



HEALTHY STEPS FOR YOUNG CHILDREN PROGRAM

PROTOCOL: CHILD DEVELOPMENT AND FAMILY HEALTH CHECKUPS

I. DEFINITION

The child development and family health checkups are a set of questions and activities that the Healthy Steps Specialists and physicians/pediatric nurse practitioners use to help mothers and fathers and the Healthy StepsSM team understand infant behavior, child development, and the home environment. The checkups are not a one-time event but rather an ongoing process, beginning in infancy and continuing at regular, six-month intervals. At every stage, the process relies on clinically-validated questions and activities designed to offer insight into the child's health, behavior, language, and play, as well as the family's health, health-related behaviors, and home safety. These checkups are a collaborative effort involving mothers and fathers in the process of monitoring and evaluating their child's health and development. At the same time, they provide opportunities for the Healthy Steps team to learn about a family's history, observe parent-child interactions, create "teachable moments," and offer emotional support.

Objectives:

- To identify the strengths and concerns of the child and family.
- To enhance mothers' and fathers' understanding of their child's development through feedback requested by mothers and fathers and in other "teachable moments."
- To monitor child's healthy growth and development.
- To promote "goodness of fit" between child's behavior and parental expectations.
- To engage in collaborative problem-solving with mothers and fathers to determine how best to address developmental issues.
- To make necessary referrals to community resources.
- To build a supportive alliance with the family.

II. SPECIFICATIONS

A. Schedule and Content:

1. Infant development checkup: Within the first month of the child's life, the Brazelton Neonatal Behavioral Assessment Scale (NBAS) will be used to assess the child's temperament and responses to certain environmental events. The NBAS may be conducted either in the nursery shortly after birth, during the initial three-five-day home visit by the Healthy Steps Specialist, or at the two-week office visit. At four months, mothers and fathers would be encouraged to complete the Temperament Questionnaire and subsequently discuss the results with members of the Healthy Steps team. These instruments provide mothers and fathers with specific information about the behavior and development of their child; this knowledge helps mothers and fathers adjust their caregiving style to their child's individual needs.

The Healthy Steps protocols were originally developed as program requirements for use in the national evaluation phase of the program. In order to ensure the integrity of the evaluation, all sites needed to implement Healthy Steps in virtually the same manner. Because evaluation concerns will not affect new practices beginning Healthy Steps operations, these practices will have considerable flexibility in shaping their Healthy Steps programs. New practices should therefore use these protocols as guidance in their decision making.

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2. Child development checkup: An informal developmental checkup will be conducted every six months, beginning at six months of age. (If indicated, the process may begin sooner or take place more frequently.) It may be conducted during a well child visit or during a home visit. It will make use of three tools: The Denver II Developmental Screening Test (DDST) will be used at six-month intervals; the BABES, a behavioral checklist, will be conducted at 12 and 24 months; and the MacArthur Communicative Development Inventory, a speech and language screen, will be used at 24 months.

3. Family history: Through a series of clinical questions asked during conversation with the family, the family history examines mothers' and fathers' own early childhood experiences and issues of concern to the mother and father including family health and health-related behaviors such as smoking, substance abuse, depression, and domestic violence. If a problem emerges, the Healthy Steps team should explain the problem's potential effects on the child and inquire whether the family would like help. If the family agrees to seek help, the Healthy Steps team should facilitate an appropriate referral for the problem.

SCHEDULE

TEST	TIMING
Brazelton Neonatal Behavioral Assessment Scale	3-5 days -- 2-week visit
Temperament Scale	4 months
Denver II Developmental Screening Test	6-month intervals beginning at 6 months
BABES Behavior Checklist	12 months and 24 months
MacArthur Communicative Development Inventory	24 months
Family History	6-month intervals beginning at 2-week -- 1 month visit

B. Reference: Chapter 7 of *Strategies for Change: Child Development in Primary Care for Young Children* addresses child development and family health checkups.

C. Documentation for Implementation: Checkup (DDST) forms and overview checkup forms should be filed in the medical record; other checkup forms should be maintained in the Healthy Steps file kept by the Healthy Steps Specialist.

III. EXPECTED OUTCOMES (EXAMPLES)

- Mothers and fathers will be well informed of expected behaviors and developmental milestones.
- Healthy Steps team can better advise mothers and fathers on how to promote their child's health and development.
- Referrals will be made to appropriate community resources on a timely basis.

IV. MEASURES FOR CHILD DEVELOPMENT ASSESSMENT (PARTIAL LIST)

- Number of completed child development and family health checkups.
- Number of successful referrals to community resources (i.e., family follows through and receives services).
- Parental satisfaction.
- Provider satisfaction.