

DIAPER

Developmentally Informed Assessment Per Each Relationship



Developed for:

**CYFD - Behavioral Health Division
Child Parent Psychotherapy: 0-5
Trauma Focus Clinical Service Section**

By:

JANE CLARKE, PhD, IMH-E®IV

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DATE:

DYAD'S NAMES:

CURRENT CPP PHASE OF TREATMENT				
Foundation Phase <input type="checkbox"/>	Feedback Session(s) <input type="checkbox"/>	Core Intervention Phase <input type="checkbox"/>	Discharge Phase <input type="checkbox"/>	
SCORING				
1	2	3	4	5
Rarely	Seldom	Sometimes	Often	Consistently

DEVELOPMENTALLY INFORMED ASSESSMENT PER EACH RELATIONSHIP **SCORE**

1. The caregiver has an emotional connection with the infant that allows the infant to experience safety, pleasure and comfort in the caregiver's company. <i>CPP Fidelity: Emotional Process CPP Objective: Enhance Safety</i>	
2. The caregiver and infant engage in well-coordinated 'serve and return' interactions. <i>CPP Fidelity: Dyadic-Relational CPP Objective: Emotional Reciprocity</i>	
3. The caregiver follows the infant's lead focusing on the infant's interests or needs. <i>CPP Fidelity: Dyadic-Relational CPP Objective: Emotional Reciprocity</i>	
4. The caregiver adjusts own behaviors to match the pace, timing and rhythm of the infant's behaviors. <i>CPP Fidelity: Dyadic Relational CPP Objective: Meaning of Behavior</i>	
5. The caregiver and infant engage in interaction that is mutually regulated. <i>CPP Fidelity: Emotional Process CPP Objective: Dyadic Body-Based Regulation</i>	
6. The caregiver attunes to the infant's affect or emotional expressions. <i>CPP Fidelity: Emotional Process CPP Objective: Dyadic Affect Regulation</i>	
7. The caregiver uses 'parentese' to help the infant tune in socially or stay engaged. <i>CPP Fidelity: Dyadic-Relational CPP Objective: Normal Development</i>	
8. The caregiver scaffolds the infant's play to support the infant's learning. <i>CPP Fidelity: Dyadic-Relational CPP Objective: Normal Development</i>	

Directions: Review a 3-6 minute or longer video using the DOVE (DIAPER Observational Video Event) or other video protocol. Score the frequency of the behavior observed in each of the 8 items on the DIAPER and only score what you see during the video.

The term ‘infant’ is used for the DIAPER items and throughout this document. The DIAPER instrument, however, can be used for *infants, toddlers and preschoolers* birth-to-5 years of age.

SCORING				
1	2	3	4	5
Rarely	Seldom	Sometimes	Often	Consistently

- Caregiver has an emotional connection with the infant that allows the infant to experience safety, pleasure and comfort in the caregiver’s company.**

Note: The quality of the caregiver-infant relationship and interactions influence the infant’s developmental outcome. Early deprivation of comfort, safety and security are known to adversely affect a broad range of domains including brain development, language functioning, social-emotional and physical development. The primary caregiver serves as a safe and secure base that is used for exploration and learning. Research suggests that an Infant’s sense of safety and security is as important to emotional and social well-being as actual safety is to physical well-being (Center on the Developing Child, 2015).

1 Rarely	Caregiver has an emotional connection with the infant that allows the infant to experience safety, pleasure and comfort in the caregiver’s company <i>up to 10% of time.</i>
2 Seldom	Caregiver has an emotional connection with the infant that allows the infant to experience safety, pleasure and comfort in the caregiver’s company <i>up to 30% of time.</i>
3 Sometimes	Caregiver has an emotional connection with the infant that allows the infant to experience safety, pleasure and comfort in the caregiver’s company <i>up to 50% of the time.</i>
4 Often	Caregiver has an emotional connection with the infant that allows the infant to experience safety, pleasure and comfort in the caregiver’s company <i>up to 70% of the time.</i>
5 Consistently	Caregiver has an emotional connection with the infant that allows the infant to experience safety, pleasure and comfort in the caregiver’s company <i>up to 90% of the time.</i>

- The caregiver and infant engage in well-coordinated ‘serve and return’ interactions.**

Note: The Center on the Developing Child (2015) emphasizes that ‘*serve and return*’ interactions shape healthy brain architecture. When an infant babbles, gestures, or cries, and a caregiver responds appropriately with eye contact, words, or a hug, neural connections are built and strengthened in the infant’s brain that support the development of communication and social skills. Like a game of tennis or ping-pong, this back-and-forth is both fun and capacity-building. When caregivers are sensitive and responsive to an infant’s signals and needs, they provide an environment rich in serve and return

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experiences. Because responsive relationships are both expected and essential, their absence is a serious threat to a child’s development and well-being.

Healthy brain architecture depends upon stable, responsive relationships with caring adults. If a caregiver’s responses to an infant are unreliable, inappropriate, or absent, the developing architecture of the brain may be disrupted, and subsequent physical, mental, and emotional health may be impaired. The persistent absence of serve and return interaction acts as a “double whammy” for healthy development: not only does the brain not receive the positive stimulation it needs, but the body’s stress response is activated, flooding the developing brain with potentially harmful stress hormones.

A breakdown in reciprocal serve and return interactions between caregivers and young children can be the result of many factors. Adults might not engage in serve and return interactions with young children due to significant stresses brought on by financial problems, unresolved trauma, interpersonal violence, a lack of social connections, or chronic health issues. Caregivers who are at highest risk for providing inadequate care often experience several of these problems simultaneously (Center on the Developing Child, 2015).

1 Rarely	The caregiver and infant engage in well-coordinated ‘serve and return’ interactions <i>up to 10% of the time.</i>
2 Seldom	The caregiver and infant engage in well-coordinated ‘serve and return’ interactions <i>up to 30% of the time.</i>
3 Sometimes	The caregiver and infant engage in well-coordinated ‘serve and return’ interactions <i>up to 50% of the time.</i>
4 Often	The caregiver and infant engage in well-coordinated ‘serve and return’ interactions <i>up to 70% of the time.</i>
5 Consistently	The caregiver and infant engage in well-coordinated ‘serve and return’ interactions <i>up to 90% of the time.</i>

3. The caregiver follows the infant's lead focusing on the infant’s interests or needs.

Note: A caregiver supports the infant’s social interactions and play by following the infant’s lead. Following an infant’s lead involves: 1) observing and participating in activities based on the infant’s interests; 2) supporting the infant’s actions and interactions with toys and people; and, 3) supporting the infant’s choices when he or she wants to change the focus of interest (ECTA Center, 2017). Following the infant’s lead, helps the infant to become more confident and capable as play partners and as social partners. Overall, the caregiver is focused on the infant’s needs and interests rather than on their own.

1 Rarely	The caregiver follows the infant's lead focusing on the infant’s interests or needs <i>up to 10% of the time.</i>
2 Seldom	The caregiver follows the infant's lead focusing on the infant’s interests or needs <i>up to 30% of the time.</i>
3 Sometimes	The caregiver follows the infant's lead focusing on the infant’s interests or needs <i>up to 50% of the time.</i>
4 Often	The caregiver follows the infant's lead focusing on the infant’s interests or needs <i>up to 70% of the time.</i>

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5 Consistently	The caregiver follows the infant's lead focusing on the infant's interests or needs <i>up to 90% of the time.</i>
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4. The caregiver adjusts own behaviors to match the pace, timing and rhythm of the infant's behaviors.

Note: Relationship quality depends upon the fit between the infant's ability to respond, the mother's provision of necessary experiences matched to the infant's abilities, and the emotional tone of their interactions. Face-to-face interactions have rhythmic, pacing and tempo characteristics that are synchronized between the caregiver and the infant. This interpersonal coordination supports the attachment relationship, and the infant's social competence and adaptation to the social world. An Infant cannot process language or participate in social interactions if they are not at a level matched to their own developmental ability and behavior. Language or interactions, for example, that are not matched will result in stress if they are beyond the infant's developmental level or ability (e.g., too fast).

1 Rarely	The caregiver adjusts own behaviors to match the pace, timing and rhythm of the infant's behaviors <i>up to 10% of the time.</i>
2 Seldom	The caregiver adjusts own behaviors to match the pace, timing and rhythm of the infant's behaviors <i>up to 30% of the time.</i>
3 Sometimes	The caregiver adjusts own behaviors to match the pace, timing and rhythm of the infant's behaviors <i>up to 50% of the time.</i>
4 Often	The caregiver adjusts own behaviors to match the pace, timing and rhythm of the infant's behaviors <i>up to 70% of the time.</i>
5 Consistently	The caregiver adjusts own behaviors to match the pace, timing and rhythm of the infant's behaviors <i>up to 90% of the time.</i>

5. The caregiver and infant engage in interaction that is mutually regulated.

Note: A caregiver is able to maintain the infant's arousal level and interest in interaction or play in creative and flexible ways. This is part of building a regulatory framework for the infant. The caregiver adjusts and coordinates their own arousal level with that of the infant to maintain a mutually regulated state. From this mutual regulation, the infant will learn to modulate or regulate his or her own arousal level or activity rhythms (self-regulation) (Tronick and Beeghly, 2011). Early disruptions to caregiver–infant/child relationships or early maltreatment have been found to result in alterations of particular brain regions implicated in regulation and social-emotional development.

1 Rarely	The caregiver and infant engage in interaction that is mutually regulated <i>up to 10% of time.</i>
2 Seldom	The caregiver and infant engage in interaction that is mutually regulated <i>up to 30% of time.</i>
3 Sometimes	The caregiver and infant engage in interaction that is mutually regulated <i>up to 50% of time.</i>
4 Often	The caregiver and infant engage in interaction that is mutually regulated <i>up to 70% of time.</i>
5 Consistently	The caregiver and infant engage in interaction that is mutually regulated <i>up to 90% of time.</i>

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6. The caregiver attunes to the infant's affect or emotional expressions.

Note: The caregiver demonstrates through vocalizations, gaze, facial expressions, and/or body movements that he or she is aware of the infant's emotions, thoughts and feelings (mental states). The caregiver's ability to understand the mental states (emotions, thoughts and feelings) communicated by the infant, has been found to be influenced by their own early attachment experiences. Stern's (2003) concept of 'affect attunement' highlights the role of caregiver sensitivity to fluctuations in the infant's arousal and mental states (emotions, thoughts and feelings). The caregiver is involved in recognizing and matching the infant's mental states, as well as in accurately interpreting and responding to them. This ability, known as mentalization, plays a crucial role in predicting the caregiver-infant attachment relationship (Fonagy et al., 2002). However, asynchronous interaction, observed when the caregiver is not sensitively attuned and responsive to the emotions, thought or feelings (mental states) of the infant, negatively impacts an infants' social-emotional development and regulation.

1 Rarely	The caregiver attunes to the infant's affect or emotional expressions <i>up to 10% of the time.</i>
2 Seldom	The caregiver attunes to the infant's affect or emotional expressions <i>up to 30% of the time.</i>
3 Sometimes	The caregiver attunes to the infant's affect or emotional expressions <i>up to 50% of the time.</i>
4 Often	The caregiver attunes to the infant's affect or emotional expressions <i>up to 70% of the time.</i>
5 Consistently	The caregiver attunes to the infant's affect or emotional expressions <i>up to 90% of the time.</i>

7. The caregiver uses 'parentese' to help infant tune in socially or stay engaged.

Note: An infant's early language skills are one of the best predictors of academic success. 'Parentese' refers to the spontaneous way in which mothers, fathers, and caregivers simplify their vocabulary choices and speak with infants and young children. A new study (2020) from the Institute for Learning & Brain Sciences at the University of Washington demonstrated that 1) increases in the use of 'parentese' also known as infant-directed speech (IDS), enhances children's later language skills, and (2) mother-infant contingency and synchrony (serve and return) are crucial for a child's language production and conversational skills. 'Parentese' or IDS is part of an interactive loop that may play an important role in infants' cognitive and social development.

1 Rarely	The caregiver uses 'parentese' to help infant tune in socially or stay engaged <i>up to 10% of the time.</i>
2 Seldom	The caregiver uses 'parentese' to help infant tune in socially or stay engaged <i>up to 30% of the time.</i>
3 Sometimes	The caregiver uses 'parentese' to help infant tune in socially or stay engaged <i>up to 50% of the time.</i>
4 Often	The caregiver uses 'parentese' to help infant tune in socially or stay engaged <i>up to 70% of the time.</i>

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5 Consistently	The caregiver uses 'parentese' to help infant tune in socially or stay engaged <i>up to 90% of the time.</i>
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8. The caregiver scaffolds the infant's play to support the infant's learning.

Note: Play presents opportunities for a caregiver to promote the social-emotional, cognitive, language, and self-regulation skills that build executive functions. Scaffolding describes a caregiver's supportive role in the infant's learning. Scaffolding an infant's play requires several considerations: understanding the infant's overall development; understanding the sensorial ways the infant approaches learning; and, matching strategies to the infant's current interests, knowledge, and skills (Vygotsky, 1978). Scaffolding enables an infant to solve a problem, carry out a task or achieve a goal which is just beyond his or her abilities. A caregiver who can facilitate and scaffold an infant's play without being intrusive, encourages the child's independent exploration and learning. In addition, a caregiver who is attentive and invested in the child's play helps to keep the child away from shifting aimlessly from activity to activity.

1 Rarely	The caregiver scaffolds the infant's play to support the infant's learning <i>up to 10% of the time.</i>
2 Seldom	The caregiver scaffolds the infant's play to support the infant's learning <i>up to 30% of the time.</i>
3 Sometimes	The caregiver scaffolds the infant's play to support the infant's learning up to 50% of the time.
4 Often	The caregiver scaffolds the infant's play to support the infant's learning <i>up to 70% of the time.</i>
5 Consistently	The caregiver scaffolds the infant's play to support the infant's learning <i>up to 90% of the time.</i>

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Coaching Strategies to Keep in Mind

Here are some strategies you can use with children birth to five years old, depending upon their language level. How you do these things may look different during infancy compared to when a child is starting to use words, but the basic idea will remain the same (Rachel Cortese, Child Mind Institute, 2020).

- **Imitate:** If infant/child is making noises (babbling), making another sound in play, or banging a spoon, you can do that too. Imitating children's sounds, words, and actions shows them that they're being heard and that you approve of what they're doing or saying. It also promotes turn taking and, best of all, encourages them to imitate you and your more complex language utterances.
- **Interpret:** If infant/child is pointing to the apple juice that he wants to drink, he is communicating with you. Take this to the next level by interpreting what he is trying to say. Respond with, "Apple juice! You want apple juice!"
- **Expanding and recasting:** When infant/child says "red truck," you can expand on that by saying, "Yes, a big red truck." If he/she says, "The dragon jumping on the bed," you can recast his grammar by saying, "The dragon is jumping on the bed. Use stress and intonation to highlight the words you want your child to focus on.
- **Commenting and describing:** Instead of telling a child what to do during playtime, be a sportscaster and give a play-by-play of what they're doing. Say, "You're driving the red car around in circles," or, "You're putting the cow into the barn. The cow is going to sleep." This models good vocabulary and grammar and helps kids organize their thoughts. Maybe they weren't actually putting the cow to sleep — maybe they were just putting it inside the barn—but by suggesting that you've given them a new concept to consider.
- **Eliminate negative talk:** Try not to say things like, "That's not where the cow goes," or, when they're coloring, "The sky isn't pink." Remember to encourage all attempts to communicate and validate those attempts so that a child does more of it. We all respond better to more positive phrasing.
- **Contingent responses:** Respond immediately to all attempts to communicate, including words and gestures. This is a big one. It shows a child how important communication is and gives the caregiver an opportunity to model more sophisticated language skills.
- **Balance turn taking:** Give a child the space to exercise his/her communication skills by making sure they get a turn. Turns don't need to be talking, either. A turn could be the child handing you a toy or making eye contact. Maybe the child will look at you because he/she needs help opening a box. You can say, "You need help opening the box!" Then you can wait for the child to hand you the box — that's the child taking another turn. Turn taking can be hard for parents because we're used to taking charge of situations, but it is important to give children the opportunity to use the skills they are developing.

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- **Label things:** Even when a child isn't ready to use words yet, you can prepare them by labeling things in their environment. During bubble baths keep referring to the bubbles; during snack time you can label the apple juice.
- **Limit "testing":** If you know that the child knows which sound a pig makes, don't keep asking him. Testing him during playtime instead of just playing with him can be stressful. Instead you could say, "I wonder where the pig is going?" It still invites him to respond, but it doesn't put him on the spot.
- **Labeled praise:** Instead of just saying "good job," put a label on that praise. If you're child isn't yet using words, (or even if they are) you could say, "Good job putting all the blocks back," because it reinforces their good behavior even more. For a child who is using some words to communicate, you could say, "Nice job telling me that you want apple juice," or "Nice job saying more juice please." This will help create positive feelings around communication and motivate them to continue to try and add new words.

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