

- The caregiver confronted with signals from the child that are difficult to detect or interpret may produce fewer and fewer responses to the child's behavior, feeling that they cannot connect with their child (Schweigert, 1989)
- "The failure to establish mutually satisfying communicative interactions during these critical months is difficult to remedy and may affect social interaction negatively". (Rowland, 1984)

What is happening now to combat
SBS/AHT

- The search for the cause of crying has shifted from gut pathology to studies of the neuro developmental changes that normally take place during early infancy
- Interventions that target crying have not been proven effective. Instead current efforts now focus on providing parents with information and support to (understand) and contain crying (St James-Roberts, 2004)

Current Prevention Efforts being monitored by the CDC

- Large scale studies presently underway
 - North Carolina
 - Pennsylvania

What we are doing

Prevention



soothe
sing softly
dance slowly
massage gently
& relax with
your
baby.

Handle with Care.

Shaken Baby Syndrome is a serious head trauma which occurs by accident when a frustrated caregiver shakes a child, usually to stop them from crying. Shaking a baby for any reason can cause severe brain and spinal cord damage, blindness, and even death. As many as 1,400 cases of Shaken Baby Syndrome occur each year in the U.S.... Many of these children will need ongoing care for the rest of their lives; and 1 out of 4 shaken babies will die.

Please spread the word
and help prevent this tragedy:

**NEVER
SHAKE
A BABY.**



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Early Intervention with Families

- Understand the functions of crying
- Soothing techniques/ coping strategies
- Develop strategies to increase alert states
- Increase understanding of early attachment and communication

Early Intervention Services

- Called within the first days following the injury
 - To evaluate
 - To work with child and hospital staff regarding child's vision needs
 - To assist in the transition when the child is ready
- Vision/Developmental Specialist assigned to the child and family by the time the child is released from the hospital

(early intervention services cont'd)

- Works with the family
 - Strategies to encourage functional vision in the context of daily routines in the home
 - Accompanies to visits with eye specialists

– Works directly with the child

- Continually assess/monitor for recovery
- Develop and implement techniques to promote vision use
- Develop strategies to promote use of other senses

– Works as part of a multidisciplinary team

- Impact of visual impairment on development
- Strategies to encourage use of vision within their respective therapies

- mutual attention implying that child and partner are open to each other and shared attention
- reciprocal attunement requiring contingent responsiveness, sensitivity to each others' signals and leaving space/pausing for the other to take a turn
- adequate emotional regulations which refers to the ability to maintain or regain an appropriate arousal level

Janssen, Riksen-Walraven, & Van Dijk, 2003_ characteristics of Harmonious interactions

Warning Signs

- Unable to turn head
- Body pulls to one side
- Difficulty in breathing
- Seizures
- Lethargic, hard to rouse
- Dilated or pin-point pupils
- Eyes don't respond to light
- Blood pooling in eyes
- Irritability