

Pediatric Grand Rounds-20240823_083109-Meeting Recording

August 23, 2024, 12:31PM

1h 3m 40s

● **Kamat, Deepak M** started transcription



Kamat, Deepak M 0:24

So when are you on?



QN Quang-Tuyen Nguyen 0:26

Yes, I am.



Kamat, Deepak M 0:27

OK, you are OK, because I don't see you.

But I see you say good morning and welcome to pediatric grand rounds.

The CME code is in the chat box, and it's my pleasure to introduce this morning to 10 round speaker, Doctor Wen, who is associate professor in the division of General Pediatrics and Vice chair for HealthEquity Respect and opportunity in the Department of Pediatrics at the University of Utah, serving the larger community through with the University of Utah and Primary Children's Intermountain Medical Center.

She's also keystones ambassador of the Mount Sinai Parenting Center.

And is committed to work supporting fostering early childhood development, supporting family relationships, healing provider patient interactions and education of rising pediatric workforce to mitigate the effect of toxic stresses that to end this search, advocacy and education interests focus on early childhood experiences working with under resourced.

I'm Liz and supporting family units using frameworks of relational health and preventive care.

Within her community, Dr Yen serves in the primary care clinics and development and clinics at the University of Utah and also serves on the board of Utah chapter of AAP.

We didn't hear academic work.

Doctor Yen has had a heavy focus on education, working with medical students and

trainees.

Faculty development engagement or education efforts have included workshops and training on bias course facilitation on difficult themes such as discrimination, parity, error and justice in medicine.

That the end.

Thank you very much for accepting our invitation.

The floor is yours.

QN **Quang-Tuyen Nguyen** 2:15

Thank you so much.

I'm so delighted to be here with all you today and I wish I was there in person, but I do have to confess that it was nice to actually be able to present from my home and be able to kiss my kids a good bedtime last night and so that before we go too far, let me go ahead and share that I have no disclosures.

I wish I did, but I will share that as a as a new clinician, I sometimes made up parenting advice.

I think we all did.

And then as a parent, I often found that it would could be very hard to practice what I preached and and taught my my family and ultimately and why we're all here today is as a provider, I have found it very difficult to fit in all there is to cover in a well visit. And So what we will share over the next 45 minutes, 50 minutes are some strategies and and and materials that we hope can allow you to synthesize and and pull these different conflicts together in our professional and personal work.

So at the end of this presentation, you should all be able to recognize how safe, stable, nurturing relationships, what we call SNR's can serve as a foundation for optimal child development and buffer the effects of toxic stress.

We will talk about identity of opportunities within the primary care visit to model and foster caregiver behaviors that can support a child's early development, and specifically a child's attachment, autonomy and self regulation.

And we'll also talk about a specific plan to incorporate at least one of the three new resources on that we'll share today.

So the research has shown that positive parenting behaviors can lead to improved child health outcomes, and that parenting is a near universal determinant of social, economic and health outcomes and negative experiences and negative relationships with parents can also post URL change the expression of genes, and modify a child's

development and health.

More research is showing that identifying the specific behaviors that can help with early development can have improved outcomes and reduce the risk.

The disease risk of things such as asthma or obesity or diabetes as well.

Now, as you all know, we talk a lot about synaptic formation during the first couple of years of life and I wanted to take a moment and pause for a second and share that one of the examples.

I'll often give my trainees when I'm working with them, is how important it is for us to screen for amblyopia, because pass a certain period of window, even if you are then able to identify Embry, you'll be at the the process of the neural wiring from the eye to the back of the brain has changed.

And even if you fixed the lens or you fixed the and the the movement of the extraocular I movements etcetera, you can still develop a cortical blindness.

Doctor Kamat introduced me earlier as Doctor Wynn.

But you know, I I often will share with people.

My names actually win Quang-Tuyen, but it's a tonal language, and if I were to have expectations that everyone can say that.

In what?

Who had not been actually exposed to a tonal language?

It would be inconsistent to the principles that I am trying to emphasize today, which is just the impact of that early childhood development and how important it is to invest in the synaptic processes that we want to have developed within within that window of time.

And so amblyopia is a great concrete example of how synaptic pruning and happenings.

And then is very hard to go back to fix and and some cases almost impossible.

And language development, when you look at tonal languages or acquiring a second language, the difference between exposure in early childhood at it Gage 2-3 or four, or the exposure at age 8-9, or the exposure at age 12-13 fourteen.

So what we know is that early parenting and vironment can also affect a child's emotional, mental and physical health and self regulation.

And these parenting behaviors can do a lot for a child throughout their childhood, as well as into their adulthood.

So this is the 2019 paper from Bethel that looked at the percentage of children who were flourishing and what they found was that whether you would have had zero

aces or one ACE or 4 to 9 aces, the more there was family resilience and interconnection, the more likely you would be able to help that child flourish as they got older.

And in some cases, having the right amount or having a surplus of family resilience, connection can actually offset those aces that families may or may not have control over.

Back in 2019, yes, I think it was 2019.

The AP put out a policy statement about childhood toxic stress and stated that SSNR's, and we'd love using this expression all the time in our work, our biological, so safe, stable, nurturing relationships can be an antidote and a therapeutic intervention for children who are at risk.

So using the framework of relational health, which ties us together at a community, we focus on a 10 two generational focus and I dyadic relationship with bidirectional perspective for both the child as well as the caregiver.

This science based, strength based and family centric approach can help improve early learning, social, emotional health and physical health and be foundational to equity, resilience and recovery and is a paradigm shift for how we think about early childhood.

So our goal was not to just identify delays and deficits in a primary care visits.

It's also to say how do we promote early relational health and child development universally so that every single family we see benefits from this research and this work?

How do we train our residents to be able to carry on this mission and give this education to all of our families?

So at Mount Sinai, there has been a long standing mission and the mission of the Parenting Center in particular is to transform the way that pediatric health care is delivered by maximizing opportunities to promote strong parent child relationships and early childhood development within everyday healthcare interactions.

And I would argue that I bet all of us are doing this every day, and I'm sure that many of you intuitively model things like parent tease or offer praise when you see a parent and a child sharing a special moment.

But now what we are hoping to do is provide a framework so that you can see how those actions are more than just common courtesies.

They're actually really significant for that child and that families development and our goal is to give you the knowledge and tools to be able to take those intuitive actions

that you're doing every day and turn them into intentional actions.

So we've distilled the science of early childhood development into 6 central principles that are supported by research it, depending on that is dependent on parent behaviors, which is specifically why we focus on the education and the teaching and the sharing components.

And these can be easily woven into the context of existing healthcare moments.

The resources at the Mount Sinai Parenting Center are pretty comprehensive.

I want to start first with sharing with you the keystones of development, the keystones of development is approximately a 3 1/2 hour asynchronous online CURRICULUM.

We also have a series of videos for newborn discharges and then along with that we actually have parent and and parent or patient or caregiver focused videos on early childhood development.

In the first five years of life, in addition to that, the parenting Center also provides staff training as well as forums for in focusing on early development.

And we're happy to help with any.

Presentations or, uh, educational projects that you may want help with with either in your clinics or with your staff or other faculty.

We also have parent handouts and then we also have a research collaborative.

So First off, I wanted to share the keystones of development, and like I said, the six it's a it's a well, if you do, if you watch it a little fast, it's about 3 1/2 hours and it integrates promotion of positive parenting behaviors into well child care.

The fixed principles are secure, attachment, AUTONOMY, self regulation, perspective, taking problem solving, and academic knowledge.

And as we roll through our presentation, there will be multiple times where you'll see the QR code.

If you go ahead and use that, you'll be able to get immediately into the portal where all of this, all these materials that I'm sharing will be available to you.

I have also on staff today Miss Roxanna Morse, and Miss Nora Engeldrum, who are from Mount Sinai and are part of our support team.

So First off, let's talk about secure attachment and to just break it up a little bit.

I'm gonna make parts of our presentation a little bit more interactive today.

Doctor Kamat, if you would be kind enough to help me manage the chat, that would be very helpful.

So our first case is a newborn visit and we have a parent of a newborn who comes in

for their first visit and you notice that the caregiver is anxious and overwhelmed and has a long list of questions.

So how do you answer the parent's questions in the limited time and space that you have?

And what specifically might you discuss, model or praise?

Love to hear from people what they are doing currently.



Kamat, Deepak M 13:23

And they can speak up or they can put them in the chat box and I'll be happy to read it.



Quang-Tuyen Nguyen 13:29

Yes, please.

Thank you.



Kamat, Deepak M 13:31

He said ask how the parent is doing this one of the.



Quang-Tuyen Nguyen 13:35

Wonderful, yes.

Maybe even having the parent label their emotions and their feelings, right? Yes.

Other other things that you might do with this early visit?



Kamat, Deepak M 13:58

Who lives at home is another question in the chat box.



Quang-Tuyen Nguyen 14:00

Uh-huh.

Learning more about the family and and getting in an idea of what sort of resources or experience they have during this time of stress. Nope.



Kamat, Deepak M 14:21

Discuss in the upstairs noted on caring for the baby was another comment.



Quang-Tuyen Nguyen 14:25

Yes, yeah, yeah, kind of.

Basically laying out a sort of a a a landscape for the family, right, and helping them navigate through that.

Maybe even picking up the baby.

Practicing how you might talk to a baby or swaddling a baby.

So what we're doing during go ahead?



Kamat, Deepak M 14:45

Another comedies.

Acknowledge caring for a baby is hard.

And they are doing a great job.



QN Quang-Tuyen Nguyen 14:51

Yes, yes, absolutely.

Being just really honest and transparent about what this moment feels like and looks like forever.

Like even though there is Joy, there's also a lot of stress and anxiety.

So the idea about what you're doing really from that beginning of that first visit is really promoting a view of self and other between the parent and the child.

Helping the parent feel and label their emotions, but also through that lens of stress at that time, figure out how to make that early first connection with their child.

So, you know, navigating through that stress, being able to reach out to their child, being able to help others in the home, reach out to their child.

I thinking about the resources that they have to care and give to the child and nurture their child, and it's from this primary first base that the child can then start to grow and explore their world.

And attachment is dynamic, right?

It's a relationship that evolves over time, and it's a relationship that will go and endure stress but also involve repair and come back together.

And so when you're baby's crying, it's OK to put your baby down.

And what?

You know will happen is you will come back, but there are times where if you're feeling stressed or hack.

If you're just carrying a bowl of hot water, it is safer for the baby to be in a safe place while you do what you need to do, and then you come back and you repair that

relationship.

The child and you continue to hold them and and see them.

Attachments can be is universal, but it can appear different in different cultures, but we do know that attachment really helps to buffer adversity.

In the Minnesota Longitudinal study, what they did was they follow 2 Hunter babies from at risk families for 40 years, and the longitudinal data showed that the children who were found to have a secure attachment as a child had a better sense of self reliance, emotional regulation, social competence, a higher sense of self worth and higher academic success.

And researchers were actually able to predict who would drop out of high school.

Can you stand the relationship with their parents?

Have other than there than other studies that have confirmed the link between this relationship and all sorts of outcomes when it comes to from language skills to executive function or anxiety or aggression and violence or obesity.

And further studies have shown us what PARENTING have shown us just how important it parenting behaviors are in developing these early relationships.

And so PARENTING BEHAVIORS that PROMOTE attachment are warm.

They are sensitive and they're have reciprocity and between the parent and the child and they are also predictable and stable.

Responses from the caregiver.

Mothers who reported more positive feelings about their infants have more structural growth in the reward circuits of their own brain, and the first few months of the child's life and the mother's also showed increased brain activity in this region when they were looking at pictures of their baby.

We care about this because the increase in activity is associated with more sensitive and caring maternal behaviors and thus helps to further establish hatchment between the child and the mother.

This is big part of why managing a family members anxiety or depression is so important, and the mother, the Wellness of the mother or the Wellness of the caregiver is essential to the Wellness of the child.

So what I'm going to do is I'm going to show you this is our video from the Keystone. But this is the provider facing curriculum.

Speaking in parentese means using a singsong voice with real words and using appropriate grammar studies show that using exaggerated facial expressions stretched out sounds and clearly articulated sentences helps children learn language

much more easily.

Parentese is not the same as Gaga Googling, but mimicking a baby's actual sounds is also really important.

Sportscasting is just what you think it is.

It's a play by play description of exactly what is happening, moment by moment.

Just like a sportscaster on TV, this gives you an endless supply of things to say and the infant will hear new words and begin to learn how to communicate.

Like feeding, diaper changes are also a frequent activity in an infant day.

By using parentese and sportscasting during these early moments, you can model for families how they can promote language development and strengthen parent child relationships.

In the first two years of Jaden's life, you will change an average of 5000 diapers.

Yeah, it's a lot, but each diaper change is also a great chance to talk to and connect with Jayden to help promote language and strengthen your bond.

Hi Jayden.

I see you there.

Your mommy and I are talking about you.

I'm sure you recognize Mommy's voice.

You recognize it from the moment you were born, and hearing her voice soothes you and helps your brain to grow.

At this age, you're learning to recognize all the voices of the other people around who love you too.

You might notice that I use a singsong voice with lots of exaggerated expressions.

I noticed you do it naturally when speaking with Jayden.

That's great.

That's exactly what you should be doing.

This type of voice is called parentese, and it's actually been shown to help babies learn language much more easily.

When you respond to his smiling and his laughing and cooing with back and forth conversations, he'll start to understand how language actually works.

The relationship the way parents communicate with a child, the way they tune in to what's going on inside the child, not just what's going on externally in their behavior, but what the child is feeling and thinking, what's happening in terms of the child's mind when a parent tunes into that, the child develops all sorts of fabulous things that will help this child grow as you watch them grow into their later childhood years

into their adolescence and studies even show into their adulthood.

Now the absolutely mind boggling reality is that the experiences parents provide not only shape #1 the structure of the brain and its regulatory functions, but #2 actually shape the epigenetic molecules that will come to regulate gene expression.

So we don't say genes versus experience anymore.

The verses is now and it's genes and experience.

And Next up I wanted to show you the Sparks, video which is the parent facing version of the Keystones.

And so these are videos that are designed to ohh the corollary to your Wellness.

It's and you know, there, again, they're freely accessible and can be played in exam rooms, or you can have a QR code in your in your office if you'd like.

But this is.

Connecting with your newborn.

It can be challenging knowing how to connect with a newborn.

They're small, they seem fragile, and all of this is new to the both of you.

But building a relationship with your new baby is less complicated than it may seem.

Things you're probably already doing, like talking with them and responding to their needs, can have lifelong positive impact.

Right now it's all about observing and just getting to know your baby.

It's amazing how much brain growth occurs in the newborn period over a million new nerve connections are made every single second, and research shows that your relationship with your baby really helps build these connections in their brain.

While they may not be able to see very far just yet, they know to look for your face when you speak and can see you when you hold them.

Close your baby can already recognize familiar voices, which can soothe and comfort them in times of distress.

Gentle singing.

Speaking.

And reading to your baby are great ways to build your relationship.

They're learning to know you by the way you pick them up.

Hold them.

Touch them.

Put them down and spend time.

Snuggle skin to skin contact releases oxytocin, which produces feelings of comfort, safety, and warmth in your baby and in you.

I love those videos.

And then Next up, we have one on the child's inner voice.

Your child's inner voice, the way you talk to your child, will shape the way they talk to themselves.

Imagine yourself creating a recording that your child will playback throughout their lifetime.

What messages do you want them to hear?

I have realized that my inner voice is very harsh and I definitely don't want that for my kid.

Whenever I would go Cora, she would just cry and freeze.

And I had to work really hard on that because I I I built a very scared little girl.

When you forgive your child, they learn to forgive themselves when you celebrate their strengths, they learn that they are capable people.

I mean, it was really important because winter is a girl.

She is of mixed race.

She also has Down syndrome that she feels confident about her appearance, who she is, and the way that she sounds like.

All of her differences make her who she is, but it's things that I want her to be proud of.

We don't say bad or good behavior.

We say bad or good choices because everything comes down to choices.

So you're not bad because you decided to not go over your brother's Legos and stomp on them.

You made a bad choice.

Negative labels can really affect how a child feels about themselves, and can often worsen a child's behavior, especially as a black girl in America, I want her to know her value again.

I want her know.

Her voice matters, and just no matter what, she can do anything.

And so things that we can do in even from that first visit is just talking about all the positive things that can come from just, you know, touching the baby, talking to a baby, how we can't spoil a baby, how we respond to their cues and label their cues, how we describe their behavior, because that's a way of being seen.

Umm.

In our exam rooms, we ourselves can model warm, positive affect and can show

delight in the child or in the relationship they have with their family, and we can model pairing Tees and how you might talk or label with it.

With an infant, and we can also praise and say things like and they're true.

He calms down so nicely when he snuggles with you.

Those hugs and kisses are so great for his development and actually help build his brain, and it isn't just the newborn visit.

There are different ways in which we can help establish attachment.

All throughout the first five years of life and the the way in which you may Foster, it will look different at the newborn phase or at the 12 month phase, or at the three year phase or the five year old phase.

But this is continuous work that you're doing over the arc of their child.

The next principle will go over is autonomy.

I I I love this cartoon.

Do you feel dominated by your mother?

No, he doesn't.

Talk.

So here's our second case where the 18 month visit.

During the visit with an 18 year month old and their caregiver, you notice that the child's being held instead of walking and the parent is interacting you as you try to engage with the child.

Over the last several visits, she's expressed concerns about letting the child feed themselves and is often worrying about the child getting hurt.

So what are the things you might try to share with this family?

I want my my be some sources of conversation for you as you are taking care of them in the room.

And again, I invite you all too.

Ohh, share with Doctor.

Come up in the chat.



Kamat, Deepak M 28:21

Creating a safe place to explore.



Quang-Tuyen Nguyen 28:24

Uh create a safe place to export?

And how important that is, yes.



Kamat, Deepak M 28:34

Try to express how it is important for the child to have autonomy in the safe place.



Quang-Tuyen Nguyen 28:41

Yes, yes, a ton, Amy within a yes environment.

What does it mean? Yeah.

And this is a really difficult one to kind of bring up sometimes.

So what you might be doing?

Is it I mean just even like that, you know, this kind of autonomy isn't something that's in our switch screeners.

It's not a part of the posing, but it's just as important to address this with this particular family and how might the family see these behaviors and how it stitches into their later development and even like we had seen in Doctor Siegel's video there, there early adulthood, right?

So Autonomy is a child sense that they're able to use their own skills in thinking and behavior and allows them to have the confidence to take on risk and explore and learn from their environment.

It helps to fulfill a basic need and curiosity.

As you may recall, like one of the things that I will often bring up is ohh, you know, children like to push the boundaries.

They like to push the like nerve.

Typically, developing children like to constantly be learning, so when when they're able to sit, they don't wanna lay down when they know how to walk.

They don't want to sit anymore when they know how to run.

Heaven help you if you try to get them to walk, and so they're constantly pushing the boundaries and the the confidence to take on risk is something that you can see later on in life and they're a teenager when they're young, a young adult and things aren't great.

Like, how do they problem solve and take matters into their own hands so that they can use the resources in their environment and craft for a forward path and resilience as young adults and.

And I think for many of our parents talking about the challenges of early parenting and young adulthood and how we weave together the stresses of part of, you know, early childhood raising, it's something that they can identify with really easily and

being able to talk to them about how important it is to have a tongue and be during this phase can relate back to what that early development looks like.

So AUTONOMY sort of supportive parenting will let children do for themselves what they can do and what you wanna do is you want to guide and encourage the child to try and do what they can almost do.

So supporting and encouraging them to do that and then for the things that they cannot do yet to teach and model behavior.

So the trend is within their reach.

This is a video on anatomy.

Creating a yes environment means making a safe place for babies to explore on their own, and baby proofing is a great first step as a child becomes more mobile, caregivers often find themselves having to use the word know a lot more.



Brooks, Edward G 32:10

This is the yourself investigating.



Quang-Tuyen Nguyen 32:18

Nope, don't go in there, Maya.

No, don't touch that Maya.

A yes environment decreases the need for the word no.

Allows for greater child autonomy and makes playtime way more enjoyable for everyone by reducing caregiver stress.

At this age, babies are often about to start moving, so when you discuss Maya's motor development with her father, it's also a great time to talk about baby proofing.

We've already explained to you why baby proofing is important in creating a yes environment.

Now let's explain it to a parent.

It looks like Maya's beginning to move around quite a bit as Maya grows and remains curious about her environment.

It will help if she has a safe place to explore.

You want to encourage Maya to explore her environment, but of course you want her to be safe.

First, we want her crib to be at the lowest setting, then begin to baby proof parts of your home, where Maya spends time baby proofing.

Your home will limit how many times you have to tell her no while she's exploring.

We call this creating a yes environment and it allows Maya a safe place to learn to do things on her own.

That's important for her development.

Also, if you save the word no for dangerous situations, Maya will be a lot more likely to listen and it will be much more effective when you do use it.

You'll also notice that Maya looks to you when she's exploring to figure out what's safe or dangerous.

Your face and the tone of your voice teach her about what she should and shouldn't explore.

Besides being a precursor of executive function skills, autonomy fulfills one of our most basic human needs.

According to self-determination theory, at all stages of life, people need to feel they have some choice over how they behave and control their actions.

2nd autonomy is.

Are you guys having trouble too?



Kamat, Deepak M 34:22

Yeah.



Quang-Tuyen Nguyen 34:23

OK, I'm gonna try to move through the video part of it, then cause I don't know what's called intrinsic motivation, where the desire to contribute, play or explore based primarily on interest in the task or activity.



Kamat, Deepak M 34:30

It's back, I think.



Quang-Tuyen Nguyen 34:37

This stands in contrast to extrinsic motivation, which is motivation to complete task or activity to meet an external expectation or requirement.

Intrinsic motivation is necessary for children to be genuinely interested in learning and doing rather than going through the motions just to please their parents or teachers.

Third, young children who experience parenting, that supports their autonomy are likely to demonstrate better academic achievement, social, emotional, cognitive

development and executive function skills.

To understand why, here's an example based on what we model in the physical exam.

In that example, we asked the child whether they want the doctor to examine their eyes or ears first.

They answer ears and the Doctor examines their ears 1st and their eyes next.

In that instance, the doctor is modeling autonomy support to the parent by giving the child an opportunity to make a real choice and act on it.

One of my favorite ways to frame the yes environment is just talking about how within that environment, the child is allowed to follow up on their curiosity and they're driving without us saying no.

And so once that environment is safe, the child is able to reinforce within their early brain just how satisfying and just how important it is to explore and learn and push themselves without us providing that inhibitory input.

And then what does that look like when they're 15 or what does that look like when they're 22 or what does it look like when they're 45 and they're again being driven by their curiosity?

And their drive to start a new business to start a new job, take on challenges that they may not have had before without having that voice that no, in the background, well, this is a this is a video that is the parent facing version under Sparks.

Messy eaters.

It is totally normal for your baby to continue to experiment with food.

Maybe they're playing with the fork and spoon to practice their fine motor skills, or learning about cause and effect and what will happen when they throw things.

This can be really frustrating for parents, but it's what babies do.

Toddler can be really, really messy.

One of the things I do is, you know, I want them to have independence, so I give them, you know, one bite at a time.

But I let them take ownership, so I put it on their little plate and then they feed themselves little big deal.

It's like science class for babies, but it's also OK for you to set limits around what's comfortable for you.

Food costs money and it takes time and effort to prepare and clean it up.

If you have concerns about how to pay for or get food for your family, talk to your provider today.

They can help you find resources that can provide support.

Again, being able to talk about simple things like feeding and how that's actually an ensemble of being.

After support the child Anatomy and having the intentionality behind that sort of intuitive support can make a big difference.

So these are handouts that are available and so you can also share this with your patients.

What's ohh what is going on?

Having a little bit of technical witches.

I'm sorry about that.

And I have doctor Kamata.

It's anything goes on.

Doctor Kamat, if you need to just go ahead and send me a text message and.



Kamat, Deepak M 38:11

You're not.

You're able to move the, yeah.

Do you want to log in?

And I mean you want to share it again?



Quang-Tuyen Nguyen 38:21

Ohh, are you able to see anything now? No.



Kamat, Deepak M 38:25

No, no, I we don't see your PowerPoint at all.



Quang-Tuyen Nguyen 38:28

OK, let me.



Kamat, Deepak M 38:28

So, I mean, you might want to share it again and.



Quang-Tuyen Nguyen 38:31

Yeah, let me try again.

Ohh I'd share, but I'm gay, that's all.

Show and it yeah.

OK, hopefully you guys can see the slides down, OK and I'm trying to find.



Kamat, Deepak M 39:13

Yeah, we see your slide now, yeah.



Quang-Tuyen Nguyen 39:18

OK, here's my OK, here's how you navigate.

OK.

So we also have a parent handouts that you can share with families as well.

And so these are also resources and they've built, they've been built into the EMR's.

And so if you're using Epic, you can also we can also electronically shared these.

Roxanna and Nora can help with that.

And then in the visit, you know, doing things like giving the patient choices or asking the patients for their thoughts on how to do things.

And then following you know with that following through with that we can intention or asking parents about what they think works best for their child.

That's also a way to kind of show how you can support the parents upon me and in the room, being able to say things like that is so great how you allow her to explore the room or thank you for letting her answer my questions.

The last and theme that will look at is executive function and self regulation and for the sake of time, I probably won't ask you questions.

I'll probably go straight through the slides and the videos so that we can maximize the time together.

So this is a visit with a 2 year old and their caregiver shares that they've been receiving reports that the child's not listening during daycare and has been placed in long time outs.

And the parent also notices the child's been having meltdowns when they don't get their way, and they might find themselves threatening to take away the child's favorite toys.

So how do you teach the family or the resident who's working with you about how to talk about self regulation?

And so with self regulation, the the goal is that the child develops in increasing ability to manage their emotions, their behavior and the attention or their own attention in order to achieve their goals.

And so this helps children learn how to plan and how to focus and to hold information in their mind.

So they're working memory as well as multi also multiple things.

Sign it simultaneously and to do it successfully.

So that's the cognitive flexibility and the brain needs to be able to filter out distractions and prioritize and set achieve goals as well as control certain impulses that may distract about or take them down another road.

And what we know is that these skills are crucial for both school readiness as well as life success.

And you know when children are young, they don't have these self regulatory skills. And so parents often actually have to lend.

And so when we talk about Co regulation, that's what's really happening.

The parents are often lending some of these regulatory skills are modeling these regulatory skills as they are supporting the then you know in the previous example helping the child see exactly how to be able to do it.

And so, and we're born with the capacity to develop them, but we don't have them right away.

We need experience and practice to be able to do that.

By age 3, most children are already using some sort of executive scale function in simple ways, and these skills will then expand and grow as they get older.

And the research has shown that having improved self regulation is linked with better relationships, which makes sense.

Academic success, mental and physical health always makes sense as well as poor self regulation being associated more with anxiety, depression, substance use, aggression, diabetes.

So one of the big studies is the one the, but this is known as the marshmallow test, which many of you probably know, but this was what they did, was they gave kids a marshmallows and they told them that if they were able to wait 15 minutes, they could have two marshmallows.

And what they found was that even 20 years later, those who were able to wait the 15 minutes to get the two marshmallows had better educational achievement, SAT scores, lower drug use and better self esteem and less violent behaviors.

And so how do you teach children to be able to develop that self control?

I joke a little bit, but I actually did do this with my first born when she had trouble sleeping through the night and I was out with the end and I told her if you can sleep

if you stay in your bed the whole night through.

I I won't be able to verify if you were actually sleep, but if you stay in your bed the whole night through in the morning, you can pick one Jelly belly out of the jar.

And yes, I was using food as a reward.

And if you wait till lunchtime, you can have two and my older daughter.

After she realized it one or two times started to be able to suggest that she could wait until lunchtime to be able to get to and even to this day, both of my kids are really good at negotiating with me.

So what PARENTING BEHAVIORS can promote executive function so labeling and allowing for emotions, promoting autonomy and then scaffolding when they aren't able to do it on their own, having consistent routines and healthy sleep so that expectations are predictable and behavior can be predictable?

Identifying and voiding triggers for distraction and offering positive discipline.

Another thing that you can do is using ways to help the children manage their impulse control.

So, Simon Says, is it actually great impulse control game freeze dance or red light green green light?

Those all help you to manage and impulse.

OK.

That's I I know I'm still with you guys audio only, but I my screens are acting really funny.

I keep getting it's out of my PowerPoint.



Kamat, Deepak M 45:35

Yeah, you're out of PowerPoint, yeah.



Quang-Tuyen Nguyen 45:37

Yes, the PowerPoint just crashed on me.

Suck off.

I'm trying to pull up.

Apologize for the glitch.




Kamat, Deepak M 46:12


Are you able to share because?


I don't see your PowerPoint.


 **Quang-Tuyen Nguyen** 46:19
Umm.


 **Torres, Jesi** 46:34
You.

 **Quang-Tuyen Nguyen** 46:36
Ohh point second I have.
OK, pause on that and get back on tonight.
And then let me.

 **Torres, Jesi** 46:59
Thanks the President 820.
OK, Jesse Torres and date of birth for 293.
I don't think the wait on the side.
OK, thanks.

 **Quang-Tuyen Nguyen** 47:11
OK, hopefully you guys have.

 **Kamat, Deepak M** 47:12
Yeah, we see your slides.
So yeah.

 **Quang-Tuyen Nguyen** 47:14
I know.
So sorry.
Alrighty, let me see how I can get to that slide.
OK, so now so I'm gonna go through some normal concerns at this age, but before I start, is there anything you're concerned about today?
She's been screaming a lot lately when she doesn't get her way or she is a complete fit out of the blue.
I know we can be difficult to have your child screaming and crying for what seems like no reason.

The good news is it's normal Kayla doesn't have the words to tell you what's wrong, and she doesn't have the skills to solve problems yet.

So she gets very upset and has a tantrum.

When this does happen, it's important to remember that Kayla is too young to be ignored or disciplined.

OK.

But then how do I get her to stop?

She just keeps doing it for now during a tantrum.

She just needs you to name her feelings and comfort her.

It's hard for her to hear when she's upset, but you can help her begin to understand her emotions by labeling them like I see you're mad and then offer some perspective.

Like I know you wanted to keep playing with that toy.

Here are some other toys you can play with to decrease tantrums in the future.

It's helpful to tell Kayla what you want her to do instead of what not to do.

These are called positive opposites.

For example, we can say please keep your feet on the floor instead of don't climb on the table.

Then when she listens, we give her a lots of positive attention.

This is much more effective in the long run because your teaching and what to do and how to behave.

Instead of focusing your attention on what not to do, all she wants is your attention, good or bad, and she'll do something over and over again if she thinks she's getting it.

Then you can save the big no for situations that are dangerous, which is much more likely to listen soon when Kayla is a bit older, we'll work together on how to teach her other skills to manage her own behavior.

OK.

So will you tell me what you can see on your screen now?

Like I don't know if you actually saw the video just a second ago because my computer is having so much lag that what I'm seeing on my screen isn't it may not actually be what is broadcasting.





Williams, Janet F (Dr.) 49:36


We saw the static slide promoting self regulation.


 **Quang-Tuyen Nguyen** 49:41
Ohh.


 **Kamat, Deepak M** 49:42
Yeah.


 **Quang-Tuyen Nguyen** 49:43
I'm so sorry, it's.
I think, uh.

 **Williams, Janet F (Dr.)** 49:52
It's it's a.
It's a great slide.


 **Kamat, Deepak M** 49:55
We we yeah, we didn't see the video actually.

 **Quang-Tuyen Nguyen** 49:56
I know, but the videos are so much better.
Yeah, I've given try to.

 **Kamat, Deepak M** 50:00
Yeah, we can.

 **Quang-Tuyen Nguyen** 50:01
So I'm gonna go.

 **Kamat, Deepak M** 50:01
Now you're in the video, yeah.

 **Quang-Tuyen Nguyen** 50:02
Yeah.
Let me go.
This is the the Sparks, video that goes along with setting limits.

One of your most important responsibilities as a parent is to set reasonable limits that help your child understand what behavior is acceptable.

Setting a limit means saying what your child can and cannot do.

It requires that you stick with it and respond to that behavior the same way every time.

Limits are meant to provide structure, not punishment.

Children at this age are too young to consistently follow rules, so setting a limit doesn't mean that your toddler will follow it, at least not yet.

Think that nitric reaction is just sort of like a yelling like no or or yelling.

Don't do something, but it's talking and explaining what's going on.

So saying we don't throw that we only throw balls.

Pencils aren't for throwing with any rule or limit you.

Not only need to teach your child what the limit is, but also help them learn what behaviors they can use to follow the rule at the dinner table.

I tried to, you know, ignore when they're throwing food or something like that and try to focus on the positive.

Like, great job.

Didn't your ball when you were done, when you explain a limit to your child, start by acknowledging your child's feelings, then stating the limit and finally offering the behavior that they can do.

Instead, she's doing something it doesn't mean she's trying to be disrespectful, and that was I.

I think part of our upbringing is ohh you're not acting correctly right now.

You're being disrespectful.

Some of this might sound a little different from how you were raised.

There is now clear cut research revealing that yelling at and spanking your child do not change the child's behavior in the long run.

Why?

Because while these harsher strategies stop a behavior in the moment, they don't teach children what to do.

Instead, over time, it'll be less effective and make it so that you have to get louder or scarier and get them to listen.

I actually feared my parents when I was growing up like I was afraid of them.

That fear was linked to the punishments that I used to receive.

I don't want that experience with my daughter.

Take a breath.

As long as we're somewhere safe, then I can just like walk away and take the a little moment or however long I need.

You gotta take a second.

You gotta take a second.

Keep pressure huge because they they see it.

It's like, oh, well, then I can do it too.

When you get upset, your brain switches into fight or flight mode, which can lead to angry or emotional responses.

Being a parent is so exhausting and it's so much harder than I thought.

I mean, sometimes I I just have to take a deep breath and just remember that it's not their fault when you take a deep breath, you actually trick your brain into switching from fight or flight to rest and relax.

This is a far better state for calmly dealing with your toddlers, emotions or any other challenges you might be facing.

One of the things that I think is really important to talk about when you talk about self regulation and is really also expectations for the child sensitive parenting in this day and age and sometimes get a mistaken for what they call it.

Easy, like having easy parents.

And this is something that's important to emphasize with parents so that they understand and typical discipline rubric.

You know, one of the ways in which people break it down is that you can have sensitive sensitivity, like high sensitivity and low sensitivity.

And you can also have high expectations and low expectations and but some of the worst outcomes can actually come from having high sensitivity but low expectations.

And So what does that look like that looks like?

I expect you to hang up your clothes and then the child doesn't.

And then the parent does it for them or the parents steps in, or the parent inconsistently will ask them to hang up their clothes, because that means that you don't really actually expect them to be able to do that.

Likewise, most sensitivity and high expectations can also be a really bad combination as well.

The best parenting styles have been those that have had high sensitivity with high expectations.

And so in those settings where the child might might not be able to achieve what

you are expecting of them.

Maybe Lee label labeling and then scaffolding and then helping them, but keeping those expectations consistent and predictable are have led to the better outcomes. And so talking about that I think is really important because some parents are like, no, I I don't wanna be an easy parent like all this mumbo jumbo you're talking about. And that's that's not how we do it.

And when I was growing up or that's not how we do it in our culture, because we want our kids to be really successful and being able to kind of tease out the difference between expectations and sensitivity and how they work together to help develop it, that that self regulation.

So like I said, there is in addition.

So we've gone over three of the six principles.

Of course, these modules are all longer on the platform, but just hopefully it's giving you a snippet of what's available, and then we also have a separate modules on discipline and sleep and toilet training, and I'll go through the last couple of things a little bit quicker.

Umm, so do you know versity of Utah was actually one of the 1st 6 pilots that one of the 1st 123451 of the 1st 9 pilots 70s back in 2018-2019.

That's when I started to work with Blair Hammond, who's one of the cofounders of the Mount Sinai Parenting Center.

And in that gap of time between 2018-2019 and now, so they just span of five years.

What we have done is we've actually expanded and the reach of the keystones materials to 195 pediatric programs and then 344 family medicine programs.

Our hope is that these discussions about relational health and early parenting and early development are weaving together within the medical community community and benefiting their patients.

And as you can probably see through the videos, there was a lot of intentionality on trying to be inclusive and respectful of different communities and cultures and approaches to parenting.

But finding universality between all of them that can be sort of that can build bridges between all of us.

There's CME that's available as like as well as like I had said, additional trainings and so.

Please feel free to explore the resources and like I said, Roxanne and Nora are both here and I just wanted to say we all have moments with our families and we wanna

make sure every interaction or each interaction can have an impact in their developments, both as a family unit as well as the child's development. As health care providers, we can help parents and caregivers have more of the kinds of nurturing experiences their children need for positive development. Families spend a lot of time here, waiting, watching and interacting with our environment and our community. We are a part of their earliest moments as a developing family and may be the only professionals they see in those critical first few years. They are learning from you whether you are doing an exam, bringing a food tray, cleaning a hallway, changing a diaper, offering education, dispensing medication, providing transport, making an appointment. We can all do our part to promote healthy brain development. Only you have your specific moment and how you use it can make a difference in a family's life. Think back to why you chose to work in healthcare and with these patients. Now think about your power to influence a child's success now and in the future, not only from a health perspective, but also their success in school, their ability to make friends and develop lifelong relationships. Join us in making every health care moment count. Room is another platform that teaches a lot of now, so there's a lot of resources that we have that we want to share. And they're like we had said earlier these these materials are actually built with philanthropic money, and there's no need for any like they they were meant to be designed to be freely shared, that there will never be a cost associated with any of the work. Stop. I hope that you've enjoyed the presentation and then just think a little bit about whether or not there might be something that you can incorporate into your practice and teach teaching going forward.



Kamat, Deepak M 59:14

Thank you, Doctor Wen, for that fascinating presentation.

Thank you.

Really.

Well, of it all of you to attending for attending this mornings grand rounds.

Ohh, we may have maybe few minutes to I have a question comments.
You can speak up if you have questions.
So to hunt down, you can go ahead and.

P **patherndon** 59:49

Yeah, I put the questions in the chat, which is suppose that you have a some problem with the parent like moms bipolar and she self treats with alcohol, which is not an unusual set of circumstances.

QN **Quang-Tuyen Nguyen** 1:00:00

Uh-huh.

P **patherndon** 1:00:05

How do you modify and adapt this training for the parent?

Uh, and what?

How can you do that?

To try and help the child that's in this situation, I mean beyond the point where it gets to the where you have to in engage or think about a separation.

QN **Quang-Tuyen Nguyen** 1:00:22

Yeah.

So one of the things is that and when you're approaching this situation where, like, here's what we had, we had what we had just talked about is that the health of the caregiver is also really important.

If it's going to be able to help support the health of the child right, and my guess is if the family is or the primary caregiver is struggling with mental health and treating or self treating in a way that is not effective, it's having effects on the child.

P **patherndon** 1:00:56

Sure.

QN **Quang-Tuyen Nguyen** 1:00:56

But but but but like all of us kind of wanna go in and as well.

I mean, I I I compartmentalize parts of my brain all the time.

There's a part of me that wants to go in and just say, like, what do you like?

Don't like this is what we need to take care of.
Like obviously this what you're doing isn't going to work and and then my self regulation has to kick in and say my goal is to get there.
But I have to figure out how I'm gonna prioritize and move through this in a way that is going to be effective, whether it's in this visit or whether it's gonna be in three visits or it's the arc of that relationship with the family.
And the same way that that mother has that relationship with her child in it's a relationship that is longitudinal.
Our hope is that the relationships we have with our families are also longitudinal.
Ohh and starting from labeling like I see how much you care about your child.
I see how much your child looks at you.
These moments are really precious.
How many of them do you get?
Do you feel, you know?
And then being able to kind of have her articulate.
And So what are the challenges that are impacting how frequently you're able to make that connection with your child?
And then sort of be able to kind of use it.
You can even still use the keystones framework and like talk about attachment.
Talk about modeling self regulation using the hook, about being able to kind of be have enough self control to be able to support the child's autonomy.
How successfully is this mother able to get there and what are some of the barriers and and that can hopefully bring some some some relevant conversation that needs to be had or needs to be had multiple ways and in different with different stages in it.
But I think starting off by saying and labeling the positive things that you're able to see and have the families be able to articulate what are their goals for their child's development, to be able to talk about barriers to achieving some of those higher developmental and sort of mental and emotional skills is important.
I hope that that's helpful enough.



Kamat, Deepak M 1:03:04

Umm, thank you, Doctor Wynn, for really fascinating presentation.
Thank you all for attending this morning's render.
I need to conclude because we have a faculty meeting right after this.

So thank you all and have a wonderful weekend.

Umm.

We'll see you in two weeks because we don't have grand rounds next Friday.

Thank you.

Thank you again.

● **Kamat, Deepak M** stopped transcription