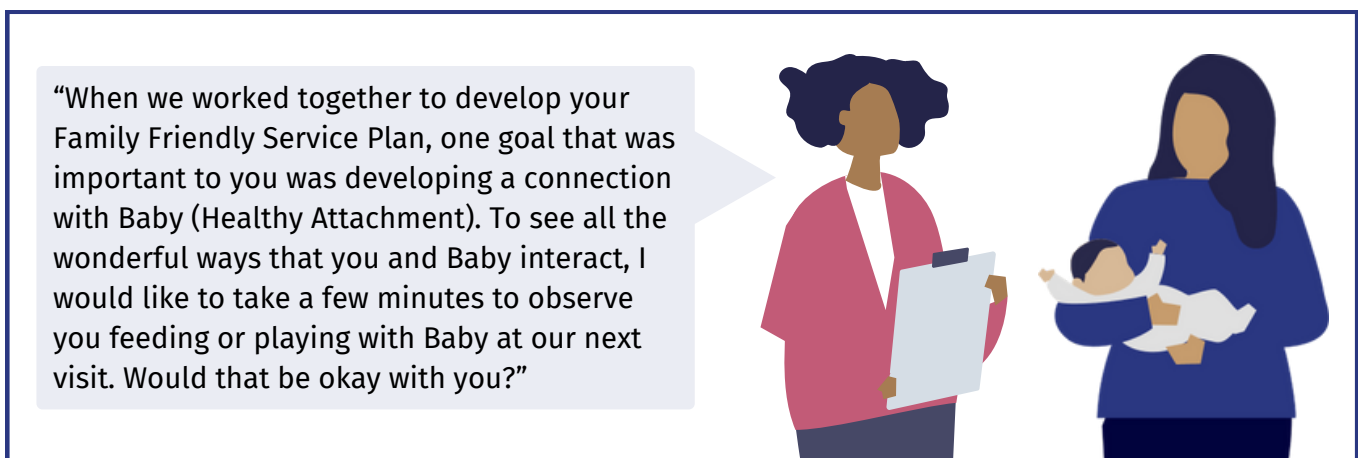
- the program scope and goals
- role of the nurse and home visitor if applicable, and
- the expectations of the client.

To support a TVIC approach to the PCI Scales when offering services, the nurse should discuss these assessments as an integral part of the program to ensure clear information and expectations have been provided.



As therapeutic rapport is being developed between the nurse and client, using the PCI Scale assessments to help clients recognize and identify their parenting strengths, will foster connection and trust, while supporting the development of the family’s service plan goals or ascertaining progress toward goal completion.

Home visiting nurses have shared that it can be helpful to remind the family of how the PCI Scale assessment will support the attainment of their goals. One strategy would be to introduce the idea of an upcoming PCI Scale by referencing the specific goal.



In situations where a PCI Scale is planned for an upcoming visit, it is recommended that the nurse offer real and meaningful choices regarding scale completion. For example, these may include asking the client:

- For their input on what the best day of the week and time of day would be to schedule the visit for the purpose of completing the PCI Scale.
- If they would prefer to participate in a feeding assessment or teaching assessment, where possible based on the child's age.
- Where they would prefer that a visit to complete the PCI Scales takes place, for example, in their home or another off-site location.

Oftentimes, clients prefer when the PCI Scales are completed when they naturally fit into an existing home visit. For example, when the infant begins to display hunger cues during a home visit (feeding scale), or during gross motor developmental screening (teaching scale).

Sample script to introduce the feeding scale during a home visit:

“Yes, I agree that Baby is giving cues that they are hungry! Would you mind if I observed this feeding? I will take a few notes that will help me to learn more about how you and Baby communicate during this time.”

Sample script to introduce the teaching scale as part of developmental screening during a home visit:

“The next question on the developmental checklist is to see if Baby can stack toy blocks. Since you haven't tried this with Baby, let's try now. Would it be okay if I gave you two blocks and watched you show Baby how to stack them? I will watch and take a few notes to learn more about how Baby is communicating with you.”

Once the nurse has gained the client's permission to facilitate the PCI Scale, remember to review the following key points of administration with the client before beginning the assessment.



Feeding Scale⁴

- Remind the client that you would like the observation to be as close to a typical feeding as possible, therefore you will not speak to the caregiver, other family members present, or the baby, and ask that they not speak to you during the feeding either.
- Position yourself so that you can see both the caregiver and child continuously.
- Have the client tell you when they are finished feeding the child.

Sample script:

“When you believe Baby is ready to eat, feel free to start feeding. To keep this experience as natural as possible for both of you, I won’t be talking during this time. As you feed Baby, continue with your usual activities. If needed, I may move around so I can see both of you. When you are finished feeding, please let me know. Do you have any questions before you get started?”

Teaching Scale⁵

- Review the *Children’s Activities card* with the client to support selection of an appropriate activity.
- Covertly provide the client with the teaching materials from your Teaching Kit so as not to allow the child to see the materials ahead of the parent’s introduction.

Sample script:

“Here is a list of activities children ranging in age from birth through four years can do. Let’s look through the list together. Let me know the first activity your child hasn’t done yet.”

“See if you can teach Baby to (describe the activity selected). Take as long as you like. Please let me know when you are finished.”

Additional suggestions for introducing the scales and providing effective, positive feedback, can be found in the NCAST Feeding and Teaching manuals.

TIPS for introducing the PCI Scales:

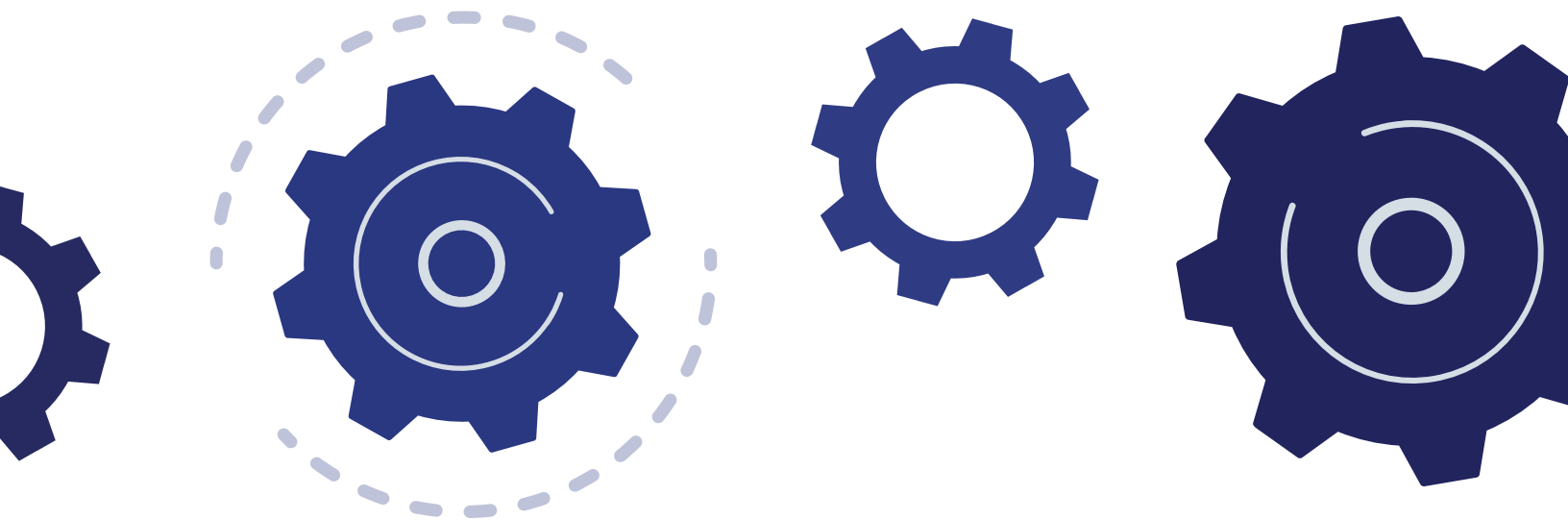
- ✓ Ensure that the client is aware that completing the tool highlights all the good things that are happening in their parenting and with their relationship with their child.
- ✓ Be honest about the awkwardness! Let the client know that it’s normal for the interaction to feel a bit uncomfortable or strange at first, and to continue to work through this pretending as if the nurse wasn’t there.
- ✓ Ask the client to talk and interact with their child the way they normally would have, just as if you weren’t there, including the location where the interaction takes place.
- ✓ Remember that your body language, and how the tools are presented, influences the client’s willingness to participate. If you are feeling nervous or uncertain, regulate yourself before and during the visit.
- ✓ Avoid using words like “assessment”, “test”, or “scoring” to reduce the risk of generating stress to the client.



Concluding the Assessment:

Clients may feel vulnerable at the conclusion of a PCI scale assessment. The table below provides suggested actions and discussion points to provide the client with reassurance and closure.

Suggested Actions	Sample Scripts - Feeding	Sample Scripts - Teaching
Ask the client if this was a typical interaction for them with their child	“Was this what meals times are usually like for you with Baby?”	“Is this how playing with Baby usually feels for you?”
Share a concrete positive example of something you observed	“Baby gave you such a clear cue that she was getting full when she turned her head away – good for you for seeing this and ending the feeding.”	“I really liked how you repeated Baby’s babbling back to him, it was like you were having a conversation. This will help Baby to learn language – good job!”
Thank the client for allowing you to observe them and sharing this special time with you	“Thank you for allowing me to observe this feeding and share this special time with you and Baby.”	“Thank you for letting me watch you teach Baby this new skill, developing skills is such a special time together.”
Let the client know that observing these special moments is a highlight in your day	“Having a chance to watch families engage in these special moments is a highlight in my day.”	
Advise that you will quickly finish your notes (this will allow the nurse time to complete the scoring)	“I just need a moment to write down all of the amazing things that I saw the two of you doing. Feel free to carry-on with Baby while I finish this task.”	



In addition to observing many positive actions and strengths between the dyad, sometimes a deficit or concern is observed during the completion of the scale as well. These areas for growth should be the focus of the interventions selected for the family at future home visits. If you feel that the concern should be addressed following the scale, make sure to discuss the family's strengths and things that went well first. Afterward, the nurse can address the subscale of concern broadly and discuss how activities at future home visits can help the dyad in this area. A sample script is:

"It was lovely how you spoke often to Baby while you taught him to scribble on the paper. You made sure to name the colour he was using and told him he was doing a good job. Baby didn't make any sounds back to you today, so at our next visit we'll look at how to help Baby communicate back."

TIP:

Subsequent PCI Scales can become more natural, as the more the family participates in the scales, the more comfortable and authentic the experience will become. Remember the Parent-Child Relationship Center's mantra: *Multiple measures over multiple time points.*

Resources:

Additional information and resources for home visiting staff on TVIC:

- PHN-PREP, in collaboration with the [Gender, Trauma & Violence Incubator at Western University](#), has developed e-learning modules on how to provide care in a trauma-and violence-informed way. For more information on accessing free TVIC courses, including the TVIC for Public Health Nurse Home Visiting and Outreach curriculum visit: <https://phnprep.ca/tvic-education/>
- [Creating Safety During Home Visits: An Introduction to Trauma-and Violence-Informed Care](#)
- [Trauma- & Violence-Informed Care \(TVIC\): A Tool for health & Social Service Organizations & Providers](#)
- [A Trauma- and Violence-Informed Approach to Completing Sensitive Assessments with Pregnant Individuals and Parents](#)
- [Trauma- and Violence-Informed Public Health Practice: Language Matters](#)
- [Trauma- and Violence-Informed Care: Making Warm Referrals](#)
- [Foundational Communication Skills: Active Listening](#)
- [Foundational Communication Skills: Verbal De-escalation with Clients and Families](#)

Additional information and resources for home visiting staff on introducing the PCI Scales:

- NCAST PCI Instructors are there to support you, connect with yours if you have questions or would like advice
- NCAST PCI Instructors in Ontario have access to a prepared in-service on introducing the PCI Scales
- A recorded example of both the Feeding and Teaching scales used in a home visit can be viewed by staff [here](#).
 - Introducing the Feeding scale can be viewed from 02:00-03:20
 - Introducing the Teaching scale can be viewed from 06:30-08:30

Additional information and resources on developing culturally humble approaches to client care:

- [Anishinaabe Mino'ayaawin: Foundations of Indigenous Cultural Safety](#)
- [Native Women's Association of Canada](#)
- [Ontario Health, Indigenous Relationship modules](#)
- [Ontario Native Women's Association](#)
 - [Indigenous Healthy Babies Healthy Children Program](#)
- [San'yas: Indigenous Cultural Safety Anti-Racism Learning Programs](#)

Additional supports to **address barriers in facilitating PCI Scales** in Ontario's home visiting programs can be found in Amanda McManaman's RNAO Fellowship, Knowledge to Action: The Use of NCAST Parent-Child Interaction Scales in the HBHC program available on the Ontario NCAST PCI Instructor's online portal.

References:

- ¹ Ministry of Children and Youth Services (2012). Healthy Babies Healthy Children Guidance Document. Toronto, ON: Queen's Printer for Ontario
- ² EQUIP Health Care. (2022). EQUIP Equity Essentials. Vancouver, BC. Retrieved from www.equiphealthcare.ca
- ³ Parent-Child Relationship Programs (2022). Parent-Child Interaction (PCI) Feeding and Teaching Scales. Accessed online: <https://www.pcrprograms.org/parent-child-interaction-pci-feeding-teaching-scales/>
- ⁴ Oxford, M.L. & Findlay, D.M. (2015). NCAST Caregiver/Parent-Child Interaction Feeding Manual (2nd ed.), Seattle: NCAST Programs, University of Washington, School of Nursing.
- ⁵ Oxford, M.L. & Findlay, D.M. (2013). NCAST Caregiver/Parent-Child Interaction Teaching Manual, Seattle: NCAST Programs, University of Washington, School of Nursing.
- ⁶ Perry, B., The Boy Who Was Raised as a Dog: And Other Stories from a Child Psychiatrist's Notebook: What Traumatized Children Can Teach us about Loss, Love and Healing, Basic Books, 2007.
- ⁷ Gaffney, K.F., Kodadek, M.P., Meuse, M.T. & Jones, G.B. Assessing Infant Health Promotion: A Cross-Cultural Comparison. Clinical Nursing Research 2001; 19; 102. <https://doi.org/10.1177/C10N2R2>
- ⁸ June, L., Boffman, H., MacDonald, N., Helsel, D. Can NCAST and HOME assessment scales be used with Hmong refugees? Pediatric Nursing 1997; 23(3).

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