Table 2: Positive & Negative Characteristics of Facial Expressions, Body Language, and Tone.

<table>
<thead>
<tr>
<th>Affect</th>
<th>Facial Expression</th>
<th>Body Language (including gestures)</th>
<th>Tone of Voice</th>
</tr>
</thead>
</table>
| Pleasure (Positive) | • Wide, bright eyes  
                     • Open eyelids: the upper lid is raised and the lower lid is drawn down  
                     • Eyebrows that are raised so they become curved and high.  
                     • Horizontal wrinkles across the forehead.  
                     • Upturned mouth, often into a smile or with laughter  
                     • Dropped jaw so that the lips and teeth are parted, with no tension around the mouth. | • Slow, fluid movements  
                     • Open body and arms  
                     • Relaxed muscles  
                     • Attentive posture | • Soft, but easily heard volume  
                     • Warm, welcoming  
                     • Variable tone, sing-song  
                     • Relaxed tone  
                     • Moderate pitch  
                     • Variable, but predictable rhythm |
| Displeasure (negative) | • Furrowed brow  
                         • Down-turned mouth, pursed lips  
                         • Narrowed-eyes, down-turned lids, lost focus, poor eye contact | • Abrupt, quick movements  
                         • Tense muscles  
                         • Yawning  
                         • Tilted head, slouched posture, oriented away from others | • Loud  
                         • Tense  
                         • Flat  
                         • Lacking in energy  
                         • Very high or very low pitch  
                         • Monotone, non-rhythmic |

Variations in Affect Display

Across all cultures, human beings benefit from displays of pleasure. However the intensity with which pleasure is displayed varies by society, cultural group, neighborhoods, families, etc. DANCE considers these cultural and individual differences in affect intensity as described in the Emotional Quality dimension.

What if I See One Thing and Hear Another?

While affect displays are typically consistent across the various display modalities (facial expressions, gestures, tone) there are occasions when you may see conflicting information. One might see a caregiver whose facial display presents low intensity, negative affect (e.g., flat) but has a low-intensity, positive tone of voice (e.g., interest). Determining the caregiver’s emotional state can be challenging when mixed affect is displayed. For the DANCE, we consider any display of positive affect (facial, tone of voice, gestures) to be an indication of positive affect. Therefore, if a caregiver provides a mix of positive and negative affect displays concurrently, their affect should be coded as positive.

PREPARING TO USE THE DANCE

The DANCE has been developed to be completed based on naturalistic observations that occur during routine home visits.
Naturalistic Observation

Naturalistic observation is a method of observation that involves observing caregivers and children interacting together in settings familiar to the dyad (Connors & Glenn, 1996; Pett et al, 1992). The nurse is able to carefully observe the relationship between the caregiver and child in the setting where the caregiver and child most often interact (Gardner, 2000). This method gives nurses important insight into the relationship experiences that each individual child has with their mother or other caregivers. This observation approach is invaluable for planning interventions and evaluating outcomes that are specific to each dyad’s strengths and areas for growth. As mentioned previously, this observation approach is part of nursing assessment and involves collecting and organizing data (Timby, 2009).

There are many approaches to observing caregivers and their children that vary in terms of the presence of an observer, type of task observed, and location of interaction. Often observations of caregivers and their children are conducted in the context of standardized, brief interactions designed to illicit the variability and quality of naturally occurring behaviors (Gardner, 2000; Pett et al, 1992). Reviews of the few studies that have examined the presence of an observer, type of observation task, and location of observation found that the presence of an observer does not necessarily affect the generalizability of the observations to behavior in the home; however, observations in structured tasks or in laboratory/clinic settings do not necessarily represent the types of interactions that are naturally occurring in the home (Gardner, 2000).

Naturalistic observation has the advantage of imposing little burden on the dyad. The caregiver and child have little interference and the natural flow of behaviors is allowed to occur (Gardner, 2000). The NFP visit schedule is an advantage for nurse home visitors’ ability to engage in naturalistic observation, and creates regular and frequent opportunities to view dyads. This provides information on patterns of behaviors and allows progress towards enhanced caregiving as determined by the observation.

Although naturalistic observations have many advantages in the context of interventions, they also create challenges that warrant caution. In naturalistic observations, caregivers and children may be affected by the presence of the observer, known as observer reactivity (Connors & Glenn, 1996). The presence of the observer may cause the caregiver or child’s behavior to be altered. Individuals who know they are being observed may alter their behavior to try to gain approval from the nurse, but reactivity tends to diminish after the first 10 minutes of the observation period. A benefit to using naturalistic observation for completing the DANCE is that clients are already accustomed to having a nurse present in their home given the nature of the NFP program. An additional concern of naturalistic observation is that certain behaviors may not be observed during the defined observation period. Observational parameters for using the DANCE, which will be discussed later in this section of the DANCE manual, have been structured to minimize this concern. One final concern for using naturalistic observation is that it can be a time consuming endeavor. However, the DANCE has been structured so that it can be completed within the normal context of a home visit and does not require longer observation or more frequent observation periods than the NFP home visit schedule.
Special Coding Considerations

1. **Coding When a Child was Born Premature**

   DANCE assessments are not adjusted for prematurity because the observation and coding is based on caregiving behavior relative to children’s developmental needs (not birth age). The observer indicates the degree to which the caregiver responds based on each child’s unique developmental needs.

2. **Coding When There are Multiple Children or Caregivers**

   If there is more than one child present in the home (e.g. multiples), code only one child per observation period. If there are multiple caregivers present (e.g., mother, father, grandparent), code only one caregiver per observation period.

3. **Coding When Impairments Exist**

   When caregivers or children have visual, speech, or hearing impairments there will be some behaviors that you cannot code during a DANCE observation. For example, for a caregiver who is unable to communicate verbally, you would not code Verbal Quality, Verbal Connectedness, and Negative Verbal Content. If a caregiver has a visual impairment, behaviors such as Visual Engagement cannot be coded. Complete DANCE observations according to the recommended schedule, coding the behaviors that can be observed. Note on the coding sheet that the behaviors were not observed due to impairment and use the information that could be observed to guide clinical intervention planning.

4. **Coding When the Child or Caregiver has Developmental Disabilities**

   The DANCE inherently accommodates observation of caregiver-child interactions with children who have developmental disability or delay. Some DANCE behaviors do not have developmental considerations (e.g., Expressed Positive Affect, Negative Comments about the Child to Others) and apply across all developmental abilities up to two years. However, most DANCE behaviors have developmental considerations that require the NHV to be aware of a child’s development level and to use that knowledge to inform the observation of the behavior (e.g., Positioning – closer for children with limited mobility and/or ability to communicate, greater spacing for children with increased mobility and ability to communicate). Therefore, a NHV must always recognize a child’s developmental skill and use the developmental considerations described in the DANCE coding manual to accurately complete a DANCE observation. If a child is developmentally delayed, then the NHV will conduct the DANCE observation looking to see the extent to which the caregiver’s behaviors are appropriate based on the child’s developmental ability and as defined by the DANCE developmental considerations.

   When conducting a DANCE observation with clients with developmental delays or disabilities, there may be certain DANCE behaviors that cannot be coded. For example, if
a client is non-verbal, Verbal Quality or Verbal Connectedness cannot be code; similarly, if a client is blind, Visual Engagement cannot be coded and considerations should be made for how the caregiver’s inability to see her child impacts the quality of her positioning. Use clinical judgment to determine how the developmental disability impacts the ability to code the interaction, and document accordingly to explain any behaviors that could not be observed and provide a reason explaining why.

5. Coding When the Caregiver Speaks a Language Different than the NHV

There are a few considerations for when a caregiver speaks a language that the NHV does not. If the caregiver speaks just a few words that the NHV does not understand, complete the DANCE observation. When appropriate, ask the caregiver what was said. If the caregiver speaks to the child throughout in a language that the NHV does not, then you cannot complete behaviors based on verbal communication such as Verbal Quality, Verbal Connectedness, and Negative Verbal Content. Other behaviors can be observed if you have sufficient information from behavioral information such as Praise, Responsiveness and Pacing. Positioning, Visual Engagement, and Negative Touch can be coded. Note on the coding form why those behaviors were not observable, and use the information that could be observed to guide clinical intervention planning.

6. Coding When a Translator is Present During the Observation

Similar to observing a client who speaks a language that the NHV does not, there are a few considerations when a translator is present at the visit. If the translator provides translation for conversations between the caregiver and child you are likely to be able to complete the entire DANCE observation. If the translator does not provide translation for the communications between the caregiver and child, code those behaviors that are not dependent solely on verbal communications as described in #5 above.

You may be able to observe DANCE behaviors when conducting home visits with interpreters if you are not able to understand the client’s communication to her child through the interpreter. If there is any concern that communications are not accurately conveyed by the translator, you may only be able to code behaviors that do not require observers to understand the content of what is communicated (e.g., positioning, visual engagement, negative touch).
Caregiver’s Affect Complements Child’s Affect

- CG Displeasure:
  - Empathy
  - Behavior regulation
Caregiver’s Affect Complements Child’s Affect Grid Explanation

In this graphic “dots” (filled in small circles) represent where the child is at affectively with regard to pleasure/displeasure and intensity. For our purposes we show three dots however it is important to understand the child could be anywhere on this graph.

Circles represented where the caregiver’s affect could be to support the child given his/her current affective state. Dots and circles of the same color represent complementary affect. They do not always “match” however if the child’s dot is in the caregiver’s circle then the caregiver’s affect is considered complementary.

- Child A (Green Dot): Child A is showing low intensity pleasure. To complement the caregiver’s affect either matches or is above child in both intensity and pleasure. Note that the green circle doesn’t reach high intensity pleasure nor does it cross the line into displeasure.

- Child B (Blue Dot): Child B is showing moderate intensity pleasure. To complement the caregiver’s affect either matches or is somewhat above or below moderate intensity.

- Child C (Red Dot): Child C is showing high intensity pleasure. To complement the caregiver’s affect either matches or is below the child in both intensity and pleasure. Note that the Red circle doesn’t go above the child nor does it go below moderate intensity. In this respect the caregiver can support the child’s joy/excitement while still supporting regulation.

- Child D (Purple Dot) and Child E (Yellow Dot): Child D is showing high intensity displeasure and Child E is showing low intensity displeasure. To complement the child’s affect the caregiver will support the child to move to a neutral or calm affective state by demonstrating low to slightly above moderate pleasure, likely attempting to engage the child with distraction.

Additional notes for CG Displeasure (blue text on grid):

When children show displeasure the caregiver’s affective response may not be a positive affective display. In the case of empathy (low intensity displeasure that mirrors and respects the child’s distress) or behavior regulation (a reprimand, limit setting, rule explanation) the caregiver’s affective display would be low intensity displeasure.

Moderate to high intensity displeasure is not complementary to the child’s affective state.
Emotional Quality Dimension

VERBAL QUALITY

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Definition</th>
<th>Code</th>
</tr>
</thead>
</table>
| Verbal Quality | Caregiver’s verbal communication to child is kind, respectful, cheerful.  
                | • Qualifier: If the caregiver’s verbal quality is not kind, respectful, cheerful, then note if it is angry, flat, tense, annoyed, or disrespectful. | % or  
                | CA=when CG and child are engaged in a caregiving activity                  | N/A  |

Theoretical Importance:
Infants and young children are attuned to the emotional tone of verbal communications. The use of positive verbal quality and tone provides children with a warm, nurturing environmental context and frame of reference for interpersonal interaction. Positive verbal quality, therefore, facilitates positive caregiver-child attachment and a sound foundation for social, emotional, and cognitive development. Additionally, caregiver use of cheerful, sing-song verbal communication styles with young children supports verbal development by presenting language in discrete phonemic components that children can more readily differentiate between, in turn facilitating child aptitude for learning language.

Observation Parameters:
Item is to be rated for the portion of the home visit (at least 5 and not longer than 8 minutes) that the caregiver and child are engaged in a caregiving activity.

Terms to define:
Communication: The manner in which the caregiver expresses herself through words and sounds and includes both tone and content.
Kind: Content and tone is warm and loving.
Respectful: Content and tone recognizes child’s needs and contribution to the interaction.
Cheerful: Content and tone is characterized by happiness, may be presented in a sing-song fashion.
Angry: Content and tone reflects displeasure, rage, and irateness.
Flat: Content and tone lacks any emotional tone and is not positive.
Tense: Caregiver content and tone is on-edge; characterized by anxiety, over-concern, unease.
Annoyed: Content and tone is characterized by frustration, impatience, irritability.
Disrespectful: Being rude, impolite, discourteous, or mean-spirited in tone and/or content.

Developmental Considerations:
None for this item

Exceptions/Qualifiers for ratings:
If caregiver verbal quality is rated as a ‘1’ (“Infrequently, CG’s communication to child is kind, respectful, cheerful”) or ‘2’ (“At times, CG’s communication to child is kind, respectful, cheerful”), mark all of the descriptors (Angry, Flat, Tense, Annoyed) that reflect the quality of the caregiver’s communication to the child.

If caregiver does not offer verbal communication to the child, a response of no verbal communication is recorded.

Examples:

<table>
<thead>
<tr>
<th>Good Verbal Quality</th>
<th>Poor Verbal Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example 1: A caregiver and her 4-month old infant are engaged in feeding.</td>
<td></td>
</tr>
<tr>
<td>The caregiver speaks to child with affection and warmth, saying, “Mmm, you like your bottle, don’t you!”</td>
<td>The caregiver speaks to child in a flat tone without emotional intonation, saying, “Go on, drink.”</td>
</tr>
<tr>
<td>Example 2: A caregiver and her 13-month old child are cleaning up toys before leaving for a doctor’s appointment at the end of the home visit. The child wants to continue playing with his favorite ball, but is told it is time to clean up. The child becomes upset and bites the caregiver out of frustration.</td>
<td></td>
</tr>
<tr>
<td>Caregiver uses a calm and respectful voice, telling the child, “Ow! That hurts Mommy. We need to be gentle and not bite. It is time to clean up now. We can play with your ball when we get back from the doctor.”</td>
<td>Caregiver uses an annoyed and irritated tone, and threatens the child, stating, “If you bite me, I bite back.”</td>
</tr>
</tbody>
</table>
Emotional Quality Dimension

RESPONSE TO DISTRESS

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Definition</th>
<th>Code</th>
</tr>
</thead>
</table>
| Response to Distress | Caregiver regulates her affect in response to child’s distress in a complementary manner.  
  • Qualifier: If the caregiver’s response to the child’s distress is not complementary, note if it is an over-, under-, or inappropriate response. | % or N/A |

D = only when the child exhibits distress

Theoretical Importance:

The caregiver provides a secure base for the child to explore their feelings. This exploration allows children to begin to understand and deal with the various emotions they can experience. Caregiver’s regulated responses to children’s distress helps children to learn that they are supported when they are experiencing distress. Sharing a child’s negative feelings does not require a caregiver to join with the child. Children respond better to caregivers who express calm confidence as compared to expressing frustration or anger. Soothing of children’s distress is important for the immediate regulation of infant affect and is thought to be an important contributor to children’s development of emotion regulation (Jahromi, Putnam, and Stifter, 2004). Caregivers who are unable to regulate their own affective state in response to their children’s distress are at increased risk for child maltreatment/abuse. Caregiver’s use of calm guidance, distraction, or ignoring distress demonstrates regulated caregiver affect. Caregivers also are models of affect for children. Children will copy the behaviors they observe. They are more likely to express positive affect when they observe it frequently, even when they are distressed.

Observation Parameters:

This item is coded only for those periods of interaction where the child exhibits distress. The rating is based on caregiver responses during the times the child is experiencing distress.

If child does not experience distress during the home visit then a response of no distress observed is recorded.
Terms to define:

**Regulate**: Addresses caregiver’s ability to manage her own affect during distress. Caregiver is given credit regardless of her success in regulating the child’s distress as long as her affect does not exacerbate the child’s distress. This also addresses the caregiver’s ability to understand and accept his or her emotional experience, to engage in healthy strategies to manage uncomfortable emotions when necessary, and to engage in appropriate behavior (e.g., soothing child when child is upset) when distressed. In this behavior, regulate is defined as adjusting or maintaining affect.

**Affect**: The observable, physical representation of one’s emotional state.

**Distress**: Crying, screaming, and demonstrated anger are distress regardless of duration. Prolonged fussiness is distress when it is sustained for at least 15 seconds. Prolonged fussiness is an episode of distress that may include a series of fussy utterances or a single prolonged utterance, either one lasting for at least 15 seconds. A child is considered calm and the distress ends when there are no negative vocalizations for at least 15 seconds.

**Complementary**: Providing an emotional response that meets the child’s need or offsets the child’s distress in a sensitive manner (remaining calm when child is upset). The caregiver’s responses do not have to be successful in soothing the child.

**Over-response**: Caregiver’s response to child’s distress is characterized by frustration, anger, anxious/nervous behavior.

**Under-response**: Caregiver’s response to child’s distress is characterized by detachment, avoidance, minimal acknowledgement, lack of awareness. This does not include intentional ignoring which is sometimes used as a strategy for toddlers to help them calm down when acting out in challenging ways.

**Inappropriate Response**: Caregiver response to child’s distress is characterized by smiles, laughter, teasing, mocking, fear. These responses represent the caregiver internally being anxious or frustrated and not knowing how to handle their child’s distress.

**Developmental/Child Considerations**:

At 8 months, children begin to express more emotions. What was expressed as general distress in early months is now displayed as anger, distress, fear, and disgust. At this age, children rely on their caregivers to help them recover from strong emotions. Most children under 12 months have developed some self-regulation skills but often need caregivers to help with regulation of emotional extremes. This mutual regulation requires the caregiver to hold, comfort, or soothe the child to quiet their emotions.

A caregiver’s non-response to toddler behavior that is disruptive (e.g., temper tantrums, oppositional behavior) may be a complementary response and not an under-response if the caregiver is intentionally not responding in order to avoid reinforcing the toddler’s disregulated behavior. Expectations for a child’s ability to self-regulate increase as the child becomes older. Ignoring a 21-month old child who is having a temper tantrum is
Emotional Quality Dimension

NEGATIVE COMMENTS ABOUT THE CHILD TO OTHERS

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Definition</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative Comments About the Child to Others</td>
<td>Caregiver’s use of overt criticism, accusations, threats, name-calling, and unrealistic developmental expectations of the child to others.</td>
<td>#</td>
</tr>
</tbody>
</table>

P= when child is present

Theoretical Importance:
Caregiver’s comments about the child are reflective of the emotional climate offered to the child via the caregiver’s communications. Children are highly attuned to the emotional tone of language in their environments, an important contribution to child social, emotional, and cognitive development. Caregivers who share positive verbal comments about their children with others in the environment (e.g., partners, parents, visitors) facilitate positive dyadic interactions by providing children with positive emotional context. Conversely, caregivers who express negative comments about their children are more likely to experience less healthful caregiver-child interactions, with children being exposed to a less positive emotional environment. In addition, comments about the child also may illustrate the caregiver’s experience of being a caregiver. Caregivers’ expressions of positive comments about their children may suggest that the caregiver feels content with parenting; whereas caregivers’ use of negative comments about their children may reflect caregiver feelings of frustration or displeasure with their role as a parent.

Observation Parameters:
This item is to be rated for the portion of the home visit that the child is present, but not necessarily interacting with the caregiver.

Terms to define:
Overt: Open and readily perceived; apparent; not ambiguous.
Criticism: Statements that suggest fault; censure; disapproving comments including judgments and negative statements.
**Accusation:** A statement of blame.

**Threat:** A statement of intent to inflict negatively inappropriate consequences; a warning of probable trouble.

**Name-calling:** The use of a name that carries a negative meaning with a purpose to belittle or humiliate. You can determine if the name is said with the intent to belittle or humiliate by considering the following:
   - Caregiver’s tone (irritated, frustrated, annoyed, disappointment, anger),
   - Caregiver’s facial expressions (tense, annoyed, irritated),
   - Content of the rest of the caregiver’s communications around this comment,
   - History that you know this is something that frustrates the caregiver,
   - By asking the caregiver what the name means to her or her family.

**Unrealistic Developmental Expectations:** Verbalizations to others that communicate inappropriate beliefs or misattributions about the child’s ability given the child’s developmental capabilities.

**Comments:** Expressed verbalizations; may be offered in passing through dialogue or in direct response to questions posed by nurse home visitor or other people present in the home. Comments also may be offered in response to the child’s behavior.

**Developmental Considerations:**
   - None for this item.

**Exceptions/Qualifiers for ratings:**
   - None for this item.

**Examples:**

<table>
<thead>
<tr>
<th>Non-Negative Comments About the Child to Others</th>
<th>Negative Comments About the Child to Others</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Example 1:</strong> A caregiver and nurse are talking about how things are going with the caregiver and her 6-month old infant.</td>
<td><strong>Example 2:</strong> The caregiver shares, “I really love him a lot, but am getting annoyed with him crying every time I leave him at daycare. I think he cries on purpose so I cannot leave him with anyone else. He’s only happy if he’s with me, it’s getting to be a hassle.”</td>
</tr>
</tbody>
</table>

**The caregiver shares, “I really love him a lot, and he really loves me, too. He gets fussy when I leave him at daycare, but his baby-sitter says he calms down right after I leave. And he’s always so happy to see me when I pick him up!”**
Sensitivity and Responsivity Dimension

VISUAL ENGAGEMENT

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Definition</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visual Engagement</td>
<td>Caregiver’s visual attention is directed toward the child or a shared focus of interest.</td>
<td>%</td>
</tr>
</tbody>
</table>

CA = when CG and child are engaged in a caregiving activity

Theoretical Importance:

Visual engagement includes gaze or eye contact with the child and joint attention on a shared focus of interest. Gaze communicates where an individual’s attention is focused. Visual engagement is fundamental to maintaining the child-caregiver interaction, and almost all communication emerges from this mutual reference point. Gaze directed toward the child, particularly to the child’s face, facilitates a sense of safety and comfort, and communicates to the child that his or her caregiver is aware and available. Visual engagement also supports cue reading and the caregiver’s ability to sustain interaction by identifying and focusing on activities the child finds interesting and engaging. Additionally, face-to-face contact provides the opportunity to teach the child about patterns of expression and communication. Joint attention on a shared focus of interest allows the dyad to foster a shared perspective and focus for the interaction, facilitating coordination and synchrony. Joint attention moves the infant’s exploration of the environment into a social context. Joint attention enriches the child’s exploration by moving this experience from a child-object experience to a child-object-caregiver experience (Schaffer, 1989).

Observation Parameters:

Item is to be rated for the portion of the home visit (at least 5 and not longer than 8 minutes) that the caregiver and child are engaged in a caregiving activity.

Terms to Define:

**Visual Attention:** Refers to the caregiver actively looking at the child’s face, the child (which includes any part of the child’s body), or at the object the child is engaged with.

**Shared Focus of Interest:** An observation that the child and caregiver jointly experience (e.g., another person, book, toy, activity).
Developmental/Child Considerations:
Visual engagement is dependent on the child’s age, fine motor, and gross motor capabilities. Around 4 months of age infants start to gaze in the same direction that the caregiver is looking, and caregivers begin to follow the child’s gaze as well. As the caregiver follows the child’s gaze, they often begin to comment on what the child is seeing, labeling the child’s world. For younger children (less than 4 months old), interactions that involve predominately face-to-face orientation between the caregiver and child is appropriate. As a child’s activity level and mobility increases, less face-to-face interactions occur as the child moves out to explore the world. For older children (> 4 months), increased shared focus of interest with shared objects helps to maintain a connection between caregiver and child during interactions while allowing the child to explore his or her world.

Exceptions/Qualifiers for ratings:
None for this item.

Examples:

<table>
<thead>
<tr>
<th>Good Visual Engagement</th>
<th>Poor Visual Engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Example 1</em>: A caregiver is sitting beside her 4-month old who is lying on his back on the floor reaching for and holding toys.</td>
<td></td>
</tr>
<tr>
<td>The caregiver and child are in very close proximity and sharing face-to-face gaze. The caregiver is shifting focus between the child and toy during the interaction.</td>
<td>The caregiver is sitting at the child’s feet. The caregiver’s visual engagement is focused on the television while the child is holding and shaking a rattle.</td>
</tr>
<tr>
<td><em>Example 2</em>: A caregiver and child are sitting together with a children’s book.</td>
<td></td>
</tr>
<tr>
<td>The 21-month old child is very interested in the book. The caregiver positions the child on his/her lap, with the child’s back against the caregiver’s chest. They sit together reading the book, both with their visual engagement focused on the pages of the book.</td>
<td>The caregiver has a 5-month old child positioned on his/her lap, with the child’s back against the caregiver’s chest. The caregiver sits and looks at the book and the back of the child’s head, while the child occasionally looks at the book as well as the toys in front of him.</td>
</tr>
</tbody>
</table>
Sensitivity and Responsivity Dimension

PACING

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Definition</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pacing</td>
<td>CA</td>
<td></td>
</tr>
</tbody>
</table>

The tempo of caregiver-child interactions is complementary to child’s behavior, activity level, & needs.
- **Qualifier:** If the caregiver’s pace is not complementary, indicate if it is fast or slow.

CA= when CG and child are engaged in a caregiving activity

Theoretical Importance:

Pacing is a core component of maternal sensitivity. Appropriate pacing allows the child to anticipate the timing and predictability of the caregiver’s responses and develop trust in the interaction. Appropriate pacing also facilitates the development of children’s behavior regulation, self-efficacy, and maintenance of engagement in an interaction. Pacing may require the caregiver to down- or up-regulate a child’s emotions, behaviors, and/or activity level based on the child’s needs. Caregiver-child pacing in an interaction should match or be complementary, with the caregiver setting a pace that meets the child’s temperamental and state-based needs. Pacing experiences influence the formation of the child’s understanding of the turn-taking nature of human social interactions, and provides the child with the opportunity to be an active contributor to the caregiver-child interaction.

Observation Parameters:

Item is to be rated for the portion of the home visit (at least 5 and not longer than 8 minutes) that the caregiver and child are engaged in a caregiving activity.

Terms to Define:

**Tempo:** The speed or rate of the caregiver response relative to the child’s expressed need. This includes the caregiver supporting turn-taking between herself and the child during the interaction.

**Interaction:** Initiation and maintenance of engagement with each other.

**Complementary:** To act in a manner that is supportive, harmonizing, balancing, matching (in a manner that supports the child).

**Behavior:** Actions, conduct.

**Activity Level:** Child’s physical energy.
**Needs:** Children’s needs are physical (food, shelter, human contact, safety) and psychological (self-esteem, exploration) in nature and are necessary to live a healthy life. Children express needs through verbal and non-verbal communication. Needs are distinguished from wants in that an unmet need would cause a clear negative outcome.

**Fast:** Taking a turn too early, before the child cues.

**Slow:** Taking a turn too late or not at all.

---

**Developmental/Child Considerations:**

The pacing of a caregiver’s responses to the child should be considered within the context of the child’s needs, behavior, and activity level. Consider the following:

- What is the child’s pace?
- Is caregiver’s pace helping the child move along with the activity or his/her play?
- Is the caregiver moving along with the child?
- Does the task warrant a different pace?

For example, caregivers of infants who are low reactive may attempt to pace the interaction more quickly in order to help the child engage more actively. Caregivers of children who are more active may attempt to slow the pace of the interaction to help the child focus and engage in the interaction. Pace also considers the length of the child’s and caregiver’s turn taking, the caregiver’s length of turn should match the child’s. For example, if a child “coos,” a caregiver’s response should be equally brief using a similar vocalization or single word. If the child provides lengthier or more elaborate vocalizations, the caregiver’s response should match this.

The pace of the interaction is established by a series of initiations, pauses, and responses. Pausing is an important component of pacing regardless of who initiates the interaction. If the caregiver initiates, then the caregiver must pause to let the child respond. If the child initiates, then the caregiver must pause to let child complete their interaction.

Caregiver responses also should match the complexity of the child’s behaviors. If the child claps once, a caregiver may clap once or twice but should not introduce a complex clapping sequence. Caregivers can create slightly lengthier or complex responses to scaffold growth, but the response to the child’s turn must be taken in the context of the child’s contribution to the interaction and his or her attention span for the activity.

Caregiver responses should complement the content of the play along with the child’s interests. Good pacing does not require extension or expansion of play. It requires the caregiver to move along at a pace that complements the child’s pace or change the pace when the task or child’s needs warrant. Extension and expansion of play are considered in the behaviors Responsiveness and Scaffolding.
Exceptions/Qualifiers for ratings:
- If the caregiver’s pace is not always complementary, **mark all of the descriptors** (Fast, Slow) that reflect the quality of the caregiver’s pace.

Examples:

<table>
<thead>
<tr>
<th>Good Pacing</th>
<th>Poor Pacing</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Example 1: A caregiver is feeding a 7-month old.</em></td>
<td></td>
</tr>
<tr>
<td>The caregiver offers the food from the spoon at a pace that allows the child to remain engaged in the feeding while at the same time pausing to allow the child to swallow and make cooing sounds.</td>
<td>The caregiver is feeding the child with little pausing. Caregiver offers the child a bite of food every time the child opens his mouth, even if it is an attempt to vocalize.</td>
</tr>
</tbody>
</table>

| Example 2: A caregiver and 4-month old are playing peek-a-boo. | |
| The child looks at the caregiver as the caregiver starts covering her own face with her hands and then moves to covering her head with a blanket. The child continues to show interest. The caregiver then begins to partially cover the child’s face with the blanket and pulls it off, pacing the interaction a little more quickly to help the child engage more actively in the interaction. The child reaches for the blanket, pulls it off his face, and shares a smile with the caregiver. | The child looks at the caregiver as the caregiver starts covering her own face with her hands and then moves to covering her head with a blanket. The caregiver pauses a long time before appearing and the child begins to lose interest by turning his head away. The caregiver then begins to partially cover the child’s face with the blanket and pulls it off several times in a row, going very quickly. The child becomes overwhelmed and attempts to roll over. |
**Example 3: An 18-month old is having his diaper changed.**

<table>
<thead>
<tr>
<th>The child is an active toddler, begins to squirm, and attempts to roll over to crawl away. The caregiver introduces a song, engaging the toddler’s attention for a short while. The toddler attempts to roll over again. The caregiver introduces a toy with sounds and lights, pausing from the diaper change to show the child the toy. The child remains interested in the toy long enough for the caregiver to complete the diaper change.</th>
<th>The child is an active toddler, begins to squirm, and attempts to roll over to crawl away. The caregiver says no and promptly turns the child on her back. The child wriggles her body and caregiver attempts to reposition the child. The caregiver moves across the room to get wipes to clean the child’s bottom. While the caregiver is away, the child rolls over and begins crawling away. The caregiver grabs the child and says, “I said no,” and positions the child on her back again. The child continues to move and wiggle. The caregiver moves across the room again to get a diaper. The child rolls over and quickly crawls across the room to the door. The caregiver gathers the child and brings her back to the changing table to put her diaper on.</th>
</tr>
</thead>
</table>

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Dyadic Assessment of Naturalistic Caregiver-child Experiences (DANCE) Coding Manual – Version 4.0 (04/2017)
Support of Behavioral and Emotional Regulation Dimension

COMPLETES INTERACTIONS

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Definition</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completes Interactions</td>
<td>P Caregiver provides closure to interactions.</td>
<td>%</td>
</tr>
</tbody>
</table>

P=when child is present

Theoretical Importance:
Caregivers who complete interactions with their children create predictability and routines for their children and foster security and trust. This sense of security facilitates emotional and behavioral regulation. Furthermore, infants and toddlers learn best when they feel safe and can trust the adults who care for them (Zero To Three, 2008). Completing interactions also enhances children’s ability to transition from one activity or experience to the next with less disruptive behaviors.

Observation Parameters:
This item is to be rated for the portion of the home visit that the child is present (but not necessarily interacting) with the caregiver.

Terms to Define:
**Closure**: Bringing an interaction to an end, actively supporting transition to a new interaction. There are two times when a caregiver needs to provide closure. The first is when an activity ends. For example, if a caregiver and child are playing and it’s time for a bath, the caregiver needs to provide closure so the child knows they are done with play and moving onto something else rather than just picking the child up and moving to the bathtub. The second is when the caregiver or child leaves the activity. An example is when a caregiver and child are playing and the doorbell rings. Play is still going on but the caregiver is leaving and needs to let the child know she is going to get the door.

Closure doesn’t have to be grand; it can be simple such as saying “All done.” It just needs to communicate to the child that the activity is over.

**Interaction**: Occurs when either the caregiver or child initiates an interaction or there is an assumption that an interaction is taking place such as a diaper change even if the caregiver does not acknowledge the child. In this context, interaction is not defined by a single exchange that occurs between the caregiver and child but is characterized by big picture events which include all the exchanges that occur in a caregiving activity such as play, feeding, soothing, bathing, and others.

We do not observe Completes Interactions within an activity. For example, we are not observing during a feeding that the caregiver provide closure to peas, and then provided closure when moving to cereal, and then when moving to milk. We are observing the end of the feeding to see if the caregiver provided closure or not. Similarly for play, a
caregiver and child may play with blocks, then move onto a ball, and then shift to playing with the cat. For this behavior, we are not looking for closure between each play activity but the entire play interaction when they are done. It’s not the mini transitions but the major ones at the end of feeding or play.

Developmental/Child Considerations:
For young infants, verbal and/or physical strategies are likely to be used to complete the interaction. The caregiver would tell the young child “All done” or “It is time to move on,” along with moving the child or task object. As children become older, can comprehend language, and are emotionally labile, adding distraction strategies to verbal and physical strategies are expected. The use of games as well as shifting attention and focus are examples of distraction strategies.

Exceptions/Qualifiers for Ratings:
None for this item.

Examples:

<table>
<thead>
<tr>
<th>Good Completion of Interactions</th>
<th>Poor Completion of Interactions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example 1: The phone rings just as a caregiver is just finishing up changing her 2-month old infant’s diaper.</td>
<td></td>
</tr>
<tr>
<td>The caregiver says, “Oh, the phone is ringing! Let’s snap this last button – snap – all done with your change, now you’re all clean! Let’s go answer the phone!”</td>
<td>The caregiver snaps the last button on the outfit closed, and goes to answer the phone without providing any verbal explanation of what’s happening to the child.</td>
</tr>
<tr>
<td>Example 2: A caregiver and her 12-month old child are cleaning up toys after playtime.</td>
<td></td>
</tr>
<tr>
<td>The caregiver states, “It is time to clean up” and begins singing a song about clean up, asking the child to join in.</td>
<td>The caregiver puts away the toys, physically taking away ones that the child is holding, without verbal cues.</td>
</tr>
<tr>
<td>Example 3: A 24-month old child is engaged in art activity, the caregiver and child have plans to meet friends at the park for a play date in 15 minutes.</td>
<td></td>
</tr>
<tr>
<td>The caregiver offers the child a verbal transition, “Two more minutes to finish your picture, Jane.” After two minutes pass, the caregiver says, “Okay, time is up. Let’s put on our coats and go see our friends at the park!”</td>
<td>The caregiver doesn’t provide the child with a verbal transition. When it’s time to leave for the park, the caregiver puts away the child’s picture and dresses the child in a coat without verbal explanation of what’s happening.</td>
</tr>
<tr>
<td>Example 4: A caregiver is planning to bathe her 14-month old child who is engaged in play.</td>
<td></td>
</tr>
<tr>
<td>The caregiver holds up a plastic animal that the child always plays with during bath time and smiles. The caregiver runs toward the bathroom.</td>
<td>The caregiver picks up the child from the middle of the room and walks her down to the bathroom.</td>
</tr>
</tbody>
</table>
Promotion of Developmental Growth Dimension

SCAFFOLDING

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Definition</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scaffolding</td>
<td>Caregiver attempts to provide support to promote success beyond what the child is able to do on his or her own.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• <strong>Qualifier:</strong> Note if the caregiver provides developmentally inappropriate support (starts below or above where the child is developmentally).</td>
<td></td>
</tr>
</tbody>
</table>

CA = when CG and child are engaged in a caregiving activity

Theoretical Importance:

Through the practice of scaffolding, caregivers support children’s development by extending children’s learning in ways that are consistent with children’s current level of development. Scaffolding often allows children to participate in activities or tasks that they would not typically be able to do on their own (at least initially), but could accomplish with the help of their caregiver. Infants whose mothers gently direct their attention and encourage them to manipulate the environment demonstrated greater sophistication in their play, language, and problem-solving skills during their second year (Tamis-LaMonda & Bronstein, 1989).

From an emotional and behavior regulation perspective, scaffolding children’s emotional experiences by providing support and structure that is well matched to the child’s needs may result in the development of internalized strategies for dealing with challenge and distress. These internalized strategies support increasingly independent regulatory strategies on the part of the child. Children who have not received this scaffolding may be more likely to develop maladaptive regulatory patterns (Cole et al., 1994).

Observation Parameters:

Item is to be rated for the portion of the home visit (at least 5 and not longer than 8 minutes) that the caregiver and child are engaged in a caregiving activity.

Terms to define:

**Attempts:** Caregiver offers developmentally appropriate support that builds on the child’s demonstrated interests. The child may or may not follow. When coding, you count each attempt that the caregiver teaches or supports the child to go one step further.
Support: Caregiver provides assistance that is developmentally appropriate, meeting the child’s specific circumstance or needs.

Promote Success: To provide structure and support to start where the child is developmentally and using incremental expansion to not jump too far ahead.

Developmentally Inappropriate Support: Caregiver offers support that starts below or above where the child is developmentally. For example, it would be considered developmentally inappropriate for a caregiver to continuously make requests to a child to complete a task that the child has already demonstrated. It is also developmentally inappropriate for a caregiver to make requests of the child that are far above the child’s developmental abilities or to start where the child is and expand far above the child’s developmental abilities.

Developmental/Child Considerations:
With very young infants, you may not see many instances of scaffolding. However, caregiver responses to the child’s needs constitute the foundations for scaffolding. Examples of this type of scaffolding may include the caregiver supporting (scaffolding) the child’s ability to soothe by helping the child to transition from supported-soothing to self-soothing (introducing child’s thumb, distraction). Scaffolding for very young infants may also include visual tracking, imitation of facial expressions, cooing or babbling to work on new sounds, tummy time that includes offering a strategy to encourage the child to raise her head, reaching for an object, and grasping and releasing.

For infants starting around 7 months of age, scaffolding also may include the presentation of an object followed by caregiver verbalizations that expand the child’s exploration and understanding of the object. This is known as labeling.

Exceptions/Qualifiers for ratings:
This item is scored based on the **frequency of occurrence**, not on the percentage of time the behavior occurred.

Examples:

<table>
<thead>
<tr>
<th>Supportive Scaffolding</th>
<th>Non–scaffolding</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Example 1:</strong> A caregiver and her 18-month old child are looking at a book about farm animals. The child comments on a picture saying “Cow.” The caregiver replies, “Yes, that’s a cow, that’s a brown cow. Cows say ‘moo’. Can you say ‘moo’?”</td>
<td>The child comments on a picture saying “Cow.” The caregiver replies, “Yes, that’s a cow” and turns the page.</td>
</tr>
</tbody>
</table>
VERBAL CONNECTEDNESS

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Definition</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbal Connectedness</td>
<td>The caregiver's verbal communication creates a connection that facilitates interaction.</td>
<td>%</td>
</tr>
</tbody>
</table>

CA=when CG and child are engaged in a caregiving activity

Theoretical Importance:
From birth, children are prepared for the task of acquiring language. Newborns are especially sensitive to the sounds of human speech and are able to recognize and respond to their own caregiver’s voice. Children enjoy listening to caregivers and will orient themselves toward their caregiver when they hear their caregiver’s voice. Children’s marked interest in speech (including orienting toward the caregiver) encourages parents to talk to them. Caregiver’s verbal communication strengthens children’s readiness to acquire language, strengthens the bond between the child and caregiver, encourages sharing, and helps to initiate and maintain engagement in interactions.

Observation Parameters:
Item is to be rated for the portion of the home visit (at least 5 and not longer than 8 minutes) that the caregiver and child are engaged in a caregiving activity.

Terms to define:
Verbal: The use of audibly expressed spoken words, language, and sounds.
Communication: Communication is the process by which a caregiver sends messages to the child. Communication for this item is expressed verbally.
Connection: Communication is used to establish a sense of joint involvement and engagement that supports continuing interaction. Communications that are commanding, punitive, harsh, mean, or unrelated to the interaction do not support a connection. Absence of communication does not support a connection.
Interaction: Initiation and maintenance of engagement between a caregiver and child.
Communications that Do Not Create Verbal Connectedness

- Communications to the child that have poor verbal quality (commanding, harsh, punitive, mean, etc.)
- Communications that are not child centered
- Too many or too few communications to the child

Communications that Create Verbal Connectedness

- Communications to the child that have positive verbal quality (respectful, kind, cheerful)
- Communications that are child centered
- Regular communications to the child that include pauses

Developmental Considerations:

Children are born with a capacity that supports their interest and engagement in caregiver’s communications. For newborns, verbal communications between the infant and caregiver provides comfort and security to the infant and supports the foundation for the development of self-efficacy. In interactions with newborns, caregivers support a verbal connection by talking and singing to the baby and responding verbally to babies’ cues. Around 2 months of age children begin to “coo” and around 6 months of age they begin to babble. During this time, caregivers begin to listen and take turns with their young children through verbal exchanges. A verbal connection is supported when caregivers allow the child their “turn” in the interaction. Additionally, caregivers continue to talk and sing to their children and respond verbally to cues. Around 12 months, children become capable of intentional behavior, and they start to use gestures and words to communicate with their caregivers. When caregivers respond, the child learns that using language can result in a desired outcome. The transition from babbling to language is facilitated largely by verbal connections with children’s caregivers. Verbal connections are established with children when caregivers allow conversational turn-taking; when caregivers respond to children’s verbal and non-verbal communications in simple, clear, descriptive, supportive statements; and when caregivers expose children to a range of language and language-based experiences (singing, book reading, and conversations with others). As the child’s language expands, the caregiver’s use of words and sentence structure becomes increasingly complex.

Exceptions/Qualifiers for ratings:

None for this item.

Examples:

<table>
<thead>
<tr>
<th>Good Verbal Connectedness</th>
<th>Poor Verbal Connectedness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example 1: A caregiver sings to her 3-month old.</td>
<td>The caregiver begins singing a song and the child vocalizes. The caregiver keeps singing, over-talking her young child, and not facilitating the connection.</td>
</tr>
</tbody>
</table>

The caregiver sings two lines of a song and then pauses, providing the opportunity for the child to respond. After the child’s response, the caregiver offers a verbal comment, “That’s right” and continues to sing a few more lines of the song.
# Promotion of Developmental Growth Dimension

## PRAISE

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Definition</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Praise</td>
<td>CARE: Caregiver genuinely compliments the child.</td>
<td>#</td>
</tr>
</tbody>
</table>

CA= when CG and child are engaged in a caregiving activity

**Theoretical Importance:**

Praise, in the form of compliments, offered by the caregiver to the child creates a sense of warmth in the relationship. Through compliments children develop a sense of self-esteem. Praise can help to guide children’s emotional and behavioral responses by reinforcing those behaviors that are valued in the social environment. This process facilitates the development of emotional and behavioral regulation. Praise supports children’s learning of cause and effect relationships and helps to maintain involvement in interactions with objects and people.

**Observation Parameters:**

Item is to be rated for the portion of the home visit (at least 5 and not longer than 8 minutes) that the caregiver and child are engaged in a caregiving activity.

**Terms to define:**

- **Genuinely:** Authentically, sincerely, heart-felt.
- **Compliments:** Expressions of praise, admiration, or congratulations. Includes clapping or gestures (e.g., thumbs-up) in response to child’s attempt or achievement of a task or activity. Includes general expressions of praise (“What a good boy”, “You are such a pretty baby”).
- **Expression:** An expression is a single sentence or action. When there is a pause between expressions, this would be counted as two instances of praise. For example, when a caregiver says “All right, way to go” without pausing, this would be counted as one expression of praise. When a caregiver says, “All right”, pauses, and then later adds “You did it”, this would be counted as two expressions of praise.

**Developmental/Child Considerations:**

None for this item.
Exceptions/Qualifiers for ratings:

This item is scored based on the **frequency of occurrence**, not on the percentage of time the behavior occurred.

Thank You is coded as praise when the caregiver offers it in response to a request she has made to the child. For example, if the caregiver asks the child to hand her the block, the child does it, and then the caregiver says “Thank You,” this is counted as one expression of praise. In contrast, if the child walks over to the caregiver and hands her the block without any request made from the caregiver and the caregiver says “Thank You”, this is not praise; it is considered a social convention.

Examples:

<table>
<thead>
<tr>
<th>Praise</th>
<th>Non-Praise</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Example 1:</em> A 15-month old is learning to feed himself with a spoon.</td>
<td></td>
</tr>
<tr>
<td>As the child brings the spoon to his mouth, getting some food in his mouth and some dropping on his bib, the caregiver says, “Nice try. You are getting so good at using the spoon.”</td>
<td>As the child brings the spoon to his mouth, getting some food in his mouth and some dropping on his bib, the caregiver says, “You’re messy.”</td>
</tr>
<tr>
<td><em>Example 2:</em> A caregiver asks a 23-month old to put his dirty diaper in the trash.</td>
<td></td>
</tr>
<tr>
<td>The child walks over to the trashcan and puts in the diaper. The caregiver looks at the child, claps, and says “Great job.&quot; You are such a good helper.”</td>
<td>The child walks over to the trashcan and puts in the diaper. The caregiver looks at the child and says, “All done.”</td>
</tr>
<tr>
<td><em>Example 3:</em> A caregiver and 18-month old are playing with a shape sorter toy.</td>
<td></td>
</tr>
<tr>
<td>The caregiver asks the child to put the circle shape in the circle hole. The child is successful in meeting the caregiver’s request and the caregiver says, “Thank you.”</td>
<td>The child attempts to put the circle shape in the circle hole and is unsuccessful. The child hands the shape to the caregiver, nonverbally asking the caregiver for assistance. The caregiver takes the shape and says, “Thank you.”</td>
</tr>
</tbody>
</table>
Promotion of Developmental Growth Dimension

NEGATIVE VERBAL CONTENT

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Definition</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative Verbal Content</td>
<td>Caregiver use of overt criticism, accusations, threats, and name-calling and unrealistic developmental expectations of the child conveyed to the child</td>
<td>#</td>
</tr>
</tbody>
</table>

P= when child is present

Theoretical Importance:

Observation Parameters:
This item is to be rated for the portion of the home visit that the child is present (but not necessarily interacting) with the caregiver.

Terms to define:
**Overt:** Open and readily perceived; apparent; not ambiguous.
**Criticism:** Statements that suggest fault; censure; disapproving comments including judgments and negative statements.
**Accusation:** A statement of blame.
**Threat:** A statement of intent to inflict negatively inappropriate consequences; a warning of probable trouble.
**Name-calling:** The use of a name that carries a negative meaning with a purpose to belittle or humiliate. Name-calling when considered an objective term of endearment (e.g., “my little potato”), will not be considered name-calling. You can determine if the name is said with the intent to belittle or humiliate by considering the following:

- Caregiver’s tone (irritated, frustrated, annoyed, disappointment, anger),
- Caregiver’s facial expressions (tense, annoyed, irritated),
- Content of the rest of the caregiver’s communications around this comment,
- History that you know this is something that frustrates the caregiver,
- By asking the caregiver what the name means to her or her family.

**Unrealistic Developmental Expectations:** Verbalizations to the child that communicate inappropriate beliefs or misattributions about the child’s ability given the child’s developmental capabilities.

Developmental/Child Considerations:
None for this item.

Exceptions/Qualifiers for ratings:
This item is scored based on the frequency of occurrence, not on the percentage of time the behavior occurred.

Name-calling when considered an objective term of endearment (e.g., “my little potato”), will not be considered name-calling.

**Examples:**

<table>
<thead>
<tr>
<th>Non-Negative Verbal Content</th>
<th>Negative Verbal Content</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Example 1:</strong> A 17-month old is having a temper tantrum.</td>
<td></td>
</tr>
<tr>
<td>The caregiver says, “You better calm down” in an irritated voice.</td>
<td>The caregiver states, “You better calm down or I will spank you.”</td>
</tr>
<tr>
<td><strong>Example 2:</strong> A 12-month old crawled over to a shelf and pulled down a trinket. The trinket hit the floor and broke.</td>
<td></td>
</tr>
<tr>
<td>The caregiver looks at the child and says in a singsong voice, “Uh oh. We had better clean that up. Let’s not play with those any more.”</td>
<td>The caregiver looks at the child and says, “You’re so clumsy – you broke it.”</td>
</tr>
<tr>
<td><strong>Example 3:</strong> A 4-month old child is fussy during most of the home visit.</td>
<td></td>
</tr>
<tr>
<td>The caregiver says to the child, “I’m not sure what is wrong with you today.”</td>
<td>The caregiver says to the child, “Stop being such a cry baby.”</td>
</tr>
</tbody>
</table>