



Healthy StepsSM

An approach to enhanced primary care
of children from birth to three

Interactive Multimedia Training & Resource Kit



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INTRODUCTION

This kit is designed to help medical practices adopt a new approach to primary care for very young children — the Healthy StepsSM approach.

The enclosed videos and CD-ROM can be used to introduce the Healthy Steps approach, to serve as a reference after attending a training institute, to review developmental milestones, to train new clinical staff in developmentally oriented pediatrics, to help pediatric and family medicine residents fulfill their requirement in behavioral pediatrics, or to help physicians achieve recertification.

Healthy Steps for Young Children is a national initiative that focuses on developmentally oriented pediatrics from birth to age three. It emphasizes the importance of a close relationship between health care professionals and mothers and fathers in addressing the physical, emotional, and intellectual growth and development of children in the early years. Healthy Steps has been supported by The Commonwealth Fund from the design stage onward, in a collaboration that has been an unusually productive partnership, augmented greatly by the active co-sponsorship of the American Academy of Pediatrics.

These materials will help physicians individualize the care of each child, with the focus on the whole child and the whole family, and will help clinicians and families build a relationship that will get young children off to a good start. A Commonwealth Fund survey of parents with young children has documented the need for this approach. The survey shows that the number one concern of parents today is their child's ability to learn and adapt to the ever-changing world in which he or she will live. Moreover, the survey documents that parents want more information and support to address this concern and that they listen to what their child's physician tells them. But the survey also reports that clinicians are not discussing with parents their child's

cognitive and emotional development, nor are all parents routinely engaging in activities that nurture their child's healthy development, such as reading to and playing with their child. Further, the survey found that many clinicians do not regularly raise behavioral issues, such as crying or toilet training, nor do they typically address the clinically important and troubling association between maternal depression and daily child-rearing activities, including setting limits and maintaining routines.

These materials respond to those issues. They document child-rearing needs from birth to three years, integrating medical care with behavioral and psychological information in the context of an expanded focus on normal growth and development. They also address such issues as child safety in the home, breast-feeding, and smoking. Methods include using “teachable moments” — opportunities when the practice team can share information that will increase parents' understanding about their young child and about their roles as mothers and fathers. The issue of maternal depression is addressed by helping clinicians both recognize depression and encourage its treatment.

In the Healthy Steps approach, an important member of the pediatric or family practice team is the Healthy Steps Specialist. That specialist is a nurse, child development expert, social worker, or other professional who is particularly capable of sharing child development information with parents and maintaining effective connections between the family and the practice. The materials in this kit delineate clearly how these tasks are accomplished through home and office visits, telephone contact, and special materials keyed to each well child visit. Healthy Steps also stresses the importance of identifying and maintaining strong relationships with other community resources so that referrals can be made when necessary.

TARGET AUDIENCES

The major audiences for these materials are as follows:

- Pediatricians
- Pediatric Nurses
- Pediatric Nurse Practitioners
- Early Childhood Specialists
- Pediatric Residency Training Programs
- Pediatric Nurse Training Programs

- Pediatric Nurse Practitioner Training Programs
- Family Physicians
- Family Medicine Residency Programs
- Practice Administrators
- Family Social Workers

Many clinicians pilot-tested parts of this package as they were being developed. You will find their reactions throughout this introduction under the heading User's Views.

WHAT'S IN THE KIT?

The Healthy Steps Interactive Multimedia Training & Resource Kit consists of the following elements:

- 9 videos
- CD-ROM

The Healthy Steps Videos

1. Healthy Steps: An Overview
2. Starting a Healthy Steps Practice
3. The Healthy Steps Office Visit
4. Healthy Steps Home Visits
5. Teachable Moments: The First Year
6. Teachable Moments: The Toddler Years
7. Gauging a Child's Development
8. Supporting Families: Challenging Times, Challenging Situations
9. Family Factors Affecting Children: Smoking, Depression, Violence, and Addiction

The Healthy Steps CD-ROM

The Healthy Steps CD-ROM uses text, audio, video examples, video commentaries, video- and text-based case studies, still photographs, and an extensive database of reproducible resources to form an integrated informational and training package for developmentally oriented practices.

Special Features

- 4 Major Sections
- 23 Chapters
- 90 Interactive Case Studies
- 33 Video Commentaries and Examples
- 45 Professional Readings
- 11 Quick Check Sheets for Clinicians
- 11 LINKletters for Parents*
- 11 Parent Prompt Sheets*
- 50 Parent Handouts for use during Year One*
- 30 Parent Handouts for use during the Toddler Years*
- Child Health and Development Record*

* in English and Spanish

User's Views ...

The videos . . . showed how to apply the information to my job.

I think the most important part of it is that you are actually viewing some interaction between parents and the Healthy Steps team so that you can get a better understanding and apply [the suggestions] to the practice.

I liked that . . . you could see how the other members in the room were reacting to the interaction of the Healthy Steps team member as well as to the child.

The [video] showed me how to create situations where the parents can tell you what they want from you rather than answering questions. I felt like it broadened my understanding and gave me other ways to use teachable moments.

User's Views ...

When asked what the main theme of a video was, pilot users said:

Teaching observation skills, tuning in to what is happening in the family life, and then expanding on that point.

Identifying problem areas and concerns, supporting parents about their decisions, and recognizing cultural issues.

Respecting families and learning to really listen to parents.

CD-ROM OUTLINE

Managing Healthy Steps

- Getting Ready

Clinical Strategies

- Creating Teachable Moments
- Gauging a Child's Development
- Supporting Families
- Parent Groups
- Family Factors
- Home Visits

Child Development and Behavior

- Relationships Are the Key to Development
- The First Year
- The Toddler Years

Milestones from Birth to Three

Each chapter contains a brief overview of child development at the target age and links to all resources on the disk that relate to that age.

- 3–5 Days
- 2 Weeks
- 1 Month
- 2 Months
- 4 Months
- 6 Months
- 9 Months
- 12 Months
- 15 Months
- 18 Months
- 24 Months
- 30 Months
- 36 Months

The disk also contains a variety of **supporting material** that can be accessed at any time:

OVERVIEW: A 4½-minute presentation sets out the principles on which Healthy Steps is based and identifies the major strategies that distinguish a Healthy Steps practice from other medical practices that serve young children. The overview plays automatically the first time an individual uses the CD-ROM. Thereafter, it can be accessed via the bottom menu bar.

CASE STUDIES: This button leads to the complete set of case studies organized by chapter. Case studies allow you to see or read about specific behaviors and then explain how you would use such behavior as a teachable moment for parents. You can write in your thoughts and save your responses to a private Notes file. Bear in mind that these cases seldom have only one right answer or approach. Discussing your responses with colleagues is an

User's Views ...

For people who are not used to computers or haven't had much experience with computers, the CD-ROM was very easy to use.

The narrator gives instructions at the very beginning of each little piece, and each heading is broken down into different steps so that you can click on exactly what you want.

It was helpful and very specific. It is also an important interactive tool.

You could look at a problem at several levels. You can create your own objectives and bypass things that you are not interested in.

What I like best about the CD-ROM is the ability to be able to review a section over and over again. It lays out everything that Healthy Steps is and you can just go to a particular section.

excellent way to further your clinical skills and learn more about how your colleagues approach various situations.

In the chapter titled Creating Teachable Moments under the topic Teachable Moments from Birth to Three, you will find about two dozen video cases that have an additional button on the screen: **What Others Have Said**. As you build your own clinical proficiency in analyzing teachable moments and discussing developmental and behavioral issues with mothers and fathers, clicking on What Others Have Said gives you the benefit of looking in on how other clinicians have grappled with these cases. Contributors to this section include physicians, early childhood educators, nurses, and pediatric nurse practitioners.

RESOURCES: This button links to all Resources for families and clinicians and is organized by type of resource.

Family Resources include LINKletters, Parent Prompt Sheets, Parent Handouts, and the Child Health and Development Record. All are available in both English and Spanish and are presented by target ages.

Note 1: The immunization chart in the Child Health and Development Record was last updated in January 2000.

Note 2: All materials for distribution to families should be reviewed to ensure that the messages they present are in agreement with those used by your practice.

Clinical Resources include Quick Check Sheets (organized by target age), Video Commentaries and Examples (organized by topic), and Related Readings (organized alphabetically by author). Related Readings are journal and magazine articles that provide either documentation or additional information on the topic under study.


CONTENT MAP: This button leads to a complete outline of all material on the CD-ROM and allows you to access any topic quickly by clicking on it.

NOTES: This button accesses your personal Notes file that contains your own responses to all interactive case studies.

HOW THE ELEMENTS WORK TOGETHER


All elements can be used individually or together as part of an integrated learning system. Unit Study Guides begin on page 11. Each Unit Study Guide contains the following elements:

- An overview of the unit
- Unit objectives
- Key concepts
- A synopsis of the video including the clinicians seen
- A list of related CD-ROM sections
- Questions for reflection and discussion that can be used by both individuals and groups to further learning and reinforce key principles

 The primary purpose of the videos is to show how a developmentally oriented pediatric practice looks and to provide developmentally oriented practices with models they can use to norm their own decisions and behaviors. Because video is a medium that is better at telling stories and showing behaviors than it is at providing didactic information, all aspects of a developmentally oriented practice that are introduced in the videos are covered in greater detail on the CD-ROM.

The videos range in length from 12 to 25 minutes and are documentary in style. This means that no actors have been used and all of the people you see and hear are either members of Healthy Steps teams in developmentally oriented practices or family members who use those practices.

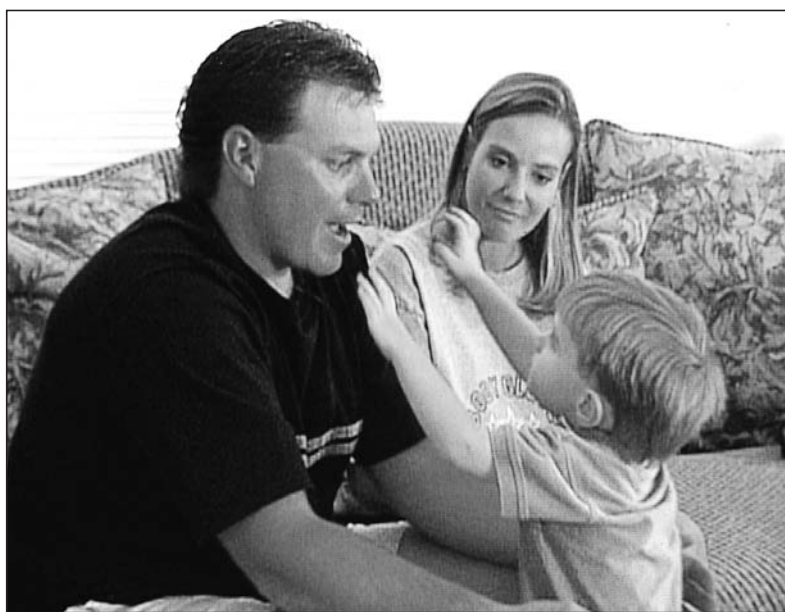
Video is a good medium to introduce a unit and to provide an understanding of the Healthy Steps approach to all members of a practice team. It also can help introduce Healthy Steps to clinicians who have joined a practice that has already adopted the Healthy Steps approach.

 The CD-ROM organizes all of the project's text and print-based resources and combines them with video examples and interactive case studies. The CD-ROM is both an interactive learning tool and a reference work. Each Unit Study Guide indicates which CD-ROM topics are most closely related to the video under study. The CD-ROM enables users to go deeper and deeper into a particular topic as time permits. Users are encouraged to complete the case studies on the CD-ROM and to share their responses with their colleagues through discussion and case management meetings.

ADDITIONAL TRAINING OPPORTUNITIES

While this kit contains a wide variety of resources and considerable information on implementing the Healthy Steps approach, practices are encouraged to take advantage of opportunities for face-to-face training with members of the Boston University School of Medicine Healthy Steps Training Team. For further information on how such a program can be tailored to your needs, contact:

Healthy Steps—Attention: Margaret LaVoye
MAT Building 5th Floor
Boston Medical Center
1 Boston Medical Center Place
Boston, MA 02118
Telephone: 617-414-3665



User's Views . . .

The video can be useful as part of a group workshop on a particular subject, whereas the CD-ROM is more of a resource that you would use individually.



CD-ROM USER GUIDE

Technical Requirements

For PCs

- Windows 95 Operating System or later
- 166 Pentium II Processor with MMX
- 32 MB RAM
- 16 MB hard drive space
- 8x CD-ROM
- Sound Blaster-compatible sound card with speakers
- SVGA video card
- Color monitor capable of supporting 256 colors

Hint: To maximize color compatibility with the Healthy Steps program, from the **Start** menu, choose **Settings**, then **Control Panel**, then **Display**, then **Appearance**. Select **Windows Standard** from the drop-down menu under **Scheme** and dark blue under **Color**.

For Macintoshes

- Macintosh OS 7.6.1 or higher
- PowerPC Processor (604 optimum)
- 32 MB RAM
- 16 MB hard drive space
- 8x CD-ROM
- 256-color monitor

Hint: To maximize color compatibility with the Healthy Steps program, select **Control Panels** from the drop-down **Apple menu**, then **Appearance**, then **Appearance** again. Set the appearance to **Apple Platinum** and choose blue or grey for your **Highlight Color** and **Variation**.

Installing the CD-ROM

Select the disk that is appropriate for your computer's operating system. One CD-ROM is for use in Macintosh systems; the other is for PCs. Put the Healthy Steps CD-ROM disk in your CD-ROM disk drive and watch your screen. The disks include an automatic installation program. On the PC, follow on-screen directions. On the Mac, double click on the Healthy Steps CD-ROM desktop icon and then on the Healthy Steps Installer folder.

Technical Assistance

If you experience difficulty with installing or using the CD-ROM, first check that your computer meets the technical requirements for the program. Then close all other programs, including Healthy Steps. Start Healthy Steps again and see if you experience an improvement. If you are still having difficulty, call: 1-800-727-2470.

Getting Started

Once you have completed the installation, look for Healthy Steps in your Program directory. When you click on Healthy Steps, the program should start automatically. Healthy Steps will play most efficiently if all other programs on your computer are closed.

You will first hear a whirring sound on your CD-ROM drive as the machine prepares to read the disk. You will know the program is starting when you hear the Healthy Steps theme music. You can exit from this screen at any time by clicking anywhere on the screen.

Sign-in Screen

The purpose of this screen is to create a file that saves your personal notes. The notes will be saved to the hard drive of the computer on which you are working. To access them in the future, you need to work on the same computer. Alternatively, you can transfer your Notes file to a floppy disk and use it on other computers. The file will have the name you used to sign in.

First Use

On your first use, select **New User**.

Enter your **First Name**.

Press **Tab**.

Enter your **Last Name**.

Press **Enter**.

You may choose to use initials or an identifying code in place of your name.

You will see two other options on the **New User** screen.

Return will take you back to the **Sign-in** screen. Use this option if you have made an error and want to start again or realize that you already have a file started.

Exit will cause you to leave the program entirely.

If this is your first time using the program, once you press **Enter**, the **Overview** will start immediately.

Subsequent Uses

On subsequent uses, when the **Sign-in** screen appears, choose **Current User**. This will bring up a list of individuals whose files are stored on the hard drive of the computer on which you are working.

Click on **your name** (or the identity you have chosen).

Click on **Enter**.

This will take you directly to the **Main Menu**.

If you do not see your name, click on **Return** and sign in as a **New User**.

Overview

This multimedia presentation introduces all the elements that distinguish a developmentally oriented practice from a traditional pediatric practice. It is approximately 4½-minutes long. The first time you use the program the Overview will play automatically after you have signed in. On subsequent uses, you can access the Overview from the bottom menu bar.

Main Menu

The **Main Menu** gives you the big picture of everything that is part of the Healthy Steps CD-ROM and where it is located. The program has four main sections, each shown as a cube:

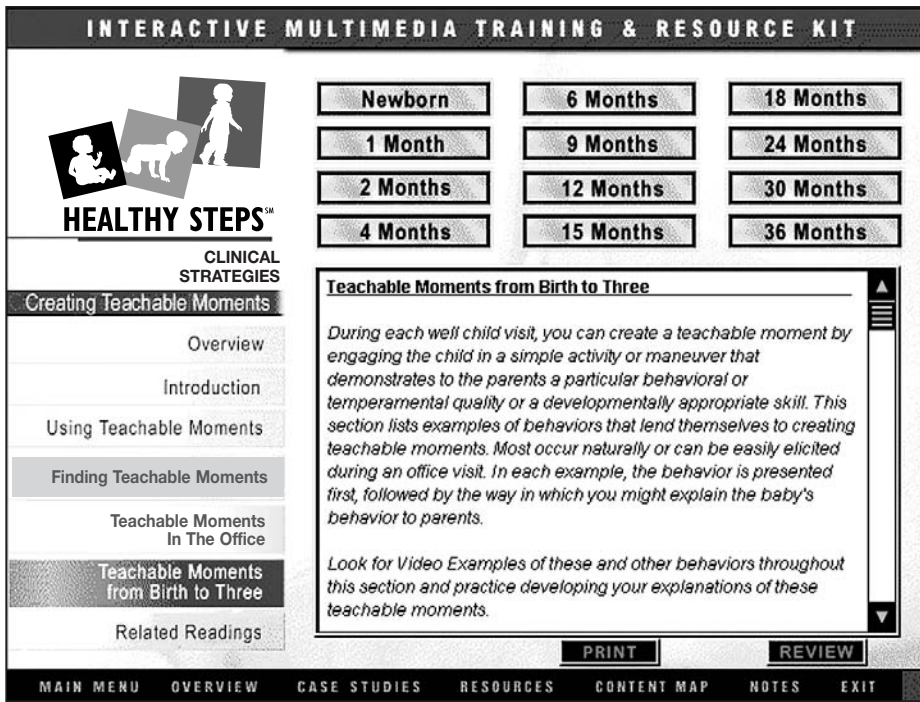
Managing Healthy Steps
Clinical Strategies
Child Development and Behavior
Milestones from Birth to Three

When you roll over a cube with your cursor, all **Chapters** associated with a particular **Section** appear on the right. For example, if you roll over **Clinical Strategies**, you will find the following list of **Chapters** in that **Section**:

Creating Teachable Moments
Gauging a Child's Development
Supporting Families
Parent Groups
Family Factors
Home Visits

Click on any of these **Chapters** to begin.





Using the Case Studies

Throughout the program you will find numerous **Case Studies**. These are meant to give you clinical practice in analyzing particular behaviors and responding to a variety of situations by using teachable moments. Some **Case Studies** are video-based; others are text-based.

You can access **Case Studies** in three ways:

1 From within a Chapter: Each **Chapter** includes a **Topic** named **Case Studies**. When you click on it, a list of **Case Studies** relating to the content of that chapter will appear.

2 From the bottom Menu Bar: This will display all **Case Studies** on the disk organized by **Chapter**.

3 From Milestones: This will display **Case Studies** organized by each of 11 age-related milestones from birth to three. Note that because not every **Case Study** is associated with children of specific ages — some are management-oriented, for example — this section does not contain a complete list of **Case Studies**.

Case Studies have a common format and method of use. To access a particular **Case Study**, click on the title of the **Case** in the box at the left. This will bring up an upper screen and a lower screen on the right.

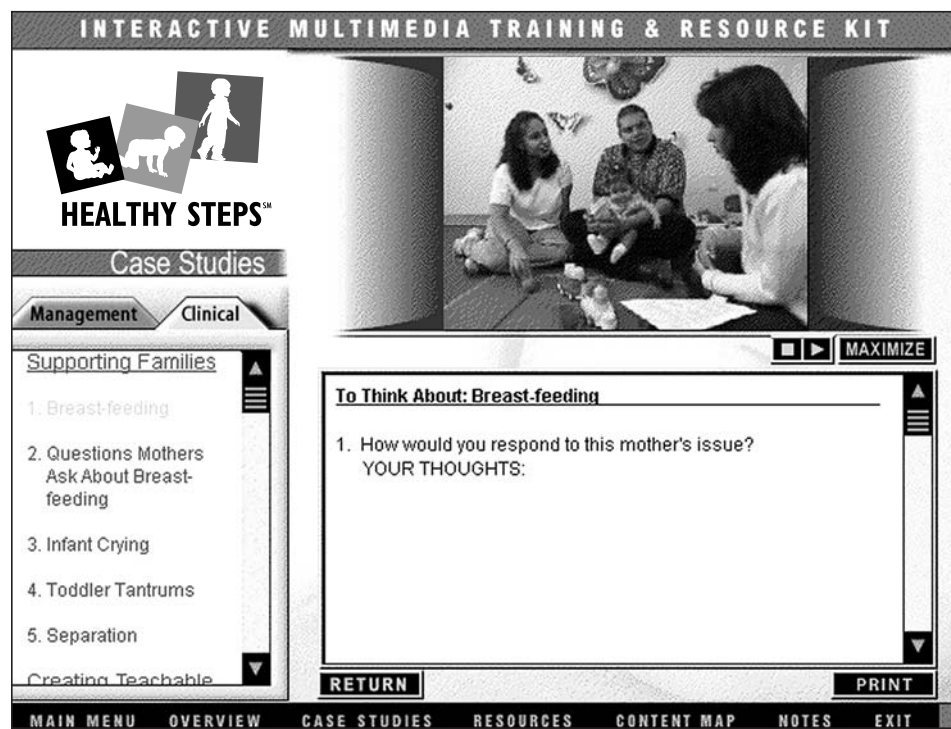
Upper Screen: If the **Case** is text-based, the case itself will be on the upper screen. If it is video-based, you will see a video screen and video controls. Start the video by clicking on **▶**. You can make the video screen larger by clicking on **Maximize**; you can return it to its original size by clicking on **Minimize**. You can stop the video by clicking on **■**.

Lower Screen: The lower screen contains the interactive part of the program. First, you will see the direction **To Think About**. This direction is followed by one or more questions. Each question is followed by the words **Your Thoughts**. When you click on **Your Thoughts**, a dialog box will appear

Chapter Menus

When you click on a **Chapter** title, the **Chapter Menu** appears and an audio narration begins. This narration provides an overview of what is in the section. All narration can also be read as text. Audio narration is italicized on screen. Once you have heard the narration, you may prefer to turn it off. You will find a box on the sign-in screen that allows you to do so.

The left-hand section of each **Chapter Menu** lists all the primary **Topics** in that chapter. When you click on a **Topic**, text will appear on the right.



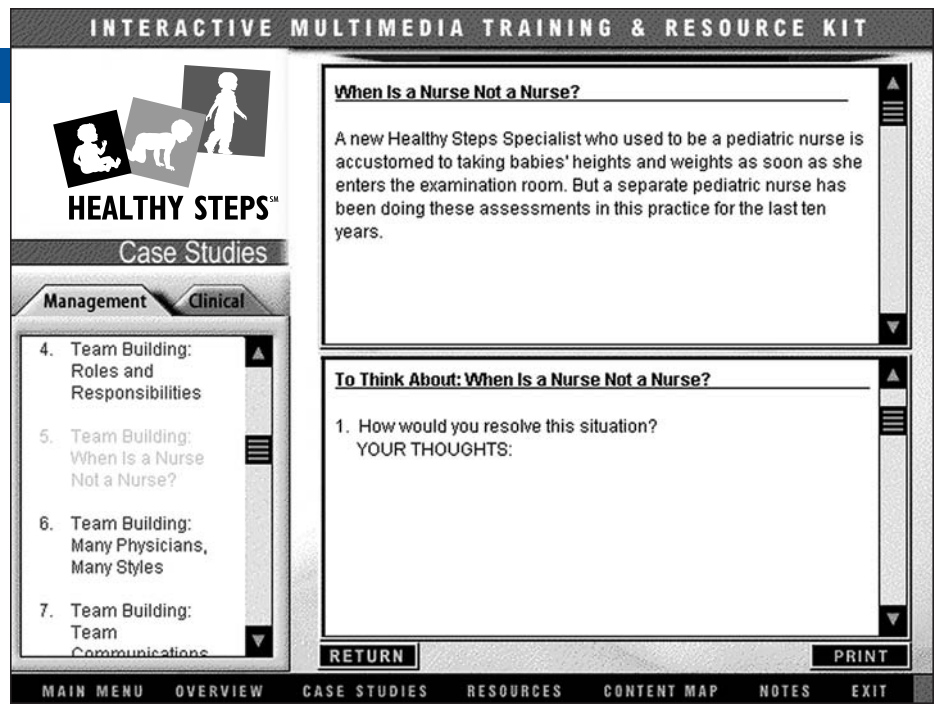
in which you can write in your own responses to each question. If you wish to save your answer, click on **Save** at the lower right before you go to another section and your answers will be saved to your personal **Notes** file.

Hint: Your responses will not be saved automatically. You must click on **Save** before you leave the screen.

Accessing Your Notes

To review your **Notes**, you must be working at the same computer on which you saved your **Notes** and you must have signed in using the same name under which you worked when you created the notes. Click on **Notes** on the bottom menu bar. A screen will appear that shows every chapter. Click on the chapter you want to review and your notes will appear.

Hint: If you want to move your notes to a different computer, copy them from the **c:\HSteps** directory of Computer A onto a floppy disk and then copy them from the floppy disk to the **c:\HSteps** directory of Computer B. Make sure that Healthy Steps has been installed on Computer B first.




Using Healthy Steps Resources

To view a **Resource**, click on the title that interests you and then click on **Open** in the lower right-hand corner. In a few seconds, the **Resource** that you have chosen will appear in Adobe Acrobat, a software program that enables you to view a graphically enhanced page. Adobe Acrobat is part of the Healthy Steps CD-ROM and does not need to be purchased or downloaded.

Volume 1, Issue 6 THE 12 MONTH OLD

WELCOME!
The LINK letter will:

- ◊ be mailed to you before each well child visit
- ◊ tell you about each well child visit
- ◊ give you information, tips and activities for you and your growing baby



Linking the Family, Practice and Community

WHAT TO EXPECT AT THE 12 MONTH WELL CHILD VISIT

Get Ready for the Visit

- Bring your child's immunization record and/or health journal with you to the visit
- Bring a list of questions you have about your child
- Bring in any questions from the "You and Your Child" parent activities found in the last LINK letter

At This Visit Your Pediatric Clinician May

- Measure your baby's length,

THE 12 MONTH OLD - ASK YOUR PEDIATRIC TEAM!

Dear Pediatric Team:

Now that my 12 month old can walk a few steps, it seems that she is always in danger of getting hurt. I am exhausted from following her everywhere and saying "no". What can I do?

Tired Mom

Dear Mom:

Great news! Your child is walking! Your baby's first steps are very exciting, but they are a challenge. Beginning walkers don't have the ability to keep themselves from getting hurt. That is your job. You can do many things to keep your child safe, but remember, bumps and bruises are a **NORMAL** part of toddlerhood. Try the following tips to help keep your child safe:

1) **CHILDPROOF YOUR HOUSE AGAIN.**
A 12 month old who is walking is different from a 9 month old who crawls. Look at each room of your house and try to think like your 12 month old. What are "danger

You may print the list of available resources by clicking on **Print**.

Printing Resources

To print the actual resources, you must be in Adobe Acrobat. This program will activate as soon as you click on **Open** for a particular resource. Printing in Adobe Acrobat is similar to printing from other Word Processing and Graphics software. Click on **File** on the upper menu bar and then select **Print** from the drop-down menu.

Closing Adobe Acrobat

You close Adobe Acrobat the same way in which you would close other Word Processing or Graphics software: click on the **X** in the upper right-hand corner or select **Exit** from the drop-down menu under **File**.

Hint 1: If you want to view several resources in a row, close each individual file when you complete your review of it but keep Adobe Acrobat open. This will save loading time.

Hint 2: You can return to the Healthy Steps screen from Adobe Acrobat by pressing **Alt-Tab**.

Exiting the CD-ROM

You can exit the program at any time by clicking on **Exit** on the right end of the lower menu bar. The program will always ask you: "Do you really want to Exit?"

Accessing Your Normal Operating System While Using the CD-ROM

You can access your regular computer screen by pressing **Alt-Tab**. You need to do this after each use of a **Resource** in Adobe Acrobat.



UNIT STUDY GUIDES



UNIT 1



HEALTHY STEPSSM: AN OVERVIEW

Unit Overview

This unit can be used to introduce the Healthy Steps approach to physicians, office administrators, medical office staff, and members of the community. It presents the major themes of the approach: providing mothers and fathers with information about child development that they want and need; establishing caring and supportive relationships between the practice and the family, within the family, and within the practice; building on the belief that all behavior has meaning and can be used as a teachable moment; consistently seeking opportunities to increase the self-understanding of mothers and fathers as well as their knowledge of their child's development and behavior; and promoting family health and home safety in the interest of healthy children.

Unit Objectives

After viewing the video and the Overview portion of the CD-ROM, users should be able to:

- ▶ Identify the key Healthy Steps strategies and tell how each strategy furthers the goals of the Healthy Steps approach.
- ▶ Describe the roles and relationships of various members of the interdisciplinary Healthy Steps team.
- ▶ Discuss how a developmentally oriented practice differs from a traditional pediatric or family medicine practice and describe the ways in which it provides mothers and fathers with desired information and services.



Key Concepts

- ▶ Healthy Steps is an approach to primary care for children from birth to three that increases a medical practice's ability to address children's behavioral, emotional, and cognitive development during these important early years.

- ▶ Healthy Steps also looks at the well-being of the whole family in the interest of the young child.

- ▶ Healthy Steps practices form a strong bond with mothers and fathers, supporting their desire for greater understanding of their children's needs at different stages through information, special services, and access to community resources.

- ▶ To accomplish its goals, Healthy Steps adds a professional or trains someone already in the practice. Called a Healthy Steps Specialist, this individual specializes in issues related to child development and family factors, referring medical questions to the practice's doctors and nurses. Healthy Steps Specialists have varied backgrounds including pediatric nursing, early childhood education, and social work.

- ▶ The seven major strategies of Healthy Steps are:
 - Enhanced well child care
 - Home visits
 - Child development and family health checkups
 - Special written materials
 - Access to a child development telephone information line
 - Links to community resources
 - Parent groups

- ▶ Healthy Steps practices also participate in the national Reach Out and Read program.

- ▶ Healthy Steps clinicians frequently use a technique called "teachable moments." Teachable moments help parents better understand how behavior is related to their child's developmental stage, e.g., why a child who has developed the concept of object permanence will cry when a parent leaves the room.

- ▶ Clinicians can learn what issues are important to mothers and fathers and create teachable moments by asking open-ended questions, listening carefully to the responses, and probing when necessary to be sure that the issue of importance to the family has been identified.

- ▶ Healthy Steps provides mothers and fathers with the information and support that they want and need and helps physicians accomplish the goals that they established early in their careers.

**The
Video**



Healthy StepsSM: An Overview (Length: 15:18)

This video shows Healthy Steps at work in a variety of medical practices in different parts of the country. Physicians and parents demonstrate the advantages of this developmental approach to primary care for young children. A major focus of the video is on the addition of a new member of the practice team called a Healthy Steps Specialist. Healthy Steps Specialists from a variety of academic backgrounds, including nursing, early childhood education, and social work, demonstrate the ways in which they enhance the work of the practice. The video also shows the seven major Healthy Steps strategies in action.

The video features the following clinicians:

- JO ANN ALLEN, R.N., Healthy Steps Specialist, Advocate Bethany Hospital, Chicago
- JENNIFER ALONSO, R.N., Healthy Steps Specialist, Cornell Medical Associates, New York City
- CATALINA ARIZA, M.Ed., Healthy Steps Specialist, Advocate Ravenswood Maternity Family Health Center Hospital, Chicago
- ANITA BERRY, R.N., P.N.P., Healthy Steps Specialist, Advocate Good Samaritan Hospital, Downer's Grove, Illinois
- T. BERRY BRAZELTON, M.D., Pediatrician, Harvard Medical School, Boston
- CHRISTOPHER CLEMENS, M.D., Pediatrician, Cornell Medical Associates, New York City
- SUSAN CURLEY, M.S.Ed., Healthy Steps Specialist, MGH Revere Health Center, Revere, Massachusetts
- PATRICIA GARZA, R.N., Healthy Steps Specialist, South Texas Center for Pediatric Care, San Antonio
- SCOTT GOVERNO, R.N., M.S.N., F.N.P., Healthy Steps Specialist, Pediatric Associates of Florence, South Carolina
- REBECCA HOBART, M.S.W., L.C.S.W., Western Colorado Pediatric Associates, Grand Junction
- MARGOT KAPLAN-SANOFF, Ed.D., Child Development Specialist, Boston University School of Medicine
- STEVEN PARKER, M.D., Pediatrician, Boston University School of Medicine
- SABRINA PROVINE, R.N., Healthy Steps Specialist, Advocate Bethany Hospital, Chicago
- CATHY RUTMAN, R.N., Healthy Steps Specialist, ABC Family Pediatricians, Allentown, Pennsylvania
- MICHAEL SCHWARTZ, M.D., ABC Family Pediatricians, Allentown, Pennsylvania
- SILVANA SHLIAPOCHNIK, M.D., Family Physician, Advocate Ravenswood Maternity Family Health Center, Chicago
- BARRY ZUCKERMAN, M.D., Pediatrician, Boston University School of Medicine

**The
CD-ROM**



The Overview on the CD-ROM is the key section to review. The Overview will play automatically the first time you use the CD-ROM. Thereafter, you can access this section by clicking on the word "Overview" on the bottom menu bar.

Questions for Discussion and Reflection

1. What makes Healthy Steps different from other approaches to primary care for children?
2. What are the seven key strategies of Healthy Steps?
3. What are some of the advantages that parents see in a Healthy Steps practice?
4. What are some of the advantages that physicians see in a Healthy Steps practice?
5. How do Healthy Steps clinicians view their relationship with mothers and fathers?
6. What is the role of the Healthy Steps Specialist and why is the addition of this individual important in a Healthy Steps practice?
7. Child development specialist Margot Kaplan-Sanoff says that Healthy Steps offers parents many venues in which they can talk about issues that are of concern to them. What are some of these venues and why is this array of choices important?
8. Dr. Michael Schwartz talks about the value of the extra time that a Healthy Steps Specialist can spend with a family. How would the addition of a Healthy Steps Specialist help the families in your practice?
9. What is the value of adding a Reach Out and Read program to your practice?
10. In what ways is a home visit likely to differ from an office visit? Why is this important?
11. In what ways does Healthy Steps consider the health of the whole family in the interest of a healthy child?
12. Which of the following Healthy Steps components does your practice currently use: a child development telephone information line, home visits, parent groups, parent handouts and other special written material, community referrals? Which components would you like to learn more about?



UNIT 2



STARTING A HEALTHY STEPSSM PRACTICE

Unit Overview

This unit focuses on the process of preparing to become a Healthy Steps practice. Two critical success factors for Healthy Steps concern how well a practice plans for the changes in staffing and services that it will undergo and how well everyone on the team is oriented to and trained in the Healthy Steps approach and strategies. It is vital that someone take charge of this process and ensure that all members of the team are committed to its success. That person will most likely be the practice administrator or lead physician.

Unit Objectives

After viewing the video and completing the related CD-ROM sections in Managing Healthy Steps, users should be able to:

- ▶ Provide a rationale for becoming a developmentally oriented practice.
- ▶ Determine who will lead the process of becoming a Healthy Steps practice.
- ▶ Identify a step-by-step management approach in terms of obtaining buy-in from upper management, providing ongoing leadership, hiring appropriate personnel, providing administrative support (phones, scheduling system, office space, etc.), and developing ongoing systems for interdisciplinary communication.

- ▶ Discuss the nature of organizational change and how principles of organizational change can be applied to a practice that is adopting a developmental approach to primary care for young children.

- ▶ Show how Healthy Steps fits into and expands upon other developmentally oriented efforts in which a practice may already be involved, e.g., parent groups, Reach Out and Read, distribution of parent handouts.

- ▶ Recruit or train someone in the practice to be a Healthy Steps Specialist. This team member should have a background in child development, the ability to communicate well with parents, and the sensitivity to work as part of an interdisci-

plinary team while respecting individual roles.

- ▶ Identify the kinds of changes to the office facility that are needed to communicate that the practice is a nurturing and open environment that supports the needs of mothers and fathers and is as interested in children's development, behavior, and temperament as it is in their health.

- ▶ Determine how physicians and Healthy Steps Specialists will structure well child visits.

- ▶ Identify the impact of Healthy Steps on personnel and facility scheduling and develop a plan for modifying the existing scheduling system to accommodate Healthy Steps.

Key Concepts

- ▶ Change is hard . . . and threatening to some. It takes time, an ongoing commitment, leadership, and continuous communication among all members of the team.
- ▶ Healthy Steps adds a child development specialist to the medical team or trains someone already on the team. This individual may already be part of your practice or may need to be recruited. Look for people who are knowledgeable about child development from birth to three and experienced in working with families. The number of specialists that a practice will need depends on how many new babies come into the practice each month.
- ▶ Training in specific Healthy Steps strategies and more generally about the Healthy Steps approach to primary care for young children is a key part of the start-up process. Training is available from the Boston University School of Medicine and through this package of materials. A practice will need to decide who will participate in training and the manner in which they will be trained.
- ▶ Regularly scheduled meetings will help the staff to work as a smoothly functioning interdisciplinary team. Some meetings should include the entire office staff so that everyone understands and is committed to the same goals.
- ▶ The right scheduling system can make the difference between chaos and clarity. In developing such a system, consider: the number of people who need to be available to see the family during a well child visit, e.g., the physician, the pediatric nurse, and the child development specialist; the amount of time each clinician needs with the family and whether these visits will overlap; and when child development specialists need to be out of the office on home visits.
- ▶ Some space planning may be necessary to accommodate new staff and new services. Child development specialists will need office space, computers, files, materials, and access to typical office services. A room in which Healthy Steps Specialists can conduct developmental checkups may be needed.
- ▶ The time to network, survey, and build relationships with community resources is during the start-up process.



**The
Video**



Starting a Healthy StepsSM Practice (Length: 12:25)

This video visits two medical practices to see how they planned for and successfully adopted Healthy Steps: ABC Family Pediatricians in Allentown, Pennsylvania, one of the first Healthy Steps practices in the nation, and Western Colorado Pediatric Associates in Grand Junction. Clinicians in each location discuss the challenges that they faced and how they overcame them, stressing the concepts of commitment, leadership, personnel, training, scheduling, teamwork, communication, and space planning.

The video features the following clinicians:

- ABC Family Pediatricians, Allentown, Pennsylvania: MICHAEL SCHWARTZ, M.D., Pediatrician; TERRY THOMAS,

- M.S., Healthy Steps Specialist
- Western Colorado Pediatric Associates, Grand Junction: CATHIE CLARK, R.N., M.S.A., Healthy Steps Specialist; WILLIAM FINDLAY, M.D., Pediatrician; CAROL

- SCHLAGECK, Practice Administrator; BARBARA ZIND, M.D., Pediatrician
- Healthy Steps Chicago: GAIL WILSON, B.S.N., M.S., M.P.H.



**The
CD-ROM**

The key sections of the CD-ROM that relate to this unit are listed below.

**MANAGING HEALTHY STEPS:
Getting Ready**

▶ **Overview**

▶ **The Healthy Steps Team**

Physician/Pediatric Nurse Practitioner
Healthy Steps Specialist
Nursing Staff
Office Staff
Orienting the Team

▶ **Training and Technical Assistance**

The Healthy Steps Training Institute
Technical Assistance
Healthy Steps Videos
Healthy Steps CD-ROM
Staff Turnover

▶ **Understanding Change**

The Process of Change
Critical Success Factors
Key Decisions
The Importance of Communication

▶ **Advance Planning**

Preparing the Office Suite
Setting Up Equipment
Establishing Community Connections
Planning Time Line
Estimating Costs

▶ **Case Studies**

▶ **Related Reading**

Questions for Discussion and Reflection

Facilitator's Note:

In addition to the questions here, the Management Case Studies section of the Getting Ready for Healthy Steps chapter on the CD-ROM includes a number of interactive exercises that can be used as decision-making tools in the start-up process.

1. The practice administrator is key to a successful Healthy Steps practice. What responsibilities will this individual have in your practice (e.g., developing and implementing a scheduling system; arranging for facilities, equipment, and supplies)? Who is the best person to fulfill these responsibilities? Does that person have the necessary authority and access to solve problems as they are identified?

2. Healthy Steps offers a number of ways in which physicians and Healthy Steps Specialists can work together to enhance a well child visit. What do you think are the advantages and disadvantages of these clinicians seeing the family together or seeing the family sequentially? Which method feels as if it would work best for your practice? Why do you think so? If members of your team will see the family separately for at least some part of the visit, how will they communicate critical information to one another?

3. One of the challenges for physicians and nurses has been sharing their relationship with a family with other members of the interdisciplinary team. How big a problem do you think this would be in your practice? What are some methods that you might use to help everyone become more comfortable with this new system?

4. How much time does your practice typically schedule for a well child visit? How much information about behavior and development are you able to provide during this period? What additional information would you like to provide but cannot do so within the time constraint? How could Healthy Steps help you overcome this barrier?

5. Will all families in your practice receive Healthy Steps services? If not, how will Healthy Steps families be identified in practice records?

6. How well will your current examination rooms meet the needs of a Healthy Steps visit? What message do they give to families? Can they accommodate up to four adults in the room at one time? Is there space for siblings? Do the rooms encourage moms to breast-feed? Do they send the message that your practice is interested in the whole family and in the child's emotional and intellectual development in addition to his or her physical health?

7. Healthy Steps practices have identified the following six factors as critical to success: management commitment/buy-in, teamwork, role clarity, leadership, resources, and willingness to change. Select the two factors that you think are most critical for your practice. Determine what you need to achieve success in these areas and how you will get it.

8. What do you think might impede the successful adoption of Healthy Steps in your practice? How will you avoid or overcome these factors?

UNIT 3



THE HEALTHY STEPSSM OFFICE VISIT

Unit Overview

This unit is directed to all members of the practice team who are likely to be part of well child office visits — the receptionist, the physician or nurse practitioner, the nurse, and the Healthy Steps Specialist. It looks at the various ways in which this interdisciplinary team organizes itself during well child office visits and provides a view of the ways in which such visits are enhanced by the presence of a Healthy Steps Specialist. The overriding theme of this unit is that a developmentally oriented practice consistently seeks opportunities to increase both the self-understanding of mothers and fathers and their knowledge and understanding of their child's behavior and development. A second important theme is that caring and supportive relationships between the practice and the family contribute to healthy child development and are key to a developmentally oriented practice.

Unit Objectives

After viewing the video and completing the related CD-ROM sections in Managing Healthy Steps, users should be able to:



- ▶ Describe a typical Healthy Steps enhanced well child office visit.
- ▶ Differentiate between joint visits and linked visits and determine which would work best in your practice.
- ▶ Discuss the roles of the receptionist, physician, nurse practitioner, nurse, and Healthy Steps Specialist in a well child visit and tell how these roles relate to one another in a developmentally oriented practice.
- ▶ Determine how such Healthy Steps materials as Quick Check Sheets, Parent Prompt Sheets, and parent handouts will be used in a well child visit.
- ▶ Identify how traditional well child visits differ from Healthy Steps well child visits.
- ▶ Plan the addition of a Reach Out and Read program for their practice.
- ▶ Discuss ways in which the interdisciplinary team works together and show communication across roles.

Key Concepts

- ▶ Healthy Steps follows the guidelines of the American Academy of Pediatrics for well child visits.
- ▶ Enhanced well child office visits are a key Healthy Steps strategy. They involve an interdisciplinary team and support mothers and fathers around issues of behavior and development in addition to meeting the child's health needs.
- ▶ Healthy Steps enhanced well child office visits are characterized as either joint visits or linked visits. In a joint visit, the Healthy Steps Specialist typically spends some time alone with the family and then stays in the examination room with the physician or nurse practitioner (PNP). In a linked visit, the physician or nurse practitioner and the Healthy Steps Specialist see the family separately. In this model, the Healthy Steps Specialist typically will see the family first and may return after the physician or PNP has completed the health part of the visit. In either case, if the Healthy Steps Specialist has spent time with the family before the physician or PNP arrives, it is important for the specialist to engage parents in helping to set the agenda for the visit, strengthen the practice's relationship with the family, and brief the physician or nurse practitioner on what he or she has learned and observed in the early part of the visit.
- ▶ Many practices use variations of these approaches, but the essential outcome is that the Healthy Steps Specialist can spend additional time with the family and focus specifically on issues relating to development and behavior.
- ▶ During enhanced well child visits, both the Healthy Steps Specialist and the physician may conduct developmental checkups, take advantage of teachable moments, provide anticipatory guidance to the family on upcoming developmental changes, and provide additional information on topics that parents have asked about. Some of this information may come in the form of Healthy Steps parent handouts.
- ▶ Healthy Steps practices participate in the national Reach Out and Read program. In this program, physicians give children books at each well child visit starting when a child is six months old and model ways in which mothers and fathers can use these books to help support their child's early learning experiences.
- ▶ All members of the Healthy Steps practice team strive to end each visit on a positive note, praising mothers and fathers for their successes and building their self-confidence.

**The
Video**



The Healthy StepsSM Office Visit (Length: 14:14)

This video looks at two enhanced well child visits. Each uses members of the interdisciplinary team somewhat differently. The first visit takes place in Grand Junction, Colorado, and features Dr. Mike Whistler and Healthy Steps Specialist Rebecca Hobart, who is a licensed social worker. The video shows what such a joint visit looks like, starting when the family arrives for a visit, and provides an important opportunity to see how members of the interdisciplinary team work together. It also illustrates how the Healthy Steps Specialist engages the parents in setting the agenda for the visit. The second segment shows a visit at Cornell Medical Associates in New York City. Healthy Steps Specialist Teresa Wilson, who has a background in pediatric nursing, conducts part of a Denver II Developmental Screening Test and relays her findings to Dr. Christopher Clemens, who then completes the visit with the mother and child.

The video features the following clinicians:

- T. BERRY BRAZELTON, M.D., Pediatrician, Harvard Medical School, Boston
- CHRISTOPHER CLEMENS, M.D., Pediatrician, Cornell Medical Associates, New York City
- WILLIAM FINDLAY, M.D., Pediatrician, Western Colorado Pediatrics, Grand Junction
- REBECCA HOBART,

- M.S.W., L.C.S.W, Healthy Steps Specialist, Western Colorado Pediatrics, Grand Junction
- MARGOT KAPLAN-SANOFF, Ed.D., Child Development Specialist, Boston University School of Medicine
- STEVEN PARKER, M.D., Pediatrician, Boston University School of Medicine
- ANDY PHAN, M.D., Pediatric Resident, Advocate Ravenswood

- Hospital, Chicago
- JENNIFER PROZUMENT, M.Ed., Healthy Steps Specialist, Advocate Ravenswood Hospital, Chicago
- TERESA WILSON, R.N., Healthy Steps Specialist, Cornell Medical Associates, New York City
- BARRY ZUCKERMAN, M.D., Pediatrician, Boston University School of Medicine



**The
CD-ROM**

The key sections of the CD-ROM that relate to this unit are listed below.

**MANAGING HEALTHY STEPS:
Getting Ready**

- ▶ **Overview**
- ▶ **The Healthy Steps Team**
Physician/Pediatric Nurse Practitioner
Healthy Steps Specialist
Nursing Staff
Office Staff
- ▶ **Understanding Change**
The Process of Change
Key Decisions
The Importance of Communication

▶ **Case Studies**

▶ **Related Reading**

RESOURCES (Clinical)

Quick Check Sheets

RESOURCES (Family)

- LINKletters
- Parent Prompt Sheets
- Parent Handouts
- Child Health and Development Record

Questions for Discussion and Reflection

Facilitator's Note:

In addition to the questions here, the interactive case studies on the CD-ROM can be used for small-group discussion.

1. Healthy Steps Specialists have varied backgrounds. Some are early childhood educators, others are social workers, and still others are pediatric nurses. What background would you seek in a Healthy Steps Specialist to best complement the existing skills in your practice?

2. Which makes more sense to you for the dynamics of your practice — a joint visit or a linked visit? What makes your choice attractive?

3. Why is good communication among team members critical in a Healthy Steps practice?

4. What impact would the addition of a Healthy Steps Specialist to an office visit have on your scheduling procedures?

5. Who will take responsibility in your practice for establishing a Reach Out and Read program?

6. Why do you think Reach Out and Read recommends that the physician be the one to distribute books to children?

7. Where do you see teachable moments used in the video?

8. What approaches do the various clinicians in the video use to help parents articulate what they want to get out of the visit? Why is this collaborative agenda setting important?

9. What strategies do you see used for providing parents with answers to their questions?

10. In the video, pediatrician Steven Parker says that he thinks it would be very difficult to fulfill the goals of Healthy Steps without a Healthy Steps Specialist. What do you think the Healthy Steps Specialist adds to a practice?

11. What do you think parents gain from a Healthy Steps enhanced well child visit that might not be possible from a more traditional well child visit?

12. What do you think the physician gains from this arrangement that would not be a product of a traditional well child visit?



UNIT 4



HEALTHY STEPSSM HOME VISITS

Unit Overview

Healthy Steps home visits provide a special opportunity for the Healthy Steps Specialist to get to know mothers, fathers, and children in an informal and relaxed atmosphere apart from the medical office. Such visits typically present numerous teachable moments, allow time to conduct a variety of developmental checkups, and offer many opportunities to provide anticipatory guidance. Home visits supplement the guidance on development and behavior that is given at office visits and strengthen the relationship between the family and the practice. During infancy, home visits typically focus on general health, nutrition, breast-feeding, sleep, and strategies for comforting babies. As the child grows, the emphasis typically shifts to home safety, issues of toddler autonomy, and managing such behavioral and developmental concerns as limit setting, early learning and stimulation, eating, and toilet training.

Unit Objectives

After viewing the video and completing the related CD-ROM sections, users should be able to:

- ▶ Provide a rationale for medical practices that serve young children to offer home visits.
- ▶ Differentiate home visits from office visits in terms of goals, timing, agendas, and strategies.
- ▶ Describe an ideal schedule for home visiting and tell why they have chosen it.
- ▶ Identify ways in which a Healthy Steps Specialist can support the continuation of breast-feeding.
- ▶ Explain why 9-month and

24-month home visits are important in terms of the developmental changes that children are poised to undergo at these points and discuss the related adjustments in parent thinking and behavior that may be needed.

- ▶ Use Quick Check Sheets to prepare for a home visit.
- ▶ Describe strategies that a Healthy Steps Specialist might use to help mothers and fathers identify their own goals for their child's behavior and how they will achieve them.
- ▶ Model behaviors that parents can use to guide and set limits for their child.

- ▶ Demonstrate how a Healthy Steps Specialist might conduct a home safety assessment in the home of a nine-month-old child.
- ▶ Define methods for communicating back to the rest of the medical team what has been learned at a home visit.
- ▶ Develop guidelines on how Healthy Steps Specialists should behave at home visits, including ways of showing respect for cultural differences, and discuss issues of safety, providing concrete strategies that Healthy Steps Specialists can use in scheduling, traveling to, and communicating about home visits.

Key Concepts

▶ Home visits are part of an integrated approach to supporting mothers, fathers, and children from birth to age three. Home visits complement office visits and enhance the practice's understanding of the family and the home's influence on the child's development and behavior.

▶ Home visits focus on child development, temperament, family health, and home safety and offer an ideal time to use such developmental checkups as the Neonatal Behavioral Assessment Scale and the Denver II Developmental Screening Test, both of which are designed to help mothers and fathers better understand their child's development and behavior.

▶ Home visits sometimes help the practice to know about and act on situations long before they affect a child's development, e.g., postpartum depression, smoking, and domestic stress.

▶ Home visits give Healthy Steps Specialists opportunities to take advantage of teachable moments and provide anticipatory guidance. Specialists can model behavior for parents — such as distracting the child, limit setting, or reading — and allow time for discussions that help mothers and fathers understand their own goals for their child's development and behavior.

▶ It is vital that Healthy Steps Specialists communicate what they have learned at home visits to their colleagues in the practice and to tell parents that they will be doing this.



**The
Video**



Healthy StepsSM Home Visits (Length: 16:31)

This video depicts home visits with parents and children from birth through the toddler years in which Healthy Steps Specialists conduct developmental checkups and address such issues as child development and behavior, temperament, family health, and home safety. The video establishes the importance to both the practice and the family of conducting home visits. It also discusses the respect, sensitivity, and attention to the family's routines and traditions that are required of a home visitor. Several home visits illustrate various approaches that Healthy Steps Specialists take to raise issues of discipline and limit setting, and demonstrate how easily teachable moments emerge in this context. The video also shows strategies that Healthy Steps Specialists use to address family health issues and review age-appropriate home safety guidelines.

The video features the following clinicians:

- JO ANN ALLEN, R.N., Healthy Steps Specialist, Advocate Bethany Hospital, Chicago
- JENNIFER ALONSO, R.N., Healthy Steps Specialist, Cornell Medical Associates, New York City
- ANITA BERRY, R.N., P.N.P.,

- Healthy Steps Specialist, Advocate Good Samaritan Hospital, Downer's Grove, Illinois
- JACQUELINE GOVERNO, B.A., Healthy Steps Specialist, Pediatric Associates of Florence, South Carolina
- CHARLES JORDAN, M.D., Pediatrician, Pediatric Associates of Florence, South Carolina
- MARGOT KAPLAN-

- SANOFF, Ed.D., Child Development Specialist, Boston University School of Medicine
- JENNIFER LISKE, M.A., Healthy Steps Specialist, MGH Revere Health Center, Revere, Massachusetts
- STEVEN PARKER, M.D., Pediatrician, Boston University School of Medicine



**The
CD-ROM**

The key sections of the CD-ROM that relate to this unit are listed below.

**CLINICAL STRATEGIES:
Home Visits**

▶ **Overview**

▶ **Importance**

- Relationship Building
- Natural Appeal to Parents
- Unique Position of Medical Team

▶ **Schedule and Activities**

- | | |
|-----------|-----------|
| 3-5 Days | 18 Months |
| 9 Months | 24 Months |
| 12 Months | 30 Months |

▶ **Making Arrangements**

- Prepare a Brief Introduction
- Call in Advance
- The Day of the Visit
- Arranging Subsequent Visits
- Common Pitfalls

▶ **Case Studies**

▶ **Related Reading**

RESOURCES (Clinical)

- Quick Check Sheets

RESOURCES (Family)

- Parent Handouts

Questions for Discussion and Reflection

1. What are some advantages of home visiting for both the practice and the family?

2. Who will conduct home visits in your practice?

3. What home visit schedule will your practice follow? How will you determine the particular needs of specific families with regard to home visits?

4. How will you ensure the safety of staff members who conduct home visits, and how will everyone's whereabouts be communicated within the practice?

5. Although Mrs. Tejada seems to be breast-feeding quite successfully, some mothers need assistance in this area. Is a lactation specialist associated with your practice? If not, what community resources can you recommend to a mother who needs information about and support for breast-feeding?

6. Mrs. Tejada seems quite attuned to the possibility of postpartum depression and talks easily with Jennifer about her feelings. How might you encourage a mother who is less verbal than Mrs. Tejada to discuss this issue? What signs of depression would you look for? What resources are available in your community to help a depressed parent?

7. What behaviors do you observe on the part of the Healthy Steps Specialists in this video that indicate their respect for the families they are visiting?

8. From your observations of the families in these home visits, how typical do you think these days are for the families involved? On what observations do you base your judgment?

9. Anita Berry conducts part of the Denver II Developmental Screening Test while she is visiting the Kohls. What are your observations of Cassidy Kohl's development? How would you discuss your impressions with her parents?

10. One function of Healthy Steps is to help mothers and fathers understand their own goals for their child's behavior. Where do you see this occurring in the video and what else might you have done in similar circumstances?

11. What would you do if you went on a home visit and noticed clear signs of smoking in the household even though you had been told that no one smokes?

12. What are the advantages of seeing all members of the family together?



TEACHABLE MOMENTS: THE FIRST YEAR

Unit Overview

The concept of teachable moments is at the heart of the Healthy Steps approach and is a major aspect of providing enhanced well child care. This unit focuses on the skills of recognizing and using teachable moments and provides numerous examples of its application with children from birth to 12 months. Unit 6 addresses teachable moments with toddlers.

The overriding theme of the unit is that all behavior has meaning and that clinicians' and parents' shared observations of children's behavior create teachable moments — instances when clinicians can draw on their observations of the child's actual behavior to communicate developmental information at a moment when parents' natural interest is high. Parents' questions and behavior also stimulate teachable moments. Like all Healthy Steps strategies, the use of teachable moments both is a part of and is enhanced by the development of an ongoing relationship between the practice and the family. Teachable moments consistently increase mothers' and fathers' self-understanding, along with their understanding of their child's behavior and development. Listening and observation are stressed throughout as the key skills physicians and Healthy Steps Specialists need to succeed in using teachable moments.

Unit Objectives

After viewing the video and completing the Creating Teachable Moments portion of the CD-ROM, users should be able to:

- ▶ Recognize and describe examples of teachable moments that concern a behavioral or developmental issue.
- ▶ Differentiate between teachable moments and anticipatory guidance.
- ▶ Explain why taking advantage of teachable moments is impor-

tant and how the use of this strategy enhances well child care.

- ▶ Be able to identify and use at least five different types of encounters with parents and/or children in which clinicians have opportunities to take advantage of teachable moments.
- ▶ Give examples of at least three different types of situations in which teachable moments are addressed.
- ▶ Demonstrate various ways in

which clinicians can create teachable moments.

- ▶ Discuss examples from their own clinical experience of missed opportunities to take advantage of teachable moments.
- ▶ Show the role of observation and listening in identifying and taking advantage of teachable moments.
- ▶ Give an example of a "sometimes" statement.

Key Concepts

- ▶ Teachable moments provide a rich way to communicate with mothers and fathers.
- ▶ Opportunities for teachable moments occur in many ways, including when a parent asks a question or makes a comment about information you are giving or expresses a particular concern, when the child behaves in a particular way that may be of interest or concern to the family, and when the team observes something noteworthy either on the part of the child or in the interaction among family members.
- ▶ Teachable moments techniques include: eliciting a particular behavior from the child that points to a general developmental change or process that you can describe, observing the baby's behavior and interpreting it with the parents, modeling constructive interactions with the child, reframing the child's behavior in developmental terms to help the parents better understand their child's temperament and behavior, offering "sometimes" statements to give parents optional interpretations of a particular behavior as a means of helping them clarify their own intent, and asking evocative questions that give parents the opportunity to further explore or gain insight into an issue.
- ▶ Teachable moments occur in all the situations in which you are likely to encounter the family: in the office, at home visits, in parent groups, and on the Child Development Telephone Information Line.
- ▶ Anticipatory guidance is a form of teachable moment that looks to the future, offering parents information about what to expect from their young children as they develop, along with ideas about how to meet parenting challenges that are likely to arise.
- ▶ Missed opportunities are situations that occur when you are with a family, but that you neglect or decline to pursue as teachable moments. Sometimes letting a particular teachable moment go by is a deliberate clinical decision that you make because you know that the parents cannot process additional information at this time or that they are not ready to consider the problem that you have noticed.
- ▶ Many specific examples of teachable moments can be found in the Creating Teachable Moments section of the CD-ROM, which also contains the following print materials: the Child Health and Development Record, LINKletters, Parent Prompt Sheets, and Quick Check Sheets.

The Video



Teachable Moments: The First Year (Length: 18:07)

This video presents many examples of teachable moments in practice. It shows office visits with several children: a two-month-old whose father is the sole daytime caregiver for the first time that day; a six-month-old taking part in a Denver II Developmental Screening Test, which provides numerous opportunities for teachable moments and anticipatory guidance; and a nine-month-old whose mother raises a variety of issues about the child's increasing demands. Teachable moments strategies also are shown at a home visit that focuses on the relationship between a nine-month-old girl and her two-year-old brother, and a one-year office visit in which issues of autonomy and limit setting begin to emerge. Strategies shown include reframing the child's behavior in developmental terms, observing and interpreting the child's behavior, asking evocative questions, eliciting and then discussing specific behaviors, and modeling specific interactions with the child.

The video features the following clinicians:

• CHRISTOPHER CLEMENS, M.D., Cornell Medical Associates, New York City • SUSAN CURLEY, M.S.Ed., Healthy Steps Specialist, MGH Revere Health Center, Revere,

Massachusetts • MARGOT KAPLAN-SANOFF, Ed.D., Child Development Specialist, Boston University School of Medicine • JENNIFER LISKE, M.A., Healthy Steps Specialist, MGH Revere Health Center, Revere, Massachusetts • AMY OH, M.D., Pediatrician, MGH Revere Health Center,

Revere, Massachusetts • STEVEN PARKER, M.D., Pediatrician, Boston University School of Medicine • TERESA WILSON, R.N., Healthy Steps Specialist, Cornell Medical Associates, New York City • BARRY ZUCKERMAN, M.D., Pediatrician, Boston University School of Medicine



The CD-ROM

The key sections of the CD-ROM that relate to this unit are listed below.

**CLINICAL STRATEGIES:
Creating Teachable Moments**

- ▶ **Overview**
- ▶ **Introduction**
Teachable Moments
Anticipatory Guidance
Missed Opportunities
- ▶ **Using Teachable Moments**
Techniques
Creating Teachable Moments
Finding Teachable Moments
- ▶ **Teachable Moments in the Office**
At a One-year Visit
- ▶ **Teachable Moments from Birth to Three**
Newborn 4 Months 12 Months
1 Month 6 Months
2 Months 9 Months

- ▶ **Case Studies**
- ▶ **Related Reading**

**CHILD DEVELOPMENT & BEHAVIOR:
The First Year**

- ▶ **Overview**
- ▶ **Early Brain Development**
- ▶ **Concepts in Child Development**
Endowment
Maturation
Temperament
- ▶ **Developmental Processes**
Motor Control
Communication Skills
Social Development
Cognitive Development
Review of Developmental Milestones

- ▶ **How Children Cope**
Self-regulation
Mutual Regulation

- ▶ **Case Studies**
- ▶ **Related Reading**

MILESTONES FROM BIRTH TO THREE

3-5 Days	2 Months	9 Months
2 Weeks	4 Months	12 Months
1 Month	6 Months	

RESOURCES (Clinical)
Quick Check Sheets

- RESOURCES (Family)**
LINKletters
Parent Prompt Sheets
Parent Handouts
Child Health and Development Record

Questions for Discussion and Reflection

Facilitator's Note:

In addition to the questions here, the interactive case studies on the CD-ROM can be used for small-group discussion.

1. Review the video section in which Dr. Barry Zuckerman talks with Mrs. Valiuddin as her nine-month-old son, Hussain, plays on the examining table. In what way does Dr. Zuckerman model ways of interacting with Hussain?

2. Dr. Zuckerman asks Mrs. Valiuddin a number of questions about her current life. Why do you think he does this? What does he learn in so doing? What are some open-ended questions that you find helpful in your practice?

3. Describe how Dr. Zuckerman helps Mrs. Valiuddin understand Hussain's clinginess in developmental terms. Why is this "reframing" important?

4. What do you observe about Hussain's behavior in this office visit? How might you describe and interpret your observations to his mother?

5. How might Dr. Zuckerman have involved the child development specialist in this visit? Why might it be important for the child development specialist to observe the family?

6. What techniques does child development specialist Margot Kaplan-Sanoff use to find out more about Mrs. Valiuddin's child-rearing preferences?

7. Review the portion of the video in which Healthy Steps Specialist Jennifer Liske conducts a home visit with Stephanie Emmons and her two children, ages nine months and two years. What teachable moments do you observe in this scene? How would you take advantage of them?

8. What are the three most likely developmental issues to come up at the following visits: two months, six months, nine months, twelve months?

9. What would you expect to be the key teachable moments in a four-month-old's well child visit?

10. How would you encourage parents to support a child's emerging independence toward the end of the first year? What anticipatory guidance would you give?

11. How can you create situations in which teachable moments will emerge?

12. In thinking about your clinical interactions over the last few days, cite some examples of teachable moments that you took advantage of and some missed opportunities to do so.



UNIT 6



TEACHABLE MOMENTS: THE TODDLER YEARS

Unit Overview

This unit extends the concept of teachable moments to the toddler years. It provides a basic understanding of the big issues that parents of toddlers face — autonomy, separation, power, and control — and shows how these issues are played out behaviorally in everyday events. The unit also addresses how clinicians in developmentally oriented practices help mothers and fathers understand toddlers' behavior in developmental terms and use effective and developmentally appropriate parenting strategies.

Unit Objectives

After viewing the video and completing the CD-ROM sections on Creating Teachable Moments and The Toddler Years, users should be able to:

- ▶ Identify the major challenges parents face during the toddler years.
- ▶ Give examples of specific developmental changes during the toddler years in terms of cognitive development, motor control, communication skills, and social development.
- ▶ View and interpret toddler behavior in developmental terms.

- ▶ Use open-ended questions to develop teachable moments.
- ▶ Create a “sometimes statement” for a situation in which a parent’s motivation is not clear.

- ▶ Help parents understand the role of discipline, establish clear and consistent discipline goals, and use a variety of strategies that set limits for their toddlers.



Key Concepts

- ▶ Teachable moments can be found in all Healthy StepsSM interactions with families — office visits, home visits, parent groups, telephone calls, and so forth.
- ▶ Because the toddler period can be so difficult, supporting parents though this time is particularly helpful for Healthy Steps practices to do.
- ▶ Throughout the toddler years, children move back and forth between dependence and independence and seek power and control over their environment and activities.
- ▶ Typical toddler issues include activity repetition, interest in genitals, toilet training, limit setting, consistency among caregivers, biting, the effect of new siblings on behavior, issues of independence and control, the need for reassurance, and parents' adjustment to the end of infancy.
- ▶ Using teachable moments can help parents understand typical developmental changes, reframe a child's challenging behavior in positive terms, increase parents' confidence, help parents understand why they make certain parenting choices, help parents articulate their goals, and improve the goodness-of-fit between a child's temperament and the parents' expectations.
- ▶ Not every teachable moment needs to be addressed immediately. Sometimes it is better to think about a situation, consult with colleagues, and wait for an opening to come up again. It almost always will if the issue is important to the mother and father.

The Video



Teachable Moments: The Toddler Years (Length: 17:15)

The video features four stories. The first segment shows a 24-month well child checkup and is an excellent illustration of teamwork between a physician and a Healthy Steps Specialist. In this visit the child's behavior and the mother's comments provide numerous opportunities for teachable moments. The second segment shows part of a well child visit in which the Healthy Steps Specialist is following up with a mother on an issue that had arisen earlier in the visit: Why does she always wind up yelling at her two-year-old daughter and what else could she be doing? The third segment shows an 18-month home visit. Here, too, the major issue is discipline. In this family, however, it soon becomes evident that the mother and father have very different approaches to discipline and limit setting. The Healthy Steps Specialist helps them understand their own "ghosts in the nursery" and begins the process of helping them set common goals. The fourth segment shows how teachable moments emerge in a parent group in which toddlers are present.

The video features the following clinicians:

• CATHIE CLARK, R.N., M.S.A., Healthy Steps Specialist, Western Colorado Pediatric Associates, Grand Junction • REBECCA HOBART,

M.S.W., L.C.S.W., Healthy Steps Specialist, Western Colorado Pediatric Associates, Grand Junction • MARGOT KAPLAN-SANOFF, Ed.D., Child Development Specialist, Boston University Medical Center • STEVEN PARKER, M.D., Pediatrician,

Boston University Medical Center • SABRINA PROVINE, R.N., Healthy Steps Specialist, Advocate Bethany Hospital, Chicago • MICHAEL WHISTLER, M.D., Pediatrician, Western Colorado Pediatric Associates, Grand Junction



The CD-ROM

The key sections in the CD-ROM that relate to this unit are listed below.

CLINICAL STRATEGIES: Creating Teachable Moments

- ▶ **Overview**
- ▶ **Introduction**
 - Teachable Moments
 - Anticipatory Guidance
 - Missed Opportunities
- ▶ **Using Teachable Moments**
 - Techniques
 - Creating Teachable Moments
 - Finding Teachable Moments
- ▶ **Teachable Moments in the Office**
 - At Toddler Visits
- ▶ **Teachable Moments from Birth to Three**

15 Months	30 Months
18 Months	36 Months
24 Months	
- ▶ **Case Studies**
- ▶ **Related Reading**

RESOURCES (Clinical)

Quick Check Sheets

RESOURCES (Family)

LINKletters
Parent Prompt Sheets
Parent Handouts
Child Health and Development Record

CLINICAL STRATEGIES: The Toddler Years

- ▶ **Overview**
- ▶ **Developmental Domains**
 - Cognitive Development
 - Motor Development
 - Communication Development
 - Social Development
 - Review of Developmental Milestones
- ▶ **Limit Setting and Discipline**
 - What is Discipline?
 - Discipline in the Context of Parent-Child Relationships
 - Discussing Discipline with Parents
 - Predisposing Behaviors to Discipline Problems
- ▶ **Healthy Steps Strategies**
 - Working with Parents
 - Limit Setting
 - The ABC Approach
 - Discipline Techniques to Avoid
- ▶ **Other Toddler Issues**
 - Feeding
 - Toilet Training
 - Sleeping
- ▶ **Case Studies**
- ▶ **Related Reading**

MILESTONES FROM BIRTH TO THREE

15 Months	30 Months
18 Months	36 Months
24 Months	

Questions for Discussion and Reflection

1. Pediatrician Steven Parker talks about why parents are so open to advice during their child's toddler years. What are some of the reasons he gives? Why do you think this is such a critical time in the relationship between the practice and the family?

2. How does Healthy Steps Specialist Cathie Clark get Jordan Newton's mother to talk about what she does when she needs a break from Jordan's persistent behavior? How else might you have tried to get Mrs. Newton to talk about some of the stresses of parenting a toddler? What are some other strategies you might have recommended to Mrs. Newton for days when being the parent of a toddler is really tough?

3. Mrs. Newton says she distracts Jordan by telling him to look for his sister or dad. Suppose she had said instead, "I put him in a playpen and I go to my bedroom," or "If he won't stop when I tell him to, I spank his fanny." What would you consider before responding? How would you respond?

4. From what you can see of Jordan's behavior, what can you say about his development?

5. What is Cathie Clark's role during Dr. Whistler's medical examination of Jordan?

6. How does Dr. Whistler reframe Jordan's persistent behavior in positive terms?

7. How would you respond to a parent who says, "My child is into everything all the time. He is driving me crazy."

8. In the scene with Tricia and Margot Kaplan-Sanoff, Dr. Kaplan-Sanoff uses a "sometimes statement" to probe why Tricia yells at her daughter. How would you use a "sometimes statement" with a parent who is worried about a toddler who is not eating?

9. How would you characterize Mr. and Mrs. Gibbs's approach to discipline? How would you help them find some strategies that are comfortable for both of them?

10. How would you help parents establish limit-setting goals for their toddler?

11. What does "ghosts in the nursery" mean? Give an example of how this issue might affect a family with whom you are working.

12. In meeting with Ms. Bishop, Margot Kaplan-Sanoff relates the struggles of parenting a toddler to those of parenting an adolescent. What does she mean?



GAUGING A CHILD'S DEVELOPMENT

Unit Overview

Healthy StepsSM uses a variety of developmental checkups to help parents understand their young child's growth and development. The use of these checkups has two purposes: to stimulate ways of discussing children's development and behavior with their mothers and fathers and to screen for potential developmental problems. The video in this unit presents five checkups that Healthy Steps practices can use to gauge a child's development: the Brazelton Neonatal Behavioral Assessment Scale (NBAS), the Temperament Scale, BABES (Behavioral Assessment of Baby's Emotional and Social Style), the Denver II Developmental Screening Test, and the MacArthur Communicative Development Inventory. The CD-ROM presents more information on these tools and also includes information on psychosocial checkups. As part of its philosophy of looking at the whole child and the whole family, Healthy Steps also looks at the potential impact of family history on the child. Unit 9 — Family Factors Affecting Children: Smoking, Depression, Violence, and Addiction — considers the important other side of this two-generational checkup.

Unit Objectives

After viewing the video and completing the related sections of the CD-ROM, users should be able to:

- ▶ Put the process of gauging a child's developmental progress into context, noting that such tools are used primarily to provide teachable moments and to screen children for potential developmental problems.
- ▶ Understand that such developmental checkups are accomplished in the context of an ongoing relationship between the Healthy Steps team and the family.
- ▶ Develop and maintain a schedule for administering developmental checkups.

developmental checkups.

- ▶ Be able to administer a modified version of the NBAS, either while the newborn is still at the hospital or during the first home or office visit.
- ▶ Help parents use and understand the purpose of the Temperament Scale.
- ▶ Use BABES to help mothers and fathers think about and understand their child's temperament and to identify specific behaviors about which they would like guidance from the Healthy Steps team.
- ▶ Demonstrate the use of the

Denver II Developmental Screening Test to assess a child's development in four domains: gross motor skills, language development, fine motor-adaptive skills, and personal social skills.

- ▶ Explain to parents how to use the MacArthur Communicative Development Inventory to gauge children's emerging language skills and help them develop additional vocabulary.
- ▶ Provide examples of how the Healthy Steps team gives bad news to mothers and fathers, stressing the ongoing support available from the Healthy Steps team.

Key Concepts

▶ The NBAS is a running dialogue between the clinician and the mother and father about the baby's behavioral and neurological response to the people and events in his or her environment. The clinician should conduct at least one assessment in each of the following clusters: response decrement, state range and regulation, motor organization, neurological response, social organization, and physiological regulation. Note that administration of the NBAS is a key first step in developing a relationship with the family, instilling confidence in the mother and father, and helping the parents understand the innate temperament of their new child. Healthy Steps Specialists — unless they are specially trained and certified — typically use a modified version of the NBAS that takes 10 to 15 minutes to administer.

▶ The Temperament Scale focuses on the baby's activity level, adaptability, persistence, and mood. It helps parents identify which aspects of a child's temperament might present the greatest problems for the family and opens the door to assist parents in adjusting to various temperamental differences between the parents and the child. The Temperament Scale raises parents' awareness of whether their expectations for the baby's behavior match the baby's temperamental style. With this awareness, mothers and fathers are better able to adapt their parenting style to their child's temperament to create what is called goodness-of-fit.

▶ The Denver II Developmental Screening Test is administered at six-month intervals beginning at six months of age. It provides a simple method for the early identification of children at risk for developmental problems. Many Healthy Steps Specialists find this assessment easiest to administer during a home visit, both because of time constraints in office visits and because they find that children are more relaxed and thus more likely to complete tasks successfully. It is important to note that this tool may indicate a possible developmental problem but is not sufficient in and of itself to provide a diagnosis.

▶ Many practices that find they do not have time to administer the Denver, ask parents to fill out such questionnaires as the Ages and Stages Questionnaire (ASQ) or the Parents' Evaluation of Developmental Stages (PEDS). This makes good use of waiting room time and provides results that can be shared with the team.

▶ BABES is a short checklist of social and emotional behaviors that is often used at the 12- and 18-month visits. Parents answer questions about their child with regard to eating, sleeping, cuddling, playing, and toilet habits. Their answers help the Healthy Steps team identify any areas of potential difficulty and lay the groundwork for future discussions.

▶ The MacArthur Communicative Development Inventory is a questionnaire designed to provide parents with a sense of whether their children's language skills are developing on target. To help determine the child's developing receptive and expressive language skills, language screening tools such as the Early Language Milestone Scale (ELMS) are very helpful.

**The
Video**



Gauging a Child's Development (Length: 19:50)

This video focuses on the five child development checkups used by Healthy Steps practices. In the first segment, a physician conducts an NBAS with a four-day-old baby and her mother. Next we see a Healthy Steps Specialist introduce the Temperament Scale to the mother of a four-month-old at a well child checkup. The third segment features a Healthy Steps Specialist informally using BABES to begin a discussion with the mother of a one-year-old on such topics as eating, sleeping, cuddling, activity level, playing, and toileting. The fourth segment demonstrates the Denver II Developmental Screening Test being used by a pediatric clinician with an 18-month-old and the ensuing discussion of her findings with the child's father. Finally, the video concludes with a brief commentary on the importance of using the MacArthur Communicative Development Inventory and a discussion of strategies for telling parents what they can learn from these checkups.

The video features the following clinicians:

- CATALINA ARIZA, M.Ed., Healthy Steps Specialist, Advocate Ravenswood Maternity Family Health Center, Chicago
- ANITA BERRY, R.N., P.N.P., Healthy Steps Specialist, Advocate Good Samaritan Hospital, Dower's Grove, Illinois
- T. BERRY BRAZELTON, M.D., Pediatrician, Harvard Medical School
- CHRISTOPHER CLEMENS, M.D., Cornell

- Medical Associates, New York City
- PATRICIA GARZA, R.N., Healthy Steps Specialist, South Texas Center for Pediatric Care, San Antonio
 - MARGOT KAPLAN-SANOFF, Ed.D., Child Development Specialist, Boston University School of Medicine
 - PATRICIA LAWRENCE, R.N., M.S.N., P.N.P., Pediatric Clinician, Boston University Medical Center
 - SUSAN O'BRIEN, M.D., Pediatrician, Boston University Medical Center
 - STEVEN PARKER, M.D, Pediatrician, Boston

- University School of Medicine
- SABRINA PROVINE, R.N., B.S.N., Healthy Steps Specialist, Advocate Bethany Hospital, Chicago
 - VALENTINA VIELMA, M.D., Pediatrician, South Texas Center for Pediatric Care, San Antonio
 - TERESA WILSON, R.N., Healthy Steps Specialist, Cornell Medical Associates, New York City
 - BARRY ZUCKERMAN, M.D., Pediatrician, Boston University School of Medicine



**The
CD-ROM**

The key sections in the CD-ROM that relate to this unit are listed below.

CLINICAL STRATEGIES: Gauging a Child's Development

► **Overview**

► **The Process**

- Getting Started
- Observing the Family
- Using Appropriate Tools
- Interpreting Findings
- Providing Feedback to Families
- Providing Feedback to the Team

► **The Tools**

- NBAS
- Temperament Scale
- BABES
- Denver II
- MacArthur

► **Psychosocial Checkups**

- Importance
- How the Tool Was Developed
- About the Checklist
- The Age Range

► **Case Studies**

► **Related Reading**

Questions for Discussion and Reflection

Facilitator's Note:

In addition to the questions here, the case studies on the CD-ROM can be used for small-group discussion.

1. Why is a good relationship between the practice and the family essential to the proper use of these resources?
2. Select and describe specific instances in the video that illustrate ways in which a developmental checkup is used as a teachable moment.
3. How can the NBAS be used to help new mothers and fathers anticipate how their baby will react to various stimuli in its first few weeks? What are some of the techniques that you see Sue O'Brien and Jennifer Alonso using in the video?
4. What would you expect to be your biggest challenge in administering the NBAS? How will you meet this challenge? When would it make the most sense for you to do the NBAS: at the hospital, at the first office visit, or at the first home visit? Why?
5. What does the term "goodness-of-fit" mean in looking at the relationship between a child's temperament and a parent's expectations? Give an example of how a parent's expectations and a child's temperament are not in agreement and what situations you would expect to result from the difference.
6. Have you reviewed other early language screening tools such as the Early Language Milestone Scale (ELMS)?
7. Pick a partner to play the parent. Practice explaining what you learn from doing a Denver II and how you interpret your findings. Switch roles.
8. In the video, you see parts of the Denver II being administered to two children — a one-year-old and an 18-month-old. What are some ways in which Patricia Lawrence draws Mr. Alobwede into the conversation to check out some Denver items? Replay this segment and describe how Ms. Lawrence uses the occasion for teachable moments.
9. Have you reviewed other early developmental scales that rely on parental report, such as the Ages and Stages Questionnaire (ASQ) or the Parents Evaluation of Developmental Status (PEDS)?
10. Dr. Parker talks about how he would approach a situation in which he felt a child might have a developmental lag. Using this approach, role-play with a partner exactly what you would say to Sara's parents.
11. Working with your team members, determine which developmental checkups the practice will use and on what schedule, and develop a system for sharing with other members of the team the results of these checkups. Consider also whether the individuals who will be administering these checkups will require any specialized training (neither the video nor the CD-ROM would fully prepare an individual to administer the complete instrument, but intensive training is available for both the NBAS and the Denver for practices that want to pursue such options).

UNIT 8



SUPPORTING FAMILIES: CHALLENGING TIMES, CHALLENGING SITUATIONS

Unit Overview

This unit focuses on two of the principal elements of developmentally oriented practices that differentiate them from other medical practices: fostering strong personal relationships with mothers and fathers and using numerous strategies to help mothers and fathers better understand their parenting decisions and weather challenging family situations. The video visits three families experiencing different kinds of stress that can often occur: moving, having a baby, and adjusting to a child with a challenging temperament that is poorly matched to her parents' expectations. It shows the variety of strategies and materials that Healthy StepsSM practices use to support the families and the strong relationships that make possible these various forms of assistance. The CD-ROM offers practical guidance about how to create and maintain such relationships, emphasizes the role of the Healthy Steps Specialist in this process, discusses the use of various Healthy Steps print materials, and examines in detail some particularly stressful situations that families often face. It also provides tools and suggestions for setting up parent groups in your practice.

Unit Objectives

After viewing the video and completing the Supporting Families and Parent Groups sections of the CD-ROM, users should be able to:

- ▶ Identify strategies that members of the Healthy Steps team use to form strong relationships with mothers and fathers.
- ▶ Use techniques that are likely to further the development of relationships with mothers and fathers.
- ▶ Be able to offer mothers and fathers concrete strategies for dealing with stressful periods and situations.
- ▶ Be familiar with and know how and when to use the following Healthy Steps materials: LINKletters, Parent Prompt Sheets, parent handouts, and the Child Health and Development Record.
- ▶ Develop strategies for encouraging breast-feeding.
- ▶ Determine how to set up a Reach Out and Read program in a Healthy Steps practice.
- ▶ Understand the boundaries of the relationship between Healthy Steps clinicians and families and know when it is necessary to refer a family to an outside agency.
- ▶ Establish a means of providing clinical supervision to Healthy Steps Specialists.
- ▶ Identify likely times of stress for families and develop ways to support such families during these difficult periods.
- ▶ Plan a parent group program for their practice.

Key Concepts

▶ Building a caring, informed, and supportive relationship with mothers and fathers is one of the most important services that Healthy Steps practices can offer. It is at the root of all Healthy Steps components and strategies.

▶ From time to time, every family faces stress. The stressors need not be extreme to affect a child's development and behavior. In fact, the most common problems emerge from everyday situations over which we may have little control, such as moving or life cycle changes. Because of the strong relationships that Healthy Steps Specialists form with mothers and fathers, the Healthy Steps practice has an important role to play at times of family stress and may be the only place to which parents can go for information and guidance.

▶ Among the potential consequences of stress on children are such behavioral changes as acting out or withdrawing and such physical symptoms as headaches or stomachaches. Parents may experience difficulties in relationships and parenting as a result of stress.

▶ Healthy Steps recommends many different strategies for providing information and supporting both the everyday and extraordinary needs of families. These strategies include a Child Development Telephone Information Line, parent groups, and home visits by a Healthy Steps Specialist.

▶ To give parents ready access to needed information on child development and behavior, Healthy Steps uses varied print materials. These include LINKletters, Parent Prompt Sheets, parent handouts on dozens of topics, and a Child Health and Development Record.

▶ Reach Out and Read is another important service that developmentally oriented practices can offer. It combines several activities: physicians give books to children at each well child visit, beginning at six months, and show parents how they can use the books to help build their child's love of learning and promote learning readiness. In addition, volunteers read books to children in the waiting room.

▶ Healthy Steps practices also have an important role to play in encouraging mothers to breast-feed; some practices are now adding prenatal visits to their services to help get breast-feeding mothers and their babies off to a good start.



The Video



**Supporting Families:
Challenging Times, Challenging Situations (Length: 17:37)**

The video has three stories. The first features the Helton family. The Heltons have moved four times in two years, most recently into Preston Helton's parents' home. We meet the Heltons at a home visit and also see them in a parent group. Both settings show how the family's Healthy Steps Specialist has supported them through numerous periods of stress and what techniques she has used to help Tracy Helton adjust to parenting. The second story is about the Ortega family. They are expecting their second child soon and ask their physician and Healthy Steps Specialist during a well child visit how they can prepare their young daughter for this life cycle change. The third story features the Jeters. The Jeters's situation is not typically found on lists of common stressors: they have a child with a challenging temperament that is not well matched to their expectations. The Jeters have received considerable guidance and information from their Healthy Steps Specialist, including a referral for couples counseling when the strain of parenting seemed to be taking a toll.

The video features the following clinicians:

- CATALINA ARIZA, M.Ed., Healthy Steps Specialist, Advocate Ravenswood Maternity Family Health Center, Chicago
- CATHIE CLARK, R.N., M.S.A., Healthy Steps Specialist, Western Colorado Pediatric Associates, Grand Junction

- JACQUELINE GOVERNO, B.A., Healthy Steps Specialist, Pediatric Associates of Florence, South Carolina
- SCOTT GOVERNO, R.N., Healthy Steps Specialist, Pediatric Associates of Florence, South Carolina
- MARGOT KAPLAN-SANOFF, Ed.D., Child Development Specialist, Boston University School of Medicine
- STEVEN

- PARKER, Pediatrician, Boston University School of Medicine
- SILVANA SHLIAPOCHNIK, M.D., Family Physician, Advocate Ravenswood Maternity Family Health Center, Chicago
- BARRY ZUCKERMAN, M.D., Pediatrician, Boston University School of Medicine



The CD-ROM

The key sections in the CD-ROM that relate to this unit are listed below.

**CLINICAL STRATEGIES:
Supporting Families**

- ▶ **Overview**
- ▶ **The Practice and the Family**
- ▶ **Building Relationships**
 - Set Agendas Collaboratively
 - Use the Right Tone
 - Interviewing Techniques
 - Use Teachable Moments
 - Consider the Family's Background
 - Understand Boundaries
- ▶ **Healthy Steps Materials**

- ▶ **Other Services**
 - Prenatal Care
 - Child Development Telephone Information Line
 - Reach Out and Read
- ▶ **Special Times of Stress**
 - Breast-feeding
 - Separation, Divorce, Remarriage
 - The Arrival of Siblings
 - Other Difficult Times
- ▶ **Case Studies**
- ▶ **Related Reading**

**CLINICAL STRATEGIES:
Parent Groups**

- ▶ **Overview**

- ▶ **Why Offer Parent Groups?**
 - The Research View
 - Parents' Views
- ▶ **Types of Parent Groups**
 - Purposes of Groups
 - Structure and Format
- ▶ **Marketing Concerns**
 - Market Research
 - Session Planning
 - Selecting a Time and Place
 - Effective Promotion

▶ **What Makes a Good Leader?**

- ▶ **Case Studies**
- ▶ **Related Reading**
- RESOURCES (Families)**
 - Parent Handouts

Questions for Discussion and Reflection

- 1.** Why is the Healthy Steps practice a natural place for mothers and fathers to turn during times of stress?

- 2.** What elements of Healthy Steps make it more likely that clinicians will know when a family is in a particularly stressful situation?

- 3.** Give some specific examples of ways in which a family's stress might affect a child's development and behavior.

- 4.** Tracy Helton expresses a common concern of new parents: that they cannot simply get up and go out the way they used to. What stress-relieving strategies might you suggest to Tracy and mothers like her?

- 5.** Name some problems that you might anticipate if you learn that a family is moving in with in-laws. What anticipatory guidance could you provide?

- 6.** Offering reassurance and building Tracy's confidence are two strategies that Cathie Clark used to help Tracy adjust to being a parent. What could you say specifically to parents in similar situations? What additional Healthy Steps strategies might be helpful here, and how would you use them?

- 7.** What role does the parent group play for Tracy Helton? What role does Cathie play in the group? What role do the other parents play?

- 8.** How would you respond to the Heltons' disclosure that they use physical punishment to discipline their son?

- 9.** Where would you turn for personal guidance and support if you were working with a family that was faced with a particularly challenging situation?

- 10.** What strategies do Dr. Silvana Shliapochnik and Healthy Steps Specialist Catalina Ariza use to help the Ortega family anticipate the effects of a new sibling on 15-month-old Nashla? In what areas do they provide anticipatory guidance? What effects might you anticipate in addition to the ones discussed?

- 11.** Have you explored the availability of parent groups currently offered in your community?

- 12.** How can your practice provide lactation consultation?

- 13.** Why is it important to set an agenda collaboratively with parents during well child and home visits?

- 14.** How would you explain temperament and goodness-of-fit to a family?

- 15.** What Healthy Steps strategies does Scott Governo use to provide information and support to the Jeter family?



FAMILY FACTORS AFFECTING CHILDREN: SMOKING, DEPRESSION, VIOLENCE, AND ADDICTION

Unit Overview

This unit focuses on family factors that have the potential to impact negatively on a child’s health and development. The two overriding themes of the unit are that healthy child development depends on many factors, at least some of which concern parental behavior, and that developing a caring and supportive relationship between the Healthy StepsSM team and mothers and fathers creates an environment in which family health issues can be addressed. A practice’s ability to help parents will depend as well on the research that it has done in the community to identify appropriate resources and on its ability to operate as a team.

Unit Objectives

After viewing the video and completing the related sections of the CD-ROM, users should be able to:

- ▶ Understand that involvement in family health grows out of a caring and supportive relationship between the practice and the family and is part of providing enhanced well child care.
- ▶ Discuss why family factors are important to a child’s healthy growth and development.
- ▶ Be able to cite the potential negative effects on a child’s development of the family factors highlighted in this unit.
- ▶ Be able to conduct a family history in which appropriate

questions about these factors are asked.

- ▶ Respond appropriately to family members who disclose involvement with these behaviors.
- ▶ Explain the Stages of Change model, and tell what support would be appropriate for individuals at each stage.
- ▶ Tell how you would differentiate a woman with “baby blues” from one who is clinically depressed.
- ▶ Without overstepping therapeutic boundaries, identify specific kinds of support that a Healthy Steps Specialist might offer a family in which either addiction or domestic

violence is present.

- ▶ Help parents understand the relationship between their own upbringing and the parenting style that they want to be able to offer their own children.
- ▶ Develop and implement a plan for identifying community resources that can be accessed for assistance on these issues, and put in place a plan to keep this information current.
- ▶ Determine what clinical supervision is available to Healthy Steps Specialists.
- ▶ Plan a way to help a family develop a safety plan in case of domestic violence.

Key Concepts

▶ Children’s health is determined by many factors, including family, social, psychological, and biological issues. The following family factors are known to have a negative impact on a child’s health, development, and behavior: smoking, depression, alcoholism and drug addiction, domestic violence, and parents’ own difficult childhoods. These issues are more likely to affect a child’s well-being negatively than most viruses ever will. Failure to recognize them and their impact on children is a missed opportunity to provide a real service to children and families.

▶ Family and psychosocial problems are not confined to any one economic level or geographic area. Limiting your assessments to settings that are typically considered high risk actually misses the majority of families with these problems. Only universal screening can improve detection markedly.

▶ It is important to raise these issues regularly and in a sensitive fashion. The most sensitive questions are best discussed when a relationship has been established, unless there are specific physical indications that immediate discussion is necessary — if, for example, a mother has a bruised face or a black eye.

▶ Secondhand smoke has very negative effects on a child’s health. Healthy Steps practices can work with family members who smoke, using a five-stage change model (precontemplation, contemplation, readiness for action, action, maintenance).

▶ Depression affects 5 to 10 percent of all adult women and can seriously affect a person’s ability to parent. Because depression is treatable, however, the effort of Healthy Steps practices to identify and refer depressed parents is all the more imperative.

▶ Parental addiction to alcohol and/or drugs also poses a serious problem for children. Healthy Steps teams need to know how to talk with families who disclose substance abuse, what treatment programs are available in their community, how effective they are, and what procedures an individual must follow to obtain treatment.

▶ By the time they become parents, mothers and fathers usually are long past their own early childhood experiences. Yet these experiences echo, sometimes loudly, in the parents’ own caregiving style. Helping parents understand how their own childhood experiences relate to the kind of parenting they want to offer their children is a positive role that Healthy Steps teams can play.

▶ Domestic violence refers to acts of physical abuse, sexual abuse, and psychological maltreatment; chronic situations in which one person controls or intends to control another person’s behavior; and misuse of power that may result in injury or harm to the psychological, social, economic, sexual, or physical well-being of family members. Children who are exposed to domestic conflict suffer psychological trauma. Knowledge of how to develop a safety plan with a family and what community programs are available can enable you to respond rapidly and positively to families in crisis.

▶ The Healthy Steps team can help support families with problems — and one another — but is not expected to be able to solve all family problems. Healthy Steps teams need to be able to acknowledge the need for and obtain clinical supervision.

FAMILY FACTORS AFFECTING CHILDREN:

SMOKING, DEPRESSION, VIOLENCE, AND ADDICTION

The Video



Family Factors Affecting Children: Smoking, Depression, Violence, and Addiction (Length: 25:27)

This video shows Healthy Steps clinicians brainstorming strategies for working with families around issues that have the potential to impact negatively on their children’s development. The meeting is led by Margot Kaplan-Sanoff, Ed.D., who is co-director of the Healthy Steps Training Team at the Boston University School of Medicine. The group first examines a case in which a child is being exposed to domestic violence. The group discusses the many ways in which they learn about families at risk, the boundaries of their roles, issues of confidentiality, and strategies for responding to this particular situation. Other issues discussed include the impact of parents’ own upbringing on the ways in which they discipline their child; Healthy Steps’ whole child/whole family approach to primary care, the role of community resources; and the challenge of families with multiple problems. Throughout, the video suggests the questions to ask, and Healthy Steps team members discuss their very personal reactions to providing this kind of support to families.

The video features the following clinicians:

- JO ANN ALLEN, R.N., Healthy Steps Specialist, Advocate Bethany Hospital, Chicago
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- PROVINE, R.N., Healthy Steps Specialist, Advocate Bethany Hospital, Chicago
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- SILVANA SHLIAPOCHNIK, M.D., Family Physician, Advocate Ravenswood Maternity Family Health Center, Chicago
- BARRY ZUCKERMAN, M.D., Pediatrician, Boston University School of Medicine



The CD-ROM

The key sections in the CD-ROM that relate to this unit are listed below.

CLINICAL ISSUES: Family Factors

- ▶ **Overview**
- ▶ **Universal Screening**
- ▶ **How to Begin**
- ▶ **The Role of the Practice**
- ▶ **The Five Factors**
 - Smoking
 - Depression
 - Alcoholism/Drug Addiction
 - Parents’ Childhoods
 - Domestic Conflict

- ▶ **Making Referrals**
- ▶ **Case Studies**
- ▶ **Related Reading**

CHILD DEVELOPMENT AND BEHAVIOR: Relationships Are the Key to Development

- ▶ **Overview**
- ▶ **Parent-Parent Relationships**
 - The Effects of Discord
 - The Role of Fathers

▶ **Parent-Child Relationships**

- Barriers to Attachment
- Biological Effects on Attachment
- Scenes from the Nursery

▶ **Child-Child Relationships**

▶ **Influences on Relationships**

- Ghosts in the Nursery
- The Extended Family
- Other Influences

▶ **Case Studies**

▶ **Related Reading**

Questions for Discussion and Reflection

Facilitator's Note:

In addition to the questions here, the case studies on the CD-ROM may be used to stimulate small-group discussion.

- 1.** What do you fear most about discussing difficult or sensitive issues with a family? How realistic is your fear? How can your colleagues help you overcome it?

- 2.** In the video, Dr. Zuckerman talks about the limitations of a biomedical model. How does this concept apply to Healthy Steps?

- 3.** The video shows a Healthy Steps team talking about difficult cases and how to respond to them. How could you create such a team meeting in your practice? What are the advantages of approaching family factors in this way?

- 4.** What kinds of clinical support are available to the Healthy Steps Specialists in your practice?

- 5.** In the video, Dr. Kaplan-Sanoff says that “it often strikes me that when parents want us to know something, they will sometimes figure out a way to tell us.” What experiences have you had in which you learned something about a family in an indirect way? Did you recognize the significance of the situation at the time? How did you handle it? Would you handle it differently today? In what way?

- 6.** Dr. Kaplan-Sanoff describes a “sometimes statement” as a way of laying out the options in a particular situation. Imagine that a child disclosed to you that he or she had seen Daddy hit Mommy and you were about to discuss this revelation with the mother. Frame a “sometimes statement.”

- 7.** If parents came to you with their concerns about the effects of their upbringing on their own parenting style, how would you respond?

- 8.** Some Healthy Steps Specialists find it difficult to ask parents to stop smoking even though it is in their child’s best interest that they not smoke. What questions might you ask to determine a parent’s stage of change? If you determined that the parent was in the contemplation stage, what actions could you take to move him or her to action?

- 9.** What signs would you look for to determine whether a parent is depressed? How would you differentiate between a new mom with “baby blues” and a clinically depressed woman?

- 10.** Suppose you were working with the family described at the end of the video. Identify the various family factors that you see in this situation, and brainstorm possible ways of responding.

- 11.** Under what circumstances might it be appropriate to meet with members of the extended family or key adults in a child’s life other than the parents?

- 12.** What is the status of your community referral book? How comprehensive is it? How current is the information? When was it last updated?

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Users of the Healthy Steps for Young Children Interactive Multimedia Training & Resource Kit may qualify for Continuing Medical Education credit for physicians through Boston University School of Medicine and Contact Hours for Nurses through Advocate Health Care. Boston University School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. Advocate Health Care is an approved provider of continuing nursing education by the Illinois Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

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