grow your kids: TREE OVERVIEW

MDAAP Website Powerpoint

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MDAAP Emotional Health Committee
grow your kids:

**TREE**

TALK
READ
ENGAGE
ENCOURAGE
grow your kids

TREE

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grow your kids
TREE
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Talk Read Engage Encourage
grow your kids TREE

PROMOTING POSITIVE PARENT INFANT INTERACTIONS IN LOW INCOME FAMILIES
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SEE VIDEO #1 INTRODUCTION
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
Section 1: Background Information - why this program? (slide 11)

Section 2: Rethinking the Well Child Visit (slide 69)

Section 3: TREE Concepts (slide 86)
Section 4: Developmental Narrative (slide 130)

Section 5: TREETING Patients: Putting It All Together (slide 179)

Section 6: Addressing Parental Challenges (slide 210)
Background Information
(Section 1)
Why this program?
TAXONOMY OF STRESS

➢ Positive Stress
➢ Tolerable Stress
➢ Toxic Stress

National Scientific Council on the Developing Child
Children who experience chronic or toxic stress in their lives are at significant risk for emotional, behavioral and learning problems.
Stressors such as child neglect can arrest brain development
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
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

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

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
Poverty alone is a risk factor for developmental delay
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
ENCOURAGE
grow your kids

NUTRIENTS
grow your kids

NUTRIENTS

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

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.
All interactions lead to connection which is the driving force of development
A closer look at what we know about poverty and development and effective interventions
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
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)
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?”)

Tamis-LeMonda C. Maternal Responsiveness and Children’s Achievement of Language Milestones. *Child Development* 2001; 72: 748
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
• 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
Inability to read at grade level associated with:

- Reduced self esteem
- Teenage pregnancy
- Substance abuse
- Propagation of poverty
Interventions that work
Reach Out and Read

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

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
ENGAGE
What we know
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
ENGAGE

Play

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

Shah  Pediatrics 2015; 136:317
ENGAGE
Interventions that work
AAP has called for pediatricians to provide a *prescription* for play at Well Child Visits

Power of Play  *Pediatrics* 2018;142(3) e20182058
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)
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)
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
Reading aloud and provision of toys associated with better child cognitive and language development (Bayley MDI) and decreased likelihood of Early Intervention eligibility.
What is the role of the pediatric practitioner?
Hey Mr. Dr. T

Pediatric ponderings by Dr. Ken Tellerman.
Illustrated by ACG

Pediatrics
Providing Health Care
For Children, Teens
And Other Disorders
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
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*.
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
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

➢ TREE program does not take excessive time

➢ TREE materials enrich the well child visit by:
  o making it more meaningful and *fun* for all in attendance
  o 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
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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
TREEting Patients

SEE INTEGRATING THE GROW YOUR KIDS: TREE PROGRAM INTO WELL CHILD VISITS VIDEO #7
Using TREE Concepts
to *teach parents* and *observe*
parent infant interactions
(Section 3)
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
“Bathe your baby in language”
• 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)
Use everyday experiences for talking while cooking, eating, cleaning, shopping, driving, diaper changes and bathing
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 together regularly and enthusiastically
• 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
T R E E

R E A D

- Keep books around the house
- Make trips to the library
- Let children pick the book
Comment on what is going on in the book- “the boy is playing with a dog”
“Show me...”
“Tell me...”
Teaching Parents

ENGAGE

Have fun together!
Make your baby feel safe and loved!
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
Physical contact
Physical contact (hug and kiss and hold and rock—males and females)
TREET ENGAGE

Play and learning:
Play and learning:
Babies play with joy
Babies Learn Through Play
Play and learning:
Simple *non electronic* toys work very well
Play and learning:
- “does with objects” (young infants)
- “does to objects” (older infants)
- “does for a purpose” (experimentation/objects have a function)
- imaginary play
ENGAGE: Play and Learning

- Does “with” objects
- Does “to” objects
- Objects have function

Imaginary play
Play and learning:  
Let babies *take the lead*  
(child driven play)
Teaching Parents ENGAGE Social Emotional interactions
TREE ENGAGE
Social Emotional interactions
• Social Emotional:
  ➢ Provide comfort and protection when babies are scared or upset
  ➢ Stay calm
• Social Emotional:
  ➢ Have fun together (smiling, laughing)
  ➢ Older toddlers: help label emotions
TREE

Teaching Parents

ENCOURAGE

Be your baby’s cheerleader!!!
Teaching Parents
ENCOURAGE
You can do it!
Yeah!
You did it!
Let your baby try before jumping in
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
Baby and parents: Alone
No phone
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”

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”)

http://www.mdaap.org/TREE.html
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
Developmental Narrative

Motor:
Head, neck and upper extremities (reaching)
Trunk (rolling, sitting, crawling)
Lower extremities (pulling to stand, walking, stairs, running, climbing)
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
MOTOR

Head, neck, arms and hands

↓

Trunk (core body muscles)

↓

Legs
Developmental Narrative

Cognition (Play and Learning):

Does “with” objects

Does “to” objects

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

Imaginary play
Cognitive: YOUNG BABIES

Watches objects
Cognitive : YOUNG BABIES

Handles objects ("does with objects")
CHILD DEVELOPMENT

Cognitive : OLDER BABIES

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

Objects have *function* and plays with *purpose* and experiments.
CHILD DEVELOPMENT

Cognitive: OLDER TODDLERS

Objects used in imaginary play
Play and Learning

Watches objects

Handles objects ("does with objects")

Explores objects (cause and effect: "does to objects")
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
COMMUNICATION: YOUNG BABIES

Vocalization

Coos (vowels like “ooh” and “ahh”)
COMMUNICATION: OLDER BABIES

Vocalization

Babbles (consonants like “ba” “da” and “ga”)
COMMUNICATION: OLDER BABIES

Pre-Verbal: Gestures and Imitation
COMMUNICATION: YOUNG TODDLERS

Verbalization

Understands Language: (Receptive Language)

“show me your nose”  “give me the ball”  “show me the picture”
COMMUNICATION: TODDLERS

Verbalization

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

says “mama”

“me sad”
COMMUNICATION
Cries, Observes, Listens and Imitates
↓
Vocalizes (Coos/Babbles)
↓
Pre-Verbal (Gestures/Imitation)
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”)
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
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
First Year: developing attachment to caretakers

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

“You and me”
First Year: developing attachment to caretakers

➢ older infants develop stranger anxiety

“You and me and them”
First Year: developing attachment to caretakers

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

“Us” sharing joy
Developmental Narrative

Social Emotional: first year of life

“You and me”  “You and me and them”  “Us” sharing joy
Social Emotional: second year of life

Separation and Exploration

Autonomy
SOCIAL EMOTIONAL DEVELOPMENT: YOUNG BABIES

Cries, Watches, Listens and Imitates
CHILD DEVELOPMENT

SOCIAL EMOTIONAL DEVELOPMENT: YOUNG BABIES

Smiles
SOCIAL EMOTIONAL DEVELOPMENT: OLDER BABIES

Laughs
CHILD DEVELOPMENT

SOCIAL EMOTIONAL DEVELOPMENT: OLDER BABIES

Stranger anxiety
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
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)
SOCIAL EMOTIONAL DEVELOPMENT:
(Second Year)

Separation anxiety and exploration (refueling)
↓
Independence and power struggles
↓
Socializes and Recognizes emotions
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
TREETing Patients
Putting it all together
(Section 5)
TREEting Patients

Provide parents with a platform to be the expert
TREETing 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
TREEtting 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
TREETing 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
In order to hear parents must first feel heard-

Listen carefully
TREEting 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
TREETing 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
TREEting 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?”
TREEting 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*
TREETing 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”
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...”
TREEting Patients

Then ask:

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

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

Patient Handouts are available on the MDAAP website
TREETing 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.

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.
TREEting Patients

Model TREE Concepts if appropriate
TreeTing 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....”
TREEting Patients

SEE PROMOTING POSITIVE PARENT INFANT INTERACTIONS

VIDEO #4
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”
TREETing Patients

Providing positive feedback:

READ

➢ “You were reading to your baby in an excited tone and she really responded”
TREEting 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”
TREETing Patients

Providing positive feedback:

ENCOURAGE

➢ “You said yeah!! and good job!! when she completed the puzzle and that makes children feel good about themselves”
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?
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
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
Most parents strive to do the best they can with the tools that they have.
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)
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)
Common Parent Misconceptions

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

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

• Parents who are unsure what to do
• Parents who are reluctant or ambivalent about the TREE program
• Parents who appear emotionally distressed
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?”
TREETing 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...”
Parental Challenges: Motivating Parents who are Reluctant or Ambivalent

(Does parent appear interested in the program?)

(No/Maybe/Yes)
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?”)
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
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
TREETing 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