Touchpoints™ – A Framework for Connecting with Families

Presented by:
Andrea Urquidez, RD &
Carlos de Anda, Early Childhood Specialist
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 can we learn more?
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
“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.”
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
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.
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?
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**.
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
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.
Anticipatory Guidance

<table>
<thead>
<tr>
<th>Standard</th>
<th>With Touchpoints</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description</td>
<td>Shared Description</td>
</tr>
<tr>
<td>Prediction</td>
<td>Individualized &amp; Collaborative Prediction</td>
</tr>
<tr>
<td>Advice</td>
<td>Negotiated plan &amp; advice</td>
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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.
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
Guiding Principles

Developmental Component

OPTIMAL CHILD DEVELOPMENT
HEALTHY, FUNCTIONING FAMILIES

Relational Component

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Touchpoints in action…

• Child outcomes
  – Improved child health and early learning

• Parent outcomes
  – Parental well-being (lower anxiety/stress)
  – Parent participation in programs providing preventive services as well as social connectedness and empowerment

• Parent-child relationships
  – Parental emotional availability to infants and children
Touchpoints in action…

• Family-provider relationships
  – professional development and provider emotional availability to families
  – culturally informed programs providing social connectedness and empowerment

• Provider-provider relationships
  – Supportive systems of care for families and providers
  – Collaboration among systems of care and realignment with family strengths and needs
Touchpoints Evidence Base

• Over 60 years of infant research and practice by renowned pediatrician T. Berry Brazelton, MD
• Extensive body of scientific research
• Program evaluations in health care, early care, public health home visiting and parent support
Evidence Base: Literature

• The most important predictor of healthy child outcomes is the parent-child relationship.
• The parent-child relationship is affected positively when parents feel more confident and competent in their roles.
• As providers, the earlier we support parent-child relationships, the more positive effect we can have on child development and early learning.

References cited in Touchpoints Theory of Change Evidence Base
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 (McQuiston & Kloczko, 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)
Outcomes: Early Care & Education (ECE)

Use of Touchpoints in ECE resulted in:

- Improved quality of early care
- Improved parents’ perceptions of relationships with providers
- Stabilized parenting stress relative to parents whose providers did not receive the Touchpoints training

(Tufts, 2007)
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 Childrens 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)
Benefits of Using Touchpoints

- 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
Touchpoints in Tarrant County

• Founded in 2001 as a joint initiative of the Partnership for Children and the City of Fort Worth

• Multidisciplinary community members trained in the approach
  – Arlington Memorial Hospital
  – Camp Fire USA
  – Child Care Associates
  – Cook Children’s Child Life Specialists
  – Discovery School
  – Early Childhood Matters of Fort Worth Library
  – Early Childhood Intervention
  – Harris Methodist Hospital
  – United Community Centers
  – Tarrant County Public Health WIC & Nurse Family Partnership
How can we learn more?

For further information on training, contact:

Andrea Urquidez, RD
Tarrant County Touchpoints Site Coordinator
alurquidez@tarrantcounty.com
817-413-6300