grow your kids

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Encourage

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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.

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

Emotional Health Committee

Maryland Chapter American Academy of Pediatrics

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Committee on Emotional Health
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INTRODUCTION: WHY IS THIS IMPORTANT? (see Video #1 Introduction)

Adverse childhood experiences can lead to developmental delay, long term health problems, poor school performance and significant behavioral and emotional problems. The "buffering" effect of a positive stable caretaker relationship can help to create resilience and offset the effects of toxic stress. The young child age 0-3 years is particularly vulnerable to the effects of toxic stress but the neuroplasticity of young children makes them extremely responsive to interventions that promote positive parent child attachment and communication. 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.

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 communication and in identifying dysfunctional parent infant dyads before problems escalate.

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

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 capturing "teachable moments" to guide parents, modeling positive interactions and providing parents with positive feedback. 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

OBSERVING AND CONVEYING CHILD DEVELOPMENT TO PARENTS:

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

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 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.

(Cue: Head to trunk to legs)

Learning and Play: Young infants do things *with* objects like mouthing and grasping. Older infants do things *to* objects like banging, shaking and dropping. Young toddlers play with *purpose* and enjoy stacking, sorting shapes and puzzles and scribbling. Older toddlers engage in *imaginary* play.

(Cues: does with objects/ does to objects/ purposeful play (does for a purpose) / imaginary play)

Communication: Young infants *vocalize* (cooing, babbling). Older infants 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 jargon). Older toddlers develop expressive language (short phrases, sentences).

(Cues: vocalizes/ gestures/ receptive language/ expressive language)

Social Emotional Connection: Young and older infants seek *connection* and develop *attachment* to their caregivers. Young infants *smile* and *laugh* responsively. Older infants *initiate* interactions. Older infants become more deeply connected to their caregivers and differentiate caregivers from strangers (*stranger discrimination and later stranger anxiety*).

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* away from and then returning to their parents for *refueling*. Older toddlers progress toward *independence* which often leads to *power struggles* with their caretakers.

(Cues: "connection and attachment"/ "separation and independence")

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

(see Video #3 Observing Parent Child Interactions)

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:

- **<u>Warm and nurturing</u> (parent: positive and nurturing and engaged// infant: affectionate, compliant and engaged)**
- **<u>Red hot and angry:</u> (parent: angry, critical and over controlling// infant: defiant and tantruming)**

- **<u>Sticky hot and frenetic and anxious:</u> (parent: anxious, frenetic, overprotective, overly permissive// infant: anxious, clingy, hard to console, demanding, poorly compliant)**
- **<u>Cold and devoid of emotion:</u> (parent and infant detached and disengaged from one another)**

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 tantruming?**
  - **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 tantruming?**
  - **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 tantruming?**
  - **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

The TREE model can be used to observe how parents and young children interact: (see Video #3 Observing Parent Child Interactions)

TALK:

Do parents use *"parentese"*?

Do parents use the *radio or sports announcer approach* to instill language?

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?

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?

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?

Are parents enthusiastically engaged with their young children when playing with 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.

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 or drum

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

Puppets

Car

Bubbles

Books

TREEting YOUR PATIENTS AND FAMILIES

TREE: TALK READ ENGAGE ENCOURAGE

(see Video #4 TREEting Your Patients)

The TREE materials are aimed to provide parents with simple tools to *emotionally* connect with their infants and young children ages 0-2 years and to build positive healthy relationships.

With practice, the pediatric clinician can perform this efficiently and effectively within a small amount of time spent during well child exams. Feel free to adapt these materials in a manner that feels personally comfortable to you.

TREE HANDOUTS:

- **Familiarize yourself with the materials and the concepts in the handouts**
- **Have some age-appropriate toys and books in the exam room (see Putting Fun and Spontaneity into the Office Visit above)**
- **Provide the age-appropriate handout to parents**
- **TREE materials have been developed for parents of children ages 0-2 years. You can start using the materials when infants reach age 2**

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 prior to the office visit. Materials can also be laminated and kept in exam rooms for repeated use

- **During the developmental surveillance portion of the well child visit, open the discussion by asking questions such as:**
  "What do you enjoy doing with your baby?" "Tell me what you like to do with your baby"
  "What activities would you like to try out?"

  Clinicians can then review the TREE handouts with parents but it is best to allow for dialogue and let parents do much of the talking

ActiviTREE FORM:

- **Another approach is to ask parents to complete the ActiviTREE form by listing out activities they do with their baby or young child. This can help them conceptualize the information being conveyed. The ActiviTREE form can be scanned or copied for the chart and parents can be given both the age appropriate handout and the ActiviTREE form to take home for future reference**

- **Clinicians can review the completed ActiviTREE form with parents or begin the dialogue by simply asking:**
  "What kinds of activities do you enjoy doing with your baby?"

For parents who are struggling, you can also help parents 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?"

Have parents try to put at least one idea on each branch of the ActiviTREE.

If parents are still struggling, 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**
- **Consider taking a picture or a brief video of positive interactions for select patients during the well child visit as a way to reinforce observed positive behaviors**

<u>MODEL THE BEHAVIORS FOR PARENTS</u>: "Teachable Moments" – 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 - discuss Reach Out and Read and give out a book**

- **Playing with a toy- use toys without batteries (bell, pop up toy, stacking rings, musical toys)- keep them available for use in the exam room**

- **Encouraging: "You can do it! Yeah! You did it! – demonstrate letting the baby try before jumping in and model praising effort and not results**

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</u>: 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…")**

- **"I noticed that you…….- that is *really important to babies because*…", "that was great the way you did……."**

- **"I can see by the way your baby handles books that you spend quality time reading with 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?", "Does she always smile that big when you play with her like that?" "Do you notice that 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.

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"**
- **"You let him turn the pages"**
- **"You named the pictures in the book"**
- **"You commented on what is going on in the book"**

ENGAGE:

- **Motor: "You lifted her up", "You put her on her belly", "You helped him to sit up", "You helped him to stand" "These 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"**
- **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 snugly and talked to her so soothingly during her exam", "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"**
- **"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"**

DIFFICULT SITUATIONS

(See Video #5: Difficult Situations)

Addressing Parent Pushback:

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 I bet, 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…"**

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, 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)

- **Motivational Interviewing Approaches: you may wish to use some of these approaches to engage a parent who appears reluctant to adopt the TREE materials:**
  - **"What do you think are the *pros and cons* of doing these types of activities with your baby?"**
  - **"What would it take to get you from *no* to *maybe* or from *maybe* to *yes*?"**

- **“What kinds of things ***might*** you try?”**
- **“On a scale from 1-10, how willing are you to try something different?”**

You may 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:

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

- **Ask permission: "I have been noticing….. I wonder if I can share with you what I have been observing?"**

- **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: "This looks like it might be frustrating/hard/tiring/etc.,… is it like this a lot of the time?"**

When to Make a Mental Health or Early Intervention Referral:

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 behavior problems)**

  State: "I am concerned about…" or "This seems like something that you are struggling with…"

  Ask: "Would you be willing to meet with someone to talk about this some more?" or "Would you be willing to get some assistance to make things a bit easier for yourself?"

  It is best to provide the parents with a name and telephone number to facilitate follow through. (Note: Summon the appropriate authorities if you suspect child abuse or neglect)
- **You are not comfortable providing first line mental health interventions that may include addressing 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 for ways to effectively deal with these problems)**
- **Parents request a mental health referral**

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Center for Youth Wellness http://www.centerforyouthwellness.org

Early Brain and Child Development http://www.aap.org

Healthy Steps for Young Children http://healthysteps.org

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Reach Out and Read http://www.reachoutandread.org

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BI-PED (Brief Interventions in Child Mental Health for the Pediatric Practitioner) http://www.mdaap.org