

Touchpoints

Touchpoints is a practical approach for enhancing the competence of parents and building strong family-child relationships from birth through the earliest years, laying the vital foundation for children's healthy development. It is within strong families that healthy children grow, develop and are ready to succeed.

The key to improving outcomes for children is to engage more effectively with parents. To reach as many families as possible, the Brazelton Touchpoints Center® collaborates with like-minded providers that have the unique opportunity to influence families during their most formative years. Since its founding in 1996, Brazelton Touchpoints Center® has reached 12,000 providers serving more than one million families.

The goal is not just to change the way in which individual practitioners serve families, but to affect a broader shift in the paradigm of care for children and families. By working with coalitions of providers representing a range of disciplines, we are engaging entire communities in adopting the Touchpoints approach.

Touchpoints:

- Stresses prevention through developing relationships between parents and providers. The earlier the alliance between practitioner and parent is formed the greater the opportunity to create a strong collaboration. Knowledge about early child and parent development is paired with the communication skill needed to make connections with parents.
- Acknowledges that developing and utilizing relationships is critical to appreciating the significance of cultural, religious and social dynamics for families.
- Encourages the practitioner to focus on strengths in individuals and families, rather than deficits.
- Provides insight into the emotional experience of the developing parent.
- Departs from traditional medical and social service provision in its multidisciplinary approach. By combining the knowledge and perspectives of developmental psychology, education, nursing, pediatrics, psychiatry and social services; valuable linkages are made to support children and families.



Artist: Juli, age 6

The accompanying document, "Touchpoints At-a-Glance," provides an overview of the Touchpoints model of behavioral and emotional development. For an in-depth explanation of Dr. Brazelton's work, see the following books:

Brazelton, T.B. (1992). *Touchpoints: The Essential Reference*, Reading, MA: Perseus Books.

Brazelton, T.B. & Sparrow, J.D. (2001). *Touchpoints Three to Six: Your Child's Emotional and Behavioral Development*. Cambridge, MA: Perseus Books

Touchpoints At-A-Glance: Prenatal & Newborn

Visit	Focus	Overview	Major Themes	Opportunities for Practice	Anticipatory Guidance
Prenatal	Formation of functional alliances between the family and the community support system	<p>Your primary goal for the prenatal visit is to get to know the baby's parents as people and for them to get to know you before the baby arrives.</p> <p>You want to begin to:</p> <ul style="list-style-type: none"> ◆ form an alliance ◆ establish yourself as a part of the social system surrounding this baby ◆ gather information that will help you support this family in the future. <p>You want to answer questions about early caregiving, particularly feeding, that may be of significance to the parents. Childbirth education is often not begun until late in the pregnancy and is utilized more by middle class than less advantaged families. You want to encourage expecting parents to become part of a group through which they can receive peer support.</p>	<ul style="list-style-type: none"> • Preparation • Imagined babies • Relationships • Imagined parents 	<ul style="list-style-type: none"> • Alliance with parents • Imaginary babies • Support 	<ul style="list-style-type: none"> • Establishing expertise • Circumcision • Feeding
Newborn	Supporting parents in learning about their new baby (the "real baby") and incorporating the reality of giving birth	<p>The newborn visit is laden with opportunities for the building of relationships as well as for discovering important information about the baby and her parents. Your goals are to:</p> <ul style="list-style-type: none"> ◆ examine the baby to assess her overall health ◆ develop a picture of the child's individual temperament ◆ use this information to help foster the relationship between the parents and their new baby. <p>Having already met the parent(s) at the prenatal visit you want to continue to enter the system of support around this baby and be very conscious of the opportunity, at the child's birth, to form this alliance with the parents. You are aware of the strong emotions, both positive and negative, that can accompany the birth of a child, and want to follow this passion to learn more about the family and establish yourself as a meaningful support.</p> <p>Your examination of the baby is used to demonstrate to the parents their baby's capacities to adjust to her environment and to bring the baby and parents closer together. As you elicit responses from the baby, simultaneously observe how the parents respond to the baby's unique characteristics. You are gathering data for your future work with them. But, most importantly, you are all – baby, parent, and practitioner – actively involved in the celebration of the birth.</p>	<ul style="list-style-type: none"> • Health • Parental emotions • The "real baby" • Attachment 	<ul style="list-style-type: none"> • Neonatal Behavioral Assessment Scale • The story of birth • Support 	<ul style="list-style-type: none"> • Trial and error • Feeding • Language of behavior • Play

Touchpoints At-A-Glance: 3 Week & 6-8 Week

Visit	Focus	Overview	Major Themes	Opportunities for Practice	Anticipatory Guidance
3 Week	Assessing the level of disorganization being experienced by the family and the capacity and support available for healthy reorganization	<p>The 3 week visit usually brings the parents who are exhausted and particularly with a first child, unsure about their capacity to parent. Dramatic changes in the lives of all family members are now most apparent – routines are disrupted, relationships altered, and nurturing their child can seem overwhelming.</p> <p>The baby, at this point, is still sleeping much of the time and her behavior is associated with caregiving demands. The playful interactions that the parent may have imagined are still in the future. As a consultant on the child's capacities, you have the opportunity now to help parents to get to know the child's unique rhythms and temperament in preparing for the increased sociability of the next few months. Your goals for this visit, in addition to assuring yourself and the parents about the health of their baby, are to:</p> <ul style="list-style-type: none"> ♦ support parental self-esteem ♦ provide guidance on caregiving routines ♦ help interpret the language of their child's behavior. <p>You have entered the system of support around this child and at 3 weeks, after the intensity of the birth and before the establishment of constant patterns of care and interaction, parents are typically ready for such support.</p>	<ul style="list-style-type: none"> • Parental exhaustion • Feeding • Individuality • Relationships 	<ul style="list-style-type: none"> • Interpreting states • Support system • Interaction 	<ul style="list-style-type: none"> • Fussiness • Thumb sucking • Parental stress
6-8 Week	Emergence of the newborn as a member of the family and reconfiguration of the family to include this new person.	<p>The 6 to 8 week visit is an opportunity to see how the new family is forming. You will be looking for changes in how the baby and parents interact – the baby's emerging capacity to relate to the external world and the parents' responses to these developments. Observe how these parents:</p> <ul style="list-style-type: none"> ♦ react to changes in their baby ♦ whether they see these changes as exciting or problematic. <p>You want to prepare them for changes in sleeping and feeding behaviors. You expect to see parents who are now recovering from the excitement and exhaustion of the first weeks and are themselves starting to negotiate with the outside world of work, friends and extended family. Having begun to develop a relationship with the parents during the previous visits you want to consolidate this relationship as well as get a better sense of the supports they have available to them.</p>	<ul style="list-style-type: none"> • Sociability • Parental self-confidence • Relationships 	<ul style="list-style-type: none"> • Interaction • Caregiving • Depression 	<ul style="list-style-type: none"> • Cognitive burst • Play • Work

Touchpoints At-A-Glance: 4 Month & 7 Month

Visit	Focus	Overview	Major Themes	Opportunities for Practice	Anticipatory Guidance
4 Month	Infant's attachment to and incorporation of the family.	<p>The 4 month Touchpoint is an exciting time. The baby begins to tell people apart and lets them know whom she prefers. With those closest to her – her caregivers – patterns of mutual interaction feed her need for intimacy. She is falling in love. Strong emotional ties form a secure base from which she can go on to face the world. She sees a new world before her: interesting objects, sounds, and people. She reaches and grasps for a toy, exploring everything with her mouth and eyes. She is discovering her world.</p> <p>Parents often feel more competent at this Touchpoint than at earlier ones. They have established family routines, shown that they can nurture this child, and begun their return to their previous lives. But the changes in the baby both test this newfound confidence and challenge their re-entry into the relationships and responsibilities of the past.</p> <p>It can be a particularly opportune time for practitioners to support the new family and assess the strength of their own relationships with parents. Your goals for this Touchpoint are to:</p> <ul style="list-style-type: none"> ◆ take stock of the relationships that are developing ◆ assist the family in the reorganization that is occurring. <p>In both feeding and sleeping you look for opportunities to interpret the baby's behavior so that parents can adjust to the changes that they face.</p>	<ul style="list-style-type: none"> • Attachment • Interest in the world • Patterns of care • Baby's demands • Father engagement 	<ul style="list-style-type: none"> • Interactions • Crying • Synchrony • Interest in the world • The Alliance • Caregiving routines 	<ul style="list-style-type: none"> • Feeding • Sleeping • Play • Stranger anxiety
7 Month	Assessment of the family's patterns and capacity for adaptation, change and functional reparation	<p>The 7 month visit is a time to observe how the family is responding to the growing child. It is during this period that her personality becomes clearer. With this emergent personality, you can see how parents adapt to this new person. Are they comparing her to others in the family, what do they emphasize, and what do they fear?</p> <p>This is a good time to assess whether your work with the family in the past has been effective. The baby's increased mobility is coordinated with greater social and cognitive awareness. It is an exciting time for the baby as she exercises her new abilities. It can also be a frustrating time as she begins to understand more about her world but cannot yet fully act on that understanding.</p> <p>Managing both the excitement and the frustration becomes a major challenge for parents. How comfortable are they with these changes and the way in which they manage them? Your goals for this visit are to:</p> <ul style="list-style-type: none"> ◆ observe how the family members work together in managing these developments ◆ serve as a resource on the caregiving issues that emerge ◆ revisit sleeping, feeding, and discipline issues as they have changed. 	<ul style="list-style-type: none"> • Motor abilities • Feeding • Sleeping • Object permanence 	<ul style="list-style-type: none"> • Caregiving routines • Discipline • Temperament 	<ul style="list-style-type: none"> • Safety • Limit setting • Sleeping & feeding • Stranger awareness

Touchpoints At-A-Glance: 9 Month & 12 Month

Visit	Focus	Overview	Major Themes	Opportunities for Practice	Anticipatory Guidance
9 Month	Observations of the baby's capacities and response of the family to the baby's new autonomy	<p>The baby's behaviors that were emerging at seven months are now major issues. At 9 months the baby not only thinks about moving around, she does; she is in fact driven to move around. She not only shows an increased anxiety about strangers or her mother leaving her sight, she protests vehemently. She knows what she wants and expresses it.</p> <p>This increased intensity of personality, ability, and purpose raise new conflicts for the family. This is often the time when differences between children become more apparent. Parental anxiety about a child who is not moving around or communicating his intentions may be one of the issues that are brought to the 9 month visit. It is also a time when the effects of a less nurturing or stimulating environment begin to show their effects.</p> <p>Your goals at this visit are to:</p> <ul style="list-style-type: none"> ♦ observe the baby's capacities ♦ help parents manage in the face of the dramatic new abilities that the baby is presenting. <p>Caregiving routines that have worked in the past are disrupted and strategies that worked before are seemingly ineffective. You want to help parents build upon what has worked in the past and help them understand their baby's new abilities.</p>	<ul style="list-style-type: none"> • Mobility • Social referencing • Person performance • Control 	<ul style="list-style-type: none"> • Feeding • Stranger anxiety • Limit setting • Doubts & fears about development 	<ul style="list-style-type: none"> • Separation • Feeding • Safety
12 Month	Reflection on the past year and the new capacities of the infant and family, patterns of coping, and established relationships	<p>The 12 month visit, the anniversary of the child's birth, is laden with significance for the parents. The baby they brought into the world is now a person. First steps and first words are either accomplished and noted with pride or anxiously awaited. The emotional ties between child and parent have typically strengthened to the point that the parent is used as a base from which to reach further into the world.</p> <p>The child at 1 year is bursting to exercise her new abilities to move and think. You want to join the parents in reflecting on the first year, but you are cautious in approaching their child – she is likely to resist the direct assault of a physical exam, and will use her parents as a means to cope with your intrusion.</p> <p>In particular, you want to see how the parents are coping with the massive changes that are occurring:</p> <ul style="list-style-type: none"> ♦ sleeping issues may again be coming to the fore with the baby experiencing a greater curiosity about the world around her ♦ feeding is likely to be a negotiation of independence and control ♦ discipline issues involve the baby's increased will being pitted against the parental skill and resolve. 	<ul style="list-style-type: none"> • Independence • Motor skills • Learning • Irritability 	<ul style="list-style-type: none"> • Sleeping • Feeding • Play 	<ul style="list-style-type: none"> • Temper tantrums • Toilet training • Aggression

Touchpoints At-A-Glance: 15 Month & 18 Month

Visit	Focus	Overview	Major Themes	Opportunities for Practice	Anticipatory Guidance
15 Month		<p>The infant is now a toddler. Ties to parents are intense; this is the time when stranger and separation anxieties are at their peak. At the same time the toddler's interest in the world has taken another leap. Play with toys, and anything else that engages the child's curiosity, is all consuming. Despite his typically short attention span, the 15 month old is a student of the world. He manipulates objects with the purpose and interest of the last several months and with the new sense of discovery and experimentation.</p> <p>The toddler can now invade and conquer any accessible place. Socially, the infant's demands for care have transformed into demands of a more independent partner. The polarities of toddler-hood are intense. The understanding of cause and effect that has developed with his experimentation with objects can also be applied to his relationships. He teases his parents knowing that he will get a response. This new found power could result in confusion for both himself and his parents.</p>	<ul style="list-style-type: none"> • Autonomy • Play • Motor skills • Dependence • Language 	<ul style="list-style-type: none"> • Discipline • Sleeping • Feeding • Learning 	<ul style="list-style-type: none"> • Parenting responsibilities • Shifting attachments • Individual differences
18 Month		<p>The period from 18 months to 2 years is marked by dramatic changes. In many ways the child becomes a new person. She can now think independently from her direct experience which allows her to engage in fantasy play, to use language for more than meeting basic needs, and to relate to others with a stronger sense of purpose. These new intellectual abilities are coupled with greater self-awareness. She has ideas of her own and must act on them.</p> <p>She is beginning to incorporate the standards, rules, and values of the people around her. This often leads to tension between what she wants to do and what she is expected to do. Battles for control and the emergence of temper tantrums mark the beginning of a new adventure in parenting as parents and caregivers are now seen as barriers to independence.</p>	<ul style="list-style-type: none"> • Cognition • Sense of self • Battles for control • Language 	<ul style="list-style-type: none"> • Discipline • Sleeping • Feeding • Social Skills 	<ul style="list-style-type: none"> • Temper tantrums • Safety • Childhood • Toilet training

Touchpoints At-A-Glance: 2 Year & 3 Year

Visit	Focus	Overview	Major Themes	Opportunities for Practice	Anticipatory Guidance
2 Year		<p>The transition from infancy to childhood is charged with profound changes for the child and large adjustments for the parents. The child begins to use motor, intellectual, and social abilities with more force and independence. His awareness of his capacities leads him into conflicts with those who attempt to limit his power in feeding, going to bed, or getting dressed.</p> <p>At the same time his capacity for independence must be nurtured and supported so that he gains the feeling that he can have an effect on the world. Parents must often struggle to keep up with this person who requires the emotional closeness of a baby while demanding the independence of an older child. The tremendous advance in language ability at this age is a natural tool that parents can begin to use to manage daily routines and challenges. Parents are challenged not only to keep their child safe, but also to serve as an emotional resource in the face of the child's frustration with limited abilities to put ideas into action. At 2 years, parents express an increased need for support around issues of discipline, limit setting and toilet training.</p>	<ul style="list-style-type: none"> • Pretend play • Language • Autonomy • Motor skills 	<ul style="list-style-type: none"> • Sleeping • Feeding • Play • Toilet Training • Social Skills 	<ul style="list-style-type: none"> • Toilet training • Emotionality • Aggression • Responsibility • Television
3 Year		<p>Three may be a plateau between the conflicts of the previous year and the storm that is coming with the identity struggles of the 4 to 6 year old. The child at this age is less prone to conflicts with her parents, is developing empathy, and far more likely to be playing on her own or interacting happily with her peers.</p> <p>This behavioral stability reflects a smoother period of development in which language and cognitive capacities are developing at a rapid rate. Some children also have increased capacity to internalize concerns that may exhibit themselves as fears, nightmares, or a lack of self-efficacy. Most children are toilet trained by 3, but parents of those children who have not yet completed the training process are often anxious about their child's delayed readiness.</p>	<ul style="list-style-type: none"> • Imagination • Fears and phobias • Language • Peer relations • Social understanding 	<ul style="list-style-type: none"> • Toilet Training • Meals • Separation 	<ul style="list-style-type: none"> • Preschool • Sexual identity • Empathy