

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

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

Developed By:
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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.

| Safety | | Score |
|---|--|--------------|
| 1. | Caregiver creates a physical sense of safety that allows for infant's/child's developmental progress and emotional repair. | |
| Regularity and Stability | | |
| 2. | Caregiver maintains regularity and consistency of visits and/or treatment sessions, which provides opportunity to support developmental interactions with infant/child. | |
| Responsivity | | |
| 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. | |
| 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. | |
| 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. | |
| 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 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

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

Safety

- Caregiver creates a physical sense of safety that allows for infant's/child's developmental progress and emotional repair.**
 - 1 = Never** - Caregiver is not engaged in treatment or visits and/or is not involved in infant's/child's developmental progress or interventions.
 - 2 = Seldom** - Caregiver is not aware of the physical safety needs of infant/child that allows for developmental progress and emotional repair.
 - 3 = Sometimes** - Caregiver is working on creating a physical sense of safety that allows for infant's/child's developmental progress and emotional repair.
 - 4 = Often** - Caregiver most often creates a physical sense of safety that allows for infant's/child's developmental progress and emotional repair.
 - 5 = 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.**
 - 1 = Never** - Caregiver is not engaged in treatment or visits and is not involved in infant's/child's developmental progress or interventions.
 - 2 = Seldom** - Caregiver is inconsistent with visits and/or treatment sessions and attends no more than 25% of visits.
 - 3 = Sometimes** - Caregiver attends visits and/or treatment sessions at least 50% of the time.
 - 4 = Often** - Caregiver attends visits and/or treatment sessions at least 75% of the time.
 - 5 = 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.**
 - 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 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.