

Chapter Nine — Caregivers Need To Be Part Of The Solution

We need the caregivers who care for children in the first years of each child's life to make brain development support for each child a top priority for the care of each child.

There is almost nothing that a pediatrician or a child care team can do for a child in those first three years of life that will have a more significant lifetime effect and impact on each child than strengthening the child's brain.

Pediatricians, pediatric nurses, and other physicians who treat children in those first key years of life are almost always major influences on the parents of each child. We need to use that leverage and that credibility to help each child build a strong brain.

Pediatricians see children on average, roughly a dozen times in those first years of life. Those encounters create a major opportunity that can be focused very directly on helping each child build strong brains.

Those direct encounters can be a number of high leverage and high credibility times when mothers, fathers, and other in-home caregivers for children are advised directly about the neuron connectivity opportunities that exist in those key years for each child.

Parents come to those pediatric interactions to learn from the caregiver about best care for their child. In addition to the basic and standard teaching by the caregivers in those encounters about topics like nutrition and infections, those interactions should now be used very intentionally and deliberately to help each parent understand the biological time frames for brain development and the various levels and kinds of parental and family interactions with their children that can support brain strengthening processes for each child.

We Need All Pediatric Care Teams To Help With That Teaching Process

Pediatricians should also incorporate some basic assessments of infant progress in those key areas in their examinations and in their direct developmental analysis process for each child.

Some pediatricians and child care teams are doing that work extremely well now — but the truth is that we are not currently getting that level of support from our pediatric care teams on those sets of developmental issues for far too many of our children today.

Too many caregivers for both mothers and young children do not make that set of developmental issues a priority or a focus in their care delivery interactions with parents in those key years.

Not all caregivers make those issues a priority or even a topic of discussion. Too many caregivers today do not educate and coach each new parent effectively and consistently about those early brain strengthening opportunities and about those brain development issues and opportunities that exist for each child.

Some care teams do not mention those issues to parents at all.

That is unfortunate. Not doing that teaching directly to parents in those care related settings in those key time frames is a huge lost opportunity that is lost forever for each child. No one is more trusted by mothers and fathers than their child's pediatric caregivers, and that trust can translate into better parenting practices for many children if the teaching opportunity about brain strengthening approaches is used consistently and used well by our caregivers.

We can't afford to lose any of those opportunities. A dozen opportunities can be lost for each child by the caregivers who do not make brain development for children a priority in their care delivery approach.

We need all caregivers to be on the side of the very young children on that very important issue and we need each caregiver to do what each caregiver can do to encourage the parents of each child to help their child directly in those key areas of development.

The American Academy Of Pediatrics Is Taking A Lead Role

The American Academy of Pediatrics reflected that basic position last year when the Academy officially advocated having all pediatricians recommend reading and early development support to very young children and even began supporting programs that help get needed books to mothers of young children who don't have books in their homes.

The Academy of Pediatrics also collaborated very directly with the Zero To Three National Center for Infants, Toddlers, and Families in September of 2013 to produce a document about brain development in those first years that all caregivers and policy makers should read. It is an extremely well written set of articles and papers.⁵

The joint publication was labeled “Early Brain and Child Development” and is available from the Zero To Three website.¹

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That report should be mandatory reading for people who are working on policy issues relative to very young children.

The Pediatric Academy is exactly on the right track with its current agenda and coaching. We are fortunate as a country that our key national association for pediatricians is doing the right thing for children on that key issue.

We Also Need Our Obstetricians To Directly Teach That **Science**

We need obstetricians to also be a key part of that education process.

To have a maximum educational impact on all new mothers from caregivers in the most effective time frames for the brain development of each child, it would also be very useful to have the doctors who care for prospective mothers during pregnancy to also be a source of wisdom and teaching on those key issues.

To help all mothers-to-be to understand the opportunities that will exist for their children, we would benefit significantly if we could get direct and equivalent support for educating parents on those issues from the doctors who care for pregnant women.

For maximum positive impact on mothers and infants, we will be very well served if the obstetricians and midwives who care for mothers during pregnancy join in that public health agenda and make the point of teaching each perspective mother about the wonderful and immediate opportunities for brain development in their child that will begin for their child with birth.

If we are going to have to highest impact from extremely credible and trusted experts with the parents of new babies, then our obstetricians and our midwives and our pediatricians and our pediatric nurses all need to be key parts of the learning process about early brain development for the mothers of very young babies.

Care Givers Have Great Credibility And High Degrees Of Opportunity

Missing that opportunity during the pregnancy and during the first episodes of care after the child is born to teach each and every mother this information is very unfortunate because of the consequences to each child whose parents do not know or understand what they can do to help their child build strong brains in those key periods of time.

Each and every child we help and save is a child we help and save. Each child we don't help and each child who does not get that support and

basic brain exercise in those key years faces a challenging life — through absolutely no fault of their own.

Ideally, that teaching can begin before the baby is even born.

Almost no one has higher credibility levels with new mothers than the obstetricians and the midwives who help the mothers through their pregnancies into birth. Those caregivers are respected, trusted, and have great influence with mothers. When those caregivers tell mothers that they will be able to strengthen their babies' brains by interacting with their babies in those first years of life, many mothers will take that message from those highly credible messengers to heart and will begin to plan their life as a parent accordingly.

That extremely high credibility level that the obstetrician team has with mothers then tends to be shared after their baby is born by the pediatricians and by the pediatric nurse practitioners and other child care team members who advise each mother about her infant child for those first years of life.

Those tend to be very special, high impact, high credibility, and effective patient/caregiver relationships. The caregivers for pregnant women and the caregivers for their children after they are born all tend to be given

very high levels of trust, credence, and even behavioral compliance from the new mothers and their families.

That might be particularly true for first time mothers who are deeply hungry for information about their pregnancy and their new child, but it is true for all parents for each child. Pediatricians and other primary care team members for infant and children tend to be trusted and that creates an impact that can benefit each child when it is used intentionally to teach those issues about the value of exercising each child's brain to the parents of each child.

Mothers Should Know That Information Before Leaving The Hospital

Hospitals can and should also be support resources on that key set of brain support issues. Hospitals should add information about the brain strengthening opportunities for new mothers to the take home materials that hospitals give to each new mother.

It is important to start that teaching as soon as possible from each set of caregivers because the time to make an impact begins immediately and because far too many parents have no idea that those opportunities to strengthen their baby's brain exists.

A recent set of surveys done in California found almost no mothers of young babies who knew that science or who explicitly understand those developmental opportunities.

Almost none of the surveyed parents had been told about those issues by their care teams in ways that the parents remembered the messages and were able to build that set of factors into their parenting approaches and strategies.

Mothers And Fathers Become Enthusiastic When The Opportunities Were Explained

The mothers and fathers who are in the surveyed groups became excited and enthusiastic about the opportunities to help their child strengthen their brain and become better learners when those opportunities were explained — but those parents had not been taught that information before that time.

We need to do much better than that. We need all parents — every single new mother in particular — to know that information.

We need care teams who teach each set of parents the functional link between brain exercise and brain strength for their child. Just telling parents to talk, read, and interact with their children because interaction of various

kinds is generically a “nice” thing to do for a baby is much less useful and much less respectful of the decision making role of the parent than telling the parent that brain exercises in those key years will help their baby have a stronger brain and will have an enhanced ability to learn.

Parents love their children and parents are accountable for their children in key ways that make sharing that specific linkage between behavior and their child’s future clearly the right thing for the caregiving team to do.

Parents deserve the chance to understand that science and those behavioral realities in direct and clear ways. Caregivers should make teaching that set of opportunities to each parent a high priority.

Our obstetricians can begin that teaching before birth and the hospital where each child is born can also be an intentional part of the teaching process relative to those brain-strengthening issues for each new mother.

Our caregivers, as a team, should set a goal of never having a new mother go home from the hospital without having received a focused and solid teaching session on those specific brain development issues and opportunities for their child.

We Need Parent Teaching Tools To Reinforce The Teaching

That teaching process for each new mother in that hospital setting after the birth doesn't need to be long — but it does need to be clear.

It can be very useful to tie a set of the teaching tools that exist to do that work to that coaching encounter. Having that specific learning supported by video pieces, Internet links, and written materials can all reinforce the message in ways that make the learning process more effective and can continue to create teaching links after the baby is taken home from the hospital.

In the best set of circumstances, we need all caregivers — beginning with the obstetricians and the hospital care team and then extending to the pediatric care teams who see the baby for follow-up well baby and sick baby visits — to be teaching the basic facts about brain development opportunities to the parents of each child at the time when that teaching can provide the greatest benefit to each child.

At the core, hearing those messages about brain development opportunities in our babies from each of those trusted caregivers at each of those highly leveraged moments in the care relationship is an opportunity we need to utilize in the most consistent and effective way for each child.

We Need All Key Caregivers To Support Those Key Issues

We need to get the maximum benefit for each child from those highly credible caregiver relationships with each new mother. To begin the process, we need that set of caregivers to understand the key issues. Not all caregivers are current on the relevant science and biology. That needs to be an early teaching focus for any caregivers who do not know that science now.

We need those caregivers who are helping each mother with both pregnancy and childcare to understand the brain development functionality and to throw the most current information about brain growth science, processes, and interaction opportunities that exist for their child.

We need all of those caregivers who take care of our children to understand the science so all caregivers can to teach that science and that opportunity to parents and to each other as teams. We need caregivers to share that opportunity with each other in ways that create team care for the babies and their parents and families.

We need care teams who understand the extremely high benefit levels that result for a child from the parent talking directly to the child and interacting in loving and safe ways with the child.

Spoken interactions with each child build brain strength at levels that can exceed all other interactions. Too many parents don't know or even suspect the value to their child relative to brain growth that speaking to their child can create.

Reading to each child also has layers of benefits. The reading process, itself, creates a set of safe and direct interactions that babies tend to love. The vocabularies of babies who are read to tend to be significantly higher than the vocabularies of children who do not have books read to them. Multiple studies have shown that to be true.

A key point to understand about that relationship is that the books, themselves, often contain only a simple set of words. The major growth in vocabulary for those infants comes from the other words spoken by the parents to the child about the books and about the topics of the books. Simply reading is good and reading that is linked to conversations with the child can be golden.

We need the care teams who care for children in each setting to figure out who on each team is doing the work of teaching brain development science, practices, processes, and opportunities to at least one parent for each child.

Learning by parents is never more focused and more child directed than it is during the pregnancy, birth, and first levels of care settings and direct care experiences for new mothers and fathers. That is a high opportunity time for teaching both new fathers and new mothers how to interact with their children in ways that will meet the brain support needs of their children.

We Need Both Direct Coaching And Support Materials That Continue The Teaching At Home

Every care site and every caregiver should have access to a useful set of support materials for their patients that can be shared at the care site and taken home by the parents for each child. Those kinds of materials exist in many settings and they can be made available to all care sites and care teams relatively easily.

But even when there are no support materials in a setting that are available to the caregiver, we need each caregiver to simply explain verbally to the parent of each very young child that having basic and consistent interactions with their child will build brain strength in their child.

That specific piece of information doesn't need to be supported by a tool kit to be conveyed in a meaningful and life-changing way to a parent. It

can be simply said to each parent. Direct coaching on that key issue from the caregiver to the parent can have major impact all by itself.

It can be even better and more effective when there are tool kits to help teach that information, but simply making that point about the positive impact of exercising each child's brain directly to each parent in a face-to-face setting can have a major impact on a parent that can change a child's life.

We Need Reminders As Well

To help the most children, it is useful to have follow-up support tools and to have on-going communication approaches relative to those issues as well. Reminders to each parent with a very young child about useful interactions with the child can happen regularly in a systematic way using a number of easily available communication tools.

There are a small number of Internet tools in limited use now that send text messages to parents reminding the parents to interact directly in key ways with their children, for example. Chapter Twelve of this book lists some of those Internet supported reminders.

That connectivity package and that connectivity support tool kit will undoubtedly get continuously better in fairly short time frames because the

tendency of computer and Internet supported connectivity tools is to continuously improve... particularly when those tools add real value to people's lives.

Those various connectivity tools actually can add great value — and we need to use them often and well.

The most effective and key influential teaching reminder for most parents, however, when mothers bring their infants into care sites for examinations, immunizations, periodic episodes, incidents, pieces of care, and when the caregiver team in each site adds brain development messages and teaching to each encounter.

There are few communications of any kind that have more impact than having caregivers reminding the mothers of very young children during those encounters about the very explicit and immediate brain development opportunity that exists right now for their children.

Evaluating Child Progress On Those Issues Can Also Be Useful

It can also be a good thing during those encounters with the parent and infant for the caregivers to check on the children in systematic ways to see how well each child is interacting in some basic ways relative to those encounters.

In some care settings, putting formal processes in place to do early childhood development evaluations can be a good thing to do — with parents told immediately about any issues and opportunities for their child that are detected in that education process.

The Pediatrician’s Academy has shared a list of some very useful evaluation tools that caregivers can use and care sites should understand what those tools are.

Caregivers Should Encourage Parents To Talk, Read, Sing,

And Interact

The key and most useful thing that needs to be done in those encounters is to have the caregivers teach each parent about the value of direct and personal focused interaction with their child — and to teach parents what kinds of interactions can have the most value and benefit for their children.

The tool kit of basic interactions that parents can learn to use to exercise their child’s brain isn’t complex or technical. Direct interactions are the key tools for each parent to use to make brains strong.

Parental interactions with children are the key tools and the most effective approaches that build brain strength in each child. Direct and

focused interactions by an adult with each child are key steps for helping each child.

Children with zero adult interactions tend to end up with tiny vocabularies by the time they enter kindergarten. Those children with very low levels of adult interactions end up with fewer neuron connections — and the children with the lowest interaction levels too often can end up with the physical brain damage that is created by toxic stress syndrome.

Those children face very difficult lives.

Speak Constantly, Read, Interact, And Show Warmth To Each

Child

By contrast, the children whose parents speak constantly to them, read regularly to them, interact frequently with them, and show consistent and real warmth to them end up with much larger vocabularies, stronger brains, better learning abilities, and those children avoid the life altering brain and physical damage that results from toxic stress syndrome.

Parents who don't know that science and who have not had those opportunities explained to them are less likely to do the useful and functional things in their own homes with each child that strengthen their child's brain.

The basic set of things that build a strong brain for a child can happen in each home for each child. Those beneficial activities are all anchored on basic direct adult interactions with each child.

Talk, Read, Interact, Ask Questions, And Sing To Build Strong

Brains

Care teams need parents of each child to know that talking to the child is a very powerful and effective interaction that each parent can do for a child.

Care teams also need to encourage reading to each child. Caregivers should teach parents that reading to their child even half an hour a day can change the learning trajectory for their child.

Reading books and talking to the child about the books that are being read both teaches children the critical link between symbols and meaning and teaches basic thought processes that create linear thinking. Reading creates its own levels of value and that value is enhanced when the adult in each child's life also talks very directly to the child.

Asking questions can also add great value relative to creating both thought processes and verbal interactions.

Simply asking questions every day to each child is a highly effective interaction that also can build brain strength and neuron connections that last the child for life. Talking constantly to each child about the setting and the situations each child is in can cause millions of words to be spoken to each child in those key years.

Those spoken words by key adults help children learn to think, and those spoken words strengthen connections in each child's brain.

So for pediatric care teams, the approach of encouraging mothers and fathers to read, talk, and sing to their children can be an extremely important thing to do in every set of encounters with parents.

Care Givers Can Help Create Access To Books

Helping mothers with the reading, talking, and singing functions can add to the levels of success for each child. Care teams can often determine whether basic help in those areas is needed by the mother or family.

If, for example, a mother has no books or if mothers can't actually read, themselves, then caregivers can and should help mothers get access to books and should encourage mothers to find someone in their family, community, or setting who can do those reading functions with their child.

Mothers who understand the value of reading, but who can't read themselves, can often find someone else to read to their child. Also — everyone needs to realize that the mothers who can't read themselves can still give their infants high levels of very useful and effective brain development support by simply talking directly in caring ways to their child.

Reading is good and talking is essential as a brain-building tool. Talking all by itself builds the connections that children need — and the talking done to a child does not need to be connected to a book to have major value.

Caregivers can teach all of those realities to each parent for each child in the course of caring for each child.

Free Books And Text Messages Can Help

When reading is possible, reading can be a wonderful brain development tool. Several studies have linked reading levels in homes to income levels in homes. Higher income homes do tend to have both more books and higher income homes tend to spend more time reading to children.

One study showed that the average well-to-do mother had over a dozen books in the home to read to each child — and that same research

showed that almost 60 percent of the low-income homes did not have one single children's book in their home.

Another study showed that one-third of low-income mothers do read every day to their children — but over half of the low-income mothers did not read to their child at all.

We Can't Change Income Levels But We Can Change Reading

Levels

The fact that one-third of the low-income mothers who were studied in that survey did read to their children every day is extremely important information because it tells us that it is entirely possible for children in low-income homes to have someone read to them and to directly benefit from reading.

Low-income homes that value reading can clearly make reading a reality for children. Low-income is not an absolute barrier or a functional barrier to reading. Low-income homes can and do read to their children now.

We need to make that percentage of low-income families who read daily to their child much higher in order to benefit more children.

The children from that one-third of the low-income homes who do have daily reading will clearly do much better in school than the children in the homes where reading does not happen at all.

The key factor that exists for each child relative to learning readiness isn't their family income — it is their family approach to reading and their family approach to interacting with their child.

We cannot change family income — but we can change family approaches to having books read to each child.

For the families who do not read today, we need our care teams who interact with each mother and family to teach the value of reading and we also need to create access to books. It is much harder to read to a child in any home if there is not a single book to read in the home.

Reach Out And Read Provides Books For Homes

Some of the best child-focused care sites now make children's books available to new mothers during early visits. Some care sites point mothers to various settings where reading support exists.

One of the programs that is often supported by pediatricians is called "Reach Out and Read." That program is described in Chapter Twelve of this book. It is focused on getting books into the homes that need books.

Any programs that provide books to the homes who do not have books is a good program for children. You can't read books that don't exist.

We need people in each community setting and in each care setting for low-income people to create access to books for all of the children who need books in those key years.

We are a nation of great resources. We need to channel some of those resources into those particular uses and we need to do that channeling now.

Reusing books can be part of the process. That often happens in family settings now. Families often reuse books inside of families. We need to extend that process of reusing books to have families helping other families by making books available for reuse.

Well Used And Well Loved Books Should Get Extended Lives

Well-to-do families who read extensively to their children often have shelves full of children's books that sit idle and gather dust as the children who used those books grow older. We need better mechanisms in place to get those much loved and well used children's books from those homes to a new set of children so those special books can change even more lives and can be loved and well used in new settings.

Various communities need to build ways of doing that distribution and those distribution approaches that are created in various settings need our targeted support. Linkages to care sites can be a very good way of creating that support.

Some child focused care sites today also pass out teaching materials like cups, blankets, caps, and t-shirts that contain printed reminders to the parents to read, talk, play, and sing to their children. Those care sites who distribute those materials want the parents to remember the messages about those interactions once the parents return to their homes.

Some care sites even send text message reminders to parents to interact in those ways with their new infants and toddlers.

All of those messages and support materials from care sites come with a high level of credibility with parents because of their trusted source.

Caregivers need to make this issue a priority because if we are going to succeed in getting all children school ready for school by the time each child enters school, then the care teams for each mother and each child need to be part of the education and support team in highly credible and functional ways.

Caregivers Need To Make Early Brain Development A Top Priority

No one has more credibility with mothers, fathers, and families than caregivers. That point is worth repeating. No one interacts with children and their parents more consistently and directly in those key years than caregivers. That fact creates a functional opportunity that we should not waste.

Using those direct caregiver encounters with each child as a mechanism for communicating key messages about brain development exercises and interactions to each parent has clear and obvious value for each child.

No aspect of biological development has a bigger impact on the entire lives of children than building strong brains for each child in those first key high opportunity years when our brains develop.

We need the caregivers who clearly understand that science and who recognize that biological opportunity to choose to use that knowledge with their patients to improve the lives of all of their early childhood patients by teaching that science to the parents of each child.

All Child Care Givers Want To Help Children

All caregivers for children became caregivers for children to help children. That is their career path and that is their personal motivating life objective. Helping children is their goal and it is their mission.

Building stronger brains very directly helps each child and helps achieve that mission for each caregiver. Sharing this information with parents in ways that help parents support their children in that key development area and key time frame is one of the best things that the caregivers can do to actually have a major positive lifetime impact on each child.

We know that for most children who go to their regular pediatric visits, there are multiple pediatric encounters with our children in those first key years.

There is no excuse for every parent who goes to those encounters not to know that key set of facts about their children in those key years when that information has its highest medical, biological, and functional value for each child.

We need our care teams to make strengthening each child's brain a care delivery priority and we need our care teams to help parents build intentional and consistent parenting practices that benefit each child.

Too many children fail today. We need our caregivers to reduce those failures — beginning now.