What is Touchpoints?

Touchpoints™ – A Framework for Connecting with Families

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What if we could have:

• Stronger parent-child attachment and improved parenting
• Improved quality of early care and education
• Better relationships between families and providers
• Higher family participation in preventive programs
• Greater support for providers working with families of different cultures, incomes and ages (e.g. teen parents)
• Improved coordination and collaboration among providers in different departments, organizations and disciplines

Overview

• What is the Brazelton Touchpoints™ Approach?
• What are the key elements of the Approach?
• How can we use the Touchpoints Approach to make a difference for children and families?
• What outcomes does the Approach promote?
• How do Touchpoints & VENA align?
What is Touchpoints?

What is the Brazelton Touchpoints™ Approach?
A practical approach that promotes children’s healthy development and early learning by

• Strengthening family-child relationships
• Enhancing family competence and confidence about their childrearing skills
• Partnering with providers to develop effective and supportive relationships with families in health care, early care and education, and family support

Dr. T. Berry Brazelton, Founder

“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.”

http://www.brazeltontouchpoints.org/what.is.touchpoints.php
What is Touchpoints?

Key Elements of the Approach

- Development as a Process
- Relational Strategies
- Strengths-based (empowerment/self-advocacy)
- Preventive
- Systems-theory
- Culturally sensitive
- Reflective practice
- Multi-disciplinary perspective

Touchpoints transforms practice, programs and service delivery

- Deficit Model ▶ Positive Model
- Linear Development ▶ Multidimensional Development
- Prescriptive ▶ Collaborative
- Objective Involvement ▶ Empathic Involvement
- Strict Discipline Boundaries ▶ Flexible Discipline Boundaries

Two Major Components

- Developmental Component
- Relational Component
What is Touchpoints?

Development as a Process

“Touchpoints” are predictable periods of disorganization in a child’s development that can disrupt family relations, but can also provide an opportunity for providers to connect with parents.

Three Sources Of Energy For Development

Central Nervous System Maturation as a Force

Developmental Framework

Development is characterized by regressions, bursts, and pauses.
What is Touchpoints?

Regressions in a child’s behavior cause disorganization for parents

What are Touchpoints?

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

Pregnancy – The Ideal Baby
Newborn – The Real Baby
3 Weeks – The Energy Sink
6-8 Weeks – The Rewarding Baby
4 Months – Looking Outward
7 Months – Up at Night
9 Months – The Pointer
12 Months – The Walker
15 Months – The Clinger
18 Months – Rebel with a Cause
2 Years – Getting to “no!”
3 Years – Why?
4 Years – I matter
5 Years – Who am I?
What is Touchpoints?

What do you think the behavior means to the 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 effective anticipatory guidance.

Interactions focus on parental strengths.
What is Touchpoints?

Scaffolding: an essential component of the parent-provider Relationship

Scaffolding is the support-like structure used during the construction of a building that is provided by a practitioner during a Touchpoint.

Joining a system of care

Join with the parent to form a supportive partnership

Establish Mutuality

Listen

Revise your agenda

Affirm the parent as the expert

Provider

Parent

Child

Family
Avoid Advice Giving

Advice giving reflects an imbalance in your relationship with the parents. You may be the expert on health care and/or child development which places you in a position of greater knowledge and power than the parent, but the parent is the expert on his or her child.

Ben and Beth are in the waiting room of the WIC clinic with their 2 children, Sarah (age 3) and Emma (age 4-months). They are hoping to get immunizations today too, because Sarah has not had shots since 6-months of age. They have just renewed her Medicaid. Emma starts to fuss and Beth takes out a bottle and starts to feed her. You overhear her say to Ben, “I hate that I’m not really breastfeeding as much, but I am so glad we listened to your mom about starting formula. She really has been sleeping better!” Sarah then walks up to Ben and says, “Daddy, my tummy hurts!” Ben gives her some of his soda & a few jelly beans.

Focus on Parental Strengths

When the provider acts like a source of knowledge of developmental and health information about the child, the parent's own sense of mastery is lessened.

When you and the parent together discover who this child is and how he/she operates in the world, you affirm the parent’s ability to parent.
What is Touchpoints?

**Strategies for connecting**

- Joining the family’s existing system
- Providing scaffolding
- Establishing mutuality
  - Revising your agenda
  - Avoiding advice giving
- Focusing on strengths!

**Guiding Principles**

- Guiding Principles Highlight
  - Use the behavior of the child as your language
  - Value passion wherever you find it
Supporting a Father’s Strengths

“...the behavioral cues of the newborn shared in this first exciting period reinforce a father's feeling important to his baby, and he demonstrates it by learning the baby’s ‘language.’ The belief the men don't understand babies gains no support from these studies. They each show what he needs is permission to learn his new job.”

-Dr. Brazelton

Parent Assumptions

- The parent is the expert on his/her child
- All parents have strengths
- All parents want to do well by their children
- All parents have something critical to share at each developmental stage
- All parents have ambivalent feelings
- Parenting is a process built on trial and error
Evidence Base: Outcomes

Program evaluations demonstrate the effectiveness of Touchpoints for children and families in:

- health care
- early care
- public health home visiting and
- parent support

Outcomes: Health Care (NBO)

Studies of one application of Touchpoints, the Neonatal Behavioral Observation (NBO) system, show:

- reduced risk for post-partum depression (Sanders & Buckner, 2006)
- improved provider-parent relationship (Nepomuceno & Edelsohn, 2006)
- enhanced mothers' engagement with their newborn infants (Nugent et al., 2007)

Outcomes: Public Health Home Visiting

Touchpoints in home visiting programs experienced:

- 43% fewer child emergency room visits
- 21% higher scores on standardized measures of parent-child interaction
- 56% improvement in measures of parent mental health, including lower incidence of parental depression (Napa, CA: Health Department, 2000)
- 45% more enrolled parents showing a picture book to their infants
- 40% more parents reading a book to their infants (San Mateo, CA: Pre to Three Program, 2001)
What is Touchpoints?

Outcomes: Parent Support

Parent support programs using Touchpoints found:

• 68% of parents reporting reading to their children at least 5 times a week
• 78% of parents reported singing to their children at least 5 times a week

[Harlem Children’s Zone, 2004]

• A change in the language used by providers
• Increased self-efficacy and less frustration in the teen mothers
• Increased maternal satisfaction with the course compared to previous classes.

[University of Texas School of Nursing: Percy & McIntyre, 2001]

Touchpoints enhances VENA

• Aligns with key VENA concepts of
  – Encouragement
  – Collaboration
  – Critical Thinking
  – Active Listening
• Enhances staff’s understanding of development related to nutrition themes
• Creates centralized language for reflecting on interactions

How can we learn more?

For further information on training, contact:

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