

Newborn

Interest, Activity & Assessment Plan

Invite • Engage • Teach

INTRODUCTION

From birth, newborns are interested in the people and objects around them and in making things happen (e.g., cause and effect, interacting with others). Some experiences are familiar, like the sound of their family's voices, while others are brand new, like the feel of a soft blanket on their hands. Newborns learn during everyday activities such as feeding, diapering, and being held and talked to. Caregivers play a very important role in supporting newborn learning and development. From birth, how and when a caregiver responds to an infant during face-to-face exchanges helps the infant learn what their favorite people look, smell, and sound like. By the age of two months, an infant may be encouraged to reach for their caregiver's face as they talk. The *Newborn Interest, Activity & Assessment Plan (NIAAP)* is a tool that helps practitioners build the capacity of caregivers to learn and practice responsive interactions that promote infant emotional guidance, social interactions, coregulation, communication, and learning in everyday activities and routines. The tool focuses on the interests of the infant, the natural activities that make up the infant's experiences, and the ongoing assessment of the caregiver-child interactions.

The NIAAP is for use by practitioners (nurses, Early Head Start home visitors, early intervention providers, and social workers) supporting caregivers with newborn babies up to 6 months of age. The NIAAP has two purposes. The first purpose is to help practitioners align with an evidence-based framework for supporting caregivers to identify infant's cues regarding interests and needs during daily activities. The second purpose is to help caregivers identify how different responses affect their baby's engagement, comfort, and alertness during daily activities. All parts of the NIAAP can be used to support a practitioner's use of natural learning environment practices and a coaching interaction style with the caregiver.

OVERVIEW OF EVIDENCE-BASED EARLY INTERVENTION

Evidence-based practices for supporting families with newborns includes two interconnecting frameworks: (1) natural learning environment practices and (2) coaching as an adult learning strategy and an interaction style when working with adults in the child's life. Together, these frameworks exemplify capacity-building family-centered practices. The NIAAP illustrates and guides practitioners with how to use those practices when working with newborns and their families.

Natural Learning Environment Practices

Natural learning environment practices include use of everyday activity settings, child interests, and caregiver responsiveness to the child.

- Everyday activity settings (family routines) are used as the sources of early learning because they provide frequent opportunities for the child's use of existing abilities and development of new skills (in all areas of development, including positive social-emotional interactions).
- Child interests are used because children, even infants, are more likely to focus on a person or activity longer if they are motivated and engaged, which in turn, provides more practice and learning opportunities.
- Caregiver responsiveness involves ensuring that caregivers know and understand what they do or can do to support their child's learning within and across activity settings (Dunst, 2006; Rush & Shelden, 2008).

Coaching Interaction Style

Coaching is an evidence-based adult learning strategy used for interacting with caregivers and other care providers to recognize what they are already doing and to build on existing or new ideas.

- Coaching is not an intervention, but a method of supporting the priorities of the caregivers using a capacity-building style of interaction.
- Coaching involves helping caregivers observe the child's cues, try new strategies for interacting with their child, learn information from the practitioner (coach), and develop a plan for how they will interact with their child between visits.
- Practitioners using coaching are as hands-on as needed in helping caregivers support the child's participation in meaningful and functional everyday activities (Rush & Shelden, 2020).

THREE PARTS OF EFFECTIVE EI VISIT

1

Revisit
Previous
Plan

Reflect on the planned activity
between the visits.
(Previous between-visit-plan)

2

Do
&
Review

Plan the details of the focus
routine/interaction.

Engage the caregiver and baby in
the focus routine/interaction.

Reflect on the planned
routine/interaction.

3

Create
Between- and
Next-Visit
Plans

Plan together what the caregiver
will do between visits to
continue reading and responding
to the baby's cues.
(New between-visit plan)

Plan together the focus
routine/interaction for the next
visit, including the activity in
which the caregiver wants to
practice responsive strategies.
(New next-visit plan)

INSTRUCTIONS

This guide is intended to be used to help providers understand and visualize how to implement evidence-based early intervention practices with infants. Once practitioners are comfortable with the Three Parts of an Effective Visit (see page 3) and the flow of each of the three parts of a visit which is illustrated by the *Roadmaps for Reflection*, beginning on page 8, the provider may not need to refer to the guide as often.

A unique feature of the guide is the *Roadmaps for Reflection*. Each of the three *Roadmaps* show the flow of one of the three parts of the visit using a coaching interaction style. The inserts that accompany the manual are used to document information gathered during the visit. As the practitioner becomes more familiar with the flow of the visit, the guides may be used to lead the visit in place of the *Roadmaps*.

Start by introducing the NIAAP to the caregiver. Use the following information as a guide:

The practitioner could say to the family...

“Your infant begins to learn about people and everyday life at birth. You help your baby by responding to their cries, smiles, and movements in ways that help them be comfortable and learn during daily activities. Everyday activities include, but are not limited to bathing, feeding, dressing, and playing with your baby. We will focus on how to know when your baby is ready to interact, what your baby wants or needs, and what responsive strategies work best to support your baby’s learning.”

Part I—Between Visit Plan Follow-Up (See Roadmap on page 8): At the beginning of each visit, the practitioner and caregiver review the effectiveness of what the caregiver has been practicing between visits. This is called the “between visit plan.” *The Roadmap for NIAAP Part I--Follow-up on the Previous Plan* on page 8 provides ideas for reflective questions that help the caregiver think about what they have been doing between visits and how well their interactions are supporting their infant’s participation and learning. This conversation can be omitted on the first visit since no previous plan would have occurred.

1. The practitioner could start by saying to the caregiver...

“We will use the Between Visit Plan worksheet to review what you and your infant did since our last visit. We will discuss how your plan worked compared to what you expected would happen. We will also discuss what strategies to keep or change and what new strategies you want to try.”

2. Then move to the purple circle where the practitioner prompts the caregiver to talk about what parts of the plan they have been doing and how well it has been working. The caregiver’s response may go one of three ways (shown on the *Roadmap*). The practitioner should use the prompts (from the green boxes) that are most closely aligned with the type of response the caregiver gave.
3. Each of the three potential paths converge at the question, “What other ideas do you want to try?” The practitioner should be using the open-ended questions to help the caregiver make an informed decision about which responsive strategies to try during the planned focus activity for the current visit.
4. The yellow box shows where the practitioner may give the caregiver feedback, including information about other effective responsive strategies the caregiver may be interested in trying.
5. The purple arrow indicates the conversation should move to the next *Roadmap*.
6. The practitioner may choose to refer to the *Between Visit Plan* worksheet that was completed between visits by the caregiver.

INSTRUCTIONS

Part II—Observing and Responding to Your Baby’s Cues During the Planned Activity (See Roadmap on page 9):

During this part of the visit, the practitioner and caregiver focus on planning and engaging in the planned activity. The *Roadmap for NIAAP Part II--The Planned Activity* on page 9, provides the practitioner with step-by-step support for this conversation with the caregiver. During a typical infant-caregiver activity or routine, the practitioner helps the caregiver use intentional strategies to respond to the infant’s cues. Because everyday activities with infants are often brief, planning occurs before or as the activity begins. Use the *Roadmap* to guide the conversation until you become comfortable with the flow. The *Planned Activity* worksheet may also be used independently or in addition to the *Roadmap*.

1. Start at the purple circle and remind the caregiver about the agreed upon routine or activity they had planned to watch for the infant’s specific cues. Caregivers can use the strategies they planned to use at the end of the last visit or choose new strategies. The prompts in the light green boxes can help the practitioner provide opportunities for the caregiver to reflect and identify new ideas. You can introduce the *Planned Activity* worksheet to support the caregiver as they reflect on and document the activities and interactions that occur during this visit.

“This worksheet can help guide us through the activity you planned to do with your baby. Once we get started in the activity, we’ll follow each box and think about what you and your infant are doing and what you and your baby are learning. Let’s get started.”

2. Once in the activity, the practitioner can reinforce responsive strategies the caregiver is already using and help the caregiver plan to try new responsive strategies. The practitioner should first use the prompts in the light green boxes to help the caregiver identify new ideas. The practitioner can also use the *Newborn Observe & Respond Strategies* booklet to introduce new strategies. The parent can keep the *Newborn Observe & Respond Strategies* booklet as a resource between and during visits.

The practitioner could say to the caregiver...

“You can use the *Newborn Observe & Respond Strategies* booklet to practice reading and responding to your infant’s cues during an everyday activity.”

3. The practitioner should focus on helping the caregiver recognize and use the responsive strategies of *Invite*, *Engage*, or *Teach* with the infant during the focus activity for the visit as laid out in the *Newborn Observe & Respond Strategies* booklet.

One way to describe **Invite** strategies could be...

“The parent or caregiver is the emotional director for the baby. You recognize your baby’s cues for play, eat, calm down, and sleep. Your emotions affect your baby’s behaviors and level of comfort. We can talk about some strategies that can help you match your emotions with what your baby needs in the moment. **Invite** strategies are ways to encourage the baby to participate in the activity. As the caregiver, you recognize the baby’s cries and respond to the cues by letting the baby know that you understand. In return, the baby responds back to let you know if the strategy was successful. For example, when you notice your baby’s eyes are open and looking around you might respond in a playful voice “Are you ready for me to pick you up?”

One way to describe **Engage** strategies could be...

“**Engage** strategies are positive ways a caregiver can join a baby in their interest and activity. For example, after you pick your baby up, look at your baby’s face and your baby looks back, you then talk back as the baby makes sounds. These strategies will **Engage** the baby in play with you.”

One way to describe **Teach** strategies could be...

“**Teach** strategies are the ways that caregivers respond to their baby to teach a new skill or just to develop their current skills. Teach strategies follow caregiver use of **Invite** and **Engage** strategies. For example, you picked up your baby; engaged her by looking at her face and talked back to her as the baby made noises. To add the **Teach** strategy, you will take turns by adding new noises and faces to your social play.”

INSTRUCTIONS

4. The caregiver can record the strategies that they have tried in the *Newborn Observe & Respond Strategies* booklet, and the practitioner can record the strategies introduced to the caregiver and mastered by the caregiver on the *Responsive Strategies Record*.
5. The practitioner may choose to use the *Five Ways to Scaffold Caregiver Learning* guide on page 7 to determine the right kind of support to best help the caregiver be successful. Types of support range from least intensive (reflection) to most intensive (intentionally modeling). The practitioner should choose the least intensive strategy that enables the caregiver to be successful.
6. The practitioner can complete this part of the conversation by helping the caregiver consider other activities or routines they can engage in with their infant and use the responsive strategies practiced during the visit.
7. As the practitioner gains confidence with the flow of the conversation outlined in the *Roadmaps*, the practitioner can use the *Planned Activity* worksheet to guide the conversation and document the caregiver-infant interactions and the caregiver's reflections. A new worksheet is used for each visit.
8. The caregiver keeps the *Newborn Observe & Respond Strategies* booklet to document the responsive strategies the caregiver uses during and between visits. Every few weeks, the caregiver may want to begin a new booklet since an infant's cues change and evolve over time, and caregiver responsive strategies being used may also change. The booklet serves as a cumulative record of what is working between the caregiver and infant at any given time.

Part III—Between Visit and Next Visit Plan (See Roadmap on page 10): Using the *Roadmap for NIAAP Part III—Between Visit Plan and Next Visit Plan* on page 10, the caregiver and practitioner create a plan for the caregiver to observe and learn more about how their baby demonstrates interests or needs. The practitioner helps the caregiver reflect on how the baby responds to the caregiver's actions. They reflect on ways to support learning between visits, and to plan for the next visit.

1. Start with the dark green box to the left. The dark green boxes contain the action questions needed to support the caregiver with making a between visit and next visit plan.
2. The light green boxes contain probes that assist the practitioner in helping the caregiver make a specific plan. The practitioner does not have to ask each probe but should focus on the probes that help the family move toward a new between-visit plan.
3. The large yellow box reminds the practitioner to give information as needed. The practitioner and caregiver can refer to the booklet, *Newborn Observe & Respond Strategies* booklet, when discussing the baby's cues of *Invite, Engage* and *Teach* strategies.
4. The caregiver also selects an everyday activity to use as the planned activity for the next visit. The practitioner can help the caregiver use the *Between Visit Family Plan* worksheet to document the plan. The worksheet is also a way the caregiver can document their interactions with their baby between visits and how well the responsive strategies they tried worked.

“We will use the Between Visit Family Plan worksheet to develop a plan for the next visit. The Between Visit Plan worksheet helps us keep track of the activities you want to do with your baby and the strategies you want to try before the next session. You can use this worksheet to write down your thoughts about what you tried and what worked. We'll talk more about it at our next visit.”

Scaffolding Caregiver Learning: Practitioners sometimes wonder about what level of support practitioners should provide to families and how hands-on they should be. The needs for support of each family are different, and practitioners should start with the least intrusive type of support (prompting reflection) and determine if additional levels of support are needed (prompting an action, modeling) to help build the caregivers' confidence and competence. When modeling is used, practitioners can use the guidance on page 7 to ensure the modeling is provided to help the caregiver build confidence and competence to use the strategy themselves.

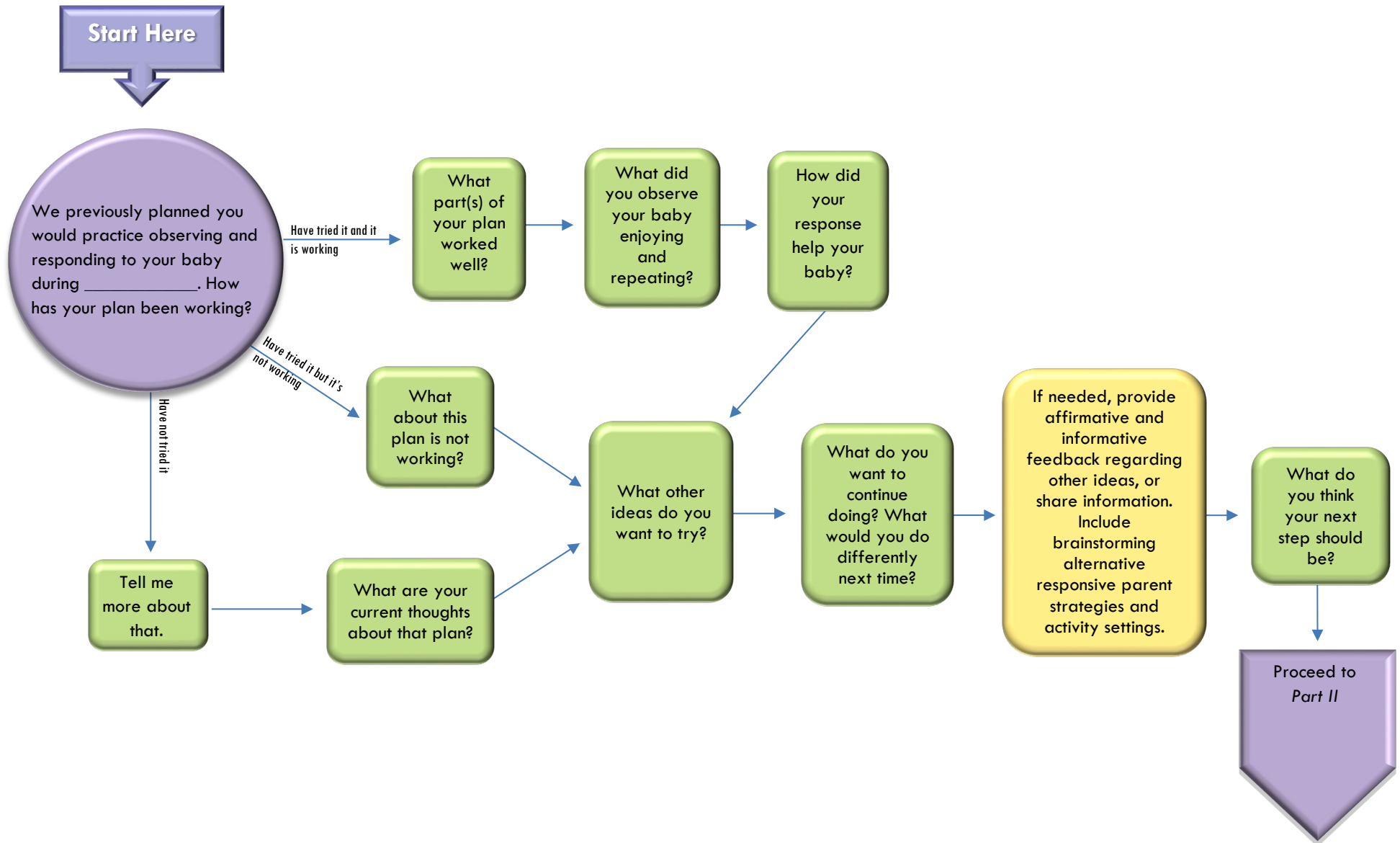
STRATEGIES FOR SCAFFOLDING CAREGIVER LEARNING

When supporting adult learning, the practitioner should provide the least intrusive type of support needed to enable the caregiver to successfully employ a responsive strategy on their own. Knowing how the caregiver learns best and observing the caregiver's knowledge and skill can help the practitioner determine the type of scaffolding best suited for the caregiver's learning.

Strategy	What it Looks Like	Helpful Hints
Reflection	<p>Use reflective questions before, during, and after the focus activity to encourage the caregiver to analyze the situation, think about new ways to support the child, and determine the effectiveness of the strategies.</p> <p>Before: What do you think your baby would like to do? During: How can you tell your baby likes that? After: How will you know if you baby wants more of that?</p>	<p>Each session should include these levels of scaffolding.</p> <p>Ask permission to provide informative feedback if needed.</p>
Verbally Prompt	<p>During the focus activity provide the caregiver with in-the-moment prompts about how to use strategies you have already discussed.</p> <p>The caregiver is engaged with the baby while the provider is observing and prompting.</p>	<p>Use during the focus activity.</p> <p>After prompting, go back to prompting reflection so the caregiver can think about how the strategy you prompted worked.</p> <p>Caution when used too much, can cause dependence on the practitioner.</p>
Intentional Modeling	<p>The purpose of intentional modeling is to help the caregiver visualize a strategy or technique and should only be used, if needed. Use these steps to ensure the modeling builds the caregiver's capacity to use a target strategy or technique.</p> <ol style="list-style-type: none">1. Explain the responsive strategy or target technique.2. Ask the caregiver if you can demonstrate it and let the caregiver know what to watch.3. Conduct the demonstration.4. Ask the caregiver to reflect on the use of the strategy.5. Invite the caregiver to try.6. Prompt the caregiver to reflect on how it worked and provide information if needed to help the caregiver fine-tune their use of the strategy.7. Plan for continued use of the strategy or target technique.	<p>Should only be used if needed. If the caregiver can successfully use the strategy based on an explanation of it, modeling is not needed.</p> <p>Use in situations when modeling is requested by the caregiver, or when it would be helpful for the caregiver to see how to implement the strategy.</p> <p>Turn the model back over to the caregiver as soon as possible.</p>

ROADMAP FOR NEWBORN INTEREST, ACTIVITY & ASSESSMENT PLAN

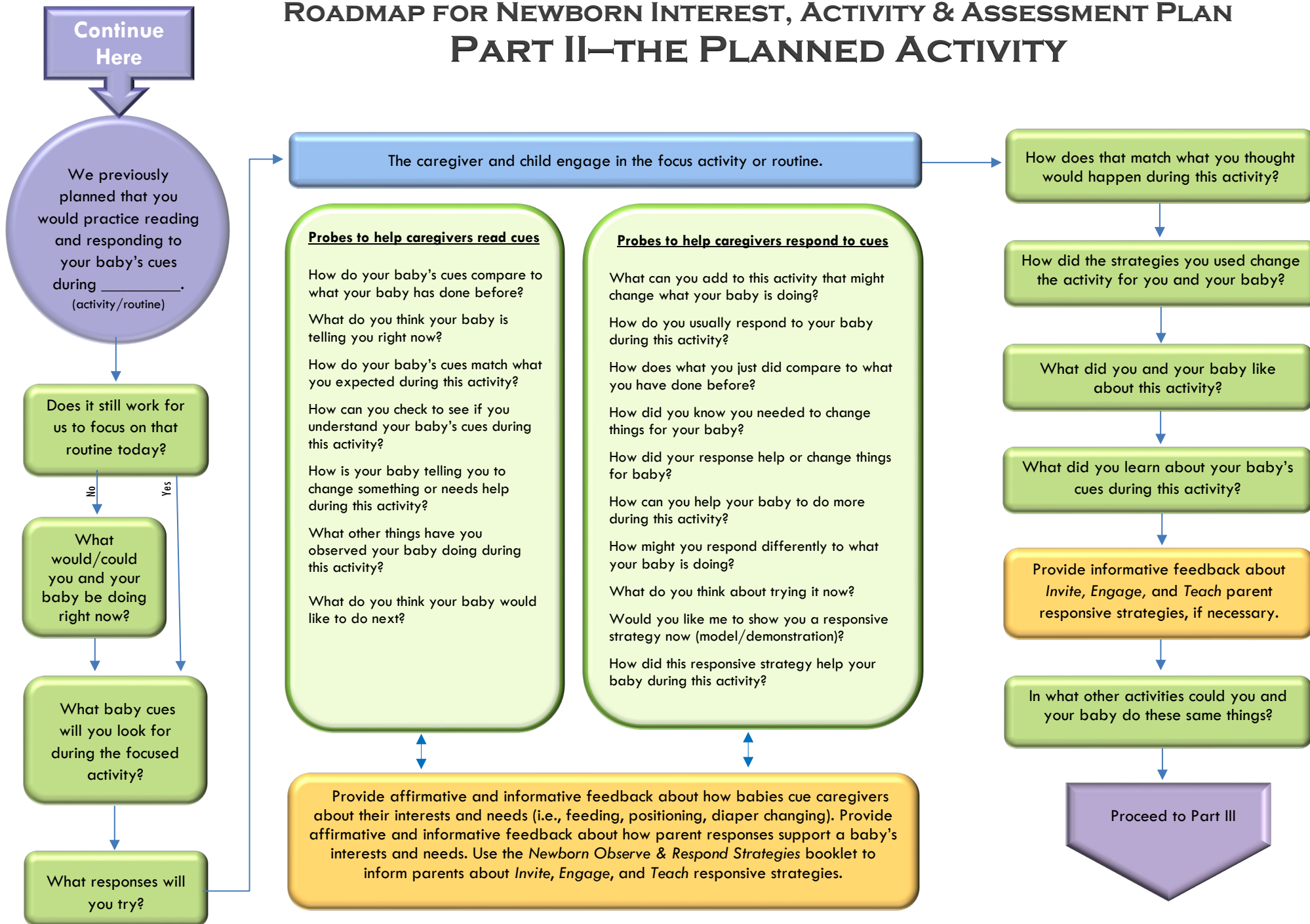
PART I—FOLLOW-UP ON THE PREVIOUS PLAN



Review previous plan from between visits (if a previous visit occurred)

ROADMAP FOR NEWBORN INTEREST, ACTIVITY & ASSESSMENT PLAN

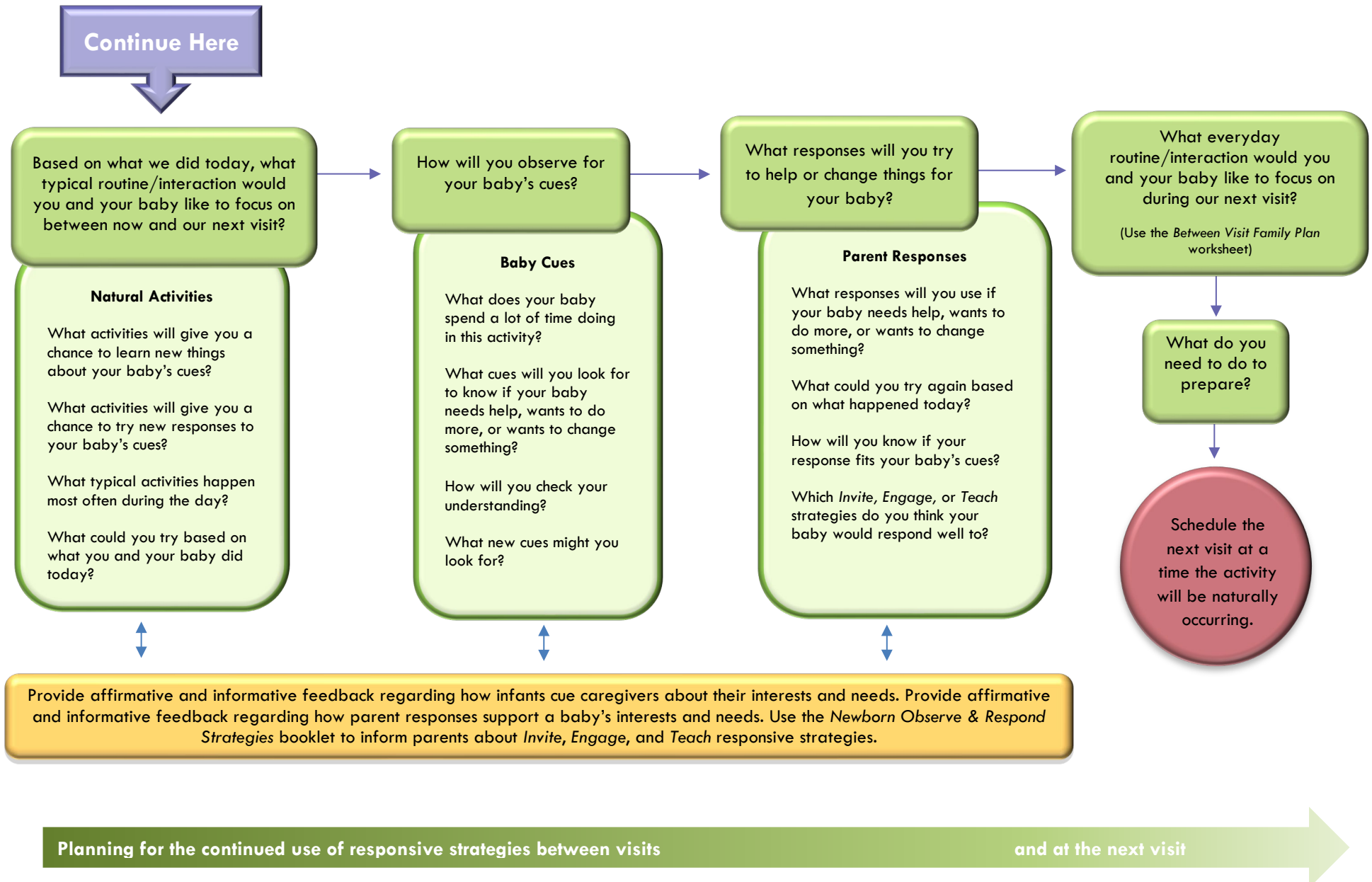
PART II—THE PLANNED ACTIVITY



Reading and responding to cues during a typical routine or activity

ROADMAP FOR NEWBORN INTEREST, ACTIVITY & ASSESSMENT PLAN

PART III—BETWEEN VISIT AND NEXT VISIT PLAN



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