



The Baby TALK Research Series

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the Baby TALK model*

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Newborn Encounters: A Strengths-Based Approach to Identifying Newborns and New Parents in Need of Early Intervention Services

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Overview

This research report describes another component of the Baby TALK model – the Newborn Encounter – an approach to identifying at-risk newborns and their parents who are in need of early intervention services. The Newborn Encounter approach uses the Newborn Encounter Documentation (NED) tool, an innovative screening tool used in hospital obstetric units for identifying newborn and new parent needs. This brief shares research from participants ($n=582$) in the Baby TALK demonstration program in Decatur, Illinois who were screened using the NED tool. In doing so, the findings highlight the tool’s utility in practice, the potential benefits for early childhood services, and implications for early intervention with newborns.

The Role of Early Intervention

Early intervention remains a critical topic in the early childhood field because the potential negative impact of risk factors on the developmental and educational outcomes of young children (Villalpando, Leow, Hornstein, 2012). Early intervention models are designed to reduce those risks associated with poor child outcomes by providing resources and services that help young children develop the skills to meet their developmental agenda. There is a great deal of research citing the positive benefits associated with early intervention. For example, early intervention has been tied to enhanced developmental outcomes

in the area of cognitive and language development (Ford, 2006; Kirp, 2007), social-emotional development (Olds, Sandler & Kitzman, 2007; Kirp, 2007), reduced aggressive behaviors (Bugental, Corpus & Schwartz, 2012), enhanced functioning for children with an intellectual disability (Ramey & Ramey, 1992), and even closing the achievement gap (Copple & Bredekamp, 2009). Despite the known benefits of early intervention, the first step is to *identify* young children and their families in need of services. This research report examines an early childhood model – the Baby TALK model – which has a method for identifying newborns and their parents who may be in need of early intervention services.

Identifying Newborns using the Baby TALK Model

The Baby TALK model uses a community-based approach to identify children and families in need of early intervention services. Baby TALK-trained professionals are strategically placed within the community as a proactive approach to identifying needs early and referring to resources accordingly. To illustrate, Baby TALK professionals can be found in prenatal clinics and hospital obstetric units where they locate expectant mothers or new moms who may be in need of pre- and post-natal support services. These “Newborn Encounters” – meetings with newborns and their parents – are a hallmark component of the Baby TALK model and the topic of focus in this report.

The Newborn Encounter Documentation (NED) Tool is a component of the Newborn Encounter and was developed to screen for early intervention needs in hospital obstetric units, a critical time for both the infant and new parent. In using the NED tool, new moms are first approached with questions about her pregnancy (e.g. prenatal care received, baby's birth weight, and any general concerns from the new mom). This is followed by simple developmental tasks conducted with the baby (e.g. tracing, orientation to voice or face, reflexes), parent-child observations, and engaging parents in a discussion about their baby.

The questions used to engage the parents on the NED tool are from a strengths-based approach that recognizes the parent as the expert. At the same time, the discussion provides the Baby TALK professional an opportunity to assess any needs in which supportive services could benefit both the new parent and infant. The Newborn Encounter ends with several wrap-up questions on the NED tool related to requests for services, a review of any critical issues mentioned by the parents, and an opportunity to discuss referrals to other services and/or resources. Once the Baby TALK professional leaves the room, he/she completes a scale on the NED form relating to the emotional temperature in the room at the beginning of the encounter and at the end.

According to the developers of the Baby TALK NED tool, the tool and the Newborn Encounter is intended to build family relationships with new parents early with the focus on "discovering the newborn."

Additionally, the NED tool is a series of strength-based questions and guided observations that support early identification of need. Our review of the NED tool and the sample data can confirm this description as the tool uses open-ended, respectful, and engaging questions with new parents. Parents are asked questions about their baby, observations are made of the interactions in the room, and initial assessments of risk are conducted without any judgment on the parents or consequences as a result of responses. Additionally, the use of the Newborn Encounter with the NED tool in hospital obstetric units emphasizes the importance of early screening, as there is a congruent message from the Baby TALK professionals and the hospital staff; all parties are collaborating to identify needs early and to support the new family.

Using the data from new moms who completed the NED tool in the Baby TALK Decatur Demonstration Program, we were able to examine the characteristics of families who were screened, observations made during the Newborn Encounter, and the engagement strategies that contributed to higher levels of parent responsiveness during the screening.

Newborn Encounter Documentation (NED) Tool: Findings

We examined NED forms completed with new parents and their newborns ($n=582$) in two hospitals in Decatur, Illinois: Decatur Memorial Hospital and St. Mary's Hospital.

The data collection period spanned from 8/1/2011-1/30/2012 and the analysis resulted in several observations and findings that emerged from the data sample.

1. The Baby TALK NED tool serves as a quality newborn observation tool.

The tool includes questions regarding the baby's states (e.g. deep sleep, light sleep, active alert) active behaviors (e.g. tracking, rooting, grasping) and interactions between caregiver and infant (e.g. holding, talking to baby, eye contact). While the percentage breakdown of the state, behaviors and interactions could be reported from the analysis, more important was ability to record and track the activity systematically using the NED tool. Implementation of systemic observations as these helps to identify possible risks and needs for the infant and family. These observations could be shared with medical staff prior to discharge and with parents as a suggestion of developmental tasks that need to be observed. The information would also be useful to home-visitors who could be working with a family presenting needs, as the NED results would serve as a baseline for the intervention.

2. The language in the Baby TALK NED tool promotes a strength-based approach to engaging parents.

Parents are engaged with open-ended, respectful probes that allow the parent to take the lead in the assessment.

Specifically, the NED tool provides "tools of conversation" with instructions to select all phrases that were used in the encounter.

- 90% of parents were engaged at the prompt asking the baby's name.
- 88% were responsive to the prompt "tell me about your baby" and the topic of the Baby TALK Warmline, a call-in service that provides new parents with any information relating to their infant.
- 85% of parents were engaged when asked about their infant's birth story
- 84% were engaged when discussing whether the baby recognized voices and
- 72% were responsive to the question "who does the baby look like?"

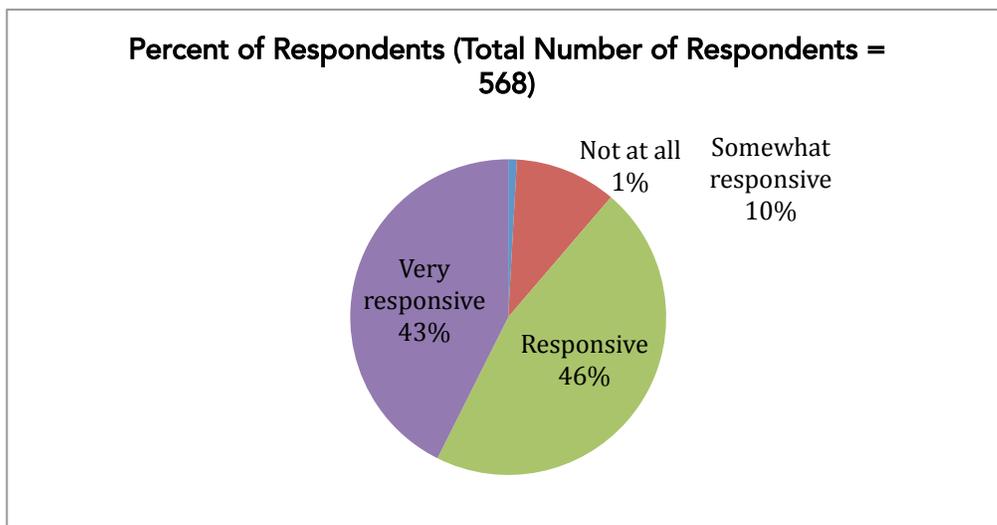
Additional questions related to feeding, the type of delivery, and the infant's early skills such as reflexes and tracking which also were identified as engagement questions but scored lower in frequency compared to the other conversation tools. Collectively, the prompts were designed to allow the parent to lead the conversation, a strategy that bolsters positive engagement, encourages relationship-building, and the development of trust between the parent and the professionals. And these elements positive engagement, relationships, and trust – have been documented as critical components of early intervention services.

3. The Baby TALK NED tool promotes increased responsiveness from parents.

On a four-point rating for Responsiveness of Family, 46% of mothers were 'responsive' and 43% identified as 'very responsive' during the completion of the NED tool. 10% were 'somewhat Responsive' and only 1% of new moms were recorded as 'not at all

responsive.’ (See Figure 1). The levels of responsiveness were even higher when dad was in the room holding the infant during the assessment; 86.4% were reported as ‘very responsive’ when dad was present.

Figure 1: Responsiveness of Family



Additionally, the NED tool included a four-rating scale on the emotional temperature in the room when entering the room and at the end of the encounter (very warm, warm, cool, very cold; correlations with the four-point *Responsiveness* scale). As noted, majority of encounters scored high on responsiveness (46% and 43% ‘responsive’ and ‘very responsive’ respectively) but a handful of respondents indicated a slight improvement in emotional temperature from when the Baby TALK professional first entered to when leaving (37%). Moreover, no one indicated a decline in emotional temperature as a result of the Newborn Encounter and completing the NED screening tool. (See Table 1)

Table 1: Change in ‘Emotional Temperature’ from Beginning to End

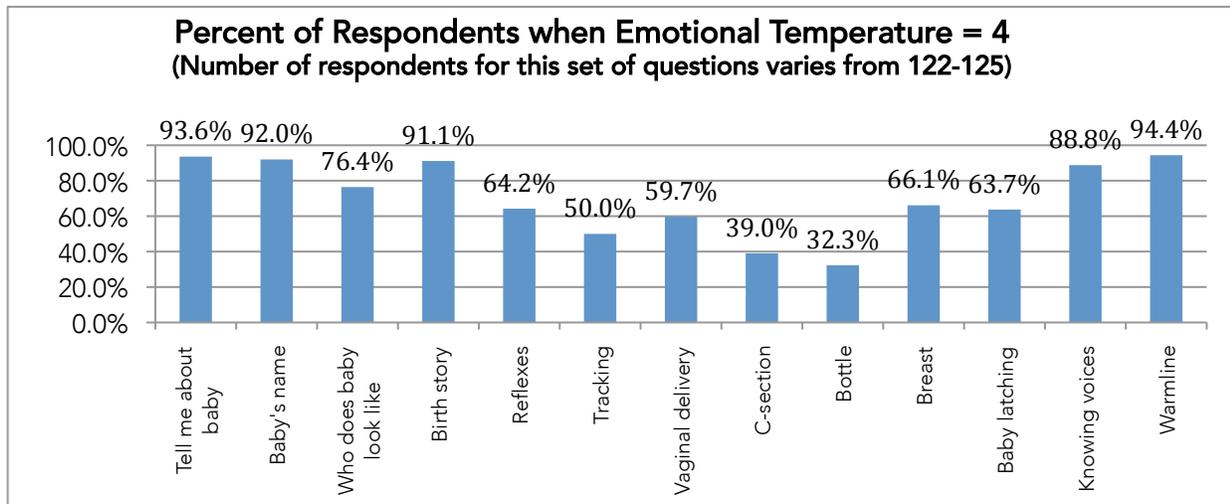
Change in Emotional Temperature	Percent of Respondents (out of 211)
0	63.0%
+1	36.0%
+2	1.0%

Note:

1. Respondent indicated on a scale of 1 to 4 with 4 being ‘very responsive’ to 1 being ‘not at all’ for when first entered the room as well as for when leaving the room.
2. A value of zero indicated no change in emotional temperature. A handful of respondents indicated a slight improvement in emotional temperature from when first entered to when leaving. No one indicated a decline in emotional temperature (i.e. negative number).

Furthermore, respondents engaged with the *Conversation Tool* prompts that produced high scores on parent engagement correlated with higher levels of emotional temperature in the room (responses as *Warm* or *Very warm*). For example: Of the respondents who had an 'emotional temperature' recorded as *Very warm*, 94% were engaged with the prompt 'tell me about your baby,' 92% were engaged with the prompt 'tell me your baby's name,' 91% were engaged with the prompt 'tell me about your birth story,' and 89% were engaged with the prompt 'does your baby recognize voices.' (See Figure 2)

Figure 2: Tools for Conversation Response Rates



Discussion

The strategies used within the Newborn Encounter Documentation tool do indeed support a strengths-based approach to screening while using targeted relationship-building techniques to engage new parents. Based on the observations and the responsiveness of the respondents, it appears the NED tool provided an entrée to observing the parent-infant relationships at a critical time post-delivery. The interview approach actively engaged the parent in the screening process in a manner that was safe and respectful. In doing so, the comfort level between the parent and the Baby TALK professional in the room gave way to more natural interactions that lent to greater accuracy in assessing needs.

The findings suggest that the NED tool implemented in hospital obstetric units can be an effective tool in engaging parents early, identifying needs early, and building a positive foundation to support the infant in meeting her developmental agenda.

Relevance for Early Intervention Models

Early intervention models are designed to minimize risks that could negatively impact a child meeting her developmental agenda. Early identification is critical for getting services to young children with needs before problems escalate and more invasive interventions are necessary to get them back on the expected development trajectory.

The Baby TALK model's Newborn Encounter format and its NED tool provides intervention at one of the most early stages of development; assessment and intervention with newborns in post-partum hospital recovery rooms. The safe and respectful approach to parent engagement further promotes relationship building that can support engagement in early intervention services after discharge. This approach to targeting newborns and new parents in need of early intervention services is an innovative approach that we believe other early childhood models could and should adapt to their respective approaches. Use of similar language and observation methods have shown to positively engage parents that can, in turn, support their newborns when services are offered.

Final Thoughts

In conclusion, the Baby TALK Newborn Encounter framework and the use of the NED tool can promote early identification of at-risk families with infants when used in hospital obstetric units. As seen in our analysis, the strength-based approach to engaging parents result in greater responsiveness that may support future parent engagement in other family support programs. Use of the NED tool in health care settings is a promising method of identifying new families in need of intensive services. Lastly, the NED tool and the nature of its implementation can be adapted to other community-based settings wherein infants and new parents can be readily identified. When the benefits of early intervention services can be gained when

identification happens early in a child's life, the Newborn Encounter approach provides an opportunity for identifying needs very early in an infant's development and that is at delivery.

REFERENCES

- Bugental, D.B., Corpus, R., & Schwartz, A. (2012). Preventing Children's Aggression: Outcomes of an Early Intervention. *Developmental Psychology, 48*(5), 1443-1449.
- Copple, C., & Bredekamp, S. (Eds.) (2009). *Developmentally appropriate practice in early childhood programs: Serving children from birth through age 8*. Washington, DC: National Association for the Education of Young Children.
- Ford, R.M. (2006). Early intervention and the growth of children's fluid intelligence: A cognitive developmental perspective. *Behavioral & Brain Science, 29*(2), 133-134.
- Kirp, D.L. (2007). *The sandbox investment: The preschool movement and kid's first politics*. Cambridge, MA: Harvard University Press.
- Olds, D.L., Sadler, L., & Kitzman, H. (2007). Programs for parents of infants and toddlers: Recent evidence from randomized trials. *Journal of Child Psychology and Psychiatry, 48*(4), 355-391.
- Ramey, C.T. & Ramey, S.L. (1992). Effective early intervention. *Mental Retardation, 30*(6), 337-345.

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The Baby TALK Research Collaboration

In January 2010, the Baby TALK Research Collaboration was established to support the organization's mission – to positively impact child development and nurture healthy parent-child relationships during the critical early years – through applied research. The Research Collaboration houses a broad range of evidence-based materials relevant to the Baby TALK model. Research efforts focus on the implementation of the Baby TALK model in various communities, the participants identified and recruited using the model, and specific programs that serve high-risk families with young children. The Collaboration also houses research on child and family outcomes tied to the Baby TALK model, and serves as an informational hub for those interested in relational models for serving vulnerable families.



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