



In Service of Relationships: Healthcare for Children and Families Promoting Lifelong Health for Infants, Children, Youth and Families

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Objectives

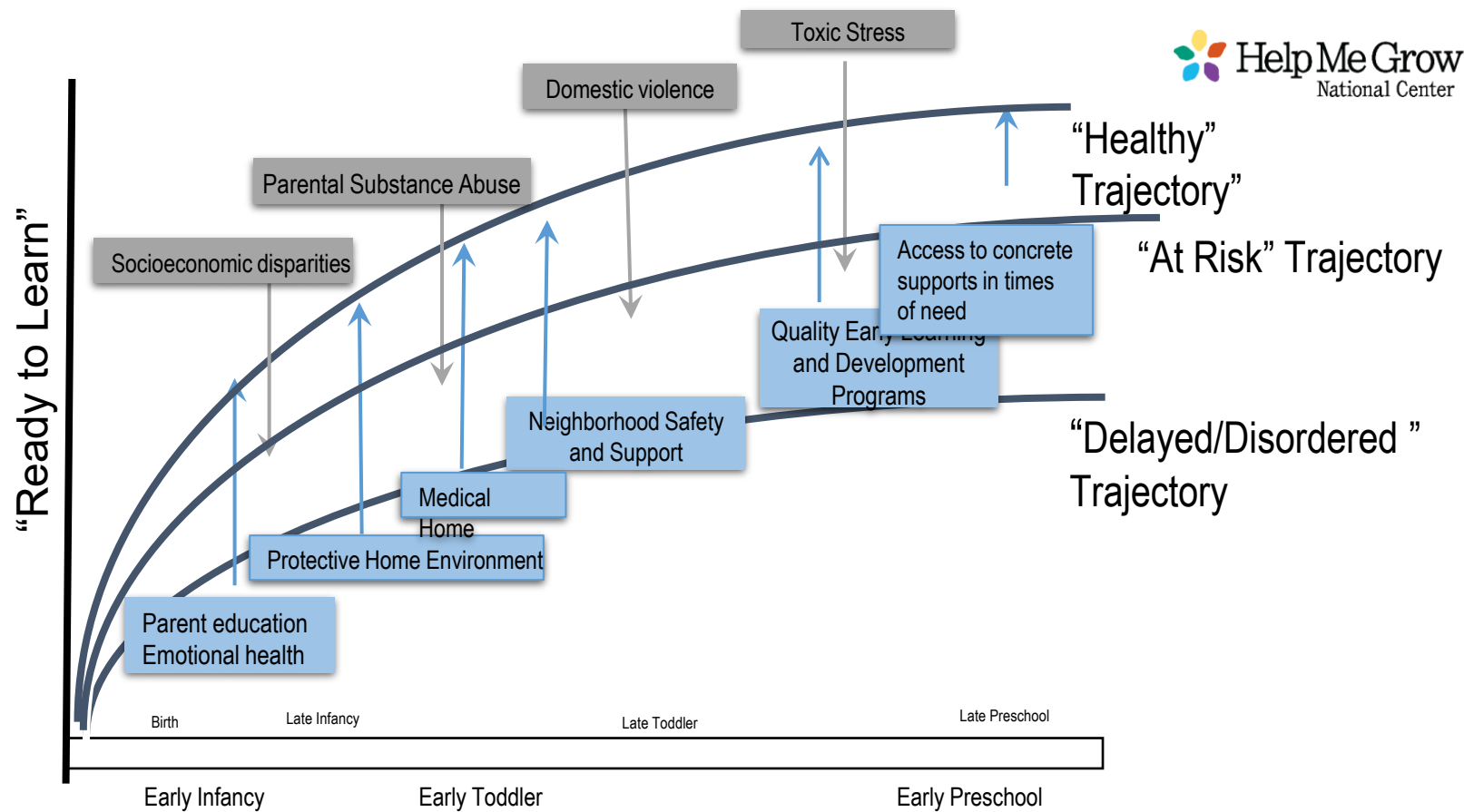
- Discuss how building trust and prioritizing relationships helps achieve goal of screening and connection to resources for families.
- Provide an overview of Touchpoints Approach including its guiding principles and assumptions
- Describe how to use *Bright Futures guidelines*, including periodicity schedule and SDOH screening, as a tool for health care professionals and their teams in service of healthy child development.

Why?

"One generation full of deeply loving parents would change the brain of the next generation, & with it the world."

- Charles Raison MD

Developmental progression from a public health perspective



FrameShift (Thank you Dr. Brazelton)

- *“Every time you give a parent a sense of success or of empowerment, you're offering it to the baby indirectly. Because every time a parent looks at that baby and says 'Oh, you're so wonderful,' that baby just bursts with feeling good about themselves.”*
- *“When we strengthen families, we ultimately strengthen the community. Our goal is that parents everywhere work with supportive providers, feel confident in their parenting role, and form strong, resilient attachments with their children. To help achieve this, providers must be responsive to parents, knowledgeable about child development, and eager to see every parent succeed.” (T. Berry Brazelton)*

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DULCE is an essential Early Relational Health Approach

- Builds social emotional competences in children and society through positive family –child interactions
 - Touchpoints is the only training required for DULCE family specialist
- Intentionally strengthens the relationship in earliest years
- Is NOT about teaching parenting but about developing health relationships
- Is strength-based and not about finding another way that parents are not measuring up (rethink the way we screen for Health-related Social Risks)

Benefits of a Universal Intervention in Pediatric Medical Homes to Identify and Address Health-Related Social Needs: An Observational Cohort Study (*Academic Pediatrics*, 2022)

- Commonly used indicators to identify families for targeted interventions are poor proxies for known threats to healthy development (income, first time parenting, teen parenting and child welfare involvement)
- This study demonstrates that systems intended to support families with infants in low-resource communities may miss nearly three quarters of families with health-related social needs by utilizing targeted approaches exclusively.
- Universal, pediatric clinic-based approaches can play a key role in early childhood systems' support of healthy development for all families.

Early Relational Health

- A dyadic and two-generational focus
- A bidirectional perspective for parent-child development with the centrality of shared positive affect
- Foundational to equity, resiliency, recovery and child protection
- Health, early learning, and social-emotional competencies are outcomes of ERH
- Science-based, strength-based and family-centric
- Recognizes cultural variability in parenting, but sees ERH as universal
- A paradigm shift for early childhood, society and our culture

The Two-Generation Continuum

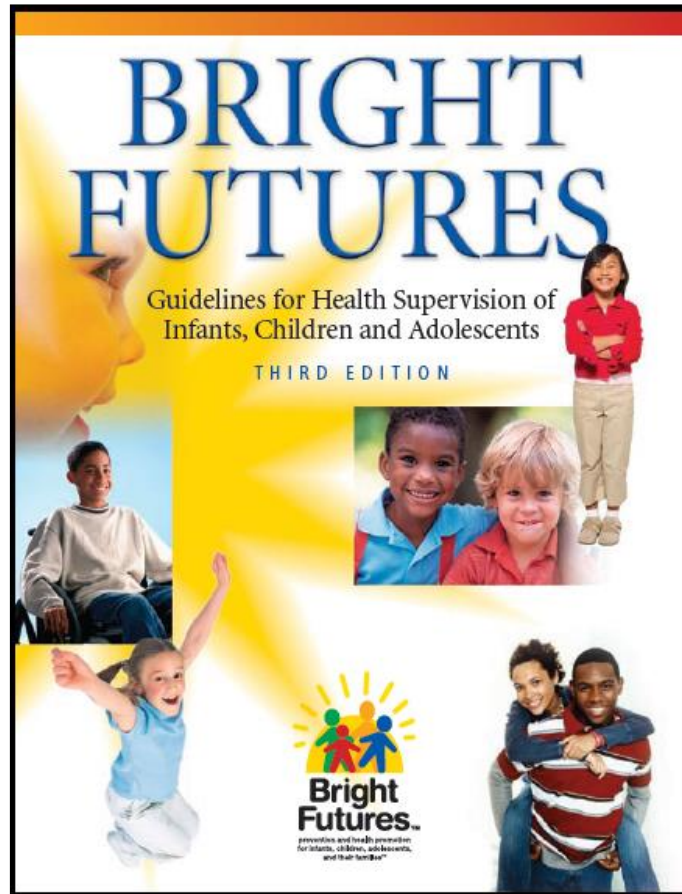


Two-generation approaches provides opportunities for and meet the needs of children and their parents **together**

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Bright Futures



...is a set of principles, strategies and tools that are theory - based, evidence - driven, and systems - oriented, that can be used to improve the health and well-being of all children through culturally appropriate interventions that address the current and emerging health promotion needs at the family, clinical practice, community, health system and policy levels.

Bright Futures Guidelines:

Early & Periodic Screening, Diagnosis & Treatment

- EPSDT: comprehensive and preventive health care for < 21 y.o. (child health Medicaid benefit)
- States required to provide all medically necessary services needed to correct/ameliorate health conditions (based on certain federal guidelines)
- Most states align EPSDT schedules/programs and the *Bright Futures/AAP Periodicity Schedule*
 - Many states (incl. VT) have adopted *Bright Futures* as the standard of care Medicaid child health)

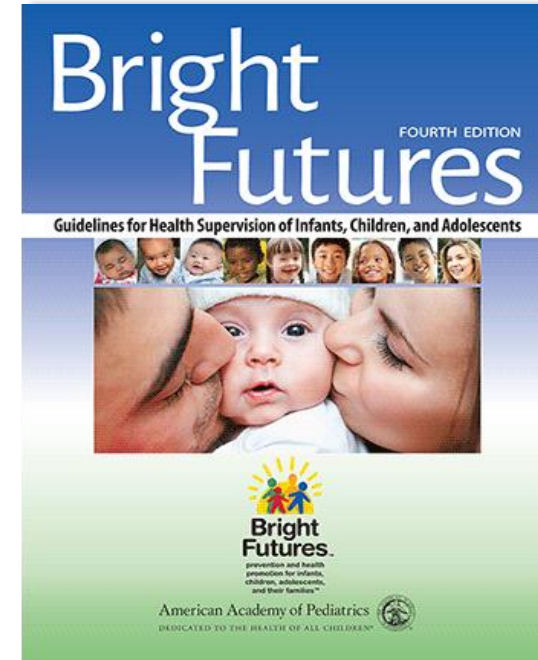
Bright Futures Guidelines: EPSDT

Recommendations for Preventive Pediatric Health Care
Bright Futures/American Academy of Pediatrics

Each child and family is unique. Therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving competent care, have no manifestations of any treatable health conditions, and are growing and developing in satisfactory fashion. Additional care may become necessary if circumstances suggest variations from normal. Developmental, psychosocial, and social issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits.

RECOMMENDATION	INFANCY												TODDLERHOOD												ADOLESCENCE											
	ASST	Postnat	1st yr	2nd yr	3rd yr	4th yr	5th yr	6th yr	7th yr	8th yr	9th yr	10th yr	11th yr	12th yr	13th yr	14th yr	15th yr	16th yr	17th yr	18th yr	19th yr	20th yr														
ANTHROPOMETRY	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*													
Weight	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*													
Length	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*													
Head Circumference	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*													
Body Mass Index	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*													
Blood Pressure	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*													
IMMUNITY SCREENING	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*													
Hemoglobin	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*													
DEVELOPMENTAL, BEHAVIORAL, AND EDUCATIONAL ASSESSMENT	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*													
Developmental Screening	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*													
Autism Screening	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*													
Professional Behavioral Assessment	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*													
Hazard and Drug Use Assessment	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*													
Cognitive Screening	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*													
PHYSICAL EXAMINATION	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*													
Head and Neck	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*													
Ears, Nose, and Throat	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*													
Cardiovascular	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*													
Respiratory	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*													
Gastrointestinal	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*													
Genitourinary	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*													
Skin	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*													
Neurological	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*													
Musculoskeletal	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*													
Vision	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*													
Hearing	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*													
Dental	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*													
Oral Health	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*													
Fluoride Treatment	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*													

KEY: * = to be performed; * = also recommended to be performed with appropriate visit in follow; if possible; ← → = range during which a service may be provided



Periodicity Schedule: what to do at well-child visits, *including oral health Bright Futures Guidelines: how to do it well.*

Bright Futures Guidelines 4th edition

- Focus on Social Determinants of Health
 - Greater focus on lifelong physical/mental health
 - Strength based approaches
- Vermont's child and youth healthcare settings offers key advantages in providing parenting support
 1. Reach virtually all families in early years (> 95% of Vermont infants receive routine health care with a child health provider in the first month of life)
 2. Seeking medical care may have less stigma for families
 3. High level of trust that families extend to their child's healthcare provider, whose active endorsement encourages engagement in other services

Bright Futures Guidelines:

Health Supervision (Well-Child) Visit Components

- History
- Surveillance of development
- Review of Systems
- Observation of interaction
- Physical examination
- Screening
- Immunizations
- Anticipatory guidance

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- **Provide an overview of Touchpoints Approach including its guiding principles and assumptions**

What is the Touchpoints Approach?

A way of providing care to families by:

- ***understanding development*** and
- ***supporting relationships***



Have you been trained in Touchpoints?

- Early 2000s Paula Duncan, Cheryl Mitchell, Jody Brakeley
- Peggy Poppe, Deb Gass and Others
- LAUNCH grant 2014
- Winston Prouty: Chloe Learey, Mary Coogan
- Current Funding: Preschool Development grant
- Who/What did I miss?

Touchpoints at Vermont Child Health Improvement Program

- Vermont Training hub
- Connecting/Aligning with existing Family Engagement efforts
- Northern Lights module online to increase interest
- **Team of facilitators:**
 - Vermont Department of Health early childhood team
 - Community leaders
 - VCHIP team

Vermont Child Health Improvement Program

- **What: *Improvement Partnership*** – durable state/regional collaboration of public & private partners using ***measurement*** & a ***systems approach*** to improve the quality of child/family health care delivery & outcomes.
- **Why:** to optimize the health of Vermont children by initiating and supporting *measurement-based* efforts to enhance private and public child health practice.
- **Who:** in partnership with the VT Agency of Human Services including Family and Child Health division at VDH and Medicaid, University of Vermont Depts. of Pediatrics, OB, Family Medicine, Psychiatry; UVM Colleges of Nursing & Health Sciences, Education & Social Services; VT Chapters of the AAP & AAFP; ACO.

Vermont's Touchpoints Language

Touchpoints is a way early childhood professionals engage in relationship with families, **joining their system of care** with a lens that identifies strengths to help them build their capacity to parent in response to their child even in the face of difficulties. Touchpoints helps professionals understand that they do not need to have all the answers, that they are bringing their expertise, partnering with families, and **learning about the family's expertise to create shared meaning** about who this child is, how they learn and what they need to develop optimally.

Goals of Touchpoints

- Optimal child development
- Healthy, functional families
- Competent and healthy professionals
- Strong communities

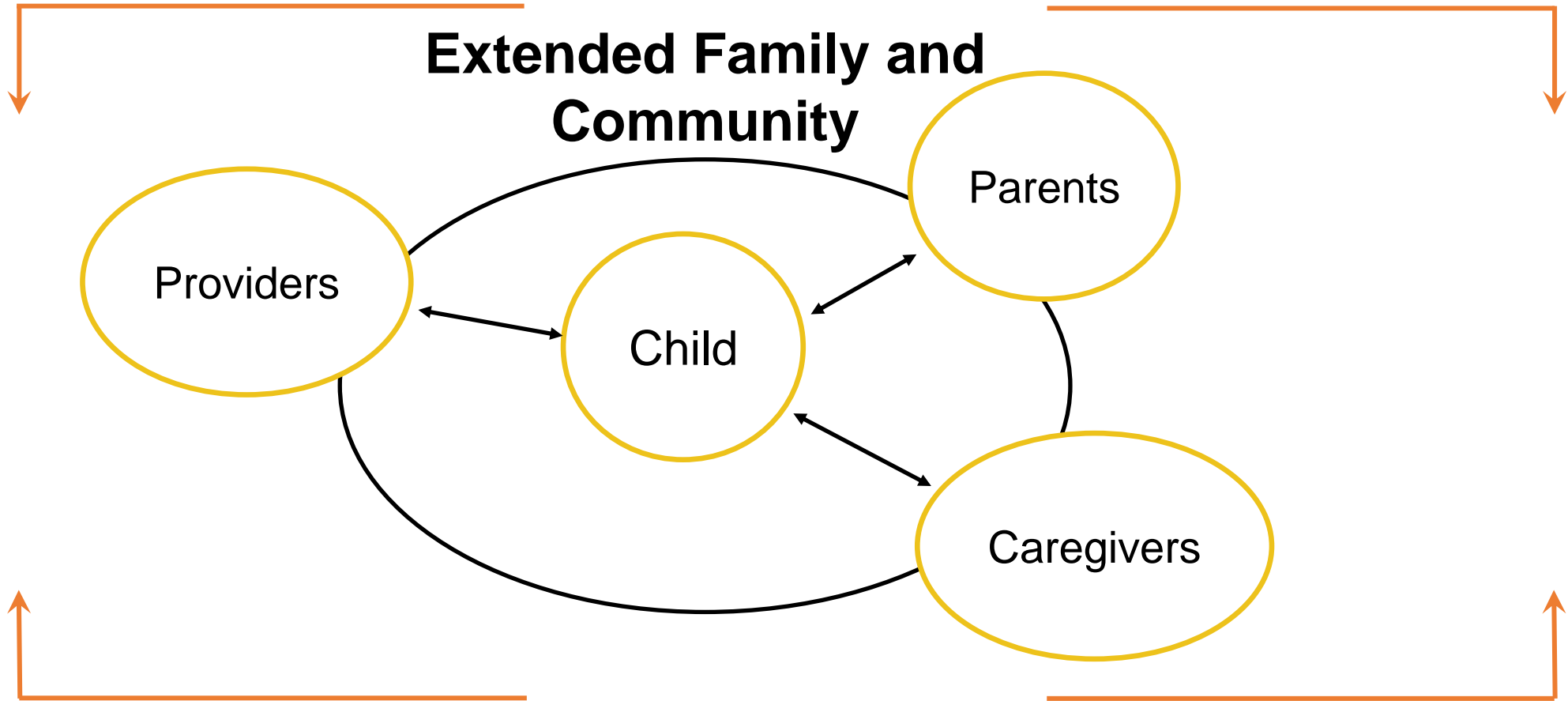
“As young children develop, their early emotional experiences literally become embedded in the architecture of their brains.”

J.P. Shonkoff
Center on the Developing Child

The Approach is Grounded in and Built Upon:

- Systems Theory
- Cultural Responsiveness
- Reflective Practice

Systems Approach



Culturally Responsive

- Parenting is a cultural practice nested in a broader system of relationships.
- Culture shapes and impacts connection with others.
- The Touchpoints approach offers tools to connect with families while respecting their cultures.



Cultural Responsiveness

- The cross-cultural and historical norm is that parenting is nested in a broader system of relationships
- Culture shapes and impacts these relationships
- We are seeking a shift from asking the child and family to join a new system (culture) to our joining their system (family culture)
- Touchpoints offers a means to join the family system of care and discover their culture.

Reflective Practice

- Reflecting on our practice supports our learning process
- Reflective practice is a self-care strategy
- Touchpoints is a framework that can be used to reflect on our practice with families, children, and colleagues

Touchpoints Approach

Developmental Framework

- Way of thinking about development from birth through age 6
- What the developmental process looks like and how it impacts all who are involved

Relational Framework

- All development happens within the context of relationships
- Touchpoints approach offers skills and strategies to help us support relationships

Touchpoints



Regressions in child's behavior causes
disorganization for parents

Value Disorganization

What are Touchpoints?

“Touchpoints” are *predictable* periods of regression and disorganization that occur before bursts in a child’s development.

Touchpoints are often accompanied by parental frustration and self-doubt.

These periods of disorganization can ***disrupt*** family relations, but can also provide an ***opportunity*** for providers to connect with parents.

Relational Framework

- A Touchpoint is an **opportunity** for the professional to join with a parent to form a supportive partnership
- **Collaboration** between the parent and the provider is key to the relationship
- Interactions focus on **parental strengths**

Touchpoints Tools



- **Assumptions as strength-based attitudes**
- **Guiding Principles as relational strategies**

Parent Assumptions

- The parent is the expert on his/her child
- All parents have strengths
- All parents want to do well by their child
- All parents have something critical to share at each developmental stage
- All parents have ambivalent feelings
- Parenting is rooted in cultural practices, beliefs, and individual experiences.
- Parenting is a process built on trial and error

Provider Assumptions

- Each provider is the expert within the context of his or her practice setting
- Providers want to be competent
- Providers need support and respect of the kind we are asking them to give to parents
- Providers bring their cultural perspectives
- Providers need to reflect on their contribution to parent provider interactions

Guiding Principles

- Value and understand the relationship between you and the parent
- Use the behavior of the child as your language
- Recognize what you bring to the interaction
- Acknowledge and respect each family's cultures.

Guiding Principles

- Look for opportunities to support parental mastery
- Focus on the parent child relationship
- Value passion wherever you find it
- Value disorganization and vulnerability as an opportunity
- Be willing to discuss matters that go beyond your traditional role

A Paradigm Shift

FROM

- Deficit Model —————>
- Linear Development —————>
- Prescriptive —————>
- Objective Involvement —————>
- Strict Discipline Boundaries ———>

TO

- Positive Model
- Multidimensional Development
- Collaborative
- Empathic Involvement
- Flexible Discipline Boundaries

Touchpoints Training for Blueprint

- January – February 2025
- Seven 90-minute live sessions on Zoom
- Wednesdays 12:00-1:30 on 1/8, 1/15, 1/22, 1/29, 2/5, 2/12, 2/19
- 3 hours of asynchronous work per week
- One hour per month live reflective practice sessions via Zoom from March - August 2025
- 22 participant capacity
- To register: <https://redcap.link/VTTouchpoints>

Additional References

To find out about upcoming Vermont Touchpoints trainings, visit our website (search “Vermont Touchpoints”)

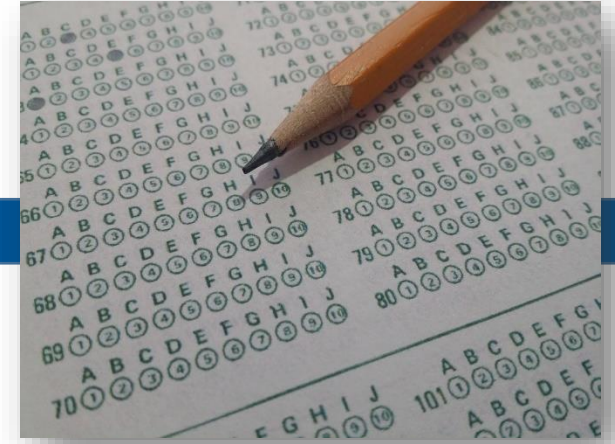
https://www.med.uvm.edu/vchip/vermont_touchpoints

To access a complete literature review and evidence base, visit:

www.brazeltontouchpoints.org

Contact Breena Holmes: Breena.Holmes@med.uvm.edu

Evaluation Time!



Link to: [XXXX](#)

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Next Session: Friday, October 18th 12p to 1p

Medical Home and Early Childhood System Partnerships