AAP Bright Futures National Center

Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th Edition

Promoting Social-Emotional Health in Early Childhood

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Author & Disclosure Information

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I have nothing to disclose

Note: The recommendations in this presentation/training do not indicate an exclusive course of treatment or serve as a standard of care. Variations, taking into account individual circumstances, may be appropriate.


This program is supported by the Health Resources and Services Administration (HRSA) of the US Department of Health and Human Services (HHS) as part of an award totaling $5,000,000 with 10 percent financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the US Government. For more information, please visit HRSA.gov.
Pre-test

Evaluate your knowledge about the topic before the mini training. Please click on the pre-test link below.

Please click on link to be routed to the pre-test

Note: This is for learning purposes only and is NOT approved for CME.
Main Objective

• To highlight the importance of social-emotional health in child development
• To review basic social-emotional development in children ages 12-24 months
• To reinforce the importance of providing compassionate and comprehensive anticipatory guidance to parents that facilitates nurturing their child’s social-emotional development
Scope of Pediatrics

- Social-emotional health is just as important as physical health.
- Social-emotional health and functioning can impact one’s future, which has implications for educational attainment, social functioning, and behavioral regulation later in life.
- Healthy social-emotional development supports positive outcomes in all domains of development.
- Bright Futures/AAP recommends behavioral/social/emotional screening at every health supervision visit.

Source: *Bright Futures Guidelines, 4th Edition Promoting Lifelong Health for Families and Communities*
Factors to Consider in the Parent-Child Relationship

- As pediatric health care professionals, our approach to counseling parents on the social-emotional health of their child must be culturally sensitive and trauma-informed.

- The experience of racism, implicit bias, and discrimination are psychosocial stressors that negatively impact one’s social-emotional well-being and development.
Factors to Consider in the Parent-Child Relationship

• Support early relational health through the principles of a family-centered medical home and promoting safe, stable, nurturing relationships for all families.

• It is important to consider the detrimental and generational effects of discrimination when counseling parents and patients, to avoid inadvertently perpetuating health inequities.

• Keeping these issues in mind, pediatric health care professionals are in the position to help reduce toxic stress and promote the child’s and family’s resiliency.
Case History

- The patient is a 2-year-old toddler in for a health supervision visit (has an older sister).
- The patient’s parents are interested in getting her ready for daycare and pre-kindergarten, but they have some concerns about her behavior.
- Her father worries about how her behavior may affect her interaction with other children.
- Both parents appear exhausted and remark that they are both working parents with busy schedules.
Behavioral Problems, I am worried that my daughter is becoming defiant and a bad child. She occasionally has tantrums when she doesn't get her way. Any deviation from her normal routine leads to a breakdown in her behavior. Despite us telling her "no" she will reach for objects that are dangerous. Sometimes she hits her sister.

She has started saying "no" more often, and seems nosy, always wanting to explore new things. She requires frequent re-direction and won't sit still. Her attention span seems short.

She is energetic and inquisitive. She has a wonderful sense of curiosity and a strong will. She seems to enjoy spending time with us as her parents.
# Previsit Questionnaire

## 2 Year Visit

### Risk Assessment

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anemia</td>
<td></td>
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<tr>
<td>Dyslipidemia</td>
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<td>Hearing</td>
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<td>Lead</td>
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<td>Oral health</td>
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<td>Tubercolosis</td>
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<td>Vision</td>
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### Anticipatory Guidance

#### Family’s Health and Well-Being

<table>
<thead>
<tr>
<th>Topic</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>Intimate Partner Violence</td>
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<tr>
<td>Living Situation and Food Security</td>
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<tr>
<td>Alcohol and Drugs</td>
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<tr>
<td>Taking Care of Yourself</td>
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</tr>
</tbody>
</table>

### Your Child’s Behavior

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is your child’s behavior okay?</td>
<td></td>
<td></td>
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<tr>
<td>Do you give your child plenty of time to respond?</td>
<td></td>
<td></td>
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<tr>
<td>Are your child’s toys safe?</td>
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</tbody>
</table>

### Toilet Training

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<thead>
<tr>
<th>Topic</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>Car Safety</td>
<td></td>
<td></td>
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<tr>
<td>Outdoor Safety</td>
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<td></td>
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<tr>
<td>Gun Safety</td>
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</tbody>
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*Bright Futures*  
https://brightfutures.aap.org
Self-Assessment

• What positives attributes about the patient can you reinforce with the parents?

• What positive factors about the parent’s relationship with their child may you explore and look for during the health supervision visit?

• What stands out as a concern?
Self-Assessment (cont.)

- What additional clarifying questions would you like to ask the family?

- Are there any immediate concerns for the patient’s Social Determinants of Health?
Taking time for yourself as a parent

Child’s behavior

Talking with your child

Click the icon to hear narrated guidance.
Priorities for the 2 Year Visit

The first priority is to attend to the concerns of the parents.

In addition, the Bright Futures Early Childhood Expert Panel has given priority to the following topics for discussion in this visit:

- Social determinants of health\(^a\) (risks [intimate partner violence; living situation and food security; tobacco, alcohol, and drugs], strengths and protective factors [parental well-being])
- Temperament and behavior (development, temperament, promotion of physical activity and safe play, limits on media use)
- Assessment of language development (how child communicates and expectations for language, promotion of reading)
- Toilet training (techniques, personal hygiene)
- Safety (car safety seats, outdoor safety, firearm safety)

\(^a\) Social determinants of health is a new priority in the fourth edition of the Bright Futures Guidelines. For more information, see the Promoting Lifelong Health for Families and Communities theme.

Source: *Bright Futures Guidelines, 4th Edition: Early Childhood Visits*
Returning to the Case

Observation of Parent-Child Interaction

• How do the parent and child communicate?
• What is the tone of the interaction between parent and child?
• Does the child feel free to explore the room?
• How do the parents set appropriate limits?
• How do the parents refer or speak about their child, do they seem positive when referencing them?

Secure Attachment
Parent: Is sensitive, responsive, and available.
Child: Feels valued and worthwhile; has a secure base; feels effective; feels able to explore and master, knowing that parent is available; and becomes autonomous. During visit, engages with health care professional and seeks and receives reassurance and comfort from parent.

Insecure and Avoidant Attachment
Parent: Is insensitive to child’s cues, avoids contact, and rejects.
Child: Feels no one is there for him, cannot rely on adults to get needs met, feels he will be rejected if needs for attachment and closeness are shown and therefore asks for little to maintain some connection, and learns not to recognize his own need for closeness and connectedness. During visit, may act fearful but also angry with the parent, may seek contact but then arch away and struggle, and also may act extremely helpless or sad but not seek comfort and protection.

Insecure Attachment Characterized by Ambivalence and Resistance
Parent: Shows inconsistent patterns of care, is unpredictable, may be excessively close or intrusive but then push away. This pattern is seen frequently with depressed caregiver.
Child: Feels he should keep adult engaged because he never knows when he will get attention back and is anxious, dependent, and clingy.

Source: Bright Futures Guidelines, 4th Edition Promoting Mental Health
Returning to the Case

Attachment Patterns Practice

SCENARIO 1
Click the icon to hear narrated guidance.

Click the icon to hear narrated guidance.

SCENARIO 2
Tips for Promoting Positive Parenting in the Exam Room

- Comment on positive parenting skills that you notice in the room
- Prompt parents who appear disengaged by asking for their help in managing their child
- Demonstrate techniques for redirecting negative behaviors in the room
- Narrate your actions, so it is clear for the parent what you are doing to adjust the child’s behavior
- Name the difficult emotions the child may be experiencing to help the parent better understand their child’s behavior

✓ For more information, take the Bright Futures-Building Positive Parenting Skills Across Ages PediaLink course
Wrapping up the Visit

- Autism Spectrum Disorder Screening
- Lead and Anemia Screening
- Apply Fluoride Varnish
- Immunizations UTD
- Risk Assessment based on previsit questionnaire
Anticipatory Guidance

Based on the parent’s concerns and your assessment, what aspects of anticipatory guidance for this family will you highlight?

- Family Dynamics
- Child Behavior & Temperament
- Physical Activity
- Language Development

What developmental milestones would you encourage the family to expect over the next several months?

Click the audio icons to hear narrated guidance.
Suggested Anticipatory Guidance for the Visit

- The importance of parental well-being
- Review expectations about development, temperament and behavior
- Development follows a predictable pattern in acquisition of skills or behavior
- Temperament is a child’s behavioral style and involves personality. “For example, it can influence how quickly and strongly children react to things like frustrating events.”
Suggested Anticipatory Guidance for the Visit (cont.)

- Review the importance of reading and how it relates to language development

- Discuss ways to encourage positive parenting, such as positive reinforcement of behaviors parents would like to encourage in their child.

- Normalize the potential challenges parents may face in helping their child mature through dealing with bedtime struggles, resistance to toilet training, temper tantrums, emotional regulation, interaction with new people, and caregiver attachment.
Patient Education Handouts

Education Handout: 2 Year Visit
Teaching Points

• Two years of age is a pivotal time for social-emotional development

• It is important to practice a strength-based, culturally sensitive approach to counseling families about the behavioral development of their children

• Reading to toddlers is a great way to help promote their language development, which facilitates their ability to verbally communicate their desires with their family

• Toddlers are eager to learn, curiosity should be fostered in a safe way, allowing them to explore and learn from their environment
Curious and repetitive exploration is not a rejection of parental standards. Instead, it signifies normal developmental behavior of how children learn through their environment.

In the midst of asserting more independence, it is normal for toddlers to still exhibit fears that to the parent may seem irrational.

Most toddlers respond to their parent’s reaction and have learned how to act to solicit certain parental responses.

Patience, re-direction, and establishing routines are vital techniques that parents can use to establish a structured environment that feels safe for toddlers.

Modeling positive parenting for difficult behaviors in the exam room can help parents manage challenging behaviors.

✓ For more information, take the Bright Futures - Building Positive Parenting Skills Across Ages PediaLink course.
Post-test

Test your knowledge about the topic and review feedback on your responses. Please complete the post-test, link below.

Please click on link to be routed to the post-test

Note: This is for learning purposes only and is NOT approved for CME.
Resources for Clinicians

- *Bright Futures Guidelines:* [Promoting Mental Health](https://shop.aap.org/bright-futures-building-positive-parenting-skills-across-ages/)
- Bright Futures Pocket Guide *(2 Year Visit)*
- Bright Futures Implementation Tip Sheet: [Eliciting Youth and Parental Strengths and Needs](https://shop.aap.org/bright-futures-building-positive-parenting-skills-across-ages/)
- Bright Futures Implementation Tip Sheet: [Integrating Social Determinants of Health Into Health Supervision Visits](https://shop.aap.org/bright-futures-building-positive-parenting-skills-across-ages/)
- Survey of Well-being of Young Children (SWYC *(24 Month Form)*)
- Center for the Study of Social Policy; Fostering Social and Emotional Health through Pediatric Care: [Common Threads to Transform Everyday Practice and Systems](https://shop.aap.org/bright-futures-building-positive-parenting-skills-across-ages/)
Related AAP Policy and Resources

- Promoting Optimal Development: Screening for Behavioral and Emotional Problems
- Promoting Optimal Development: Identifying Infants and Young Children With Developmental Disorders Through Developmental Surveillance and Screening
- Preventing Childhood Toxic Stress: Partnering With Families and Communities to Promote Relational Health
- Early Relational Health
- Evidence-Based Interventions for Children Younger Than 5 Years
- AAP Textbook of Pediatric Care: Symptoms of Emotional Disturbance in Young Children
Resources for Families

- Bright Futures Family-Center Care
- Bright Futures Well-Child Visits: Parent and Patient Education
- HealthyChildren.org – Emotional Development: 2 Year Olds
- HealthyChildren.org – Toddler
Key References


