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GROW YOUR KIDS: TREE

Talk Read Engage Encourage

OFFICE MANUAL FOR PEDIATRIC PRACTITIONERS

These materials have been developed by the Maryland Chapter of the American Academy of Pediatrics. They are designed to help pediatric clinicians promote positive loving connections between parents and their babies.

Emotional Health Committee

Maryland Chapter American Academy of Pediatrics

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"Parenting is a dance and parents can help set the steps – the rhythm- the tune- the song…" **Ken Tellerman M.D.**

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INTRODUCTION: WHY IS THIS IMPORTANT? (see Video #1 Introduction)

Adverse childhood experiences (ACEs) can lead to developmental delay, long term health problems, poor school performance and significant behavioral and emotional problems. Child poverty alone is associated with developmental delay in young children. The "buffering" effect of a positive stable caretaker relationship can help to create resilience and offset the effects of toxic stress and poverty. The young child age 0-3 years is particularly vulnerable to the effects of toxic stress but the neuroplasticity of young children also appears to make them particularly responsive to interventions that promote positive parent child attachment and interactions. Many parents that you see have adopted parenting practices based on the role models they observed when they were raised. In addition, their own adverse childhood experiences may influence how they parent and respond to their children. These parents may be unaware of our current understanding of best practices for creating a warm, stable and stimulating environment for their young children.

It is critical to remember when working with these families that *most parents strive to do the best they can with the tools that they have.* They

want to be a "good parent". Ask the parents in your practice what they want for their child's future, and they will likely share a vision of success, health and happiness for their baby. Keep this in mind as you engage in collaborative, family-centered care. Trusting the best intentions of your families will help your families trust you, thus creating a safe space where parental defenses are reduced and receptivity and willingness to explore challenging issues are increased. The TREE program is about helping parents to connect with their infants and young children through positive interactions- but also to help pediatric providers connect with caregivers.

Yours may be the only professional voice that parents of infants and young children hear!!!.

But in order to <u>hear</u> parents must first feel <u>heard!!!</u>

HOW TO USE THIS MANUAL:

Pediatric practitioners are often the first professionals who interface with parents and infants and therefore have a key role in helping to both promote healthy parent infant attachment and interactions and in identifying dysfunctional parent infant relationships before problems escalate. The TREE program can be integrated into well child visits at ages 4-24months.

Young infants and children need a *stable nurturing caretaker* who *protects* them when they are scared, *consoles* them when they are upset and *provides order and routine* in their lives. These are the *essential nutrients* of parenthood.

The approach outlined in this manual provides pediatric practitioners with a format for assessing child development and the quality of the connection

between parents and infants. It is also provides the pediatric practitioner with ways to help parents build healthy relationships with their infants by engaging parents in self- reflection (*"participatory guidance"*) about the things they enjoy doing with their young children, capturing "teachable moments" to guide parents, modeling positive interactions, providing parents with positive feedback and encouraging parents to practice their skills between well child visits. Finally, the manual provides clinicians with guidelines for identifying dysfunctional parent infant relationships that can be red flagged for mental health and early intervention referrals.

These materials have been designed to create a *fun and more spontaneous environment* during well child visits for infants, parents and clinicians. They have been developed with the understanding of the time constraints faced by busy practitioners. These materials are *not* another screen but a means to *actively* engage with your families that we hope will enhance the quality of well child visits, improve the relationships between parents and their infants and deepen the connection between clinical providers and their families.

"Nobody can go back and start a new beginning but anyone can start today and make a new ending" Maria Robinson

TEACHING BASIC TREE CONCEPTS TO PARENTS

(convey a few selective concepts per encounter starting age 4 months)

TALK: *Bathe your baby in language*

- **speak in "parentese" (using high pitch sounds to engage young infants)**
- **radio or sports announcer narrative approach (e.g. "you are rolling the red ball")**
- **use gestures, label objects, give directions, play "show me" or "tell me" games**
- **talk during daily routines such as cooking, meals, driving, shopping, bathing, etc.**
- **sing or use finger games with young children**

READ: *Read regularly and enthusiastically*

- **let young infants handle books and older infants select books**
- **read in a lively engaging manner**
- **label pictures or play "show me" or "tell me" games**

ENGAGE: *Have fun together/ Make your baby feel safe and loved*

- **observe and follow infant cues**
- **stimulate motor skills by using tummy time or placing objects just out of reach to encourage rolling or crawling**
- **provide warm physical contact and consolation when children are upset**
- **review the transition of play from "*doing with objects*" to "*doing to objects*" to *purposeful play* to *imaginary play***
- **remain enthusiastically engaged when playing with children**
- **allow young children to *take the lead* and *to problem solve* before jumping in to help / seat young children so that they can easily access the materials**

ENCOURAGE: *Be your baby's cheerleader*

- **use positive comments (Yeah!! You did it!)**
- ***praise effort rather than results* ("You really worked hard on that" vs "You painted the most amazing picture")**

<u>Effectively Teaching and Motivating Parents to Adopt TREE Concepts</u>:

- **Use *clear concepts***
- **Engage parents in dialogue using *open ended* questions to actively engage them ("participatory guidance") by touching on *feelings* and eliciting *self-reflection* (e.g. "What kinds of things do you enjoy doing with your baby/child?")**
- ***Model* behaviors for parents when appropriate**
- **Provide *positive feedback***
- **Encourage parents to *practice* between office visits**

OBSERVING AND CONVEYING CHILD DEVELOPMENT TO PARENTS: A DEVELOPMENTAL NARRATIVE

(see Video #2 Observing and Conveying Child Development and the Observing and Conveying Child Development Template)

Young infants: 0-6 months
Older infants: 6-12 months
Young Toddlers: 12-18 months
Older Toddlers: 18 months – 2+ years

Child development can be demystified for parents. Understanding development will help parents engage in age appropriate TREE activities. Below is an effective way for clinicians to convey developmental processes to parents.

Motor: Motor skills develop from *head to legs*. Young infants develop head and neck control and will reach with their hands. Young infants and older infants develop trunk or core body motor skills including rolling and sitting. Older infants and young toddlers use their legs for crawling, pulling to stand, cruising and walking. Older toddlers run and climb.

Cues: *head* to *trunk* to *legs*

Cognitive: Play and Learning: Young infants do things *with* objects like mouthing and grasping them. Older infants do things *to* objects like banging, shaking and dropping them. They also begin to grasp the concept of *cause and effect*. Young toddlers play with *purpose* and learn about the *functionality* of toys. They enjoy stacking, sorting shapes, using puzzles and scribbling. Older toddlers engage in *imaginary* play.

Cues: does *with* objects/ does *to* objects/ *purposeful* play- toys have *function* / *imaginary* play

Communication: Young infants *vocalize* (cooing, babbling). Older infants are in the *pre-verbal stage* and use *gestures and nonverbal imitation* ("hi", "bye", "pick me up", "peek-a– boo"). Young toddlers develop receptive language (understand simple directions, point to body parts) and have some rudimentary expressive language (first words- typically people and common objects and they speak in jargon). Older toddlers develop expressive language (telegraphic speech e.g. "me want" evolving into sentences).

Cues: *vocalizes*/ *pre-verbal* gestures and imitation/ *verbalization*: receptive language/expressive language

Social Emotional Connection:

Attachment:

Young and older infants seek *connection* and develop *attachment* to their caregivers. *Attachment* in the first year is essentially a transition from "dating to a committed relationship"- infants and parents initially check each other out and then commit to each other. Infants

display increasing joy in being and playing *together* with their caregivers.

Young infants engage in a *sequential* back and forth "*serve and return"* style of interaction *taking turns* ("you and me") and engage in *smiling, laughing, and vocalizing.*

As older infants become more deeply connected to their caregivers, they begin to differentiate caregivers from strangers leading to *stranger discrimination and later to stranger anxiety* ("you and me and *them*").

Older infants also engage in a more *synchronous "dance and duet" ("us") style of interaction *together* with their parents during which time they *initiate* social interactions ("hey, check *me* out"). Young toddlers engage in *shared joy* also known as joint attention ("hey, check *this* out"). When engaged in joint attention, child and caretaker use gaze and gestures to share attention and share delight.

Separation and Exploration/ Autonomy:

Young and older toddlers differentiate themselves from caregivers and begin the process of *separation* from their parents. This begins with an understanding that objects and people still exist when not in direct sight (*object permanence*). Young toddlers develop *separation anxiety* that they overcome by repeated *exploration* followed by a return to their parents for *refueling*. Older toddlers progress toward *independence/autonomy* which often leads to *power struggles* with their caretakers. Younger toddlers also begin to socialize with peers at first through *parallel play* and then through *interactive* play. Older toddlers also develop rudimentary recognition of emotions.

Cues:

- **First Year: *attachment*: "serve and return" ("you *and* me") stranger anxiety ("you and me and *them*") evolving to "dance and duet" ("us" – shared joy)**
- **Second Year: *separation* and *exploration/ autonomy***

The period of older infancy may be a d*evelopmental sweet spot:*

- **it is a time of significant synaptogenesis**
- **a period where parents have adjusted to the challenges of early infancy**
- **a period when infants are more socially engaged and receptive to their environment**

OBSERVING PARENT CHILD INTERACTIONS: "WHAT CAN BE SEEN BEYOND THE SCREEN"

(see Video #3 Observing Parent Child Interactions and the Parent Infant Observation Template)

Observing Parent Child Interactions around Distress, Separation and Autonomy:

The office visit presents a rich opportunity to observe parent child interactions. Observations can be particularly helpful when watching how the parent and child handle:

- **infant distress**
- **separation and exploration**
- **limit setting**

Watch also to see if babies are *joyful and animated* in their interactions with their parents and during play.

As clinicians, we are often extremely agenda driven, but sometimes we need to simply stop and take in what is transpiring in front of us.

Take the room temperature:

- **Warm and nurturing**
- **Red hot and angry**
- **Steamy hot, frenetic and anxious**
- **Cold and devoid of emotion**

Also try to remain aware of how the room temperature is making *you* feel, particularly if you find yourself feeling angry, anxious or uncomfortable.
This may be an opportunity to ask more probing questions (see sections on Addressing Parent Pushback and Ways to Discuss Difficult Parent Infant Interactions below)

Infants and young children are often *distressed* by your presence and by the exam and procedures-

- **How does the parent respond to the infant's distress?**
  - **warm and nurturing?**
  - **angry and critical?**
  - **stressed and anxious?**
  - **cold, detached and disengaged?**
- **How does the distressed infant respond to the parent?**
  - **calms?**
  - **defiant or tantrums?**
  - **clingy or escalates distress and anxiety?**
  - **detached and disengaged?**

Young toddlers will often *separate* from their parent to *explore* the exam room and then return to their parent to *refuel*-

- **How does the parent respond to the child's separation and exploration?**
  - **warm and nurturing?**
  - **angry, critical, demanding?**
  - **anxious, overprotective and intrusive?**
  - **cold, detached and disengaged?**

- **How does the infant respond to the parent?**
  - **explores playfully and returns to *refuel*?**
  - **defiant or tantrums?**
  - **overly clingy and anxious?**
  - **detached and disengaged?**

Toddlers can be provocative as they establish their *autonomy*-

- **How does the parent provide *limit setting*?**
  - **warm but firm?**
  - **overly controlling, angry and critical?**
  - **overly permissive?**
  - **detached and disengaged?**

- **How does the child respond to the parent?**
  - **compliant?**
  - **defiant or tantrums?**
  - **overly demanding or poorly compliant?**
  - **detached and disengaged?**

Be careful not to over diagnose problems based on a single observation but monitor for a pattern of dysfunctional interactions over serial visits. Bear in mind also that sometimes problems arise when parent and infant are mismatched *temperamentally* particularly if the infant has a "slow to warm up" or "difficult" temperament.

Observing Parent Child Interactions using the TREE model:

TALK:

Do parents use *"parentese"*? (using high pitched sounds to engage infants)

Do parents use the *radio or sports announcer narrative approach* to instill language? (e.g. "you are rolling the red ball")

Do parents label objects, use gestures, give directions, play "*show me" or "tell me"* games?

Do they *sing* or use *finger games* with their young children?

READ:

Do parents let their young infants *handle* books or let older infants select books?

Do they read in a lively engaging manner?

Do they label pictures or play "*show me" or "tell me"* games?

ENGAGE:

Do parents observe and follow their infant's cues such of vocalization, smiling, laughing and gestures?

Do they stimulate motor skills by using tummy time or placing objects just out of reach to encourage rolling or crawling?

Do they provide warm physical contact, smile and laugh, provide consolation?

Are parents enthusiastically engaged with their young children when playing with toys?

Do they position the child so they can easily access toys? Do they allow their young children to *take the lead* and *allow them to problem solve* before jumping in to help?

ENCOURAGE:

Do parents use positive comments and "cheerlead" their young children? (Yeah!!, You did it!!, Good job!!)

Do parents praise effort rather than results? ("You worked really hard on that drawing" rather than "that is one of the most amazing pictures I have ever seen")

Putting Fun and Spontaneity into the Office Visit: Toys and Books

Pediatric Practitioner's Bag of Tricks: clinicians may wish to bring one or two age- appropriate toys and books into the exam room. This provides a rich opportunity to *observe developmental milestones* as well as *how parents and their infants interact*. Toys also make it easier for the clinician to engage with the child, reduce the child's anxiety, give parents an opportunity to "show off" their child's abilities and simply inject an element of *fun* and spontaneity into the office visit.

Toys can also be used to help explain stages of infant and child development to parents (see section on Observing and Conveying Child Development to Parents) and to demonstrate the types of activities parents can promote at home to further stimulate development.

<u>Cleaning Toys</u>: Non-porous plastic or wooden toys are recommended to prevent spread of infectious disease. A disinfectant such as Clorox Healthcare Hydrogen Peroxide Cleaner is hospital approved and can be used to wipe down toys after use. Allow at least *3 minutes* for the toys to dry between patients. It is effective for killing bacteria such as streptococcus pyogenes, staphylococcus aureus, salmonella and E.Coli as well as viruses such as influenza and norovirus. Select toys that are not too noisy and do not have too

many parts to minimize toy loss and to maintain sanity. Do not use toys that have small parts that can break off and can be swallowed or aspirated. Use non-electronic toys that engage the infant without flashing lights and sounds.

Toys can include:

Toys on stethoscope

Rattle

Bell

Pop up toy

Stacking rings

Cloth to cover up an object (demonstrates object permanence)

Mirror (use an unbreakable mirror)

Musical xylophone

Blocks and puzzles of different shapes and colors

Crayon and paper or simply let child scribble on table exam paper

Ball

Ophthalmoscope – can project images onto floor or walls and can be used to demonstrate the child's mastery of cause and effect by having child swat or kick at the images

Doll

Toy family

Toy animals

Cars

Imaginary toys: doctor kit, foods and dishes, toolkit

Bubbles

Books

TREEting YOUR PATIENTS AND FAMILIES

Putting It Together: Nuts and Bolts (see Video #4 TREEting Your Patients)

With practice, the pediatric clinician can integrate the TREE program efficiently and effectively into well child exams. Feel free to adapt the TREE program in a manner that feels personally comfortable to you.

- **Hand out toy/ book at the beginning of the Well Child Visit**
- **Informally observe:**
  - ♦ **Child Development**
  - ♦ **Parent infant interactions**
- **During the developmental surveillance portion of the well child visit:**
  - ♦ **Ask "What kinds of things do you enjoy doing with your baby/child?"**
  - ♦ ***Teach basic TREE concepts (e.g "Can I tell you about some additional things that are very effective with babies? Bathing babies with language by talking and reading to them can really stimulate their brain development")***

- **Ask <u>"What fun things would you like to do with your baby/child between now and our next visit?"</u>**

- **Teach parents about upcoming development (e.g. *"Over the next few months your baby will be going from "doing things with objects" to "doing things to objects" so you may want to have toys like a rattle that they can shake")***
- **Encourage parents to practice between office visits. Consider having parents videotape a positive interaction to share at the next well child visit**

- **Provide positive feedback (see p.25)**

<u>When parents are struggling</u>:

Help parents who are struggling come up with some ideas by asking:

- **"What kinds of activities *might* you do with your baby?"**
- **"What have you seen other people do with their babies?"**
- **Use the third person technique to provide parents with ideas by saying: "A lot of parents with children who are the age of your baby enjoy doing things like…"**

Praise parents for their ideas. This type of positive feedback will more likely lead to continuation of these activities at home.

ADDITIONAL OPTIONAL TREE RESOURCES:

TREE HANDOUTS:

- **TREE educational materials have been developed for parents of children ages 0-2 years. You can start using the materials when infants reach age 4 months. The materials can be given to parents when they come for their well child visits. Parents can also be directed to read the materials online on the Maryland Chapter American Academy of Pediatrics website (http://mdaap.org/TREE.html) prior to the office visit. Materials can also be laminated and kept in exam rooms for repeated use**

ActiviTREE FORM:

- **The ActiviTREE form (MDAAP website) can be completed by parents asking them to list activities they do with their baby or young child. This can help them conceptualize the information being discussed. The ActiviTREE form can be scanned or copied for the chart and parents can be given both the age appropriate TREE handout and the ActiviTREE form to take home for future reference**

- **Clinicians can review the completed ActiviTREE form with parents**

MODEL THE BEHAVIORS FOR PARENTS: "Teachable Moments" – you can model some of these activities and then have the parent do the same:

- **"Parentese" (using vocalization and exaggerated facial gestures to engage the baby)**
- **"Commenting like a radio or sports announcer" ("You are putting the rattle in your mouth", "You are playing on the toy piano"**

"You are stacking the red block on the blue block", "You are rolling the car back and forth")

- **Reading to an infant in an enthusiastic manner**
- **Playing with a toy**
- **Encouraging: "You can do it! Yeah! You did it!**

When you are modeling, look at the parent's reactions to you playing with their baby. Not always, but with some parents, watching someone else "easily" connect with their baby when they are struggling to do so may trigger their own feelings of inadequacy, which may actually discourage some parents from trying. If you feel this is the case, focus greater attention on catching positive parent-child interactions, using the "provide positive feedback" section below as a guide.

<u>PROVIDE POSITIVE FEEDBACK (Giving a *TREET*)</u>: (see Video #4 Promoting Positive Parent Infant Interactions) If you want to see a behavior increase, pay attention to it. Observe closely for positive interactions between the parent and their child that you can reinforce- try to provide positive feedback for at least 2 observed behaviors- *be specific*:

"I noticed that your baby really liked when you…." (e.g. "she laughed and really enjoyed when you stuck your tongue out", "he seemed happy when you held him", "she responded quickly when you consoled her")

EXAMPLES OF PROVIDING POSITIVE FEEDBACK:

TALK:

- **"You used lots of words with your baby which is important even though he is too little to really understand what you are saying"**
- **"You used "*parentese"* which gets babies to hear sounds and words"**
- **"You actively commented on what she was doing"**

READ:

- **"You were reading to your baby in an excited tone and he really responded"**
- **"You let him turn the pages"**
- **"You named the pictures in the book"**
- **"You commented on what is going on in the book"**
- **"I can see from the way your baby handles books, you must read a lot together at home"**

ENGAGE:

- **Motor: "You helped him to sit up. These types of activities help improve your baby's muscle coordination"**
- **Physical contact: "You held her and cuddled her when she was upset and she calmed down so beautifully"**
- **Cognitive: Play and Learning: "You played blocks with her and you both seemed to have fun", "You let him explore the toys and let him take the lead"**
- **Social Emotional: "You made her laugh", "You let him explore the room and then hugged him when he returned to you", "You held her and cuddled her when she was upset and that helps her feel secure and loved", "You smiled so beautifully at him", "You encouraged his**

imaginary play when he tried to feed you with spoon", "You redirected her to another activity when she was running around the room", "You helped him to label his emotions by acknowledging that he was angry when he had to stop playing with the toy"

ENCOURAGE:

- **"You cheered her on and said GREAT JOB when she stacked the blocks and that makes children feel good about themselves"**
- **"You let her finish her activity and gave her positive feedback"**
- **"You praised her *effort*"**
- **"You let her try the puzzle first before jumping in to help her"**

You can also *encourage parents to make their own observations*. You can ask: "What do you think your baby is thinking or feeling?", "What do you think your baby needs right now?", "Do you notice how he lights up when you talk to him?"

This will also help you assess the parent's capability to *reflect* on what is being discussed and to demonstrate their understanding and ability to integrate the content.

PARENTAL CHALLENGES

(See Video #5: Difficult Situations)

Addressing Parent Pushback:

Common Reasons Parents May Have for Not Accepting TREE Concepts and Ways to Respond:

- **"I don't have the time"**
  (Response: only a few minutes per day can really help your baby's development- positive time can be built into daily routines such as meals, bath time, diapering or simply talking or singing together during car rides)

- **"Parents are in charge not children"**
  (Response: keeping activities child-centered builds confidence and really helps babies to learn)

- **"Too much holding spoils babies"**
  (Response: physical contact communicates love and helps babies feel secure- this is true for boys and girls)

<u>Motivating parents to try</u>: Does parent appear interested in the program? (No/Maybe/Yes)

<u>No</u>: plant a seed "Perhaps we can talk about this some more at our next visit"

<u>Maybe</u>: process ambivalence and if interested, proceed with a plan

- **"What fun things have you seen other relatives or friends do with their children?"**
- **"What kinds of things *might* you try?**
- **Pros and Cons: "What is the *positive* side of doing these types of activities with your baby?" "What would keep you from trying?"**
- **"What would it take to get you to go from *no to maybe* or *maybe to yes*?"**
- **"On a scale from 1-10, how willing are you to try something different?"**

<u>Yes</u>: proceed with a plan

We all want to feel validated and want to know that our struggles are understood. Below are examples of ways to respond when a parent raises concerns about TREE directives. In order to help parents feel open to new recommendations, see if you can briefly *validate* the parents' feelings of concerns before responding with facts. This will assist in building trust and increasing parents' receptivity to your TREE recommendations. Also bear in mind that parents from diverse cultural backgrounds may have their own views about child rearing and parental authority and that these views often need to be honored.

♦ **Validation Examples:**

- **"I know adding more to your plate seems hard. I can't imagine how busy you are with your little one and all your other responsibilities, but…"**
- **"It feels strange holding your baby when you are worried about spoiling them , but did you know that…?"**
- **"Sometimes connecting and playing when you are tired can be hard, especially after they have been up all night screaming, but if you can…"**

You may also wish to ask more probing *open ended questions* to further explore parenting issues when you deem it appropriate:

- **"How is your parenting style similar or different from the way you were raised?**
- **"What is your favorite thing about being a parent?" "What is the most difficult thing about being a parent?"**
- **"How are you taking care of yourself?"**
- **"How do you keep yourself calm when you feel stressed?"**
- **"Are you feeling down, depressed or hopeless?" or "have you had a loss of pleasure or interest in activities?" (PHQ-2 Depression Scale)**
- **"Tell me about family and friends that you can turn to for help or support?"**
- **"Have you ever felt concerned that you or someone else might harm your child?"**

Pay particular attention to how parents handle *crying and frequent sleep arousal* in infants and *oppositional behaviors and temper tantrums* in toddlers. These early childhood behaviors are often stressful to parents and provide a window into the parent child relationship. A critical task of parenting is to assist their child through *co-regulation* by providing nurturance and support during times that their child is emotionally labile.

Ways to Discuss Difficult Parent Infant Interactions:

There are times when you will observe parents who seem excessively angry, anxious or withdrawn. Although difficult, it is exceedingly important to process your observations with parents in a non-judgmental manner that opens the door for intervention by yourself or by referral to a developmental or mental health consultant.

These are some ways to effectively open up dialogue:

- ***Ask permission*: "Can I can share some observations and thoughts with you? It seems like his behaviors make you upset. Tell me more about his behaviors at home"**

- ***Third person technique*: "A lot of parents have difficulty with….. is this something that you are struggling with?"**

- ***Reflective listening*: "From what you are saying, it *sounds* like your child can be difficult to handle… Tell me what it is like at home with your child"**

- ***Empathic information gathering*: "You *seem* frustrated/ tired/ stressed…is it like this a lot of the time?"**

When to Make a Mental Health or Early Intervention Referral:

If advising referral based on your prior discussion - state: "It sounds like there is a lot going on… Would you be willing to meet with someone to talk about this some more?"

A referral is appropriate if:

- **You feel that the family history or your observations warrant further evaluation and intervention (parental mental health issues, domestic violence, substance abuse, significantly negative/neglectful parent child interactions, emerging child mental health needs and developmental/behavior problems)**
- **You are not comfortable providing first line mental health interventions for problems such as crying, sleep problems and oppositional behaviors/temper tantrums or your interventions have not been effective (see BI-PED Brief Interventions in Child Mental Health for Pediatric Practitioners on the MDAAP website (http://www.mdaap.org/biped.html) for ways to effectively deal with these problems)**
- **Parents request a mental health referral**

It is best to provide the parents with a name and telephone number to facilitate follow through or perform a warm handoff if a mental health consultant is available at the medical office. (Note: Summon the appropriate authorities if you suspect child abuse or neglect)

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Too Small to Fail ***http://toosmall.org/***

Zero to Three **http://www.zerotothree.org**

Video Interaction Project **http://www.videointeractionproject.org/**

Word Gap App **http://thewordgapapp.com/**

BI-PED (Brief Interventions in Child Mental Health for the Pediatric Practitioner)
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