

CAREGIVER'S NAME:  
 CHILD'S NAME:  
 CLINICIAN:  
 SITE:  
 DATE:

**FACILITATING INTERACTIVE DEVELOPMENT**  
*Developmentally Informed Assessment Per Each Relationship (DIAPER) © #*

Developed By:  
 Jane Clarke, PhD

*Check or circle the number next to each statement that best describes the caregiver's capacities to support his/her infant's/child's development according to the scoring criteria.*

<b>Safety</b>		<b>Score</b>
1.	Caregiver creates a physical sense of safety that allows for infant's/child's developmental progress and emotional repair.	
<b>Regularity and Stability</b>		
2.	Caregiver maintains regularity and consistency of visits and/or treatment sessions, which provides opportunity to support developmental interactions with infant/child.	
<b>Responsivity</b>		
3.	Caregiver responds to infant/young child in a contingent way, reading infant's/child's cues accurately, and responding promptly to cues.	
4.	Caregiver follows the infant's/child's lead by focusing on what he/she is looking at, asking for, playing with, or trying to do.	
5.	Caregiver stimulates infant/child at pace, rhythm and timing that allows infant/child to respond.	
<b>Co-Regulation Strategies</b>		
6.	Caregiver is able to anticipate and modulate the infant/child's state of arousal reactivity (e.g., from hyperarousal, hypoarousal or state lability to an organized state; not under-focused or hypervigilant) to support his/her development.	
7.	Caregiver attunes to the infant's/child's emotions and affect during developmental activities and interventions.	
8.	Caregiver comforts infant/child when distressed (e.g., hugging, kissing, picking up child, rocking, sing-song voice, soothing language).	
9.	Caregiver uses effective coping strategies to regulate his/her own stress in interactions with infant/child.	
<b>Non-Verbal and Verbal Interactions</b>		
10.	Caregiver physically positions his/her body to be available for eye contact and face to face interactions with infant/child to allow for circles of communication and development.	
11.	Caregiver uses infant/child-directed speech (e.g., simplified grammar, exaggerated speech melody, diminutive forms of words such as doggie, and a highly repetitive style) to support interactions with infant/child.	
12.	Caregiver responds to infant's/child's vocalizations and verbalizations through imitation, repetition and expansion, to allow for turn-taking and back-and-forth chains of communication.	

Motor and Play	
13.	Caregiver engages in and scaffolds play with infant/child appropriate to his/her developmental level.
14.	Caregiver encourages motor activities and movement at infant's/child's developmental level to allow for social engagement and cognitive development, balanced with more passive, sedentary activities.

### Scoring Criteria

<b>1</b>	1.2 1.4 1.6 1.8	<b>2</b>	2.2 2.4 2.6 2.8	<b>3</b>	3.2 3.4 3.6 3.8	<b>4</b>	4.2 4.4 4.6 4.8	<b>5</b>
<b>0%</b>		<b>25%</b>		<b>50%</b>		<b>75%</b>		<b>100%</b>
<b>Never</b>		<b>Seldom</b>		<b>Sometimes</b>		<b>Often</b>		<b>Always</b>

### Safety

- Caregiver creates a physical sense of safety that allows for infant's/child's developmental progress and emotional repair.**
  - Never** - Caregiver is not engaged in treatment or visits and/or is not involved in infant's/child's developmental progress or interventions.
  - Seldom** - Caregiver is not aware of the physical safety needs of infant/child that allows for developmental progress and emotional repair.
  - Sometimes** - Caregiver is working on creating a physical sense of safety that allows for infant's/child's developmental progress and emotional repair.
  - Often** - Caregiver most often creates a physical sense of safety that allows for infant's/child's developmental progress and emotional repair.
  - Always** - Caregiver is intuitively aware of infant's/child's need for physical and emotional sense of safety.

### Regularity and Stability

- Caregiver maintains regularity and consistency of visits and/or treatment sessions, which provides opportunity to support developmental interactions with infant/child.**
  - Never** - Caregiver is not engaged in treatment or visits and is not involved in infant's/child's developmental progress or interventions.
  - Seldom** - Caregiver is inconsistent with visits and/or treatment sessions and attends no more than 25% of visits.
  - Sometimes** - Caregiver attends visits and/or treatment sessions at least 50% of the time.
  - Often** - Caregiver attends visits and/or treatment sessions at least 75% of the time.
  - Always** - Caregiver attends visits and/or treatment sessions 100% of the time.

### Responsivity

- Caregiver responds to infant/young child in a contingent way, reading infant's/child's cues accurately, and responding promptly to cues.**
  - Never** - Caregiver is not engaged in treatment and/or is not involved in infant's/child's developmental progress or interventions.
  - Seldom** - Caregiver reads and accurately responds to infant's/child's cues in a contingent manner at least 25% of the time.

- 3 = **Sometimes** – Caregiver reads and accurately responds to infant’s/child’s cues in a contingent manner at least 50% of the time.
- 4 = **Often** - Caregiver reads and accurately responds to infant’s/child’s cues in a contingent manner with consistency at least 75% of the time.
- 5 = **Always** - Caregiver reads and accurately responds to infant’s/child’s cues in a contingent manner with consistency 100% of the time.
4. **Caregiver follows the infant’s/child’s lead by focusing on what he/she is looking at, asking for, playing with, or trying to do.**
- 1 = **Never** - Caregiver is not engaged in treatment and/or is not involved in infant’s/child’s developmental progress or interventions.
- 2 = **Seldom** - Caregiver follows infant’s/child’s lead by focusing on what he/she is looking at, asking for, playing with, or trying to do, at least 25% of the time.
- 3 = **Sometimes** - Caregiver follows infant’s/child’s lead by focusing on what he/she is looking at, asking for, playing with, or trying to do, at least 50% of the time.
- 4 = **Often** – Caregiver consistently follows the infant’s/child’s lead by focusing on what he/she is looking at, asking for, playing with, or trying to do at least 75% of the time.
- 5 = **Always** - Caregiver consistently follows the infant’s/child’s lead by focusing on what he/she is looking at, asking for, playing with, or trying to do 100% of the time.
5. **Caregiver stimulates infant/child at pace, rhythm and timing that allows infant/child to respond.**
- 1 = **Never** - Caregiver is not engaged in treatment and/or is not involved in infant’s/child’s developmental progress or interventions.
- 2 = **Seldom** - Caregiver stimulates infant/child at pace, rhythm and timing that allows infant/child to respond, at least 25% of the time.
- 3 = **Sometimes** - Caregiver stimulates infant/child at pace, rhythm and timing that allows infant/child to respond at least 50% of the time.
- 4 = **Often** - Caregiver stimulates infant/child at pace, rhythm and timing that allows infant/child to respond at least 75% of the time.
- 5 = **Always** - Caregiver stimulates infant/child at pace, rhythm and timing that allows infant/child to respond 100% of the time.

#### Co-Regulation Strategies

6. **Caregiver is able to anticipate and modulate the infant/child’s state of arousal reactivity (e.g., from hyperarousal, hypoarousal or state lability to an organized state; not under-focused or hypervigilant) to support his/her development.**
- 1 = **Never** - Caregiver is not engaged in treatment and/or is not involved in infant’s/child’s developmental progress or interventions.
- 2 = **Seldom** - Caregiver anticipates and modulates the infant’s/child’s state of arousal reactivity to support his/her development at least 25% of the time.
- 3 = **Sometimes** - Caregiver anticipates and modulates the infant’s/child’s state of arousal reactivity to support his/her development at least 50% of the time.
- 4 = **Often** - Caregiver anticipates and modulates the infant’s/child’s state of arousal reactivity to support his/her development at least 75% of the time.
- 5 = **Always** - Caregiver anticipates and modulates the infant’s/child’s state of arousal reactivity to support his/her development 100% of the time.

**7. Caregiver attunes to the infant's/child's emotions and affect during developmental activities and interventions.**

- 1 = **Never** - Caregiver is not engaged in treatment and/or is not involved in infant's/child's developmental progress or interventions.
- 2 = **Seldom** - Caregiver attunes to the infant's/child's emotions and affect during developmental activities and interventions at least 25% of the time.
- 3 = **Sometimes** - Caregiver attunes to infant's/child's emotions and affect during developmental activities and interventions at least 50% of the time.
- 4 = **Often** - Caregiver attunes to the infant's/child's emotions and affect during developmental activities and interventions at least 75% of the time.
- 5 = **Always** - Caregiver attunes to the infant's/child's emotions and affect during developmental activities and interventions 100% of the time.

**8. Caregiver comforts infant/child when distressed (e.g., hugging, kissing, picking up child, rocking, sing-song voice, soothing language).**

- 1 = **Never** - Caregiver is not engaged in treatment and is not involved in infant's/child's developmental progress or interventions.
- 2 = **Seldom** - Caregiver comfort infant/child when distressed at least 25% of the time.
- 3 = **Sometimes** - Caregiver comforts the infant/child when distressed at least 50% of the time.
- 4 = **Often** - Caregiver comforts the infant/child when distressed at least 75% of the time.
- 5 = **Always** - Caregiver comforts the infant/child when distressed 100% of the time.

**9. Caregiver uses effective coping strategies to regulate his/her own stress in interactions with infant/child.**

- 1 = **Never** - Caregiver is not engaged in treatment and is not involved in infant's/child's developmental progress or interventions.
- 2 = **Seldom** - Caregiver uses effective coping strategies to regulate his/her own stress in interactions with infant/child at least 25% of the time
- 3 = **Sometimes** - Caregiver uses effective coping strategies to regulate his/her own stress in interactions with infant/child for at least 50% of the time
- 4 = **Often** - Caregiver uses effective coping strategies to regulate his/her own stress in interactions with infant/child at least 75% of the time.
- 5 = **Always** - Caregiver uses effective coping strategies to regulate his/her own stress in interactions with infant/child 100% of the time.

**Non-Verbal and Verbal Interactions**

**10. Caregiver physically positions his/her body to be available for eye contact and face-to-face interactions with infant/child to allow for circles of communication.**

- 1 = **Never** - Caregiver is not engaged in treatment and is not involved in infant's/child's developmental progress or interventions.
- 2 = **Seldom** - Caregiver physically positions his/her body to be available for eye contact and face-to-face interactions with infant/child to allow for circles of communication at least 25% of the time.
- 3 = **Sometimes** - Caregiver physically positions his/her body to be available for eye contact and face-to-face interactions with infant/child to allow for circles of communication for at least 50% of the time.
- 4 = **Often** - Caregiver physically positions his/her body to maximize eye contact and face-to-face interactions with infant/child to allow for circles of communication for at least 75% of the time.
- 5 = **Always** - Caregiver physically positions his/her body to maximize eye contact and face-to-face interactions with infant/child to allow for circles of communication 100% of the time.

**11. Caregiver uses infant/child-directed speech (e.g., simplified grammar, exaggerated speech melody, diminutive forms of words such as *doggie*, and a highly repetitive style) to support interactions with infant/child.**

- 1 = **Never** - Caregiver is not engaged in treatment and/or is not involved in infant's/child's developmental progress or interventions.
- 2 = **Seldom** - Caregiver uses infant/child-directed speech to support interactions with infant/child at least 25% of the time.
- 3 = **Sometimes** - Caregiver uses infant/child-directed speech to support interactions with infant/child for at least 50% of the time.
- 4 = **Often** - Caregiver uses Infant/child-directed speech to support interactions with infant/child for at least 75% of the time.
- 5 = **Always** - Caregiver uses Infant/child-directed speech to support interactions with infant/child 100% of the time.

**12. Caregiver responds to infant's/child's vocalizations and verbalizations through imitation, repetition and expansion, to allow for turn-taking and back-and-forth chains of communication.**

- 1 = **Never** - Caregiver is not engaged in treatment and/or is not involved in infant's/child's developmental progress or interventions.
- 2 = **Seldom** - Caregiver responds to infant's/child's vocalizations and verbalizations through imitation, repetition and expansion to allow for turn-taking and back-and-forth chains of communication at least 25% of the time.
- 3 = **Sometimes** - Caregiver responds to infant's/child's vocalizations and verbalizations through imitation, repetition and expansion to allow for turn-taking and back-and-forth chains of communication at least 50% of the time.
- 4 = **Often** - Caregiver responds consistently to infant's/child's vocalizations and verbalizations through imitation, repetition and expansion to allow for turn-taking and back-and-forth chains of communication at least 75% of the time.
- 5 = **Always** - Caregiver responds consistently to infant's/child's vocalizations and verbalizations through imitation, repetition and expansion to allow for turn-taking and back-and-forth chains of communication 100% of the time.

**Motor and Play**

**13. Caregiver engages in and scaffolds play with infant/child appropriate to his/her developmental level.**

- 1 = **Never** - Caregiver is not engaged in treatment and/or is not involved in infant's/child's developmental progress or interventions (0%).
- 2 = **Seldom** - Caregiver engages in and scaffolds play with infant/child appropriate to his/her developmental level at least 25% of the time.
- 3 = **Sometimes** - Caregiver engages in and scaffolds play with infant/child appropriate to his/her developmental level at least 50% of the time.
- 4 = **Often** - Caregiver consistently engages in and scaffolds play with infant/child appropriate to his/her developmental level at least 75% of the time.
- 5 = **Always** - Caregiver consistently engages in and scaffolds play with infant/child appropriate to his/her developmental level 100% of the time.

**14. Caregiver encourages motor activities and movement at infant's/child's developmental level to allow for social engagement and cognitive development, balanced with more passive, sedentary activities.**

- 1 = Never** - Caregiver is not engaged in treatment and/or is not involved in infant's/child's developmental progress or interventions.
- 2 = Seldom** - Caregiver encourages motor activities and movement at infant's/child's developmental level to allow for social engagement and cognitive development at least 25% of the time.
- 3 = Sometimes** - Caregiver encourages motor activities and movement at infant's/child's developmental level to allow for social engagement and cognitive development at least 50% of the time.
- 4 = Often** - Caregiver consistently encourages motor activities and movement at infant's/child's developmental level to allow for social engagement and cognitive development at least 75% of the time.
- 5 = Always** - Caregiver consistently encourages motor activities and movement at infant's/child's developmental level to allow for social engagement and cognitive development 100% of the time.

# For questions, comments, or permission to use please contact Jane Clarke PhD

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