



Safe
Babies

Parenting Action Plan: A Guide for Implementation 2019

Table of Content

Module 1: Introduction	3
What is the PAP?	3
Module 2: Planning for PAP Implementation	5
Who can implement the PAP?	5
When to implement the PAP?	5
• PAP Implementing Staff Decision Worksheet	6
• Brainstorming ideal times to implement	7
• Work Flow Worksheet	9
Key considerations to successfully implement the PAP	10
• Plan of Action Worksheet	13
Module 3: The Basics of Motivational Interviewing	14
Motivational Interviewing	14
Motivational Interviewing Example	17
Module 4: Administering the PAP	18
Who should receive the PAP?	18
Script for the PAP	18

Module 1: Introduction

The purpose of this training manual is to help guide pediatric clinics to successfully implement the Safe Babies Parenting Action Plan (PAP) as it best fits within their clinic structure and workflow.

The 84th legislative session in Texas allocated funds to the Department of Family & Protective Services to evaluate and develop evidence-based prevention programs aimed at reducing maltreatment in infancy. These efforts created the Texas Safe Babies program, which is focused on supporting maternal caregivers of newborns through the first year of the baby's life.

One of the programs developed through Texas Safe Babies is providing the PAP in pediatric clinics during infant well-visits. This tool was built with the idea that providing maternal caregivers with basic parenting support will help them develop positive coping skills, increase their parenting self-efficacy, and help them have realistic expectations about parenting a newborn. We expected this support to have positive and measurable effects on their thoughts, mood, and beliefs about their baby. The following outlines the change model that was tested in our initial studies of the PAP.



These initial studies were conducted to measure how receptive maternal caregivers of newborns would be to the PAP and whether it provided an effective level of support during the infant well-visits. Four pediatric clinics in Southwest Houston participated in the effectiveness study with a total of 585 moms of newborns participating. Evaluation results indicated that maternal caregivers who received the PAP had increases in positive parental attributions towards their baby in comparison to women who did not receive the PAP. These women saw that they had more control over situations than the child, further they had more positive attitudes about children. In other words, women who received the PAP had reductions in the attitudes that lead to the concerning statements of: "my baby is crying because she hates me" and "my baby is being bad to get back at me."

This positive result has led to the current implementation study that will expand the distribution of the PAP to other pediatric clinics across Texas.

What is the PAP?

The PAP is a Parenting Action Plan that should be administered to maternal caregivers who present with their baby at the 2-week well-infant visit. The PAP should be part of routine care for all newborns.

The PAP is a booklet that contains information to help maternal caregivers of newborns understand and cope with some of the most stressful situations during an infant's first few months of life. The booklet is a tool for clinic staff to use with motivational interviewing principles to help maternal caregivers think through and make plans that help ensure the health and well-being of their infants during a highly stressful time.

Topics that will be discussed in the PAP include:

- Feeding and bonding with the baby
- Soothing and coping with a crying infant
- Developing an infant sleep routine
- Maternal sleep
- Playing and talking to baby
- Choosing safe caregivers
- Home safety issues

The length of time necessary to go through the PAP depends on the caregivers and the questions and answers shared during the discussion, but on average it can be completed in approximately 10-20 minutes.

Module 2: Planning for PAP Implementation

The purpose of this module is for clinic decision makers and staff members to determine who would be able to implement the PAP and when is the ideal time within the clinic work flow to deliver the PAP at the 2-week well-infant visit.

Who can implement the PAP?

The PAP can be implemented by a variety of staff members at the clinic. Staff members that have implemented the PAP in other pediatric clinics included: pediatricians, nurses, medical assistants, health educators, community health workers, and college graduate interns. Key characteristics of staff who can successfully provide the PAP to caregivers are:

- Empathetic
- Understanding
- Good listener
- Adaptable in kinetic situations

Any staff who has been trained in motivational interviewing and is comfortable using it would be able to implement the PAP successfully. With proper training, staff of varying clinical degrees can also discuss the PAP with maternal caregivers.

When to implement the PAP?

The PAP should be shared and discussed with caregivers at the 2-week well-infant visit. It should also be revisited at well-infant visits up to 6 months as a follow-up and continued support for the maternal caregivers. It was designed to enhance what is already being discussed with caregivers at the well-visits based on Bright Futures guidelines. Clinic management and staff will need to consider the current workflow in your clinic and decide when during the infant well visit would be best to provide the PAP.

Identify staff members in your clinic who:

- 1) have time to implement the PAP and
- 2) have the key characteristics/training in motivational interviewing.

Think about the characteristics we previously discussed. Who possesses these traits among your staff members?

Use the Staff Decision Worksheet to help you identify staff members best suited to implement the PAP. We recommended that staff members you place in the top left (yellow) box of the worksheet be the person that administers the PAP. However, we understand that there are logistical reasons that may require you to ask the staff members in the upper right or lower left (grey boxes) to implement the PAP.

The purpose of this worksheet is to help you identify the different options for who can implement the PAP and choose who ultimately administers it based on what is possible in your clinic. The staff members chosen to administer the PAP will be key to the success of the program.

PAP Implementing Staff Decision Worksheet	
Staff who have time to implement the PAP and possess the key characteristics	Staff who have time to implement the PAP but DO NOT possess the key characteristics
Staff DO NOT have time to implement the PAP and possess the key characteristics	Staff who DO NOT have time to implement the PAP and DO NOT possess the key characteristics

After determining who would be the ideal staff members to implement the PAP, it is necessary to determine when those staff members can implement the PAP.

Brainstorm the ideal time during the visit that each of the staff identified above would be able to implement the PAP using the following worksheet. It is recommended that clinic management and staff work closely together to determine who within the clinic would be best suited to provide the PAP to maternal caregivers at the well-baby visit.

Brain Storming Ideal Times to Implement	
Staff who can implement the PAP	When would be an ideal time to administer
<i>Example. Medical Assistant</i>	<i>Immediately after pediatrician completes medical checks</i>

There are a couple of ways that you can examine your work flow to determine realistically when the PAP can be administered. The first step is to think broadly about your clinic's flow. Is there a time between appointment check-in through when the appointment ends that would allow for a 10-20 minute discussion with the maternal caregiver using the PAP?

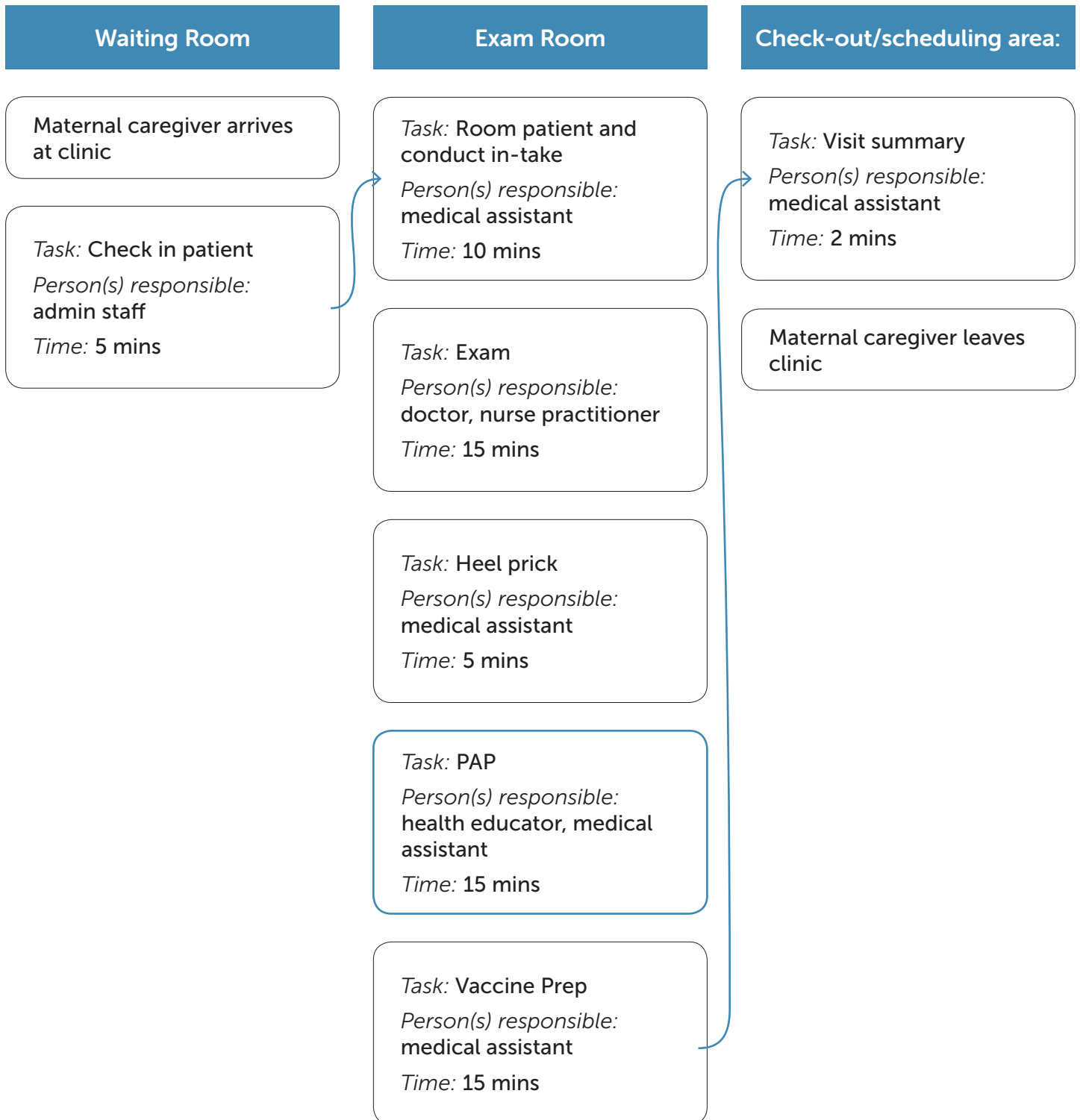
Is there a long wait after patient checks-in when the PAP can be given?

Is there a lull one caregivers are in the exam room when it can be given?

Do moms move through the visit quickly, so it would make more sense to share the PAP at the end of the visit?

Now that you have staff members in mind who could do this successfully and brainstormed some possible options for implementation during the well-infant visit, use Work Flow Worksheet to map out your ideal clinic flow that includes the PAP. In each box, include the staff, task they are doing, and the estimated time for the task to clearly outline the workflow.

Example Work Flow Worksheet:



Work Flow Worksheet

Waiting Room	Exam Room	Check-out/scheduling area:
<p>Maternal caregiver arrives at clinic</p>	<p>Task: Person(s) responsible: Time:</p>	<p>Task: Person(s) responsible: Time:</p>
<p>Task: Person(s) responsible: Time:</p>	<p>Task: Person(s) responsible: Time:</p>	<p>Task: Person(s) responsible: Time:</p>
<p>Task: Person(s) responsible: Time:</p>	<p>Task: Person(s) responsible: Time:</p>	<p>Task: Person(s) responsible: Time:</p>
<p>Task: Person(s) responsible: Time:</p>	<p>Task: Person(s) responsible: Time:</p>	<p>Task: Person(s) responsible: Time:</p>
<p>Task: Person(s) responsible: Time:</p>	<p>Task: Person(s) responsible: Time:</p>	<p>Maternal caregiver leaves clinic</p>
	<p>Task: Person(s) responsible: Time:</p>	
	<p>Task: Person(s) responsible: Time:</p>	

Key considerations to successfully implement the PAP

1. Are there any organizational barriers that would hinder implementation of the PAP?
 - » Review staff capacity and training
 - » Ensure clinic flow can accommodate and be flexible to PAP

2. If discussions with maternal caregivers result in the need for additional services, how will these needs be addressed? Some examples include when the caregiver:
 - » Can't identify a safe caregiver for the baby
 - » Asks questions about concerns not mentioned in the PAP
 - » Shows signs of:
 - » post-partum depression
 - » a danger to herself and/or her baby/children
 - » Discloses violence in the home

Use the Plan of Action Worksheet to help you plan for these possibilities

3. Is there clinic-wide buy-in (from senior management to frontline clinic staff)?
 - » Discuss the PAP and any potential new protocol at as many meetings with management and staff as possible – share previous findings on the benefits of the PAP, the importance of this work, and address any concerns
 - » Allow time/options in other formats for management and staff to give feedback, ask questions, or voice concerns regarding the PAP

4. Does the implementation plan of the PAP minimize staff burden?
 - » Listen to staff concerns and adjust protocol as needed to alleviate staff burden prior to implementation

5. Is the PAP being presented to maternal caregivers in a way that engages them in the discussion?
 - » Be transparent that this is now part of routine care for all well-infant visits starting at the 2-week well visit
 - » Share why it is important to discuss the PAP with maternal caregivers (i.e. "We want to ensure you have the support you need during this first year with your baby")
 - » Be open to addressing any concerns maternal caregivers might have
 - » Ensure that motivational interviewing principles are used when discussing PAP with maternal caregivers

6. Is the PAP being implemented correctly?

- » Consider having routine check ins/meetings with staff to discuss process and address any issues/concerns that arise immediately
- » Identify a few metrics to measure success of the implementation such as:
 - i. Number of maternal caregivers that received the PAP out of all those eligible
 - ii. Ease of staff in using motivational interviewing principles while administering PAP

Once you are ready to begin and have thought through the key considerations, it is important that you COMPLETE the Plan of Action Worksheet. The first worksheet is an example of how to complete it.

On the blank worksheet that follows, please add in whatever else you think would be needed for maternal caregivers at your clinic. This worksheet should be shared with all staff. It is necessary to have a plan for the five items listed on the worksheet.

Plan of Action Worksheet (EXAMPLE)		
Considerations	Action	How often does this consideration need to be reassessed?
<i>Example. Caregivers needing additional social services during PAP discussion that is not available in the clinic</i>	<i>Identify community resources that will take referrals</i>	<i>At least once a year make sure resources are up-to-date</i>
Caregiver has expressed that she has unmet mental health needs	TCH The Women’s Place 832-826-5281 Call to help maternal caregiver make appointment **If suicidal or need immediate care – call 911 and crisis hotline – do not let caregiver leave	Every 6 months to ensure information and services are up to date
Caregiver has made comments to suggest that she has food security problems	Houston Food Bank (713) 223-3700 Texas WIC 1-800-942-9678	Every 6 months to ensure information and services are up to date
Caregiver makes comments to suggest that there is intimate partner violence in her home	Discuss Safety Planning Northwest Assistance Ministries (281) 885-4555	Every 6 months to ensure information and services are up to date
Caregiver has a lack of social support (ie. safe caregivers for the infant)	Texas Workforce Commission https://twc.texas.gov/students/child-care-program	Every 6 months to ensure information and services are up to date
Caregiver does not have a contact to assist with breastfeeding issues	The Lactation Foundation Houston (713) 839-0527	Every 6 months to ensure information and services are up to date
Caregiver makes comments suggesting there are issues with substance abuse	The Council on Recovery (713) 942-4100	Every 6 months to ensure information and services are up to date

Plan of Action Worksheet		
Considerations	Action	How often does this consideration need to be reassessed?
Services needed by caregivers that may come up during the PAP discussion that is not available in the clinic	Identify community resources that will take referrals	Timeline for how often the clinic will review to assess whether the referral is appropriate
Caregiver has a lack of social support (ie. safe caregivers for the infant)		
Caregiver does not have a contact to assist with breastfeeding issues		
Caregiver has expressed that she has unmet mental and behavioral health needs		
Caregiver has made comments to suggest that she has food security problems		
Caregiver makes comments to suggest that there is intimate partner violence in her home		

Module 3: The Basics of Motivational Interviewing

Motivational Interviewing

Motivational interviewing is:

- An effective way of talking with people about change or making plans for difficult situations.
- A method of communication rather than a set of techniques.
- A person-centered, goal orientated approach for facilitating change by exploring and resolving ambivalence (Miller & Rollick, 1991).

Motivational interviewing is not a bag of tricks for getting people to do what they don't want to do; rather, it is a fundamental way of being with and for people – a facilitative approach to communication that evokes change (Miller & Rollnick, 2002).



The Spirit of Motivational Interviewing

PACE (Rosenberg, 2009; Miller & Rollnick, 2012)

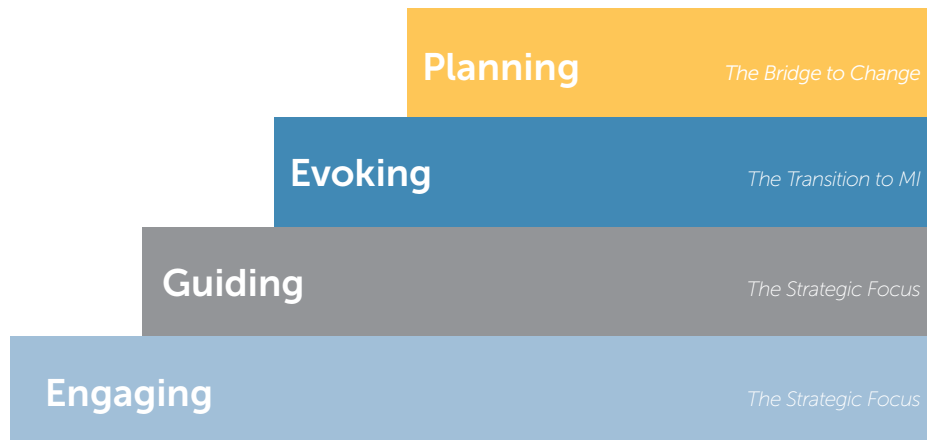
Partnership	Working together with mutual respect
Acceptance	Respect the maternal caregiver's role as the decision maker, provide empathy in your reflections toward the caregiver (allow them to know that you really heard them), and affirm her strengths
Compassion	Look out for the best interest of the family to help them have the best outcomes
Evocation	Strategies need to come from the maternal caregiver and not the provider

Core Skills for Motivational Interviewing

OARS (Miller & Rollnick, 2002)

Open-ended Questions	Encourages the maternal caregiver to discuss the strategies from their own perspective. Examples are "Tell me about..." "To what extent..." "How often..." "How do you think that would work for you?"
Affirmation	Statements that you can observe are successes, achievements, etc... by the caregiver. Examples: "You really love your family..." "You were successful in..." "
Reflection	Listen to gain understanding of the caregiver's motivation for the chosen strategies and then offer back what you heard and understood. This validates the caregiver and confirms your understanding is correct. Example: "It sounds like you..."
Summary	Succinctly summarize the caregiver's chosen strategies. This communicates understanding and reviews important elements of the discussion.

What are the main tasks of motivational interviewing? (Miller & Rollnick, 2002)



1. ENGAGE through having sensitive conversations with the caregiver. This process helps to establish a trusting and mutually respectful relationship.
 - Be a good listener, be empathetic, really put yourselves in the maternal caregivers' shoes, and allow her to share her story with you. Avoid trying to fix what you see as wrong. It is important to set a nonjudgmental tone in order for change to actually occur.

2. GUIDE the maternal caregivers to stay focus on what's important regarding behavior, health, and welfare.
 - Help the maternal caregiver to identify a target area about which she is ambivalent or struggling to make a change. Set an agenda, goals, priorities, and help provide a clear direction by asking her what is important to her or what area of present behavior might get in the way of her goals.

3. EVOKE the caregiver's personal motivation to plan ahead.
 - Draw out maternal caregiver's own ideas and reasons for wanting to plan ahead, listen for and recognize the desire to plan, selectively reinforce those desires, and summarize those desires so she feels encouraged. Avoid the expert trap by telling her what should be done. Ask questions, provide feedback, ask more questions, and then only offer advice after asking the caregiver for her own ideas and reasons... ("Why is planning ahead important to you?" "What would be your first step to plan for the difficult situation?" "Would this particular strategy be helpful for you?" etc...)

4. PLAN for change.
 - Consolidate commitment by selectively reinforcing commitment language; ask key questions to determine readiness for action planning; and assist with change plans that are SMART (Specific, Measurable, Achievable, Relevant, Time-bound)

Motivational interviewers should:

- Value diversity
 Motivational interviewing is person-centered
- Conduct self-assessment
 Interviewer is mindful of her/his own assumptions and experiences
- Manage the dynamics of difference
 Interviewer is non-judgmental, respects maternal caregiver's autonomy, and reduces explicit power differentials
- Acquire and incorporate cultural knowledge
 Interviewer identifies and mobilizes the maternal caregiver's intrinsic values, beliefs and goals
- Adapt to diversity and the cultural contexts of the maternal caregiver

Motivational Interviewing Example

Caregiver: I know sleeping with my baby in the same bed is not recommended, but I love having her fall asleep with me. I know I should put her in her own crib.

Non-MI response: Then why don't you?

Non-MI response: You should never sleep with your baby.

Possible MI Responses

- "May I tell you what concerns me about you sleeping in the same bed as your baby?"
- "You are certainly right about it not being recommended to sleep in the same bed with your baby. Tell me more about what is concerning when sharing a bed with your baby?"
- "I know you know you should put your baby in her own crib. What can help you to always put your baby in her own crib?"

Caregiver: My baby cries all the time and I have no idea why. Sometimes I get so frustrated and just want to shake her or do something so she will stop. I don't want to hurt her though.

Non-MI response: You should never ever shake your baby!

Possible MI Responses

- "I understand how frustrating a crying baby can be. May I share with you some ways for you to cope with the crying?"
- "You are right that shaking can definitely hurt your baby. Tell me if you have done anything that has helped you handle the crying better that won't hurt your baby."
- "I'm glad to know that you know shaking could hurt your baby. Can you think of ways that help you relax and stay calm that could be applied to this situation?"

Additional Motivational Interviewing Resources:

<https://www.youtube.com/watch?v=s3MCJZ7OGRk>

<https://motivationalinterviewing.org/>

Miller, W. R., & Rollnick, S. (1991). *Motivational interviewing: Preparing people to change addictive behavior*.

Miller, W. R., & Rollnick, S. (2002). *Motivational interviewing: Preparing people for change* (2nd ed.). New York, NY, US: Guilford Press.

Rosengren D.B. (2009). *Building motivational interviewing skills: a practitioner workbook*. New York, NY: The Guilford Press.

Miller W.R. & Rollnick S. (2012) *Motivational interviewing: helping people change* (3rd ed.). New York, NY: The Guilford Press.

Module 4: Administering the PAP

Who should receive the PAP?

The PAP should be given to maternal caregivers of infants who present at the pediatric clinic for their 2-week well-infant visit and followed-up at subsequent well-infant visits up to 6 months.

Script for the PAP

Provide an overview of the “Parenting Action Plan”

Infants do not come with instruction manuals and we know that all infants and caregivers are different, even if you have had an infant, your parenting strategy and how your new baby responds may be different. Together we can go over this “Parenting Action Plan” that addresses some common parenting issues that you will experience. You can choose the strategies that you feel will work best for you and your family. This plan is for you to keep and help you as you are parenting.

Review each section of the “Parenting Action Plan” and use the Motivational Interviewing principles to explore the maternal caregiver’s chosen strategies.

Make sure all sections of the plan are included.

Read the plan out loud with the maternal caregiver. Introduce each section and use Motivational Interviewing principles to discuss the chosen strategies.

PLAYING WITH MY BABY SECTION

You may feel overwhelmed with just caring for your baby, but don’t forget to have fun with your baby. Your baby’s brain is changing and building rapidly. As complex as this is, the best things you can do to help build your baby’s brain are also the most fun!

How are you playing with your baby now? How do you plan to play with your baby more as s/he gets older?

TALKING TO MY BABY SECTION

Your baby has to completely learn a new language and the only way to do that is to hear and be exposed to language. Right now, it doesn’t matter what you say, what matters is just talking to your baby. Research shows that babies do not learn language from television, radio, tablets, or smart phones very well. They need someone face to face talking and interacting with them.

What do you do to talk to your baby now? What are some ways for you to talk to your baby more?

SOOTHING MY BABY SECTION

Crying is a normal part of your baby's development and there are certain things you can do to attempt to soothe your crying baby and support yourself.

First let's look at strategies to soothe your baby. First check to see if your baby is... (from the PAP). Now choose some strategies: Which of these strategies will work for your baby? When do you think you will use this strategy? How will you use this strategy? Are there other strategies that will help you?

Now let's look on how you can be supported when your baby's crying is frustrating to you. Which of these strategies will work for you? When do you think you will use this strategy? How will you use this strategy? Are there other strategies that will help you?

TAKING A PARENT TIME OUT SECTION

Your baby's crying can be upsetting and frustrating! Sometimes there is nothing you can do to soothe your baby. It is okay! If you are frustrated, take a parenting time out to calm down. Put the baby down in a safe place and go into another room. However don't leave the baby alone in the house. Check on the baby every few minutes.

What are some things you can do to help calm yourself down?

HELP MY BABY SLEEP SECTION

Each baby's sleep patterns are different, and most newborns will not have a regular sleep schedule. Whatever you do, your baby will likely wake up during the night until after 6 months. Most newborns will have periods of 2-4 hours of sleep followed by 1-2 hours of wake.

A nighttime routine can help your infant know that it is night and time for sleep. Make your nighttime routine unique to night and do it every night in the same order. Make sure you and other caregivers know the routine and follow it.

Do you have a nighttime routine for your infant? Which strategies will work for your family to do every night consistently? Approximately what time will you start doing these? Remember, your baby will wake during the night and this is expected.

HELPING ME REST SECTION

Your sleep will be disturbed and interrupted with a new baby. Lack of sleep and always being tired can affect every aspect of your life. It is important to find ways to deal with your new sleep pattern and find ways to get rest. Getting rest is important for all caregivers with a newborn.

What are some things that you can do to help you get rest?
 Remember to ask for help – what things would you like help with?

SAFE CAREGIVER SECTION:

It is important to think through who you are leaving your baby with, especially before you get in a crunch and need to leave your baby with someone. Be mindful of these things when you are choosing someone to care for your baby. Before leaving your baby with anyone, ask these questions [*read the bulleted points*]. DO NOT leave your baby with anyone who [*read the bulleted points*]. Who in your life is someone that is safe to leave your baby with? Write their name(s) down here. Remember to call them when you need someone to watch your baby.

KEEPING MY BABY SAFE SECTION

Falls are the leading cause of injury to infants. Leaving a baby unattended, even for a moment, can increase their risk of falling. Infants can also suffer from injuries when things topple on them. Active supervision and safely preparing your home and vehicle for your baby can help prevent these injuries from happening.

What are some things you can do to ensure your baby's safety?
 Where is a safe place in your house you can lay your baby down? Can you think of furniture or TVs in your home that need securing?

PLANNING FOR BATHING MY BABY SECTION

Bath time with your baby can be fun. It is a great way for you or your partner to engage with your baby. However, there are a few things to keep in mind to keep bath time safe.

Some tips to keep bath time safe:

- Make sure the hot water heater setting is at 120°F or lower
- Never leave your baby unsupervised, even for a moment, while in or near water
- Sponge bathe your baby until the umbilical stump falls off

It is not necessary to bathe your baby every day. You can plan to bathe your baby 2-3 times a week. Of course, you may bathe your baby more if she/he likes it.

Can you think of things you can do to ensure your baby is safe during bath time? What is your baby's bath routine? What does your baby like best about bath time? Is there anyone that can help you with bathing the baby?

Concluding the session with the "Parenting Action Plan"

Summarize the strategies that the maternal caregiver has chosen and ask questions to confirm her confidence in implementing the strategies.

How do you feel about the strategies you have chosen? Do you think that these are manageable for you? Do you have any questions about any of the strategies that you have chosen?

As you are parenting, you may have more questions that you would like to talk with someone about or you may find that you need to reach out for help, you can find space to put your additional questions or comments here [*show the page with space to write questions/comments*]. Please bring this plan back for your baby's next visit and we will discuss it or any other questions you might have.

HELPFUL RESOURCES

If you need additional services, these are some helpful numbers that you can call depending on the need. Please don't hesitate to use it when you need them.