CHEERS:
Helpful Prompts

Postnatal

There are four elements to consider for each of the components of the CHEERS domains:

1. What does child do?
2. How does parent respond?
3. How does child respond to parent (is child calmed, aroused, regulated)?
4. What was the frequency of the behavior? (behavior documented should represent the way the parent responded to each CHEERS item for *most or all of the visit*).

When documenting CHEERS, be sure to use *facts* (child turned head away, parent changed activity) rather than *interpretations (*parent responded to child's cues). Each component should represent the interactions over an entire visit. Please note that you only need 1 example for each domain, but you may add more. All components of Postnatal CHEERS should be documented each visit. CHEERS components are integrated; it is sometimes difficult to separate out the differences between them. For example, Cues and Empathy could be very similar – especially during the child's first year of life. What is important is to be sure that each component has a different example.

Please note: The postnatal content in this document uses the term *"child"* for all ages of children, whether infants, toddlers or preschoolers.

C- ues:
- Does child give clear cues?
- Over the entire visit, does the parent respond mostly sensitively and responsively to the child's cues.
- If the answer is "yes," write an example of a cue in which the parent responds sensitively and in a timely manner to the child.
- If the answer is "no", write an example of a cue in which the parent did not respond in a timely and sensitive and nurturing way.
- Example: *Child splayed fingers and turned her head away. Dad reached to the side and put spoon with food in child's mouth. Child spit food out. This represented cues for most of the visit.*

H-olding:
- What type of holding did you see overall?
- What was the quality of the hold? Was it warm and nurturing? Rough? Remote?
- Was child in arms or at arms length?
- Was there spatial closeness?
- What type of touch did you see overall?
- How did child respond?
- Example: *Dad held child close to body. Child snuggled into dad's arms. This represented most of the visit.*

E-xpression:

- What was the language like?
- Was there a conversation? What was it like? Was parent able to wait for child's response before *continuing* the conversation?
- How did child respond? What language did you hear from child (even if only coos, soft sounds)
- Example: *Mom looked at child and said, "what would you think about going for a walk? Child smiled and giggled. Mom took child for a walk. Child raised her hands forward smiling. This represented most of the visit.*

E-mpathy:

- Did parent demonstrate understanding of what child was thinking or feeling?
- Does parent think about how experiences might be impacting the child?
- Is the parent emotionally available to the child?
- How does parent support child in dealing with intrusive or uncomfortable events?
- How does parent support child when he is sick, afraid, upset or dysregulated?
- What does parent say or do to demonstrate that he/she understands what child is thinking or feeling?
- Example: *Child was taking her first steps and fell on carpet. Mom went to child and picked her up. Mom said, "Oh, poor baby, are you OK? While holding close to chest. Child smiled. This represented most of the visit.*

R-hythm & Reciprocity:

- Who initiated the activities?
- How did parent(s) follow the child's lead in play?
- How did the child respond?
- Was there a dance?
- Example: *Mom shook a rattle for child. Child looked away. Mom continued to shake rattle. Child turned head from side-to-side. This represented most of the visit.*

S-miles:

- Is there joy during the visit?
- How does parent mutually attend to activities with child?
- Are there smiles between parent and child?
- Example: *Child and mom were reading a story. Child points at picture, mom labels it. Child points at another picture. This represented the pleasure between them for most of the visit.*

Prenatal

Prenatal CHEERS is not based specifically upon a behavioral observation. Prenatal observations include conversations between parent and Family Support Specialists (FSS), potential toxic or any stress issues, and preparations for new baby coming home.

Please note: Not all components of Prenatal CHEERS will be able to be documented at each visit.
- ✓ Beginning at 24 weeks gestational age, staff are required to document at least 1 item for CHEERS documentation.
- ✓ At 31 weeks gestational age, staff are required to document 2 of the CHEERS domains. Frequency is not relevant during the prenatal period. Generally, the 2 E's are the easiest to document during the prenatal period (expression and empathy).

C-ues:
- Does parent talk about what the developing baby does inside her belly and vision what the baby might be telling her or what it might mean?
- Are the parents aware of the movement in mom's belly?
- Does the parent notice differences in movements, and wonder what the developing baby might be telling her or what they might mean?
- What does the parent tell you that demonstrates this?
- Example: *Dad says that when developing baby kicks, he pats developing baby's foot and baby kicks him back.*

H-olding:
- Does mom rest her hands on her belly? Does she rub her tummy in a soothing manner or ever?
- Is mom aware of the position of the developing baby in her tummy (more towards the late 2nd, early 3rd trimester)?
- Is dad involved and present? How does dad *hold* mom? The developing baby?
- What is the quality of parent's touch?
- Example: *During most of the visit, mom sat with her hands folded across the top of her belly, gently stroking it from time to time.*

E-xpression:
- Do parents speak about the baby and/or the upcoming birth? What do they say?
- How are parents talking with baby through the womb?
- Do parents talk about what is happening and what baby might be doing in the womb?
- Example*: Mom says dad talks to the baby each night, putting his lips close to the womb, or*
- *Mom says, "This baby is going to be trouble. Every time I sit down to watch TV, he starts kicking me on my bladder so I have to go pee. He does it on purpose."*

E-mpathy:

- Does mom adjust her position to make her baby more comfortable?
- Does mom or dad talk about what it must be like for the baby in the womb, putting themselves in her place?
- Is mom avoiding stress and in general taking good care of her body?
- Do parents speculate about what baby will be like, look like, what characteristics unborn baby might have?
- Does parent talk about baby liking certain foods or noticing that baby seems to move more when she eats certain foods?
- Do the parents keep a journal, or a record of the pregnancy talking about their emotional experiences and speculating about the baby's experience?
- Has mom made lifestyle changes for the well -being of the baby (stopping smoking, drinking, substance use? Has she improved her nutrition?)
- Example: *Mom says she noticed how the baby moved "way too much" after she smoked a cigarette. She stopped smoking after that, and has gone 3 days without a cigarette.*

R-hythm and Reciprocity (more evident in the 3rd trimester when baby kicks, rolls, and has more movement):

- When baby kicks, do parents pat baby back?
- Are the parents interacting with developing baby by playing "flashlight tag" and other fetal stimulation activities?
- Do they notice what effect things they do have on fetal movement, and what happens when they change what they do?
- Example: *Dad says when baby kicks, he pats her foot, and baby kicks him back.*

S-miles:

- Are parents happy about the pregnancy/new baby? What do they say?
- Do they speak about the baby with joy?
- Do parents smile when talking about the pregnancy/new baby?
- Are parents excited about the pregnancy/new baby? What do they say?
- Example: *Mom tells you that this pregnancy was not at all wanted, and she cannot wait until it is over.*

Remember, once the CHEEERS is documented, you will want to identify which of the CHEEERS to address using one of the Reflective Strategies.