**INTROUCTORY OVERVIEW TREEHOUSE QUALITY IMPROVEMENT PROGRAM**

Thank you for coming together to work towards helping parents of young children create positive early childhood experiences. Multiple studies have demonstrated these types of positive experiences including talking, reading, and playing together enhances the social emotional outcome and developmental trajectory of young children, particularly for those living in poverty and/or experiencing ACEs.

The TREEHOUSE program focuses on families with children under age 2 years because research tells us that this is a time of exponential neurodevelopment. The program was developed by the Maryland American Academy of Pediatrics Emotional Health Committee. Our TREE study at two Baltimore based pediatric residency programs used this parent teaching model during routine well child visits and results revealed significant changes in parent self-report of verbal responsivity with their children in our intervention group.

Our MDAAP Emotional Health Committee is exploring ways that pediatric providers can operationally foster relational health in families and promote health equity. Pediatric practitioners are key to this effort in that we are among the few professionals who consistently see families with young children.

**TREEHOUSE QUALITY IMPROVEMENT OVERVIEW:**

Over a period of 6 months, we will review the evidence-based components of how to implement the TREEHOUSE program. We will explore the literature that highlights the benefits of both positive early childhood experiences and of parents talking, reading, and playing together with their young children. We will also focus on ways to observe for functional and dysfunctional attachment patterns, ways to support positive behavioral change in families, we will address how to handle parental struggles such as depression when identified and conclude with a look at how to promote resilience and observe parent child interactions.

The TREEHOUSE Quality Improvement program is funded by a combined HRSA AAP Healthy Tomorrows grant and will run for five years with new pediatric provider and family cohorts every 6 months.

**CME and MOC:**

This Quality Improvement program is approved for AAP 12 CME/ MOC 2 credits and 25 MOC 4 credits.

*CME/ MOC 2 credit* is received by completing the AAP CME Questionnaire after each of our one- hour sessions and completing a 12 -item questionnaire at the end of the six months based on some outside readings that you will be provided. You can repeat the 12- item questionnaire until you attain a minimum of 70% correct responses. The program has also been approved for PNPs to receive CME credits through NAPNAP. *You can receive CME/ MOC 2 credits only if you do not wish to additionally receive MOC 4 credits.*

*MOC 4 credit* is received by completing 10 coaching sessions with families in your practice and attending the monthly QI sessions. You will enter data from your coaching sessions into the QIDA system that will help you and us track the progress of your relational health skills. You will need to register in the University of Maryland Learning Management System (LMS). You will be provided with links to the LMS and instructions on how to enter your QIDA data are provided on the TREEHOUSE website. *You must also meet the CME/ MOC2 requirements to receive MOC 4 credits.*

**TREEHOUSE COACHING SESSIONS AND DATA COLLECTION:**

You are being asked to perform 10 dedicated telehealth developmental coaching sessions with families of your choice but keep in mind that the program is mostly aimed at children living in poverty so you may wish to choose children who receive Medicaid. Sessions should be scheduled, if possible, for 30 minutes.

Preferably you will identify 5 families and provide coaching at ***both ages 9 and 15*** months of age to complete your 10 coaching sessions. Since some of the children will reach age 15 months after the monthly QI sessions are finished, you will be able to continue entering the QIDA data after we officially conclude so that you can still obtain your MOC 4 credits.

In addition, our University of Maryland research team is collecting study data on the TREEHOUSE program and will be reaching out to some of your families who receive coaching to obtain baseline pre- coaching data at age 9 months and post-coaching data at age 15 months. Please note, families do **not** need to participate in the study to receive developmental coaching at your office. For families enrolled in the study, we will be using a standardized questionnaire (STIM Q2) that has been used in many of the Reach Out and Read studies and in our outpatient TREE study. Families who choose to participate will be asked to provide written consent and will receive small gifts in return for their participation. We will provide more details as the program unfolds. Our University of Maryland team will use the data from your families and from our pediatric participants to track the efficacy of the TREEHOUSE program and allow us to make revisions in the program to further improve its effectiveness.

We have set up a **Dropbox link** communication tree where pediatric participants can share successes and problem solve barriers with each other.

The **TREEHOUSE webpage** on the MDAAP website: https://www.mdaap.org/tree/ contains all pertinent documents that you will need for this Quality Improvement program. <https://www.mdaap.org/tree/>

The key goal of the TREEHOUSE program is to help parents explore how to have *fun* with their young children through talking, reading, and play. We have developed handouts entitled TREEHOUSE DEVELOPMENTAL NARRATIVE and TREEHOUSE KEY PARENT TEACHING POINTS located on our website to introduce you to our concepts.

You may wish to begin by familiarizing yourself with and practicing these concepts by starting to integrate them into some of your office based well child visits. Feel free to adapt them to fit your own personal professional style. Also remain relaxed with the content and do not sweat if you cannot get to all the material during a coaching session. Be prepared to improvise and follow the interests of the family.

**ADDTIONIONAL THOUGHTS:**

As a Quality Improvement thinktank, we are particularly interested in generating ideas to address how the program can be integrated into clinical practice to promote relational health in an effective and efficient manner. We are aware that pediatric providers face time constraints in their practices. Addressing these types of concerns will be one of the challenges for the group and we will explore ways that we can successfully overcome them. We will also ask you to track billing so that we can ensure that the coaching sessions are consistently reimbursed by insurance.

The process of developmental coaching creates a space that fosters parent self-reflection (*participatory guidance*), allows parents to try out new activities and integrate new concepts, and fosters parent self-confidence by having pediatric providers give parents positive feedback. The TREEHOUSE developmental narrative helps parents understand the process of child development, examine where their children are currently functioning and explore age- appropriate activities together around talking, reading, and play. The developmental narrative then helps parents understand where their children are heading developmentally so they can explore how to change their activities together in the upcoming months.

*The TREEHOUSE developmental narrative that focuses on* ***process*** *is key in helping parents understand the underpinnings of child development that in turn informs their activities together. This is one of the key elements that distinguishes this program from other parenting programs.*

We want our work together to be *fun and creative* and reflect what we are trying to impart to parents in creating fun relationships with their own children.

Feel free to reach out to us at any time if you have any questions or concerns and we look forward to a synergistically positive creative experience together. And please remember we are collectively learning along the way and will try to expeditiously address any unexpected glitches and concerns that may surface.

There is a lot to take in here. We think that the work we are doing will have significant impact on the way pediatric care is offered to families in the future and in some respects as pediatric providers we are wading into unchartered but exciting territory.

Thanks

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