

CHEERS: Observations of Parent-Child Interactions

HFA requires the use of the CHEERS framework as a means for cultivating the growth of nurturing parent-child relationships.

Parent-child relationships are made up of the many interactions parents have with their children throughout each day. CHEERS is a tool you can use to assess the quality of parent-child interactions. It assists Family Support Specialists in bringing the parent's attention to their strengths as well as to the challenges they are encountering in their relationships with their infants and young children.

As with many assessment tools, the primary purpose for using CHEERS is to improve outcomes for children and their parents.

The information gathered in using this tool is not necessarily a reflection of the Family Support Specialist's skills or interventions. Rather it provides a snapshot for identifying what aspect of the parent-child relationship to focus on, and for developing interventions or home visit activities specifically designed to increase nurturing interactions.

CHEERS is used in a similar way as the Ages & Stages Questionnaire (ASQ). For example, if a child is not quite able to complete a task, the Family Support Specialist would not check the "yes" box; rather, the Family Support Specialist would check the "not yet" box. Then, the Family Support Specialist would bring activities to help the child develop new skills. CHEERS is used in the same way. If a parent is not yet responding in a nurturing way to a child's cues and signals, the Family Support Specialist would document that, and then prepare Reflective Strategies to strengthen the parent-to-child's nurturing attachment.

At a minimum, two domains of postnatal CHEERS are documented for every visit (including virtual visits) unless the FROG Scale or the CHEERS Check-In Tool is being administered.

Home visitors and Supervisors use this information for planning subsequent visits with families. Your weekly CHEERS documentation will assist you in planning strategies for partnering with parents to cultivate the parent-child relationship during upcoming visits.

CHEERS is also documented during the prenatal period beginning with the second trimester. No CHEERS is required during the first trimester. During the second trimester, one component of CHEERS should be documented. During the third trimester, the Family Support Specialist should begin documenting at least two CHEERS components.



CHEERS and Documentation

Step 1: Reflect on what you observed

Identify a moment in the parent-child interactions that stands out to you.

- What are you feeling about what you saw?
- Who in the interaction did you connect with?
- What made you feel proud, happy, worried, or concerned?

Step 2: Documenting

Identify which domain of CHEERS best fits this interaction and document this CHEERS domain, including

- What did the child do?
- How did the parent respond?
- What was the frequency of this behavior/interaction (once, some, or all of visit)

Step 3: Partnering with Parents to support PCI

Consider which HFA Reflective Strategies, Parenting Materials, or other activities might support or promote the Parent-Child Interaction you observed.

- This might be something that happens once, or over time.
- Remember repetition, coupled with feelings of joy & accomplishment form the building blocks for change. You may need time, practice, and repetition as you partner with parents to build new skills.
- A minimum of two postnatal CHEERS domains are documented each visit, unless the CCI Tool or FROG Scale are being used.
- Prenatal CHEERS is documented starting in the 2nd trimester (1 Domain) and continues in the 3rd trimester (2 domains).
- Be sure to use facts (what you see and hear, such as 'child turned away,' 'parent changed activity'), rather than interpretations ('parent responded to child's cues').

When documenting CHEERS, be sure to use facts (child turned head away, parent changed activity) rather than interpretations (baby didn't like the activity, parent helped them). Each component should include a frequency (once, some, or all of visit). All three components of Postnatal CHEERS should be documented for each CHEERS domain used.

While it is preferable to document CHEERS based on behavioral observation, CHEERS may also be documented based on parent report, especially in cased of prenatal visits, virtual visits, or when the child is sleeping. This might include what the parent has noticed about the child's behavior, parenting stressors and strengths, preparations for the new baby coming home, or preparations for developmental changes.

The six domains of CHEERS 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. Consider which area makes the most sense for each example, consider what you generally see with this particular parent-child relationship, and what areas might make the most sense to promote or to address as you partner with this parent to support their parent-child relationship.



Helpful Prompts and Examples: Postnatal CHEERS

Cues:	Describe the type of cues the baby/child gives and how parent(s) respond.
	Are the baby's/child's cues easy or difficult to understand?
	How frequently do parents recognize and respond appropriately to the cues?
	How promptly do parents respond to baby's cues?
	Example: Baby 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.
Holding:	Observe for the quality and frequency of touch, including spatial closeness.
	Does the parent cuddle and hug the baby/child close or does the parent keep the child at arm's length?
	How does the baby respond to the parent's touch?
	Example: Dad held child close to body. Child snuggled into dad's arms. This represented most of the visit.
Expression:	Observe the quality and content of language between the parent and child.
	Is there a conversation between parent and child?
	How frequently does the parent vocalize in ways that support language development?
	How often do parents engage the child verbally, encouraging the child to have a face-to-face conversation?
	How does the child respond to the parent's verbalization?
	Does the parent talk about the baby, or to the baby?
	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.
Empathy:	Observe for the parent's understanding of what the child is feeling or experiencing.
	How frequently does the parent support the child's regulation?
	Does the parent express and demonstrate concern about how the child is feeling?
	Does the parent recognize the full spectrum of emotions a baby/child can experience?
	Does the parent share positive emotions when playing together?
	Whose needs usually come first?
	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.
Rhythm &	Observe the back-and-forth between the parent and child.
Reciprocity:	Is there a smooth rhythm of giving and taking in the parent- child relationship?
	Who initiates play?
	Do the parent and child mutually respond to play and add to play complexity?
	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.
Smiles:	Observe for joy, connection, or pleasure.
	How much observable joy is there when the parent and child interact?
	Does the parent enjoy parenting? How do you know?
	How does the parent share pleasure with the child?
	How frequently do the parent and child smile at each other?
	Does the child have the parents' emotional attention?
	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.

At a minimum, two domains of postnatal CHEERS are documented for every postnatal visit (including virtual visits) unless the FROG Scale or the CHEERS Check-In Tool is being administered.



Helpful Prompts and Examples: Prenatal CHEERS

Cues:	Describe the type of cues the baby/child gives and how parent(s) respond.
	How does the parent talk about what the developing baby is doing, and think about what it might mean?
	Are the parents aware of the prenatal movements?
	Do the parents notice differences in movements, and wonder w what they might mean?
	What does the parent tell you that demonstrates this?
	Example: Dad says that when developing baby kicks, he pats baby's foot and baby kicks him back. Dad said he
	does this with baby daily now.
Holding:	Observe for the quality and frequency of touch, including spatial closeness.
	Do the parents touch the baby in the belly or rub tummy in a soothing manner?
	Are parents aware of the position of the developing baby (more towards the late 2nd, early 3rd trimester)?
	Are multiple parents/family members involved and present?
	How do the parents show care and support for the developing baby?
	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.
Expression:	Observe the quality and content of language between the parent and child.
	How do parents speak about the baby and/or the upcoming birth? What do they say?
	How are the parents talking or singing with the baby through the womb?
	Do the parents talk about what is happening and what the baby might be doing in the womb?
	Example: 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."
Empathy:	Observe for the parent's understanding of what the child is feeling or experiencing.
	Do parents talk about what it must be like for the baby in the womb, putting themselves in baby's place?
	Are parents avoiding stress and in general taking good care of her body?
	Do the parents speculate about what the baby will be like, look like, what characteristics baby might have?
	Have parents made lifestyle changes for the wellbeing of the baby (stopping smoking, drinking, substance)
	use, improved nutrition, sleep, etc)?
	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 three days without a cigarette.
Rhythm &	Observe the back-and-forth between the parent and child.
Reciprocity	When the baby kicks, do the parents pat baby back?
	Are the parents interacting with baby with fetal stimulation activities (reading, talking, singing, touch)?
	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.
Smiles:	Observe for joy, connection, or pleasure.
	Are the parents happy about the pregnancy/new baby? What do they say?
	Do they speak about the baby with joy?
	Do the parents smile when talking about the pregnancy/new baby? Are the 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.

Prenatal CHEERS is documented starting in the 2nd trimester (1 Domain) and continues in the 3rd trimester (2 domains) unless the FROG Scale is being administered.