

Response to Distress Subscale Practice Rating

4-Month-Old and Mother

Breastfeeding

2:20 Seconds

II. RESPONSE TO CHILD'S DISTRESS

Yes No (Potent disengagement cues observed)

	YES	NO	
17. Caregiver stops or starts feeding.	X		Stops at each pdc, allows baby to return when ready
18. Caregiver changes the child's position.		X	Cradles but no reposition
19. Caregiver makes positive or sympathetic verbalization.	X		"There you go, take a big breath" "Oh, my goodness" "A little tough, huh?"
20. Caregiver changes voice volume to softer or higher pitch.	X		Whispers "yeah" and says "you alright there?" in higher pitch voice after cough
21. Caregiver makes soothing non-verbal efforts.	X		Pats on back :24 and 1:03
22. Caregiver diverts child's attention by playing games, introducing toy, or making faces.		X	Not seen
23. Caregiver avoids making negative verbal responses.	X		None
24. Caregiver avoids making negative comments to home visitor about child.	X		None
25. Caregiver avoids yelling at child.	X		None
26. Caregiver avoids using abrupt movements or rough handling.	X		None
27. Caregiver avoids slapping, hitting, or spanking the child.	X		None
TOTAL YES ANSWERS	9		

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

<input type="checkbox"/> Back arching	<input type="checkbox"/> Pale/red skin
<input type="checkbox"/> Choking	<input checked="" type="checkbox"/> Pulling away :09, :22, :44, :58, 1:21, 1:30, 1:52
<input checked="" type="checkbox"/> Coughing 1:43	<input type="checkbox"/> Pushing away
<input type="checkbox"/> Crawling away	<input type="checkbox"/> Saying "no"
<input type="checkbox"/> Cry face	<input type="checkbox"/> Spitting
<input type="checkbox"/> Crying	<input type="checkbox"/> Spitting up
<input type="checkbox"/> Fussing	<input type="checkbox"/> Tray pound
<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 type="checkbox"/> Whining
<input checked="" type="checkbox"/> Overhand beating movements 1:55	<input type="checkbox"/> Withdraw from alert to sleep state

NOTE:
Grunting at 1:41, not fussing.