



DOVE
DIAPER Observational Video Event



Developed for:

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

By:

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WHAT:

The DOVE (DIAPER Observational Video Event) is a 3-6 minute video protocol used to score the DIAPER (Developmentally Informed Assessment Per Each Relationship). The DIAPER is a tool designed to help clinicians observe the unique interactive style and relational patterns of a caregiver and infant (dyad), when the dyad has been affected by trauma or maltreatment. Interaction is bidirectional but a caregiver has more responsibility in navigating the interaction based on the infant's behaviors (Tronick & Beeghly, 2011).

The DOVE is administered to dyads with an infant between the ages of 0 to 5. It is accepted that there is a cultural range of 'normal' infant-caregiver interactive patterns. The DOVE is used to score the DIAPER without bias or judgment, and to observe relational behaviors that facilitate or constrict the infant's social-emotional and developmental progress.

A new DOVE is completed each time a DIAPER is required, currently every thirty (30) days. Each DOVE and DIAPER is not considered a summation of the periodic review period, but rather a videotaped observation of the dyad in a moment-to-moment interaction.

By administering the DOVE and DIAPER, the clinician is able to track the relational behaviors of a dyad which could inform developmental outcomes, and which are anticipated to expand, change, and transform throughout the course of Child Parent Psychotherapy (CPP) treatment. Having more awareness of a dyad's relational style, offers opportunities to provide developmental guidance to a caregiver and to support the dyad's relational connection.

The use of the DOVE has the following benefits:

- Increasing awareness of how a caregiver and infant interact with each other.
- Recognizing that each caregiver-infant dyad is unique.
- Scoring the DIAPER to gain a clinical perspective on how to understand and support the dyadic relationship.
- Recognizing ports of entry to expand the dyadic connection and to provide developmental guidance.

THE SETTING:

The DOVE can be administered in a variety of settings as long as the space is free of distractions and the caregiver and the infant/child can interact and play. Not only should the setting be free of distractions, the DOVE sessions should be scheduled around the infant's/child's meal and nap times, in order to prevent the infant/child from being hungry or sleepy which can impact the DOVE.

When available, the caregiver-infant dyad may be observed from behind a one-way mirror with a video camera set up to capture both the caregiver's and the infant's/child's face simultaneously. If two video cameras are available in the room, have one focused on the infant/child and the other on the caregiver.



Ideally, the video recording camera set up should have quick response pan-tilt-zoom (PTZ) capabilities. This allows for more detailed visual tracking of caregiver-infant interactions.

When a one-way mirror is not available or the DOVE is being conducted in a home or other location, the clinician may record the session with his/her cell phone or a small hand-held video camera. It is important to let the caregiver know that the clinician will not interact with either the caregiver or the infant/child during the period of observation. This is important to avoid an infant/child engaging with, speaking to, or playing with the clinician rather than with his/her caregiver.

When using a cell phone or hand-held video camera, it is the clinician's job to move the camera around so that the caregiver and the infant may do whatever they would like without worrying about the camera. The intent is to have the dyad ignore the video camera as much as possible. Additionally, when using a cell phone it is the clinician's responsibility to comply with HIPAA and insure the cell phone is password protected.

INSTRUCTIONS:

PRE-ADMINISTRATION:

Explain to the caregiver the importance of learning more about the dyad through observing and recording their play interactions. Please insure that the caregiver has signed an informed consent to be video recorded prior to administering the DOVE.

Share with the caregiver that you administer the DOVE periodically as a way to capture the dyad's unique relationship so you can better understand and support them both in treatment.

Assure the caregiver that there is no right or wrong with how the infant plays with the toys. The infant gets to manipulate or play with the toys however he/she likes.

Let the caregiver know that there are many different ways of interacting and playing with the infant that are unique to their special relationship.

Finally, let the caregiver know that infants get upset and that toddlers may behave in ways that might be distressing to her or him but that it is expected with this age group (Eyburg & Funderburk, 2011).

Ask the caregiver to bring a bottle (if not breast-fed) or snack, if possible, for after the DOVE administration.

MATERIALS:

** The DOVE can be completed with any toys and books that you have available. The toys and books on the Toy List are examples and are not required.*

With the exception of birth to 7 months, three different categories of toys, and a book, are used to administer the DOVE and should be accessible to the caregiver and out of reach of the infant/child until needed. It is recommended that each toy category be kept in a separate labeled container and there should be 2 different toys available in each toy container.

The 3 Toy Categories are:

Matching:

Matching toys means that there are two of the same or a similar group of toys available for possible imitation, manipulation, and participation of both the caregiver and the infant in interactive play.

Exploratory:

Exploratory toys include toys that are likely new or unfamiliar to the infant, and which allow for problem solving and possible request to the caregiver for assistance.

Movement:

Movement toys include toys that offer the opportunity for the infant and caregiver to move, reach, stretch, walk or crawl and be active.

Books used during the DOVE are picture books that do not require the caregiver to ‘read’ when looking at the pages with the infant.

PROCEDURE:

The DOVE involves 2 timed situations plus a natural routine:

- Joint Play (approximately 4 minutes)
 - Joint play provides an opportunity to observe caregiver sensitivity, responsiveness and warmth in a non-stressful situation plus allows for observation of ‘serve and return’ interactions between caregiver and infant.
- Picture Book (approximately 2 minutes)
 - Looking at picture books allows for a connection and closeness between the caregiver and infant. Also, allows the infant to improve language skills by imitating sounds, pointing, recognizing pictures and learning words.
- Followed by a snack or feeding.
 - Allow time for the caregiver and infant or child to snack or feed as a way to connect in a natural routine.

Please note, the times above are suggestions. The time spent on each activity may vary depending on the dyad. Throughout the DOVE administration, it is important for the clinician to allow the play to take its natural course and to not interrupt except when a gentle reminder may be needed for the caregiver to move to the next activity.

PLACEMENT of INFANT/CHILD

1. Infants Birth – 3 months

- Caregiver should hold the infant so that caregiver and infant are face to face, in a position that encourages eye contact and is conducive to attachment. The infant should be safe and be able to move his/her arm(s), with the head higher than hips. This allows the caregiver's face to be at least 7-8 inches (span of a fully outstretched hand) from the infant's face during play and encourages reciprocal behaviors and contingency, which is one of the processes by which behavior is shaped.
- Alternatively, the infant may be in an infant seat safely placed on a table or on the floor with the caregiver sitting facing the infant within close proximity.

2. For infants 3 months - 7 months

- Infants can be seated in an infant seat safely placed on a table or the floor with the caregiver sitting facing him/her or the infant can be sitting propped up on the floor with caregiver sitting in a position that encourages eye contact and is conducive to social interactions.
- For the Book activity, the infant may also be sitting on the caregiver's lap facing out.

3. For Young Children 8 months - 5 years

- Caregiver and infant/child are sitting across from one another allowing for face to face contact.
- For the Book activity, the infant/child may sit on caregiver's lap facing outward or sit side by side with the caregiver on the floor, on a couch, in chairs, etc.

MATERIALS:

1. Infants Birth – 3 months

- A container with: 1 colorful rattle, 1 small block with bell inside, 1 small soft musical toy.
- 1 vinyl, cloth or hardcover infant book without words

2. For infants 3 months - 7 months

- A container with: 1 teether/mouthing toy, 1 noisy rattle, 1 vibrating toy, 1 small musical toy.
- 1 vinyl, cloth or hardcover picture book (can be touch and feel picture book or picture book with sounds) for infants.

3. For Young Children 8 months - 5 years

- 3 containers with age appropriate toys:
 - 1 container with 2 matching toys
 - 1 container with 2 exploratory toys
 - 1 container with 2 movement toys
- 1 age-appropriate picture book that tells a simple story without words.

DIRECTIONS FOR CAREGIVERS

Infants birth - 7 months

- Using the toys in the container play freely with your infant and spend a few minutes doing something that you and your infant enjoy.
- Play with your infant, until you think he or she is ready to transition to the picture book.
- Show the picture book to your infant until you think he or she is ready to transition to a snack or feeding.
- If in a fussy or drowsy state, re-position your infant spend a few minutes rocking to sleep or engaging in something that you and your infant enjoy.
- Attend to any needs your child might have during this time just as you normally would.

For Young Children 8 months - 5 years

- Take out the **matching** container and empty it out in front of your child.
- Let your child play with these toys until you think he or she is ready to transition to the next container of toys.
- Put the **matching** toys away and take out the **exploratory** container and empty it out in front of your child.
- Let your child play with these toys until you think he or she is ready to transition to the last container.
- Put the **exploratory** toys away and take out the **movement** container and empty it out in front of your child.
- Please feel free to move around as is comfortable for you and your child.
- Attend to any needs your child might have during this time just as you normally would.
- Let your child play with these toys until you think he or she is ready to transition to the picture book.
- Move containers out of the way and get picture book.
- Get comfortable and spend a few minutes looking at the book with your child.
- When you think your child is done with the picture book transition to snack/feeding.

TIPS

- *Caregivers sometimes talk or play games without toys, sometimes caregivers just sit with their infants, and sometimes they like to introduce new toys.*
- *Do not ask the caregiver to 'read' to his/her child. Just instruct caregivers to look at the pictures with their child.*
- *If you feel the caregiver needs to be prompted to transition to the next toy container, you can signal them when necessary.*

REFERENCES

Eyberg, S. & Funderburk, B. (2011). PCIT: Parent-Child Interaction Therapy Protocol. Florida: *PCIT International, Inc.*

Feldman, R., Bamberger, E. & Kanat-Maymon, Y. (2013). Parent-specific reciprocity from infancy to adolescence shapes children's social competence and dialogical skills. *Attachment & Human Development*, 15 (4), 407-423, DOI: 10.1080/14616734.2013.782650

Sensory Play. <https://www.sensoryplayot.com/>

Tronick, E. Z. & Beeghly, M. (2011). Meaning-making and the development of mental health problems. *American Psychologist*, 66(2), 107-119.