

TIPS for Families

Embedded in the coaching model is **TIPS FOR FAMILIES**, a strategy you can use when coaching parents and caregivers as their baby’s conversational partner. **TIPS** stands for:

T TALK with your baby as if your baby can talk back	I IT will grow your baby’s brain	P PRACTICE	S SING read and tell stories
<ul style="list-style-type: none">• Talk about everything• Ask your baby questions• Answer for your baby• Respond to your baby’s movements and sounds as though they are intentional and communicative	<ul style="list-style-type: none">• Feed your baby words• Be a “sportscaster.” Narrate what you do all day long	<ul style="list-style-type: none">• Talk with your baby all the time!• Talk with your baby everywhere you go!	<ul style="list-style-type: none">• Sing songs• Read books to your baby• Tell your baby stories

Tailoring Messages and Coaching

Nurses know the importance of tailoring the delivery of care and education to meet the needs of individual patients in a holistic manner. Apply this approach as a *TWMB* coach:

- Take stock of the parents’ strengths and the areas where growth is needed. Reinforce and encourage positive behaviors families already engage in.
- Pay close attention to parents’ motivation and abilities. You can begin to gauge attitudes and capabilities as you introduce initial messages and engage in first demonstrations..
- Through your observations, you may surmise that developing motivation, rather than capacity, may be the primary goal of your coaching efforts. Using motivational interviewing, you can partner with the family to identify changes they can feel comfortable implementing.

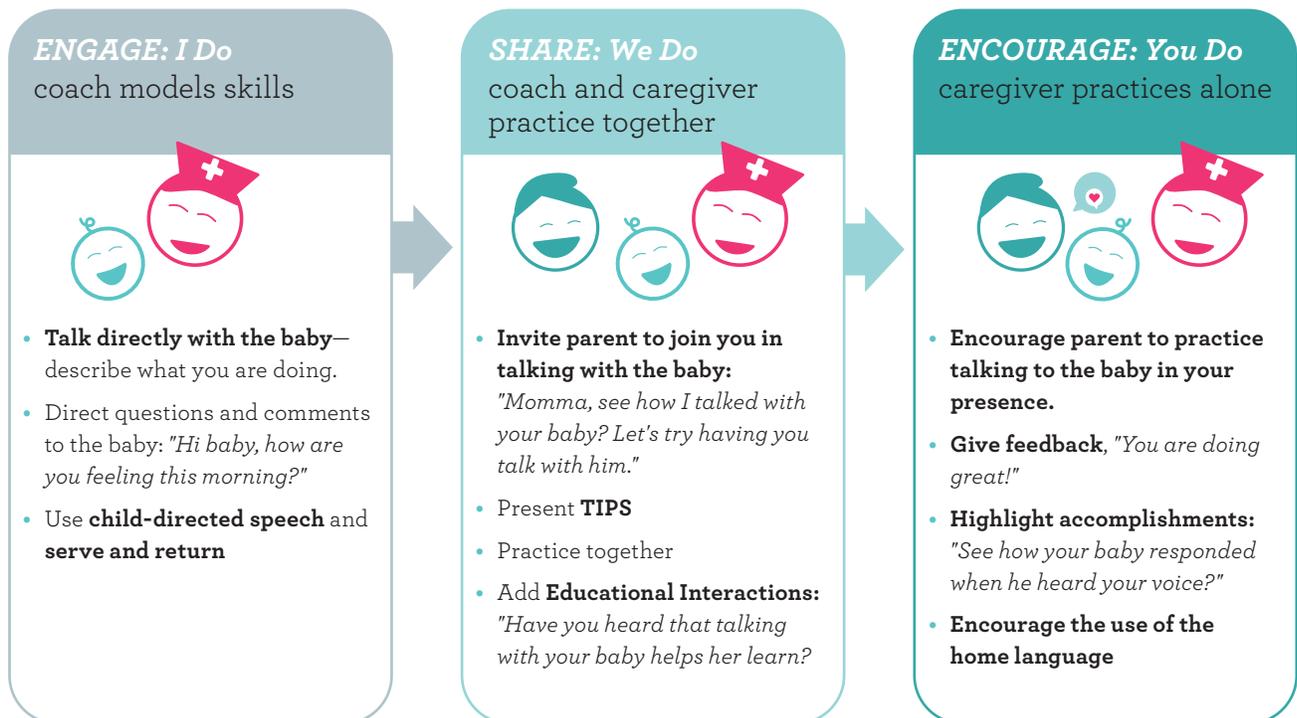
I do: Make Every Baby a Conversational Partner

As a *TWMB* coach, model good language nutrition with the baby and share information on why language nutrition is important for healthy brain development with the family.

Whether as a nurse in a hospital, clinic or outpatient office, there are many opportunities to engage babies as conversational partners through the use of language transactions. **Language transactions** and **educational interactions** are two essential components of the *TWMB* coaching model and are defined in the glossary on page 6. **As a coach, the nurse engages in language transactions by directly talking with the baby, using the serve and return method described earlier.** Talking with a baby is very different than talking to a baby in that the baby's conversational partner acknowledges the baby's verbal and nonverbal social communication through eye contact, facial expressions, and vocalizations.

While talking with babies is critical to the child's language development, it also should be enjoyable for everyone, including the baby. Even when the baby is too young to provide any overt response to language transactions, note how the baby is engaged. Even newborns may be capable of some kind of acknowledgement of verbal overture.^{86,87} If a baby is not responsive to attempts to interact, this could indicate a developmental concern that should result in a referral to the family's primary care provider.

Figure 6: I do. We do. You do. Coaching Model. A nurse will first model talking with the baby (**I do**), and will then encourage the parent to join in talking with the baby (**We do**). After talking with the baby together, the nurse will encourage the parent to talk with the baby on his or her own, while providing feedback (**You do**).



The Language Element Chart (*Table 1*) below includes language elements that can be used to integrate language nutrition into interactions with infants, exploring a variety of the elements to increase overall expertise, regardless of setting. Model these to families at *each* encounter so that they have the opportunity to see these elements in action.

We do.

Deliver a direct message about why language nutrition is important and invite them to begin providing language nutrition as part of their daily care of the baby. Invite the caregivers to try it by saying, “Let’s do this together” for practice. Provide specific strategies, referencing the language elements listed in the table below. If the family seems reluctant, one effective strategy is “I start, you finish” where the coach provides the beginning prompt, then asks the caregiver to finish the sentence.

You do.

As a *TWMB* coach, challenge the family to try to implement one of the strategies you have demonstrated or practiced, using an action-oriented task. Say “Now you can try while you (get her dressed, change her diaper, etc.). How about you narrate each step to your baby?” Provide reinforcement for any and all efforts by giving positive feedback on specific actions.

Table 1: Language Element Chart

language element	description of transaction
Greetings and Introductions	Greet babies every time, even if they have just been born or are being weighed for the first time. Look them in the eye and say whatever comes to mind, such as “welcome,” “good morning,” “hello.” Nurses should introduce themselves to the baby, using the baby’s name throughout the conversation, if known.
Narrate Your Actions or the Baby’s Emotions	Tell the baby the steps being completed as part of the hospital encounter or clinic visit, such as “I’m going to need to give you a shot now, little one. It might hurt a bit, but I promise it will be over in a second. It will keep you from getting sick.”
Question, Wait (Pause), Give Me an Answer	Direct some questions one would typically ask of the parent to the baby. Ask the baby questions and pause to allow time for the baby to respond, either vocally or through social communication. Pausing will help the baby learn how to have a conversation. Almost every parent/caregiver will answer the question and will be pleased that there is interest in their child. The response to

	<p>the question will also help the baby to learn language and how to interact with others.</p> <p>If there is not an answer forthcoming, consider asking “What do you think, Dad?” At times, the answer will have to be provided by the nurse, as demonstrated in the <i>TWMB</i> Happy Birthday and Well-baby Check-up videos.”</p>
Soothing	<p>Make a quiet “shh” sound close to the baby’s ear when the baby is crying and you are holding baby at your shoulder. His or her ear will be very close to your mouth so be extra quiet. Also, try humming or singing in soft, quiet tones. Auditory soothing is helpful because you are asking the baby to attend to an auditory stimulus that can have a calming effect.</p>
Solicitations	<p>Use vocal inflection, smiles, giggles, tickling routines, etc. to solicit smiles, coos, facial expressions from the baby.</p>
Directed Attention	<p>Verbally direct the baby’s attention to a reflection in the mirror, toys, pets or siblings without expectation of a response. Response will follow as the child ages.</p>
Serve and Return	<p><i>Serve and return</i> describes the dynamics of the language transactions that occur between caregivers and their babies, or, in this case, you and every baby. The adult talks, asks questions and provides the answer, then continues the conversation. Serve and return is the back-and-forth interaction between baby and adult, where one partner initiates, the other responds. Either the adult or baby can initiate the communication, which does not always require verbal interactions, but can also include gestures, facial expressions and other non-verbal interactions. Initially, such as with a newborn, the response may come from a look in the baby’s eyes.</p> <p>Although it may feel as if you are having a conversation with yourself, the more you can create a serve and return volley, the more language advances.⁸⁴ Note the serve and return in the Happy Birthday, Baby video.</p>
Use Parentese or Child-Directed Speech (CDS)	<p>Use parentese or child-directed speech when engaging with the baby. Parentese is characterized by a number of factors outlined in the glossary on page 7.</p>