

Response to Distress Subscale Practice Rating Answers

28-Month-Old and Mother

Draw a shape (circle)

1:55 Minutes

II. RESPONSE TO CHILD'S DISTRESS

Yes No (Potent disengagement cues observed) YES NO

	YES	NO	
12. Caregiver stops the teaching episode.	X		Pauses at first "no", attempts to distract
13. Caregiver makes a positive, sympathetic or soothing verbalization.	X		:13 "no?" has sympathetic tone to whining
14. Caregiver changes voice volume to softer or higher pitch, does not yell.	X		Softer "what's this?" :17; "No? No? You wanna try?" softer tone :37
15. Caregiver rearranges the child's position and/or task materials.		X	Not observed. Retrieving crayon doesn't count
16. Caregiver makes soothing non-verbal response, e.g. pat, touch, rock, caress or kiss.		X	Not observed
17. Caregiver diverts the child's attention by playing games, introduces a new toy.	X		Successfully diverts with duck at 1:08
18. Caregiver avoids making negative comments to the child.	X		Not heard
19. Caregiver avoids yelling at the child.	X		Not heard
20. Caregiver avoids using abrupt movements or rough handling.	X		Not observed
21. Caregiver avoids slapping, hitting or spanking.	X		Not observed
22. Caregiver avoids making negative comments to home visitor about the child.	X		Not heard
TOTAL YES ANSWERS	9		

Check the potent disengagement cues (PDCs) observed during the teaching interaction (excluding PDCs that terminate the teaching or occur after caregiver has terminated the teaching).

- | | |
|---|--|
| <input type="checkbox"/> Back arching | <input type="checkbox"/> Pale/red skin |
| <input type="checkbox"/> Choking | <input checked="" type="checkbox"/> Pulling away :56 |
| <input type="checkbox"/> Coughing | <input checked="" type="checkbox"/> Pushing away :26 |
| <input type="checkbox"/> Crawling away | <input checked="" type="checkbox"/> Saying "no" :28, :37, 1:02 |
| <input type="checkbox"/> Cry face | <input type="checkbox"/> Spitting |
| <input type="checkbox"/> Crying | <input type="checkbox"/> Spitting up |
| <input type="checkbox"/> Fussing | <input checked="" type="checkbox"/> Tray pound :51 |
| <input type="checkbox"/> Halt hand | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Lateral head shake | <input type="checkbox"/> Walking Away |
| <input type="checkbox"/> Maximal lateral gaze aversion | <input checked="" type="checkbox"/> Whining :10, 1:01 |
| <input checked="" type="checkbox"/> Overhand beating movements 1:20 | <input type="checkbox"/> Withdraw from alert to sleep state |