

grow your kids: TREE OVERVIEW

MDAAP Website Powerpoint

Ken Tellerman M.D.

MDAAP Emotional Health Committee



grow your kids:

TREE

TALK

READ

ENGAGE

ENCOURAGE

grow your kids

TREE

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Abell Foundation

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Developmental and Behavioral Pediatrics*

grow your kids

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Talk

Read

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PROMOTING POSITIVE
PARENT INFANT
INTERACTIONS IN LOW
INCOME FAMILIES

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SEE VIDEO #1 INTRODUCTION

GROW YOUR KIDS TREE

The TREE (TALK READ ENGAGE ENCOURAGE) program provides a framework for:

- Observing child development and parent infant interactions in children 0-2 years
- TREE program is designed to be implemented between ages 4-24 months
- Promoting positive parent infant interactions during well child visits

GROW YOUR KIDS TREE

POWER POINT OVERVIEW

- Section 1: Background Information-why this program? (slide 11)
- Section 2: Rethinking the Well Child Visit (slide 69)
- Section 3: TREE Concepts (slide 86)

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POWER POINT OVERVIEW

- Section 4: Developmental Narrative (slide 130)
- Section 5: TREETING Patients: Putting It All Together (slide 179)
- Section 6: Addressing Parental Challenges (slide 210)

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Background Information

(Section 1)

Why this program?

TAXONOMY OF STRESS

- Positive Stress
- Tolerable Stress
- Toxic Stress



National Scientific Council on the Developing Child

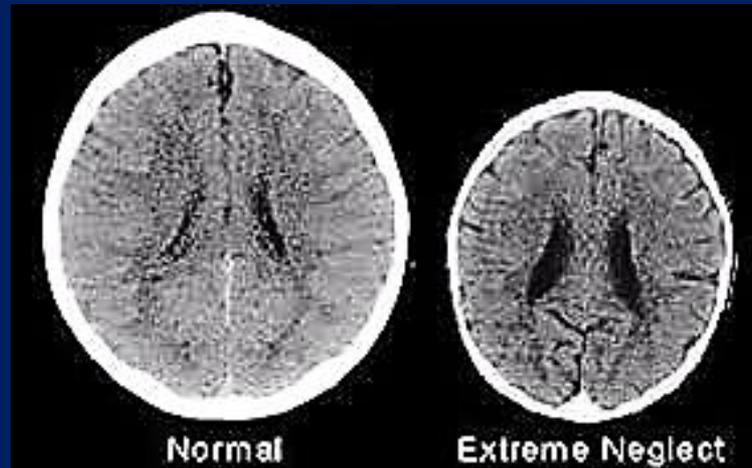


TOXIC STRESS



Children who experience chronic or toxic stress in their lives are at significant risk for emotional, behavioral and learning problems

TOXIC STRESS



Stressors such as child neglect can arrest brain development

TOXIC STRESS

Stress response is mediated through:

- Sympatho-adrenomedullary axis activation (SAM) system
- Hypothalamic-pituitary- adrenocortical (HPA) system
- Epigenetics

TOXIC STRESS

Stress leads to alterations in:

- Brain architecture
- Cortisol levels
- Immune response
- Genes



What Is Toxic Stress?



Excessive or prolonged stress in the absence of the protection afforded by stable responsive relationships

Shonkoff J. *Pediatrics* 2012; 129: e232

Bucci M , Burke Harris N. *Advances in Pediatrics* 2016; 63: 403-428

TOXIC STRESS



Adverse childhood experiences can have profound effects on physical and mental health many years into adulthood

TOXIC STRESS

ADVERSE CHILDHOOD EXPERIENCES INCLUDE:

- Physical ,sexual and/ or emotional abuse
- Domestic violence
- Domestic alcohol/ substance abuse
- Loss of parents through separation or divorce

TOXIC STRESS

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TOXIC STRESS

ADVERSE CHILDHOOD EXPERIENCES LEAD TO
HIGHER RISKS OF:

- Heart disease
- Cancer
- Stroke
- Emphysema
- Diabetes



TOXIC STRESS

ADVERSE CHILDHOOD EXPERIENCES LEAD TO
HIGHER RISKS OF:

- Multiple sexual partners and unintended pregnancy
- Intimate partner violence
- Depression and suicide attempts



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Poverty alone is a risk factor for
developmental delay

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Nearly half of the children in the
US live in poverty or near poverty

Good News!



RESILIENCE



RESILIENCE

A CONSISTENT CARING ADULT IN A CHILD'S LIFE
CAN HELP OFFSET THE EFFECTS OF TOXIC STRESS
AND STIMULATE BRAIN DEVELOPMENT
(“BUFFERING EFFECT”)

Shonkoff J. *Pediatrics* 2012; 129: e232

Center on the Developing Child Harvard University 2014

RESILIENCE

Taking the time with babies to
Talk, Read, Engage, and Encourage
leads to:

- improved language development and earlier reading ability
- better school performance

RESILIENCE

Taking the time with babies to
Talk, Read, Engage, and Encourage
leads to:

- more positive behavior
- better self control

GROW YOUR KIDS

TREE

TALK

READ

ENGAGE

ENCOURAGE

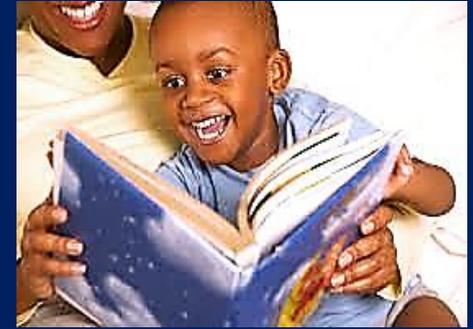


SEEDS THAT GIVE LIFE TO EMOTIONAL
CONNECTION

TALK



READ



ENGAGE



ENCOURAGE



grow your kids

NUTRIENTS



grow your kids

NUTRIENTS



Children need to feel *loved and adored* by consistent caretakers

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Children need to feel *protected*
when scared

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NUTRIENTS



Children need to be *consoled*
when upset

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NUTRIENTS



Children need *order and routine*

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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.

TREE

All interactions lead to
connection

which is the *driving force* of
development

TREE

A closer look at what we know about poverty and development and effective interventions

TREE

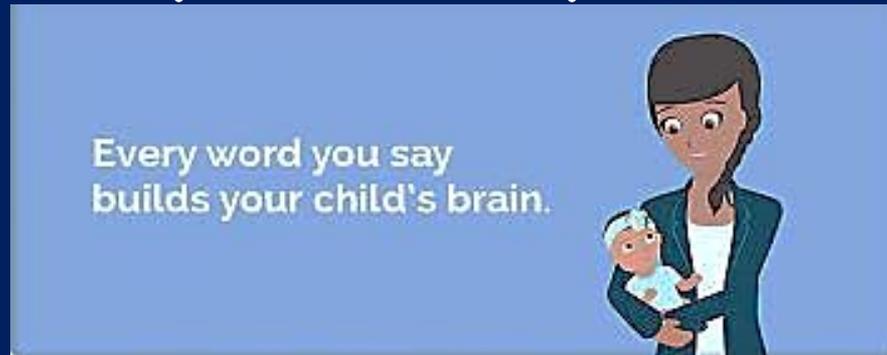
TALK

What we know

30 MILLION WORD GAP

By age 3 years, the difference in the number of words that children from professional families have heard compared to low income children:

30,000,000



Hart and Risley: 1995

Thirty Million Word Initiative (Suskind)

30 MILLION WORD GAP

By age 3 years:

Children from professional families hear 500,000 more words of *encouragement* than *discouragement*

Children from low income families hear 125,000 more words of *discouragement* than *encouragement*

30 MILLION WORD GAP

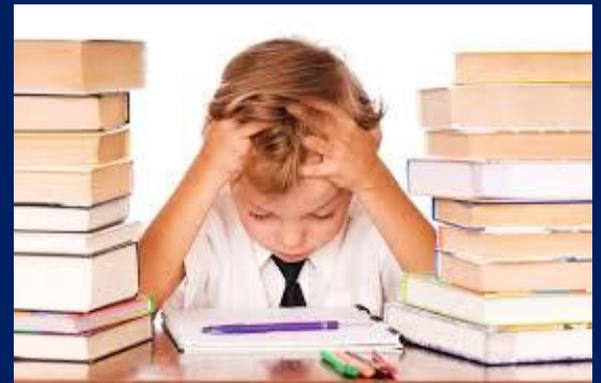
Richness of Language Varied Between Groups

- Vocabulary: number of words and variability of words used
- Sentences: use of declaratives to inform vs imperatives to demand vs questions (e.g. “who, what, where, when, why” vs “yes/no”)
- Interactions: initiation and response between parent and child
- Affirmations vs prohibitions

30 MILLION WORD GAP

Delays in speech in infants and toddlers continue to track into elementary school

Hart and Risley: 1995



TREE

TALK

Interventions that work

30 MILLION WORD GAP INITIATIVE

Intervention leads to increase in parental word usage and conversational interaction with their child

- Tune In
- Talk More
- Take Turns



Thirty Million Word Initiative (Suskind)

TALK

Maternal responsiveness associated with earlier expressive language:

- Affirmations (“good job”)
- Imitations (“ball” after child says “ba”)
- Descriptions (“that’s a spoon”)
- Questions (“what’s that?”)
- Play prompts or demonstrations (“why don’t you feed the doll?”)
- Exploratory prompts (“what else can we do?”)

TALK

Maternal responsiveness associated with earlier expressive language:

- first imitations
- first words
- 50 words
- first combinational speech

Tamis-LeMonda C. Maternal Responsiveness and Children's Achievement of Language Milestones. *Child Development* 2001; 72: 748

TREE

READ

What we know



TREE

READ

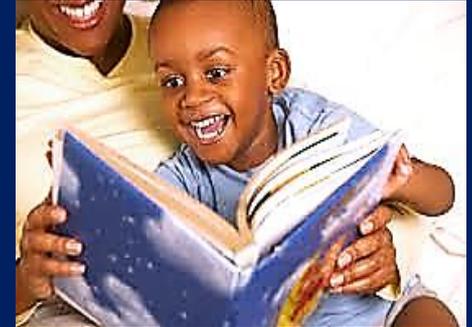


- 80% of children in poverty fail to develop reading proficiency by grade 3
- 60% high income vs 33% children in low income families are read to daily

AAP Policy Statement on Literacy Promotion *Pediatrics* 2012; 134:404

TREE

READ



Inability to read at grade level associated with:

- Reduced self esteem
- Teenage pregnancy
- Substance abuse
- Propagation of poverty

TREE

READING

Interventions that work



TREE

READ

Reach Out and Read

- Volunteers read to children in waiting room
- Anticipatory Guidance
- Handing out a book



TREE

READ

Reach Out and Read Studies

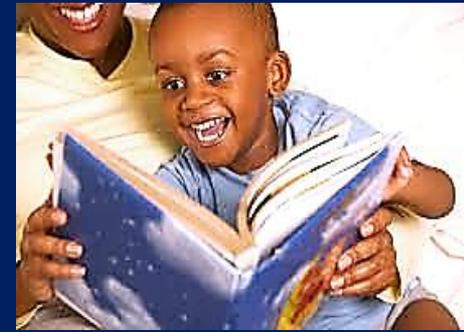
- High-risk urban families participating in ROR read more frequently to their children and report reading as a favorite activity for parent and child
- Higher rate of books at home

Khandekar A et al.. *Pediatrics* 2011; 127: e1067-1072

Needlman R. *Ambulatory Pediatrics* 2005; 4: 209-215



TREE



READ

Reach Out and Read Studies

- ROR leads to higher expressive and receptive language scores and increased school performance
- Parents participating in ROR are more likely to rate their pediatrician as helpful

TREE

ENGAGE

What we know

TREE

ENGAGE

Play in Low vs high income families:

- Participation in reading 33% vs 64%
- Singing or telling stories 52% vs 77%
- Taking child on an outing 13% vs 22%

Shah Pediatrics 2015; 136:317

TREE

ENGAGE

Play

Lower frequency of reading, singing songs/
telling stories/ family outings associated with
higher risk of developmental delays

Shah Pediatrics 2015; 136:317

TREE

ENGAGE

Interventions that work

TREE ENGAGE Play

AAP has called for pediatricians to provide
a *prescription* for play at Well Child Visits

Power of Play *Pediatrics* 2018;142(3) e20182058

TREE

ENGAGE

PLAY:

- contributes to cognitive, physical, social and emotional well-being and creativity of children
- important to healthy brain development
- provides opportunities for parents to fully engage with their children

Importance of Play: Focus on Poverty *Pediatrics* 2012; 129:e204 (AAP)

TREE

ENGAGE

Child Driven play :

- allows children to practice decision making skills
- discover their own areas of interest
- ultimately engage in passions they wish to pursue

Importance of Play *Pediatrics* 2007; 119: 182 (AAP)

TREE

ENGAGE

Play

Child centered play with sensitive parent (fathers and mothers) showing positive affect is associated with higher scores on Bayley and Peabody Picture Vocabulary Test

Tamis- Le Monda Child Development 2004; 75:1806

TREE

ENGAGE

Play

Reading aloud and provision of toys associated with better child cognitive and language development (Bayley MDI) and decreased likelihood of Early Intervention eligibility

Tomopoulos Books, Toys, Parent-Infant Interaction. *Ambulatory Pediatrics* 2006; 6: 72

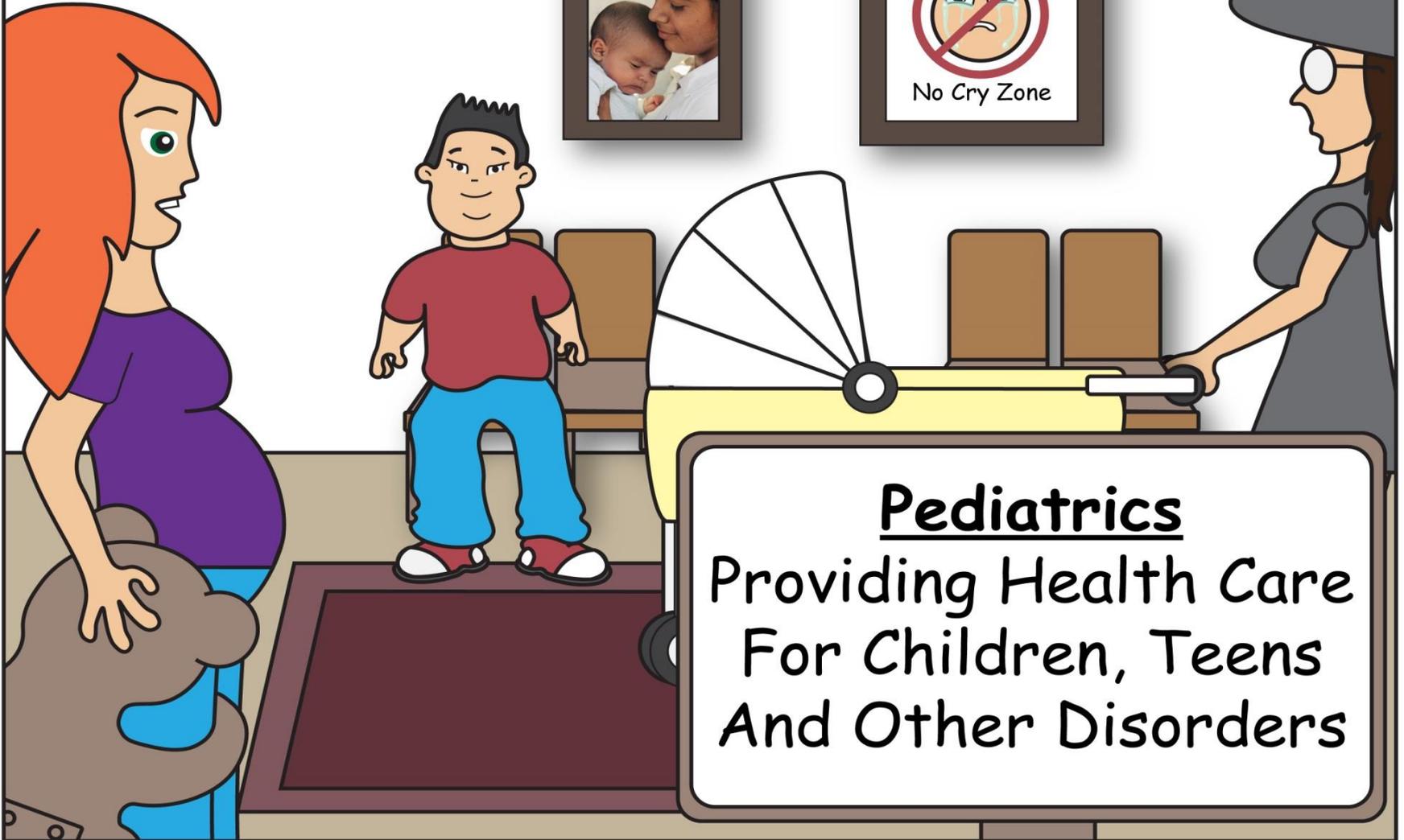
TREE

Rethinking the Well Child Visit (Section 2)

What is the role of the pediatric
practitioner?

"Hey Mr. Dr. T"

Pediatric ponderings by Dr Ken Tellerman.
Illustrated by ACG



grow your kids

The *medical home* provides an important environment for promoting positive parent infant interactions particularly for children in poverty

AAP Policy Statement on Poverty and Child Health *Pediatrics* 2016: 137:
e2016-0339

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Well Child Encounters provide
opportunities for:

- observing and conveying child development
- observing parent infant interactions

grow your kids

Well Child Encounters provide opportunities for:

- promoting positive interactions between parents and infants
- early identification of dysfunctional parent infant interactions and developmental problems leading to referral for mental health interventions

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



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For many pediatric practitioners, the well child visit has become *petrified*

Well Child Visit

Can we re-imagine the well child visit?

For many, well child visits have become:

- Monotonous
- Questionably effective and inefficient
- Screening laden
- EMR checklist driven
- Provider burnout kindling

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The TREE model helps to *photosynthesize* the well child visit into a living breathing encounter by putting *oxygen* back into the room

Well Child Visit

Elements of the well child
encounter

Well Child Visit

Examining the well child visit:

- Screening
- **Observing**
- Asking
- Listening
- **Guiding** (*Teachable moments*: nutrition, safety, immunizations, development and behavior)
- **Empowering**
- Referring

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TREE Program

- Observations of child development and parent child interactions ages 0-2 years
- Provides a framework for practitioners to know “what to watch for”
- The TREE program is not another screen
- TREE materials are *integrated* into the well child visit and do not replace other aspects of the encounter

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- TREE program does not take excessive time
- TREE materials enrich the well child visit by:
 - making it more meaningful and *fun* for all in attendance
 - building the parent practitioner relationship
- TREE program complements other early intervention programs (home visitation, Healthy Steps, Part C IDEA)

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Main Components of the TREE program:

- *Developmental Surveillance*: observation using a *process oriented developmental narrative* framework
- *Parent Child Relational Surveillance*: observation using the *TREE* framework
- Selective use of *toys and books* to facilitate observation

grow your kids TREE

Main Components of the TREE program:

- *Resilience Immunotherapy* using the TREE framework to guide and empower parents
- *Addressing parental challenges and raising concerns* in a non judgmental manner
- Making *referrals* for early intervention and mental health consultation when indicated

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MDAAP website:

- TREE Office manual
- ActiviTREE form (optional)
- Observing and Conveying Child Development Template
- Parent Infant Observation Template
- TREE and Toys Handouts for parents
- Videos about the TREE program for professionals
- Provider TREE cue card for use in exam room

<http://www.mdaap.org/TREE.html>

TREEtng Patients

SEE INTEGRATING THE GROW
YOUR KIDS: TREE PROGRAM
INTO WELL CHILD VISITS VIDEO

#7

TREE

Using TREE Concepts
to *teach parents* and *observe*
parent infant interactions
(Section 3)

TREEtting Patients

Basic TREE Concepts

(for teaching parents and observing interactions)

- TALK: Bathe your baby in language
- READ: Read together regularly and enthusiastically
- ENGAGE: Have fun together / Make your baby feel safe and loved
- ENCOURAGE: Be your baby's cheerleader

TREE

Teaching Parents

TALK

“Bathe your baby in language”

TREE

TALK



- Speak in “parentese” (high pitch sounds to engage infant)
- Comment like a radio or sports announcer: (descriptive commenting*): “this truck is red and now you are moving it back and forth”

TREE

TALK

- Use gestures, label people and objects, give directions
- “Show me” games... have fun- don’t make it a drill
- “Tell me” games...

*Incredible Years Parenting Program
Thirty Million Word Initiative (Suskind)

TREE

TALK

Use everyday experiences for talking while cooking, eating, cleaning, shopping, driving, diaper changes and bathing

TREE

TALK

- Use lots of different words
- Use questions like “who, what, where when, why” vs “yes/no”
- Tune in and respond
- Use more positive statements “ yeah- you did it” and fewer negative statements “ stop that”
“you’re bad”

TREE

Teaching Parents

READ

Read together regularly and
enthusiastically

TREE



Teaching Parents READ

- Read in “parentese”
- Let babies handle books and turn pages (even if they put the book in their mouths)
- Name the people and objects in the book
- Children may wish to read the same book over and over

TREE

READ

- Keep books around the house
- Make trips to the library
- Let children pick the book



TREE

READ

- Comment on what is going on in the book- “the boy is playing with a dog”
- “Show me...”
- “Tell me...”



TREE

Teaching Parents

ENGAGE

Have fun together!

Make your baby feel safe and
loved!

TREE

Teaching Parents

ENGAGE

- Motor activities
- Physical contact (hug and kiss and hold and rock)
- Play and learning (cognition)
- Social Emotional interactions

TREE

ENGAGE

Motor activities

TREE

ENGAGE

Motor activities

TREE

ENGAGE

Motor activities



TREE

ENGAGE

Physical contact

TREE

ENGAGE

Physical contact (hug and kiss and hold and rock- males and females)





TREE

ENGAGE



Play and learning:



TREE

ENGAGE

Play and learning:

Babies play with joy



TREE

ENGAGE

Babies Learn Through Play



TREE

ENGAGE

Play and learning:

Simple *non electronic* toys work very well



TREE

Teaching Parents

ENGAGE

Play and learning:

- “does with objects” (young infants)
- “does to objects” (older infants)
- “does for a purpose” (experimentation/objects have a function)
- imaginary play

CHILD DEVELOPMENT

ENGAGE: Play and Learning

Does “with” objects



Does “to” objects



Objects have function



Imaginary play



TREE

ENGAGE

Play and learning:

Let babies *take the lead*

(child driven play)

Incredible Years Parenting Program

Chicago Parenting Program

Thirty Million Word Initiative

TREE

Teaching Parents

ENGAGE

Social Emotional interactions

TREE

ENGAGE

Social Emotional interactions



TREE

ENGAGE

- Social Emotional:
 - Provide comfort and protection when babies are scared or upset
 - Stay calm

TREE

ENGAGE

- Social Emotional:
 - Have fun together (smiling, laughing)
 - Older toddlers: help label emotions



TREE

Teaching Parents

ENCOURAGE

Be your baby's cheerleader!!!



TREE

Teaching Parents

ENCOURAGE

You can do it!

Yeah!

You did it!



TREE

ENCOURAGE

Let your baby try before
jumping in



TREE

ENCOURAGE

Praise *effort* instead of *results*: “you worked really hard on that picture” versus “that was one of the most amazing drawings I have ever seen”

Gunderson *Child Development* 2013: 84:1526



TREE

Baby and parents: Alone

No phone



TREE

Using TREE concepts to observe
parent infant interactions

OBSERVING PARENT CHILD INTERACTIONS

SEE OBSERVING PARENT CHILD
INTERACTIONS TEMPLATE AND VIDEO # 3

"Hey Mr. Dr. T"

Pediatric ponderings by Dr. Ken Tellerman.
Illustrated by ACG



What Can Be Seen Beyond The Screen?

OBSERVING PARENT CHILD INTERACTIONS TALK

Do parents:

- speak in “parentese?” (high pitch sounds)
- use the radio or sports announcer narrative approach? (e.g. “you are rolling the red ball”)
- label objects, use gestures, give directions or play show me and tell me games?
- sing or use finger games?

OBSERVING PARENT CHILD INTERACTIONS

READ

Do parents:

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

OBSERVING PARENT CHILD INTERACTIONS

ENGAGE

Do parents:

- enthusiastically engage and respond to their infants cues?
- disengage when their infants wish to stop?
- provide warm physical contact and console their infants when they are upset or frightened?

OBSERVING PARENT CHILD INTERACTIONS

ENGAGE

Do parents:

- allow their infants and toddlers to safely explore the environment?
- position their children to access toys?
- let children take the lead during play?
- let children problem solve before jumping in?

OBSERVING PARENT CHILD INTERACTIONS ENCOURAGE

Do parents use positive comments and cheerlead their children?

Yeah!!

You did it!!

Good job!!

OBSERVING PARENT CHILD
INTERACTIONS
ENCOURAGE

Do parents praise *effort* rather than
results?

(“You worked really hard on that picture”
vs “That is the most amazing picture”)

Observing Parent – Child Interactions

(Take the room temperature: is it warm and nurturing?/ hot and angry? / steamy and anxious? / cold and emotionless?)
(How does parent handle infant distress/ separation/ autonomy?)

TALK: Bathe your baby in language

- 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: Read together and enthusiastically

- 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: Have fun together:

- Do parents observe and follow their infant’s cues such as vocalizations, smiles or 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? (make baby feel safe and loved)
- Are parents enthusiastically engaged with their young children when playing with toys?
- Do they position the child to access toys? Do they allow their young children to take the lead and allow them to problem solve before jumping in to help?

ENCOURAGE: Be your child’s cheerleader:

- Do parents use positive comments and “cheerlead” their young children? (“Yeah!!” “You did it!!”)
- Do parents praise *effort* rather than results? (“You really worked hard on that”)

CHILD DEVELOPMENT

(Section 4)

Developmental Narrative: a *process* oriented framework to be used for *teaching parents and observing* development

CHILD DEVELOPMENT

See Observing and Conveying Child
Development Video #2

CHILD DEVELOPMENT

- Young babies (0-6 months)
- Older babies (6-12 months)
- Young toddlers (12-18 months)
- Older toddlers (18 months- 2 years +)

CHILD DEVELOPMENT

Developmental Narrative

- Motor
- Cognition: Play and Learning
- Communication
- Social Emotional

CHILD DEVELOPMENT

Developmental Narrative

Motor:

Head, neck and upper extremities (reaching)

Trunk (rolling, sitting, crawling)

Lower extremities (pulling to stand, walking, stairs, running, climbing)

CHILD DEVELOPMENT

MOTOR: YOUNG BABIES

Head, neck, arms and hands

Watching



CHILD DEVELOPMENT

MOTOR: YOUNG BABIES

Head, neck, arms and hands



CHILD DEVELOPMENT

MOTOR: OLDER BABIES

Trunk (core body muscles)



CHILD DEVELOPMENT

MOTOR: TODDLERS

Legs



CHILD DEVELOPMENT

MOTOR

Head, neck, arms and hands



Trunk (core body muscles)



Legs



CHILD DEVELOPMENT

Developmental Narrative

Cognition (Play and Learning):

Does “with” objects

Does “to” objects

Does “for” a purpose: experiments/ objects
have *function*

Imaginary play

CHILD DEVELOPMENT

Cognitive: YOUNG BABIES

Watches objects



CHILD DEVELOPMENT

Cognitive : YOUNG BABIES

Handles objects (“does with objects”)



CHILD DEVELOPMENT

Cognitive : OLDER BABIES

Explores objects (cause and effect: “does to objects”)



CHILD DEVELOPMENT

Cognitive : TODDLERS

Objects have *function* and plays with *purpose*
and experiments



CHILD DEVELOPMENT

Cognitive : OLDER TODDLERS

Objects used in imaginary play



CHILD DEVELOPMENT

Play and Learning

Watches objects



Handles objects (“does with objects”)



Explores objects (cause and effect: “does to objects”)



CHILD DEVELOPMENT

Play and Learning



Objects have *function* and plays with *purpose*
(experimentation)



Objects are used in *imaginary* play

CHILD DEVELOPMENT

Developmental Narrative

Communication:

Vocalization: Coos/ Babbles

Pre-verbal: gestures and imitation (hi, bye, pick me up, peek a boo)

Verbalization: Receptive/ Expressive language

CHILD DEVELOPMENT

COMMUNICATION: YOUNG BABIES

Cries, Watches, Listens and Imitates



CHILD DEVELOPMENT

COMMUNICATION: YOUNG BABIES

Vocalization

Coos (vowels like “ooh” and “ahh”)



CHILD DEVELOPMENT

COMMUNICATION: OLDER BABIES

Vocalization

Babbles (consonants like “ba” “da” and “ga”)



CHILD DEVELOPMENT

COMMUNICATION: OLDER BABIES

Pre-Verbal: Gestures and Imitation



CHILD DEVELOPMENT

COMMUNICATION: YOUNG TODDLERS

Verbalization

Understands Language: (Receptive Language)



“show me your nose”



“give me the ball”



“show me the picture”

CHILD DEVELOPMENT

COMMUNICATION: TODDLERS

Verbalization

Uses words, jargon, phrases and then sentences:
(Expressive Language)



says "mama"



"me sad"

CHILD DEVELOPMENT

COMMUNICATION

Cries, Observes, Listens and Imitates



Vocalizes (Coos/Babbles)



Pre-Verbal (Gestures/ Imitation)



CHILD DEVELOPMENT

COMMUNICATION: Verbalization



Receptive Language: understands language

Follows simple directions: “bring me the shoe”

Plays “show me” games (“show me the dog”)

Points to body parts (“touch your nose”)

CHILD DEVELOPMENT

COMMUNICATION: Verbalization



Expressive Language: uses words

First words / Verbal imitation



Jargons (sounds like a foreign language)



Plays “tell me” games... (“tell me what this is”)



Short phrases (“me want”)/ Full sentences

CHILD DEVELOPMENT

SOCIAL EMOTIONAL DEVELOPMENT

First Year: developing *attachment* to caretakers

Second Year: developing *separation* and *independence* from caretakers

CHILD DEVELOPMENT

Developmental Narrative

Social Emotional: first year of life

Attachment:

“You and me”: social smile/ laughing

“You and me and them”: stranger anxiety

“Us”: shares delight with caretaker

CHILD DEVELOPMENT

SOCIAL EMOTIONAL DEVELOPMENT

First Year: developing *attachment* to caretakers

- young infants engage in a sequential “*serve and return*” style (smiling, laughing, vocalizing)

“You and me”

CHILD DEVELOPMENT

SOCIAL EMOTIONAL DEVELOPMENT

First Year: developing *attachment* to caretakers

- older infants develop stranger anxiety

“You and me and them”

CHILD DEVELOPMENT

SOCIAL EMOTIONAL DEVELOPMENT

First Year: developing *attachment* to caretakers

➤ older infants engage in a synchronous “*dance and duet*” style

“Us” sharing joy

CHILD DEVELOPMENT

Developmental Narrative

Social Emotional: first year of life

“You and me”



“You and me and *them*”



“Us” sharing joy



CHILD DEVELOPMENT

Developmental Narrative

Social Emotional: second year of life

Separation and Exploration

Autonomy



CHILD DEVELOPMENT

SOCIAL EMOTIONAL DEVELOPMENT: YOUNG BABIES

Cries, Watches, Listens and Imitates



CHILD DEVELOPMENT

SOCIAL EMOTIONAL DEVELOPMENT: YOUNG BABIES

Smiles



CHILD DEVELOPMENT

SOCIAL EMOTIONAL DEVELOPMENT: OLDER BABIES

Laughs



CHILD DEVELOPMENT

SOCIAL EMOTIONAL DEVELOPMENT: OLDER BABIES

Stranger anxiety



CHILD DEVELOPMENT

SOCIAL EMOTIONAL DEVELOPMENT: OLDER BABIES

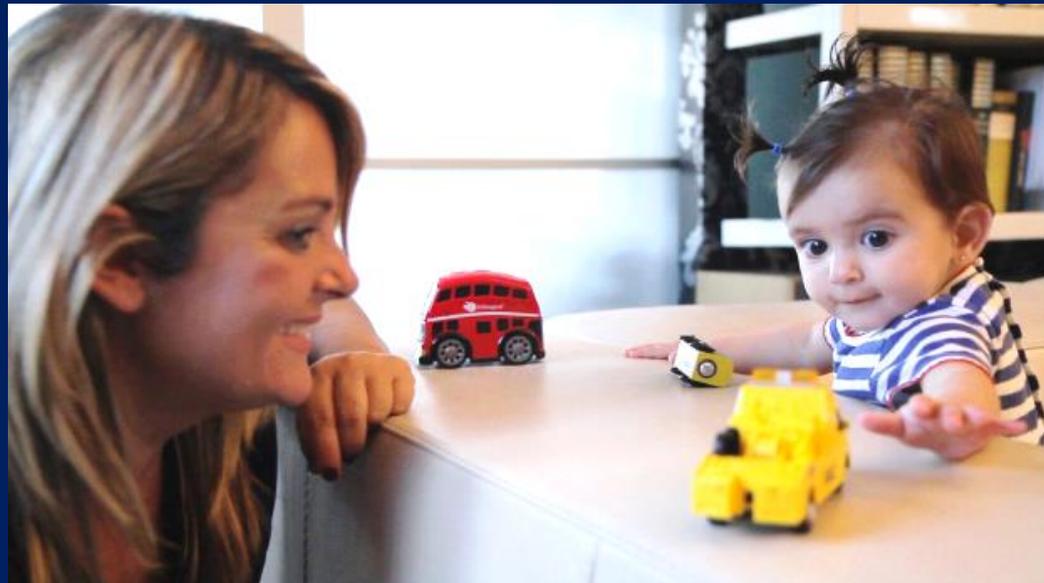
Initiates interactions: “check me out”



CHILD DEVELOPMENT

SOCIAL EMOTIONAL DEVELOPMENT: OLDER BABIES AND YOUNG TODDLERS

Shared joy: “check this out” (“us”)



CHILD DEVELOPMENT

SOCIAL EMOTIONAL DEVELOPMENT: YOUNG TODDLERS

Separation anxiety



CHILD DEVELOPMENT

SOCIAL EMOTIONAL DEVELOPMENT: YOUNG TODDLERS

SEPARATION AND EXPLORATION



CHILD DEVELOPMENT

SOCIAL EMOTIONAL DEVELOPMENT: OLDER TODDLERS

Independence



CHILD DEVELOPMENT

SOCIAL EMOTIONAL DEVELOPMENT: OLDER TODDLERS

Power Struggles



CHILD DEVELOPMENT

SOCIAL EMOTIONAL DEVELOPMENT: OLDER TODDLERS

Socializes with other children



parallel play



interactive play

CHILD DEVELOPMENT

SOCIAL EMOTIONAL DEVELOPMENT

Attachment: First Year

Cries, Watches, Listens and Imitates



Social smile (“you and me”)



Laughs



Stranger discrimination and anxiety (“you and me and them”)



Initiates interactions



Shared joy (“us”) (joint attention)

CHILD DEVELOPMENT

SOCIAL EMOTIONAL DEVELOPMENT: (Second Year)

Separation anxiety and exploration (refueling)



Independence and power struggles



Socializes and Recognizes emotions

CHILD DEVELOPMENT

- The period of older infancy may be a *developmental sweet spot*:
- significant synaptogenesis
- parents have adjusted to the challenges of their young infants
- infants are more socially engaged

grow your kids

TREEtting Patients

Putting it all together

(Section 5)



TREEtting Patients

Provide parents with a
platform to be the *expert*

TREEtting Patients

Teaching and Motivating Parents:

- Clear concepts
- Engage parent using open ended questions by touching on *feelings* and eliciting *self-reflection*
- Model concepts when appropriate
- Positive feedback
- Practice

Abraham and Michie A taxonomy of Behavioral Change Techniques *Health Psychology* 2008; 27: 379

Rollnick Motivational Interviewing in Health Care

Name _____ Age _____

Address _____ Date _____



R_v

grow your kids

TREE

TALK READ ENGAGE ENCOURAGE

THIS PRESCRIPTION WILL BE FILLED GENERICALLY
UNLESS PRESCRIBER WRITES "d.a.w." IN THE BOX BELOW

Dispense As Written

TREEtng Patients

Putting it all together

- Hand out toy/book and observe development and parent-child interaction starting at age 4-6 month visit
- Ask: “What kinds of things do you like to do with your child?”
- Review a few selective TREE concepts

TREEtng Patients

TREE program is about connection-

Helping parents to connect with their infants through positive interactions

but also

Helping pediatric providers connect with caregivers by listening and empowering



Please Listen To Us

TREEtting Patients

In order to *hear* parents must
first feel *heard*-

Listen carefully

TREEtng Patients

Putting it all together

- Ask: “What types of things do you plan to do with your child between now and the next visit?”
- Review what child will be doing (consider having parent video tape a positive interaction and bring to next visit)
- Provide positive feedback

TREEtIng Patients

SEE INTEGRATING THE GROW
YOUR KIDS: TREE PROGRAM
INTO WELL CHILD VISITS VIDEO

#7

TREEtng Patients

At the beginning of the encounter:

Hand out toy/book and observe
development and parent-child interaction

Well Child Visit

WHY USE TOYS AND BOOKS IN THE EXAM ROOM?

- provides an opportunity to observe child development and how parents and infants interact
- reinforces the TREE concepts
- reduces infant anxiety and creates a more *naturalistic* setting for young children
- inserts an element of FUN into the office visit

Well Child Visit

USING TOYS AND BOOKS IN THE EXAM ROOM

- Use non porous plastic or wooden toys
- Clean toys between visits with a hospital approved disinfectant like Clorox Healthcare Hydrogen Peroxide Cleaner
- Let disinfectant dry for 3 minutes before using toy between patients

Well Child Visit

USING TOYS AND BOOKS IN THE EXAM ROOM

- Select toys that are not noisy and that do not have multiple pieces to avoid loss and maintain sanity
- Do not use toys with small parts that can be swallowed or aspirated

TREEtng Patients

(At the beginning of the developmental surveillance portion of the well child visit)

“What kinds of things do you enjoy doing with your child?”

TREEtting Patients

“What kinds of things do you enjoy doing with your child?”

- open ended and non judgmental
- creates an implicit message about having fun with children
- engages parent on a feeling level
- provides a platform for self–reflection
- question is strength-based and positive
- opens the door from *anticipatory guidance* to *participatory guidance*

TREEtting Patients

Review a few selective TREE concepts per encounter

“You may also wish to use the radio announcer approach which helps to stimulate language development”

TREEtting Patients

If parents are struggling:

- Ask “What kinds of activities *might* you do with your baby?”
- “What have you seen other people do with their babies?”
- Say: “A lot of parents with children who are the age of your baby enjoy doing things like...”

TREEtting Patients

Then ask:

“What kinds of things would you like to do with your child *before* our next visit?”

TREEtting Patients

Use the developmental narrative to discuss what the child will be doing

Example:

“Over the next few months, your child will transition from doing things with objects to doing things to objects”

TREEtting Patients

Consider having parent video tape a brief positive encounter with their child to bring to the next well child visit

TREEding Patients

Patient Handouts are available on the MDAAP website



TREEding Patients

An optional ActiviTREE form for parents to complete is available on the MDAAP website

GROW YOUR KIDS ActiviTREE

Directions

On each branch, fill out the leaves of this **TREE** with activities you do with your child. For example, you could write 'read bedtime stories' on a leaf that grows from the 'Read' branch. You can also write examples of activities that you could imagine doing with a small child.



Follow your baby's cues.
Have fun and play and create special time together.
Your baby's development is stimulated by emotionally connecting with YOU!!!

MARYLAND AMERICAN ACADEMY OF PEDIATRICS

Name: _____ DOB: _____ Date: _____

Talk

Example: Talk in an excited voice about objects in the room

Read

Example: Read a bedtime story.

Engage

Example: Spend 3 minutes playing with their favorite toy with them.

Encourage

Example: Clap your hands and say "Good job" when they follow directions.

TREEding Patients

Model TREE Concepts if
appropriate

TREEtting Patients

Model TREE concepts for parents:

- Speaking in “parentese”
- Commenting like a radio announcer
- Reading to an infant
- Playing with a toy
- Encouraging: “You can do it! Yeah! You did it!”

TREETing Patients

And finally-

Give parents a TREET

Provide *positive feedback* for observed TREE activities performed to *empower* parents

“I noticed that your baby really liked when you....”

TREEtng Patients

SEE PROMOTING POSITIVE
PARENT INFANT INTERACTIONS

VIDEO #4

TREEtting Patients

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”

TREEtting Patients

Providing positive feedback:

READ

- “You were reading to your baby in an excited tone and she really responded”

TREEtting Patients

Providing positive feedback:

ENGAGE

- “You held her and cuddled her when she was upset... that helps her feel secure and loved”
- “Your baby just lit up when you sang to her”
- “You let her take the lead and let her try before helping her”

TREEtting Patients

Providing positive feedback:

ENCOURAGE

- “ You said yeah!! and good job!! when she completed the puzzle and that makes children feel good about themselves”

TREE

Addressing Parental Challenges

(Section 6)

OBSERVING PARENT CHILD EMOTIONAL INTERACTIONS

Take the **room temperature**- is it:

- **warm** and nurturing?
- **red hot** and angry?
- **steamy hot** and frenetic and anxious?
- **cold** and devoid of emotion?

Also try to remain aware of how the room temperature is making you feel

OBSERVING PARENT CHILD EMOTIONAL INTERACTIONS

How do parents handle:

- infant distress
- separation and exploration
- limit setting

OBSERVING PARENT CHILD EMOTIONAL INTERACTIONS

How does the parent respond to the infant?

- warm and nurturing?
- angry, critical, demanding?
- anxious, overprotective and intrusive?
- cold, detached and disengaged?

OBSERVING PARENT CHILD EMOTIONAL INTERACTIONS

How does the infant respond to the parent?

- calms?
- defiant or tantrums?
- clingy or escalates distress and anxiety?
- detached and disengaged?

TREE

Parent Challenges: *Root Causes*

Many parents are:

- unaware of best practices for interacting with their young children or have *misconceptions* about child rearing or *inappropriate expectations* about child development
- diverted by the stressors in their lives or are depressed and do not have spare energy or time to invest

TREE

Parent Challenges: *Root Causes*

Many parents:

- carry their own emotional baggage from childhood
- seek to replicate the child rearing approaches in which they were raised

TREE

*Most parents strive to do the best
they can with
the tools that they have*

TREE

Common Parent Misconceptions

“Parents are in charge not children-
why should I make everything
about my child?”

(response: babies actually learn more and
develop confidence when interactions are
child centered)

TREE

Common Parent Misconceptions

“There is not enough time in my day to play with my baby”

(response: play is the way that babies learn about the world- play with your baby even if its only for a few minutes each day)

TREE

Common Parent Misconceptions

“Won’t all of this hugging and kissing and holding and rocking *spoil* my baby?”

(response: no- physical contact is a very important way to let babies know that they are loved)

TREE

Common Parent Misconceptions

“Won’t all of this hugging and kissing and holding and rocking *spoil* my baby?”

(response: physical contact is important for males and females)

TREE

Common Parent Misconceptions

“Hugging and holding are fine but sometimes my child needs a good *spanking*”

(response: positive physical contact is a very important way to let babies know that they are loved- spanking can send the wrong message and in the long run is not very effective)

TREE

Common Parent Misconceptions

“Hugging and holding are fine but sometimes my child needs a good *spanking*”

(response: there are other more effective ways to set limits on children besides spanking)

TREE

Parental Challenges

- Parents who are *unsure what to do*
- Parents who are *reluctant* or *ambivalent* about the TREE program
- Parents who appear *emotionally distressed*

TREE

Parental Challenges: when parent is unsure
of how to respond to:

“What kinds of things would you
like to do with your child before
our next visit?”

TREEtting Patients

If parent is unsure-

Ask:

➤ “What fun things have you seen other people do with their babies?”

or

➤ Say: “A lot of parents with children who are the age of your baby enjoy doing things like...”

TREE

Parental Challenges: *Motivating Parents who are Reluctant or Ambivalent*

(Does parent appear *interested in
the program?*)

(No/Maybe/Yes)

TREE

Parental Challenges: *Motivating* Parents who are *Reluctant or Ambivalent*

(Does parent appear *interested*?)
(No/Maybe/Yes)

No: *plant a seed* “Perhaps we can talk about this
some more at our next visit”

Yes: *proceed with a plan* (“what kinds of things
would you like to try?”)

TREE

Parental Challenges: *Motivating Parents who are Reluctant or Ambivalent*

Maybe: *process ambivalence*

- “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?”

(see Motivational Interviewing in the BI-PED project on MDAAP website)

PARENTAL CHALLENGES

Parents who appear emotionally distressed (*angry, anxious or withdrawn*)

Pay particular attention to how parent handles *crying, separation and autonomy issues*

OBSERVING PARENT CHILD INTERACTIONS

SEE VIDEO #5: DIFFICULT
SITUATIONS

PARENTAL CHALLENGES

Raising Concerns in a Non Judgmental Manner

- Ask permission
- Third person technique
- Reflective listening
- Empathic information gathering

PARENTAL CHALLENGES

Raising Concerns in a Non Judgmental Manner

➤ **Ask permission**

“ Can I share some observations/thoughts with you? It seems like his behaviors make you upset. Tell me more about his behaviors at home”

PARENTAL CHALLENGES

Raising Concerns in a Non Judgmental Manner

➤ **Third person technique**

“A lot of parents have difficulty with..... is this something that you are struggling with?”

PARENTAL CHALLENGES

Raising Concerns in a Non Judgmental Manner

➤ **Reflective listening**

“ From what you are saying, it *sounds like* your child can be difficult to handle...”

PARENTAL CHALLENGES

Raising Concerns in a Non Judgmental Manner

➤ **Empathic information gathering**

“This looks/ seems like it might be frustrating/
hard/ tiring/etc..... is it like this a lot of the
time?”

PARENTAL CHALLENGES

Making a Referral

“I am *concerned* about...It sounds like there is a lot going on...Would you be willing to meet with someone to talk about this some more?”

PARENTAL CHALLENGES

WHEN TO REFER FOR EARLY INTERVENTION OR MENTAL HEALTH CONSULTATION

- Complex social situations or mental health issues
- You are not comfortable with intervening or your first line interventions have been ineffective
- Parent requests a referral

TREE Program

Summary

- Hand out toy/book
- “What kinds of things do you like to do with your child?”
- Review a few selective TREE concepts

TREE PROGRAM

Summary

- “What types of things do you plan to do with your child between now and the next visit?”
- Review what child will be doing using the developmental narrative
- Provide positive feedback

TREEtng Patients

SEE INTEGRATING THE GROW
YOUR KIDS: TREE PROGRAM
INTO WELL CHILD VISITS VIDEO

#7

grow your kids

“Nobody can go back and start a new beginning but anyone can start today and make a new ending”

-Maria Robinson

GROW YOUR KIDS: TREE
CERTIFIED ARBORIST DEDICATED TO THE
FORESTATION OF OUR COMMUNITIES



THANKS FOR YOUR INTEREST

