


## TREE Animation Video Companion: Key Teaching Points

TREE Talk Read Engage Encourage Early Relational Health Program  
Maryland Chapter American Academy of Pediatrics

**TREE animation video YouTube link:** [https://www.youtube.com/watch?v=e0z4Q1s\\_bls](https://www.youtube.com/watch?v=e0z4Q1s_bls)

(narration can be slowed down by clicking the settings bar  at the bottom of the video and moving the custom playback speed to 0.9)

TREE website: <https://www.mdaap.org/tree/> for additional information on the program



The *flourishing child* has the capacity to be affectionate with caregivers, self-regulates by bouncing back quickly when frustrated, engages in the world with positive emotions and displays openness and curiosity in learning new things. This is the *destination* of Early Relational Health. Early Relational Health (ERH) that encompasses Safe, Stable, Nurturing Relationships (SSNRs) is the driving force to arrive at this destination. SSNRs are offered by caregivers who are nurturing, attuned, reflective and emotionally self-regulated. Relationship is the key.



# Look: Early Relational Health Exam

## TREE SAP EARLY RELATIONAL HEALTH PARENT INFANT OBSERVATION MODEL

SAP	Observe
Senses	<p>How do parent and infant engage through:</p> <ul style="list-style-type: none"><li>• Visual Senses: gaze, facial expressions?</li><li>• Auditory Senses: vocalization/ verbalization?</li><li>• Touch: holding and molding/ physical proximity?</li></ul>
Affect	<p>What are the emotional states of the parent and infant?</p> <p>Take the room temperature: How does the room temperature make the clinician feel?</p> <ul style="list-style-type: none"><li>• warm and nurturing?</li><li>• hot and angry?</li><li>• cold and detached?</li><li>• clammy and anxious?</li></ul> <p>Are affects matched or mismatched?</p> <p>Does infant self-regulate when upset?</p> <p>Does parent provide co-regulation?</p> <p>Is positive feedback and encouragement offered by the parent?</p> <p>Does the infant display joyful social engagement and curiosity through serve and return?</p>
Pacing	<p>Are interactions <i>attuned</i> <u>across</u> the encounter?</p> <p>Is parent infant engagement noted through senses and affect, joyful serve and return and accurate reading of social cues?</p> <p>Is rupture in interactions followed by repair?</p>

## TREE SAP Early Relational Health Parent Infant Observation (ERH Exam)

The TREE SAP ERH Parent Infant Observation Exam provides a template for observing parent infant interaction along the lines of **Senses** engaged, **Affect** being displayed by parents and infants (*taking the room temperature*) and **Pacing** or the degree of *attunement* as well as *rupture and repair* taking place over the course of the encounter.

**Senses:** observe how parents engage through visual gaze, auditory cues and physical contact.

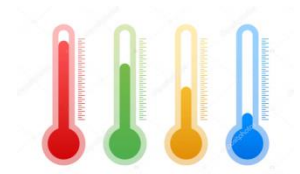
**Affect:** The office encounter allows multiple opportunities to observe how parents co-regulate their infants and how infants self-regulate due to the stressors of procedures or the presence of the practitioner. Do toddlers separate comfortably and explore the exam room? How do parents respond to expressions of toddler autonomy? How are they connected through joyful serve and return social engagement?

### Taking the Room Temperature: Parent Infant Interactions

**Warm and Nurturing?**



**Red Hot and Angry?**



**Clammy and Anxious?**



**Cold and Detached?**



Take note of how the room temperature affects you as well.

**Pacing:** refers to the process of *attunement* and mismatch (rupture and repair) visible throughout the encounter. Human relationships are not always highly attuned and there are constant ruptures or mismatches occurring. What is relevant though is the degree to which repair and re-connection takes place following these mismatches. Common rupture and repair

scenarios include a parent responding through trial and error to respond to their crying infant, a parent distracted by their cell phone who then reengages with their baby or a parent who over stimulates their infant during play and then adjusts their interaction by backing off.

## **Listen: Early Relational Health History**

### **Reflective Parenting Questions:**

- What do you feel are your family's strengths?
- What are your hopes for your baby?
- Since we last met, what has been most rewarding and what has been most challenging for you?
- Do you want to raise your own child the way you were raised? Why or why not?
- Did you have any difficult experiences when you were younger or as an adult that you feel impact your parenting? What impact do you feel these experiences may have on your baby?
- What do you do if you feel overwhelmed or stressed as a parent?
- What kind of support do you have for the times that you need help or just need a hug?
- **ADD YOUR OWN QUESTIONS**

Additional history can also be obtained by using validated screens to address parent mental health challenges (e.g. Edinburgh Postnatal Depression Scale and PHQ-2), Social Determinants of Health (SEEK) and trauma screens using the PEARLS (Pediatric ACEs and Related Life-events Screener).

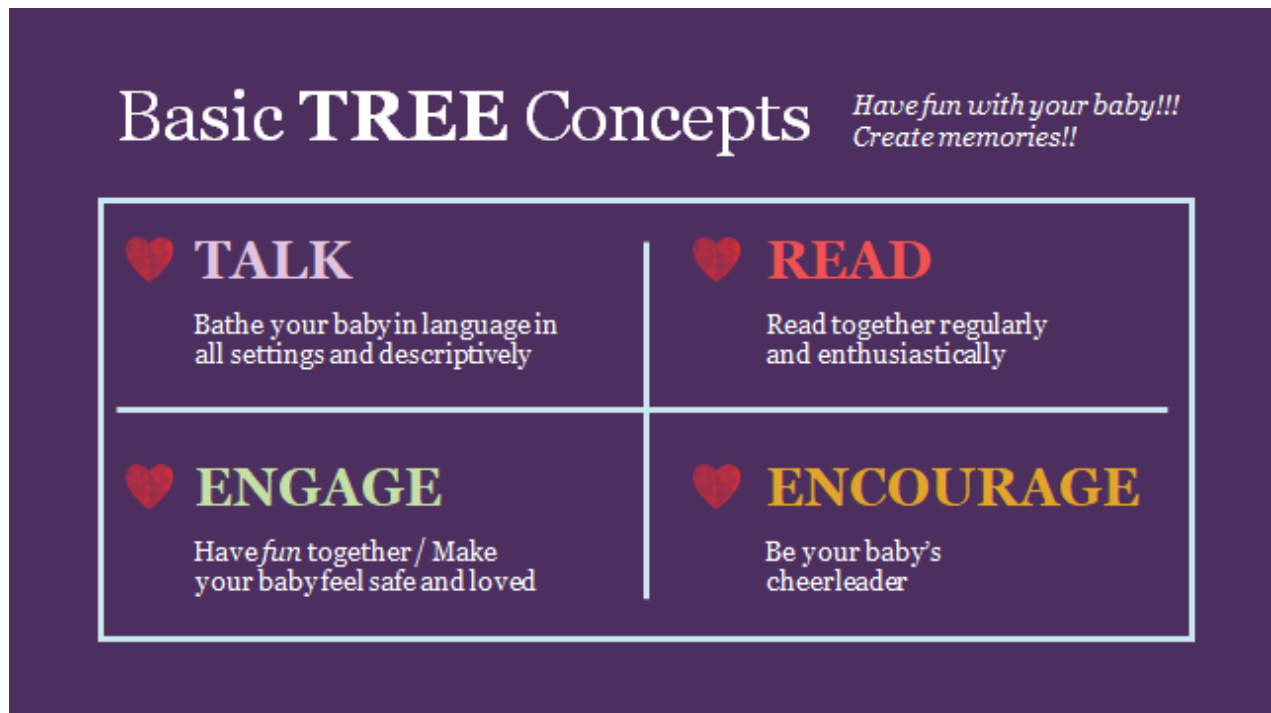
# Lead with Compassion:

## Providing Positive Feedback to Parents

- **General feedback:** “You are an awesome parent!”/ “Your baby is doing great!”
- **Specific feedback:**
  - “You did a beautiful job consoling your baby after getting shots.” (**parent focused** based on what you observe the parent doing)
  - “I can see that your baby is now babbling and is right on track developmentally” (**infant focused** delight in the baby based on a *developmental task* that you have observed the baby achieve)
  - “Your baby totally lights up when you make cooing sounds- what do you think she is telling you?” (**infant focused** delight in the baby based on a *social cue* that you have observed the baby demonstrating)
  - Praise-Guide-Praise: is another effective approach
    - Praise: “I noticed you and your baby smiling so beautifully back and forth”
    - Guide: “What do you think your baby is telling you when she smiles?”
    - Praise: “Yes, she is letting you know she feels safe and loved. I think you totally get it” (complimenting the parent for successfully **reading infant social cues**)
- Draw a **connection** between something positive that the parent and infant share:  
“You and your baby both appear to enjoy music”
- **Join** with the parent and infant by celebrating joyful moments and conveying “I am having so much fun watching you and your baby together”

## Developmental Coaching:

The following prompts and illustrations can also be found in the **Flip Chart** on the TREE website- you will note that there is a full Flip Chart with prompts and a Flip Chart with illustrations only- use the one that works best for you



### Ask:

- What fun things do you enjoy doing with your child?
- What positive childhood experiences can you recall? Why did I ask you that question?

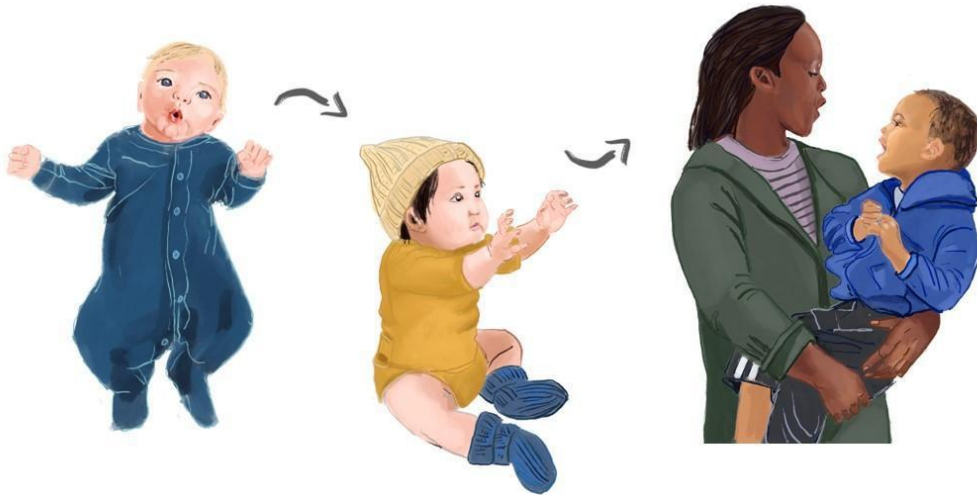
### Use the Talk and Communication Illustration:

- What is going on?
- Where does your child fit in?
- What fun things can you do with your child at their current stage of development?
- Where is your child heading developmentally over the next few months?
- What will you do differently as your child continues to develop?

**Illustration for Talk and Communication:**

Key Stages: Vocalization/ Preverbal Gestures and Imitation/  
Verbalization: Understanding and Speaking

What's going on?



**Illustration for Play and Learning:**

Key Stages: Mouthing/ Experimenting/ Objects have Function/ Imaginary Play

What's going on?



## COACHING TIPS FOR PARENTS (guide with compassion)

### TALK AND COMMUNICATION:

#### All Ages:

- Use every day experiences for talking while cooking, eating, cleaning, shopping, driving, diaper changes and bathing
- Comment like a *sports announcer/narrative approach*: “this truck is red and now you are moving it back and forth” starting with infants

#### Young Infants:

- Speak in “parentese” (making high pitch sounds to engage the infant)

#### Older Infants:

- Use *gestures* like “hi”, “bye” and “pick me up”, pointing, and signing
- *Name* people and *label* objects

#### Young Toddlers:

- *Name* people and *label* objects
- Encourage jargoning
- Play “*show me*” games

#### Older Toddlers:

- Play “*tell me*” (“*what’s that?*”) games and “*fill in the blank*” games (“I like to play with \_\_\_\_\_”)
- Ask your child questions



## **READ:**

### **Young and older infants:**

- Start *early* and read together regularly
- Read in an *excited* manner/ use the time to *cuddle* together
- Let *infants* handle books and turn pages – they may want to put the book in their mouth or read the same book over and over
- *Point out* and *name and label* objects in the book
- It is not necessary to read all of the words but use the occasion to playfully point out pictures and keep it *interactive*

### **Young Toddlers:**

- *Name and label* objects in the book
- Play “*show me*” games

### **Older Toddlers:**

- Play “*tell me*” games and “fill in the blank” games
- Ask your child *questions* about what you are reading

## **ENGAGE: PLAY AND LEARNING:**

### **All Ages:**

- Screens are *not* a substitute for time together with parent
- Sing and dance together
- Let your child take the lead

### **Young Infants:**

- Use safe objects that they can put in their *mouth* like pacifiers and rattles

### **Older Infants:**

- Let them examine, handle, drop, roll, and bang household objects such as balls, large blocks, cups, pots, spoons, etc.

### **Young Toddlers:**

- Play with objects that have *function* such as blocks, stacking rings, Legos, puzzles, and crayons and toys that elicit cause and effect such as pop-up toys
- Have parents integrate a book and a toy of the same theme such as an airplane and read the story, have the child play with the object and talk together about it, thereby integrating talking, reading and play together

### **Older Toddlers:**

- Use objects that foster *imagination* such as stuffed animals, toy figures, dolls, puppets, cars, and dress ups

### **Tips on Play for Parents:**

- Try to find time for play by creating *special time* or *time in* for 10-20 minutes per day
- Engage in age-appropriate activities
- Play should be *face to face* when infants are old enough
- Have fun together
- Plenty of *cuddling* and *holding* can make reading and play special
- Stay attuned - reflect or paraphrase back what the child says to foster connection (Child: "I did it" Parent: "Yes, you did do it")
- Eliminate distractions such as cell phones during play
- Let the child take the *lead*
- Encourage- be specific and praise effort ("You worked so hard drawing with your crayons" vs. "You are the most amazing artist")

**Addressing time constraints:**

- Let go of some of the lower priority topics of discussion during the well child encounter
- Create an ERH only well child encounter
- Expand the time allotted to the well child encounter
- Conduct a separate dedicated 30 minute ERH office encounter or telehealth visit

**Weave ERH into standard well child topics:**

- Discuss the benefits of soothing physical touch and cuddling during feeding
- Ask parents how they identify their baby's hunger cues when discussing nutrition
- Discuss self-regulation and co-regulation when babies receive their vaccines
- Point out how nurturing relationships can boost immunity to stress
- Discuss the benefits of creating an emotionally safe and stable environment when discussing environmental safety
- Ask what fun things are parents doing together with their babies when discussing child development
- Try only one ERH activity during an encounter such as the Play and Learning illustration
- Empathic and Encouraging statements (Vitamin E therapy) and positive feedback can be seamlessly integrated into office encounters as well
- Placing prompts in the *EMR* is an effective way to remember to integrate ERH into office encounters.