Instructions for use of Touchpoints

Audio/Visual Aids and Logo
These audio/visual aids (in slide, Powerpoint and/or video format) are to be used exclusively by Touchpoints trained professionals for Touchpoints introductions, overviews, workshops and other educational settings as specified in other agreements (Universal framework, other agreements) with Brazelton Touchpoints Center™, Boston. They are not to be used for commercial purposes. The material contained in these visual aids is copyrighted. The Touchpoints name and logo are trademarked. Any alterations made by Touchpoints trainers to the slides or distributed materials must be sent to Brazelton Touchpoints Center™ for review and approval before use. The Touchpoints name and logo cannot be used without permission and is contingent on adherence to stipulations.
Supporting Parents in Stress:
The Brazelton Touchpoints Approach to Understanding Development and enhancing Family Centered Care

Jayne Singer PhD
www.brazeltontouchpoints.org
Boston Children’s Hospital
Harvard medical School
Touchpoints is...

A systematic approach to primary preventive health
What is Touchpoints?

• A developmental phenomenon
• A way of understanding and being with families
• An evidence-based approach to working with families in health, early education and care, early intervention and social service settings
• An approach to changing systems of care to support professional development and change in individual practice
• An international site network and a Boston-based professional development center
Touchpoints National Network

- Launched in over 100 communities
- In United States and Internationally
- Diverse disciplines: healthcare, social service, early intervention, early care and education
TOUCHPOINTS NATIONAL NETWORK

Touchpoints
Over 100 multi-discipline sites across US and Internationally
Touchpoints Training Results

<table>
<thead>
<tr>
<th></th>
<th>Pre</th>
<th>Post</th>
<th>Post Reflective Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Knowledge</td>
<td>63.67</td>
<td>79.11</td>
<td>80.81</td>
</tr>
<tr>
<td>Relational Knowledge</td>
<td>64.93</td>
<td>77.78</td>
<td>77.78</td>
</tr>
<tr>
<td>Developmental Knowledge</td>
<td>62.05</td>
<td>80.25</td>
<td>80.25</td>
</tr>
</tbody>
</table>

Graph showing improvements in Total Knowledge, Relational Knowledge, and Developmental Knowledge before and after training, with an additional boost from reflective practice.
Intervention/National Sample

<table>
<thead>
<tr>
<th></th>
<th>pre total know</th>
<th>post total know</th>
<th>Pre rel know</th>
<th>post rel know</th>
<th>pre dev know</th>
<th>post dev know</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Intervention n=16</strong></td>
<td>63.67</td>
<td>79.17</td>
<td>69.44</td>
<td>79.79</td>
<td>62.05</td>
<td>80.81</td>
</tr>
<tr>
<td><strong>National Sample n = 459</strong></td>
<td>69.44</td>
<td>77.77</td>
<td>64.93</td>
<td>80</td>
<td>67.22</td>
<td>78.57</td>
</tr>
</tbody>
</table>
What are the Goals of Touchpoints?

- OPTIMAL CHILD DEVELOPMENT
- HEALTHY FUNCTIONAL FAMILIES
- COMPETENT AND HEALTHY PROFESSIONALS
Three Sources Of Energy For Development

External Feedback System

Internal Feedback System

CNS Maturation as a Force

© 2010 Brazelton Touchpoints Center™
Developmental Framework

• Development is characterized by regressions, bursts, and pauses.

• Development is multidimensional.

• Bursts in one domain of development cause regressions in other domains.
Disorganization in One System Can Disorganize Other Systems

FUNCTIONAL AND DEVELOPMENTAL STATUS

TIME

MOTOR

SPEECH

COGNITIVE

EMOTIONAL

© 2000 Brazelton Touchpoints Center
Disorganization in One System Can Disorganize Behavior
Normal Disorganization Of Parent-Infant System

FUNCTIONAL AND DEVELOPMENTAL STATUS

PARENT

INFANT

WALKING

MOOD

SLEEP

INTERACTION

TIME
Regressions in a child’s behavior cause disorganization for parents
Parent of a 7 Month Old:

“Ever since he was six weeks old he would sleep all night. Now this last week he's standing up in the crib. Before, if he fussed a little bit you could go in and give him a pacifier and he'd go back to sleep. Occasionally he would do that. Now he's wide awake standing up. 3 o'clock in the morning and he's ready to play. If I lay him down, he pops back up again. You let him play a few minutes and he goes back to bed. For the last six months he's been sleepy and now he's not. We were really spoiled. I don't know what to do."
What do you think the behavior means to the parents?
Touchpoints Of Special Needs:

Parental representations: The Imagined Baby: Ideal, “Feared”, and Real Baby

Parental Competence: “How am I going to be able to parent this child?

Disorganization is less predictable; more stressful

Two Touchpoints at each: [1] the real child and their new behavior (skill OR disability) and [2] the imagined child and imagined Touchpoint (“what would have been?”)
Idealized Characterization of Normal Interactions

- Large proportions of expressed positive affect, some expressed interest, and little anger, sadness or distress.
- Large proportions of time (some urged 100% of the time) that mother and infant are in synchronous or matching affective and attentional states.
- Changes are simultaneous in time unit of $10^{-1}$ seconds.
- Therefore the interaction can be characterized as a simultaneous and synchronous "dance" within a narrow range of positive affect.

Courtesy of Edward Z. Tronick, PhD
Characteristics of Normal Mother-Infant Interaction

1. Moderate proportion of time in positive states
2. Moderate proportion of time that behaviors match
3. High rate of change from matching to non-matching states
4. Changes are not simultaneous
5. Infant and mother respond to each other
6. Therefore, short-lived positive states, errors and quick repairs
What are Touchpoints?

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

For families with Special Needs, these are not as predictable but still occur.

We can make meaning of behavior and anticipate change.
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**.
Anticipatory Guidance Can Help Parents Think About Their Response

FUNCTIONAL AND DEVELOPMENTAL STATUS

PRACTITIONER’S ANTICIPATORY GUIDANCE

PARENT

CHILD

TIME

HEALTHY DEVELOPMENT

DERAILMENT

© 2010 Brazelton Touchpoints Center™

© 2000 Brazelton Touchpoints Center™
Touchpoints of Atypical Development:

Developmental Processes

Special Life Events

Loss and Grieving of Life Events: Loss of the Idealized Child and Lifestyle
Parental Stress & Adaptation to Child’s Special Needs:

Availability of Social Supports

Caregiving needs of the child

* Relieving demand upon parents
* Interventions for challenging behavior and increasing socialization
Anticipatory Guidance

Anticipate parental emotional themes (anxiety, anger, hope, relief, ambivalence)

Help parent anticipate: Stress; Systems processes; Entrance into another reality and an overwhelming system

Ongoing Adaptation: 2 Touchpoints at each change
Anticipatory Guidance of Special Needs

Non-developmental “touchpoints”:
1st contact with Referral
Diagnostic Evaluation as Intervention
Service Planning
Target Goals
Interventions: Home and Center based
Transitions: Services; Providers; Life Stages
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.
Anticipatory Guidance Can Help Parents Think About Their Response

- FUNCTIONAL AND DEVELOPMENTAL STATUS
- PRACTITIONER'S ANTICIPATORY GUIDANCE
- PARENT
- CHILD
- DERAILMENT
- TIME

© 2010 Brazelton Touchpoints Center™
Emotional Competence

- Attachment/Detachment
- Esteem
- Empathy
- Altruism
- Learning Readiness
- Emotion Based Curriculum
Adults as Emotional Models

- Emotional engagement/attunement
- Interpersonal warmth
- Direct & adaptive expression of feelings
- Respect for individuality
- Frustration tolerance/anger management
- Empathy based discipline/reflective listening
- Repair of disruption
- Emotionally relevant activities
Joining a system of care

• The cross-cultural and historical norm is that parenting is nested in a broader system of relationships
• We are seeking a shift from asking the child to join a new system to our joining their system
• Touchpoints offers a means to join the system of care in a natural way
Guiding Principles

1) Value and understand the relationship between you and the parent
2) Use the behavior of the child as your language
3) Recognize what you bring to the interaction
4) Be willing to discuss matters that go beyond your traditional role
Guiding Principles

5) Value passion wherever you find it
6) Focus on the parent-child relationship
7) Look for opportunity to support parental mastery
8) Value disorganization and vulnerability as an opportunity
Understand the relationship between you and the parent

- When you work with a child you join that child’s system of care.
- The provider represents a service system that is often unresponsive to the emotional needs of parents of children with disabilities.
- The relationship may feel unequal in that the parent may require the provider's assistance in getting further services and may inspire feelings of indebtedness and dependency beyond that of typical support.
I've been afraid to jeopardize the relationship because I've needed these professionals, but I've wanted to say, "I'm the one you need to address. I'm the one who really deals with it every day. I'm the expert."
Value passion wherever you find it

• Joining the system of care around a child with a disability means being prepared to deal with very strong emotions.
• Grief, and its associated emotions, is a very large factor.
• There is also a great deal of passion around societal attitudes and day-to-day challenges.
Parent:

I have this sense that they feel like it's their job to find something wrong with him... I mean I just turned off after a while. I thought, "Let them say what they want."

I want to be firm about what we want and don't want... I want someone to tell me that it's OK to do that. I don't want them to think I'm doing the wrong thing and I'm this witchy mother.
Focus on the parent child relationship

Melbame, North Carolina, 1988
Focus on the parent-child relationship

Children with special needs typically form secure attachment relationships with their parents. However, the way in which these bonds develop may vary.
Parent:

What do you do when you live in a world with other people, and other people don't know and understand?… Rather than just thinking, "Well, I'm going to go over and get to know this kid and family," they are really uncomfortable. They don't know what to say. They don't know what to do. It puts a lot of responsibility on us as the parents. My whole personality has changed as a result of this.
Parent Assumptions

1. The parent is the expert on his/her child.
2. All parents have strengths.
3. All parents want to do well by their child.
4. All parents have something critical to share at each developmental stage.
5. All parents have ambivalent feelings.
6. Parenting is a process built on trial and error.
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
In sum:

• Disorganization as a framework for understanding development has relevant and unique meaning for these families.

• The Touchpoints approach helps us support the parent-child interaction.

• The Touchpoints principles offer reflective opportunities to effectively join the system of care around these children.