

SUMMARY OF KEY QI SESSION TEACHING POINTS

Ken Tellerman M.D. and Annemiek Wilms-Floet M.D.

Sessions 1 and 2: TREEHOUSE Developmental Coaching Concepts

See KEY PARENT TEACHING POINTS (Session 2) and the DEVELOPMENTAL NARRATIVE (Session 1) Sections on the MDAAP TREEHOUSE website:

<https://www.mdaap.org/tree/>

TREEHOUSE Concepts

- [1\) TREEHOUSE Key Parent Teaching Points](#)
- [2\) TREEHOUSE Developmental Narrative](#)

Session 3:

Observing Parent –Child Interactions using the TREE model

(Take the *room temperature*: is it warm and nurturing?/ hot and angry? / steamy and anxious? / cold and emotionless?) (How do the parent and child handle infant distress/ separation and exploration/ autonomy?) (How does the encounter make *you* feel?)

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 (*minimize electronics*)

- 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!!”)

Parental Challenges, Reluctance and Motivational Interviewing

Parental Challenges: when a parent asks, “**why are you offering this program to me?**”

Response: “We offer this special program to *all* our families to devote more time to the important topics of child development and the multiple benefits of positive early childhood experiences”

Parental Challenges: when a parent is *unsure* of a response.

“What kinds of fun things would you like to do with your child?”

Ask: “What fun things have you seen other relatives or friends do with their children?”

Parental Challenges: ambivalence

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

Response: “Babies learn more and develop confidence when interactions are child centered”

b) **“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 it is only for a few minutes each day- you can also talk and play with your baby during everyday routines like meals and bath time”

POSITIVE EARLY CHILDHOOD EXPERIENCES LEAD TO BETTER PHYSICAL AND MENTAL HEALTH OUTCOMES THROUGHOUT YOUR CHILD’S LIFE

c) **“My mother told me that all of this hugging and kissing and holding and rocking can *spoil* my baby?”**

Response: “Physical contact is a very important way to let babies know that they are loved”

d) **“I can’t afford expensive books and toys.”**

Response: “You can use safe household objects like pots and pans, plastic containers, balls, blocks, and crayons. Expensive toys with lights and sounds are unnecessary. Toys and objects that can be manipulated are better than videos on cell phones and laptops” (pediatric practitioners can also provide ROR books)

THE MOST IMPORTANT THING IS FOR YOU TO SPEND POSITIVE TIME TOGETHER

e) **“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- there are other effective ways to set limits on children instead of spanking)

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”

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?”

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

(See BI-PED project Motivational Interviewing on MDAAP website)

Session 4: Providing Positive Feedback

Facilitating engagement in the coaching session via TREEHOUSE *content*:

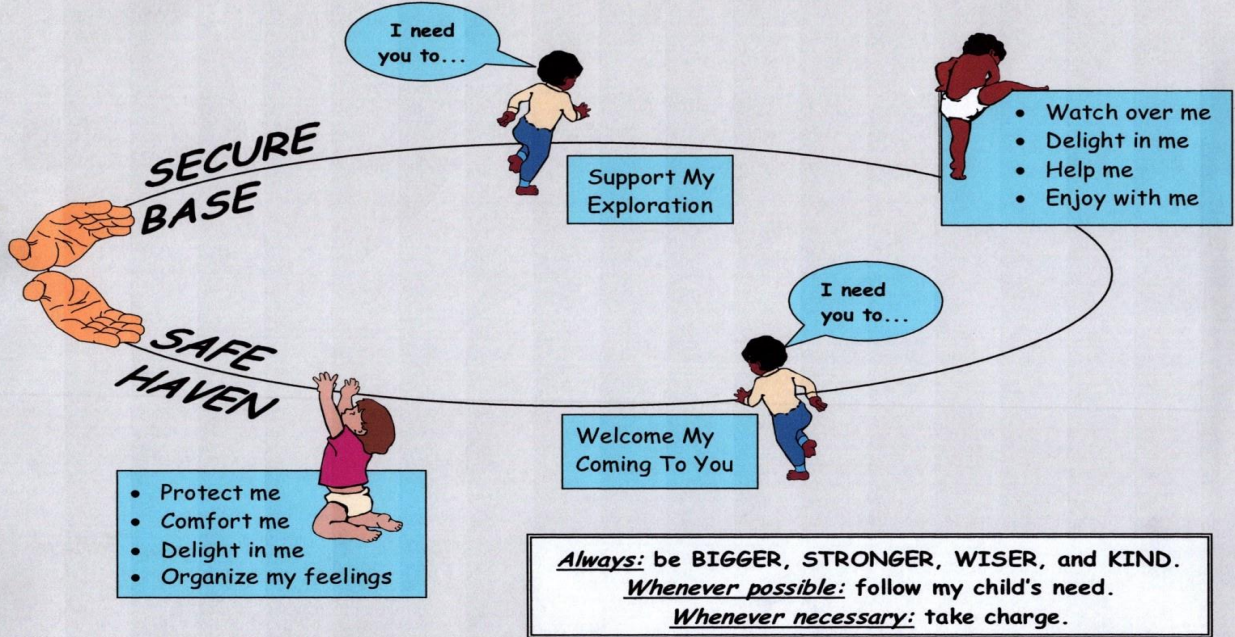
- Elicit favorite parent early childhood memories
- Open ended questions (“What fun things do you enjoy doing with your child?” “What new fun things can you try in the next few months as your child changes?”)
- Power point developmental photos: “What do you see happening in this series of pictures? Where does your child fit in?” Where is your child heading in the next few months?”
- Can you “try it out?” (e.g., sports announcer approach, singing, reading, playing)

Facilitating engagement in the coaching session via *process*: Providing positive feedback

- **General feedback:** “You are an awesome parent!”
- **Specific feedback:**
 - “You did a beautiful job consoling your baby after getting shots.”
 - “Your baby obviously loves to read with you” (*delight in the baby*)
- **Joining** with the parent and infant: *celebrate joyful moments!!* Convey: “I am having so much fun watching you and your baby together”

CIRCLE OF SECURITY®

PARENT ATTENDING TO THE CHILD'S NEEDS



Circle of Security and TREEHOUSE

Model for Facilitating Parent Infant Relational Health

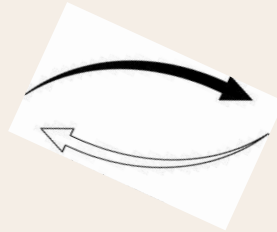
Facilitating parent engagement and exploration via content:
 Talk Read Engage and Encourage (TREE) (outgoing loop)



Secure Base

OBSERVE

Safe Haven



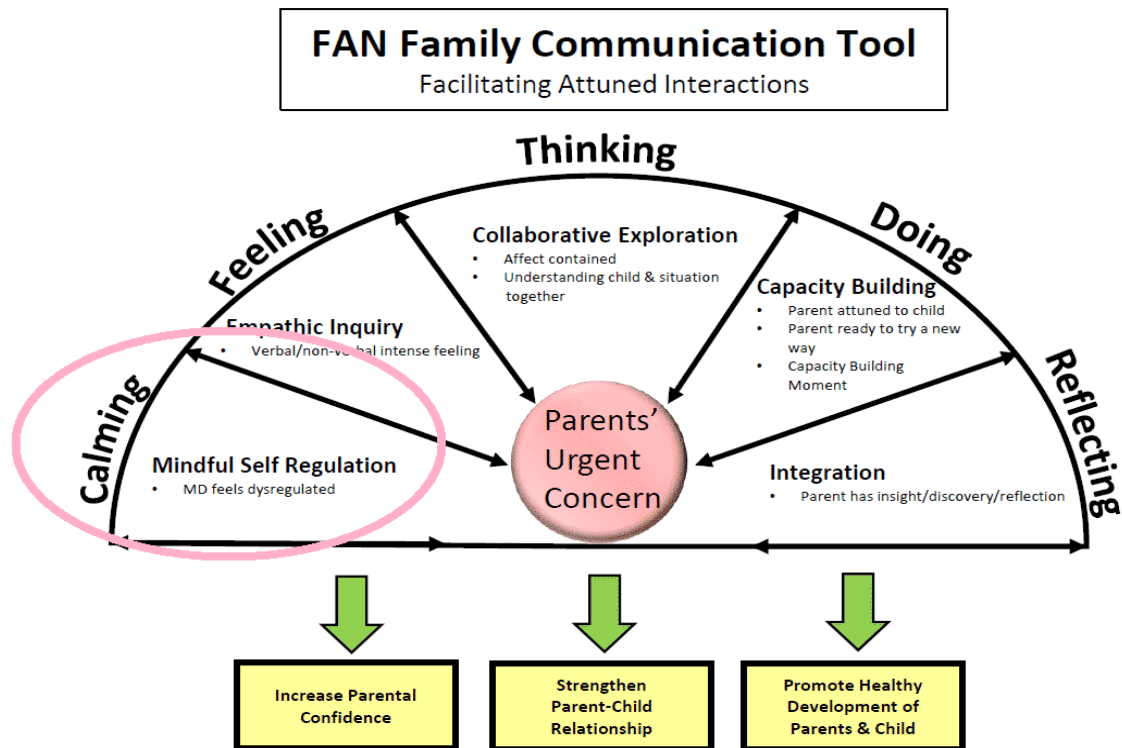
Facilitating parent engagement and providing emotional support via
process: Positive Feedback and Listening (incoming loop)



Create a *parallel process* by providing positive feedback which in turn prompts the parent to do the same with their infant (changing lanes or holding the door scenarios- a positive experience can be contagious)

Session 5: Listening- key point is to connect to feelings before going on to problem solving

FAN:



Facilitating engagement in the coaching session via *process*:

Connecting with Emotional Concerns and Feelings in a Non- Judgmental Manner

- **Ask permission:**

“Can I share some observations/thoughts with you? It seems like you are feeling stressed. Can you tell me more about what is going on?”

- **Third person technique:**

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

- **Reflective listening:**

“From what you are saying, it *sounds* like you are feeling really tired and stressed...”

- **Empathic information gathering**

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

- **What supports do you have? Who can you turn to if you need a hug?**

Session 6: Observing Parent Infant Interactions” TREE SAP Relational Health Model

TREE SAP (Senses/ Affect/ Pacing):

TREE SAP Early Relational Health Observation Model MDAAP Wilms Floet and Tellerman

SAP	Observe
<p>Senses</p>	<p>Visual : gaze, facial expressions</p> <p>Auditory: vocalization/verbalization</p> <p>Touch: holding and molding/ proximity of child to parent</p>
<p>Affect</p>	<p>Emotional state of parent <u>and</u> child (take the <i>room temperature</i> : warm and nurturing/ hot and angry / steamy and anxious / cold and detached)</p> <ul style="list-style-type: none"> • Do affects match? • Self regulation/ Co-regulation when infant upset? • Positive feedback and encouragement by parent? • Joyful social engagement?
<p>Pacing</p>	<p>Interactions <i>attuned?</i> (<i>across the encounter?</i>)/ <i>Rupture and Repair</i></p>



Joyful Social Engagement Stages: Joyful social interactions are the default for infants and young children

- **Serve and Return** - rudimentary engagement: “*You then me*” (young and older infants)- often parent initiated.
- **Child initiated engagement (*joint attention*)**: child uses an object to explicitly connect and convey excitement to another person- “*Hey check this out!*” (young and older toddlers)

- **Mutual engagement (“conjoint attention”)**: child and parent both use an object to explicitly connect and convey excitement with each other “Let’s check this out **together**” (older toddlers)

Pacing and Attunement: take the room temperature

Observe response of parents and infant/ toddler to the presence of the *pediatric provider or to procedures/ separation and exploration/* child expressions of *autonomy*

Rupture and *Repair*- attunement and mismatch- does *repair* occur?

Parent:

Warm: nurturing but firm/ provides co-regulation

Hot: angry and critical/ overly controlling

Steamy: anxious/hovering, intrusive and overly protective/ overly permissive and inconsistent/ perfectionistic

Cold: detached and disengaged

Infant:

Warm: joyful social engagement/ calms and self- regulates/ separates, explores and returns to *refuel*

Hot: angry/ defiant/ demanding/tantrums/ poor self-regulation

Steamy: anxious, fearful, escalates distress, clingy

Cold: detached and disengaged

TREE SAP Red Flags:

- Poor parental co-regulation and infant self-regulation: (does the parent adequately console the infant? does the infant calm down when distressed?)
- Presence of significant anger, anxiety, or depressed (flat) affect in parent or infant
- Absence of joyful social engagement (particularly joint or conjoint attention)
- Marked lack of attunement between infant and parent with little *repair*

Interventions: addressing problems early is key

- Developmental screening by PCP or referral to early intervention specialist or developmental pediatrician
- Additional psychosocial assessment by PCP or referral of parent for counseling