

**Caregiving Dimensions and Levels of Adaptive Functioning**  
**DC: 0-5 Manual**

| Check the appropriate box that best describes the contribution of the relationship quality in each Caregiving Dimension according to the Levels of Adaptive Functioning. The Levels of Adaptive Functioning are defined on page 3 of this document and further on pages 143-145 of the DC:0-5 manual. Then indicate how the quality of the dimension was determined. |                                       |                        |                          |                         |   |
|--|---------------------------------------|------------------------|--------------------------|-------------------------|---|
| <b>Caregiving Dimension</b>  | <b>Levels of Adaptive Functioning</b> |                        |                          |                         | <b>Methods/Instruments</b>  |
| <i>Observation of Interactive and Developmental Promoting Behaviors (Structured and Unstructured), Perception Interviews, Dyadic Therapeutic Sessions</i>  | Well-Adapted to Good Enough           | Strained to Concerning | Compromised to Disturbed | Disordered to Dangerous | <i>Quality of Caregiving Dimension determined by:</i>   |
| 1. Ensuring Physical Safety  |                                       |                        |                          |                         | <input type="checkbox"/> Safety Assessment/CPS<br><input type="checkbox"/> TESI, LSC-R<br><input type="checkbox"/> DIAPER<br><input type="checkbox"/> Dyadic Treatment<br><input type="checkbox"/> CPP Fidelity       |
| 2. Providing for basic needs (e.g., food, hygiene, clothing, housing, health care)   |                                       |                        |                          |                         | <input type="checkbox"/> Safety Assessment/CPS<br><input type="checkbox"/> Psychosocial Intake<br><input type="checkbox"/> CIAP<br><input type="checkbox"/> Dyadic Treatment<br><input type="checkbox"/> CPP Fidelity |
| 3. Conveying psychological commitment to and emotional investment in the infant/young child  |                                       |                        |                          |                         | <input type="checkbox"/> CIAP<br><input type="checkbox"/> DIAPER/DOVE<br><input type="checkbox"/> Dyadic Treatment<br><input type="checkbox"/> CPP Fidelity   |
| 4. Establishing structure and routines   |                                       |                        |                          |                         | <input type="checkbox"/> DIAPER<br><input type="checkbox"/> Dyadic Treatment<br><input type="checkbox"/> CPP Fidelity   |
| 5. Recognizing and responding to the infant's/young child's emotional needs and signals  |                                       |                        |                          |                         | <input type="checkbox"/> CIAP<br><input type="checkbox"/> DIAPER/DOVE<br><input type="checkbox"/> Dyadic Treatment  |
| 6. Providing comfort for distress  |                                       |                        |                          |                         | <input type="checkbox"/> DIAPER/DOVE<br><input type="checkbox"/> Dyadic Treatment   |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 7. Teaching and social stimulation  |  |  |  |  | <input type="checkbox"/> DIAPER/DOVE<br><input type="checkbox"/> Dyadic Treatment  |
| 8. Socializing  |  |  |  |  | <input type="checkbox"/> DIAPER/DOVE<br><input type="checkbox"/> Dyadic Treatment  |
| 9. Disciplining   |  |  |  |  | <input type="checkbox"/> DIAPER/DOVE<br><input type="checkbox"/> Dyadic Treatment  |
| 10. Engaging in play and enjoyable activities   |  |  |  |  | <input type="checkbox"/> DIAPER/DOVE<br><input type="checkbox"/> Dyadic Treatment  |
| 11. Showing interest in the infant's/young child's experiences and perspectives                     |  |  |  |  | <input type="checkbox"/> DIAPER/DOVE<br><input type="checkbox"/> Dyadic Treatment<br><input type="checkbox"/> CPP Fidelity |
| 12. Demonstrating reflective capacity regarding the infant's/young child's developmental trajectory |  |  |  |  | <input type="checkbox"/> CIAP<br><input type="checkbox"/> Dyadic Treatment<br><input type="checkbox"/> CPP Fidelity        |
| 13. Incorporating the infant's/young child's point of view in developmentally appropriate ways      |  |  |  |  | <input type="checkbox"/> DIAPER/DOVE<br><input type="checkbox"/> Dyadic Treatment<br><input type="checkbox"/> CPP Fidelity |
| 14. Tolerating ambivalent feelings in the caregiver-infant/young child relationship                 |  |  |  |  | <input type="checkbox"/> Dyadic Treatment<br><input type="checkbox"/> CPP Fidelity   |

## Levels of Adaptive Functioning — DC-0-5 Manual

Indicate the overall Current Range of Adaptive Functioning on the basis of the 15 Caregiving Dimensions that is determined to be the best fit for the relationship in question, and indicate the level number in the box below.

| Number of Current Range of Functioning Level | Date | Comments |
|--|------|----------|
|  |      |          |

| RELATIONAL RANGE OF FUNCTIONING                               | CLINICAL ASSESSMENT  | LEVELS<br>(Read further descriptions on pp. 143-145 of the DC:0-5 manual)  |
|---|--|--|
| <b>1.</b><br><i>Well-Adapted to Good Enough Relationships</i> | Relationships that are not of clinical concern. This level covers a broad range of relationships, from those that are functioning adequately for both partners on the caregiving dimensions to those that are exemplary. | <b>Level 1:</b> Ratings at this level range from adequate to outstanding infant/young child-caregiver relationships. Ups and downs may be evident, and occasional perturbations may be noted in response to stressors, but the relationship functions adequately or better for both partners most of the time.   |
| <b>2.</b><br><i>Strained to Concerning Relationships</i>      | Careful monitoring (at least) is definitely indicated, and intervention is indicated.  | <b>Level 2:</b> Relationships show some worrisome patterns of interaction or subjective experience. The relationship is conflicted, insufficiently engaged, or inappropriately imbalanced (e.g., role reversed). Some important adaptive qualities are present. However, there is evidence of a struggle within the relationship or concern about the dyad's capacity for healthy expression of and responding to needs for comfort and protection, or support for and willingness to engage in age-appropriate exploration.                                 |
| <b>3.</b><br><i>Compromised to Disturbed Relationships</i>    | Relationship disturbance is clearly in the clinical range, and intervention is required.   | <b>Level 3:</b> Relationships are clearly in the range of clinical concern and require intervention because of risk to the infant's/young child's safety, persistent distress, risk for subsequent problems, or current serious functional impairment. Adaptive qualities may be evident occasionally but are too inconsistent or mostly lacking.  |
| <b>4.</b><br><i>Disordered to Dangerous Relationships</i>     | Intervention is not only required but is urgently needed because of the severity of the relationship impairment.   | <b>Level 4:</b> Relationships convey an unquestionable urgency about the need to intervene to address serious and potentially dangerous relationship qualities. Not only are adaptive qualities lacking but the relationship pathology is severe and often pervasive, with impairments in the dyad's capacity to engage in adequate protection, emotional availability, and emotion regulation; expressing and responding to needs for comfort and caregiving; as well as support for and willingness to engage in age-appropriate exploration and learning. |