

Bright Futures Mini Training Module Script

Promoting Social-Emotional Health in Early Childhood

Introduction: This module will review basic childhood social-emotional development to reinforce the value of providing compassionate and comprehensive anticipatory guidance to parents within a Bright Futures health supervision visit using resources from the American Academy of Pediatrics *Bright Futures: Guidelines for Health Supervision of Infant, Children, and Adolescents*, 4th Edition, and related *Bright Futures Tool and Resource Kit*, 2nd Edition.

Take Away: The learner will identify strategies to provide a strength-based approach to counseling families to promote social-emotional health during early childhood.

Key Resources:

[*Bright Futures: Guidelines for Health Supervision of Infant, Children, and Adolescents, 4th Edition*](#)

Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th Edition Available online at: https://downloads.aap.org/AAP/PDF/Bright%20Futures/MSRTable_FCVisits_BF4.pdf. Accessed August 21, 2022.

Bright Futures Previsit Questionnaire 2 Year Visit. Available online at: https://downloads.aap.org/AAP/PDF/Bright%20Futures/BFTRK_2Year_Visit.pdf. Accessed August 21, 2022

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<https://www.aap.org/en/practice-management/bright-futures/bright-futures-in-clinical-practice/bright-futures-educational-resources>

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.*



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=Script for facilitator



=Note for facilitator



Slide 1-*Bright Futures: Guidelines for Health Supervision of Infants, Children & Adolescents*, 4th Edition

- ☰ Welcome to this Bright Futures mini training learning activity on *Promoting Social-Emotional Health in Early Childhood*



Slide 2-Author & Disclosure Information

- ☰ The author has no disclosures



Slide 3-Pre-Test

- ☰ Please complete the pre-test prior to reviewing the presentation



Slide 4-Main Objective

- ☰ As a pediatric health care professional to children, it is important that we recognize the importance of social-emotional health in child development. The purpose of this learning activity is to review that importance, and to review basic childhood social-emotional development in an effort to reinforce the value of providing compassionate and comprehensive anticipatory guidance to parents. Thereby, equipping them with the knowledge, tools, and skills to nurture their children's social-emotional development.



Slide 5-Scope of Pediatrics

- ☰ Every child deserves optimal health ensuring that they are able to reach their full potential.
- ☰ Health for a child is not only defined based on the physical determinants of needs. A child's health is formed and maintained through a complex interplay between their biology, their ecology (social and environmental environment) and their personal development. Social-emotional health is a domain of a child's development, alongside their motor and language development. Thus, it is just as important as their physical health. As such, it can impact one's future and their ability to regulate their behavior later in life. Finally, all domains of development are interdependent such that, social-emotional development supports positive outcomes in all other domains or development and other factors contributing to child health.



Slide 6-Factors to Consider in the Parent -Child Relationship

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- 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. In addition to various trauma-related lived experiences, there are many types of psychosocial stressors such as racism and implicit bias that can negatively impact one's social-emotional well-being and development through toxic stress.

Slide 7-Factors to Consider in the Parent-Child Relationship

- The effects of these stressors, and many other traumas can be long-lasting, even generational. Thus, pediatric health care professionals should keep this in mind when counseling parents and patients to avoid inadvertently perpetuating health inequities. As such, pediatric health care professionals are in a unique position to help reduce toxic stress and promote the child and family's relational health and resiliency.

Slide 8-Case History

- The patient is a 2-year-old toddler who presents with her mother and father to their health supervision visit.
- The patient's parents are interested in getting her ready for daycare and pre-kindergarten, but they have some concerns about her behavior. They notice that she will occasionally have tantrums when she doesn't receive what she wants or if she has trouble expressing herself. She will often have these tantrums in her parents' view or will seek their attention. Her father notices that when they have a set morning routine, her behavior is much better, and they have less tantrums throughout the day. However, placing her down to sleep is always hectic and a battle.
- Her mother states that she worries that she is "bad" as she will often reach and grab for objects even after her parents have told her no. Her mother describes her as being stubborn and defiant. Since turning 2, she has started telling her parents "No" more often. She sometimes speaks in two-word phrases and her family can understand 50% of what she says. She also feels her daughter is somewhat "nosy" as it seems like she wants to explore everything, somewhat repetitiously. She likes to mimic what her parents are doing, is constantly moving and just won't sit still. As a result, they haven't attempted to start reading books for her because they believe she will quickly lose interest.
- Her father worries about how her behavior may affect her interaction with other children. When they take her to the playground, she may play with her older sister, if present, but she tends to play alongside other children. During a recent playdate, while she was playing alongside another toddler, that toddler took her toy. She hit the other toddler and started crying.
- Both parents appear exhausted and remark that they are both working parents with busy schedules. They try to spend time with both of their children but find it challenging to interact with their toddler at times. Both parents remark, "Sometimes, we just need a break," but that they are afraid to take one for fear of neglecting her. They are unsure why she behaves so differently from her older sister at this age and wonder if she is "spoiled."

Slide 9-Previst Questionnaire

- Some items will be normal
 - Developmental Milestones will be normal

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- Preschool Pediatric Symptom Checklist (PPSC) will have some abnormalities
- POSI will be normal
- Parents Concerns – will express concerns about behavior
- Family Questions – will screen negative.

- ☰ There will also be an image of the parent's responses to the Bright Futures pre-visit questionnaire
- "What would you like to talk about today?" – Behavioral problems, I am worried that my daughter is becoming more defiant and bad.
 - Tell us about your child and family – responses will be normal
 - Your growing and developing child – responses will be normal.
 - Anticipatory Guidance
 - Your family's health and well-being – will be normal
 - Your child's behavior – will be slightly abnormal
 - Talking to your child – will have abnormalities
 - Toilet Training – normal
 - Safety – normal

Slide 10-Previsit Questionnaire

- ☰ Responses that are to be addressed are identified with a yellow arrow.

Slide 11-Self-Assessment

- ☰ During the health supervision visit with parents and their child, it is important to take a strength-based approach. Let's begin by focusing on the positive attributes of the child and what the parents are doing well.
- ☰ **Positive child attributes:** Fun, inquisitive, and curious
- ☰ **What are the parents doing well?**
- Reading to their child
 - Spending time with their child
 - Providing her opportunities to play outside and be physically active
 - Showing concern for their child's development
- ☰ **Positive factors about the parent-child relationship:**
- Asking what types of activities, they enjoy doing together
 - How is the parent holding their child and interacting with them during the visit?
 - What kinds of words are they using to describe their child during the visit?

Slide 12-Self-Assessment (cont.)

- ☰ What clarifying questions would you like to ask?
- Tantrums: What other methods does the child have in expressing themselves? Is the language development appropriate for their age? Are there physical causes of chronic discomfort or pain? How is the child's sleep? What is the child's temperament and how may that impact their behavior? Are their specific events or interactions that trigger the tantrums? What are

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the parents' response? Are the parents aware of what the child is trying to communicate with the tantrum?

- **Aggression:** Are there any developmental delays present that may contribute to chronic frustration? Does the child exhibit difficulty in adapting to changes in routine? Are the child's emotional needs being met? What is the quality of the parent-child attachment? Are there covert external or environmental sources that positively reinforce aggressive behavior or violence? Has the child witness violence? Has there been significant disruption in the child's life family-life or daily routine?

☰ What social determinants of health are assessed through the screening tools? What others may you consider? What others may you consider?

- **Social Determinants of Health (examples):**
 - Food Insecurity
 - Housing Insecurity
 - Community and Environmental Safety
 - Parent/Family Mental Health
 - Parental socioeconomic status (education, occupation etc.)
 - Parenting practices
 - Childhood trauma
 - Refer to [Bright Futures Promoting Mental Health](#)

Slide 13-Self-Assessment Continued

☰ **What would you like to address with the family during their visit? Click on the icons to review information on these potential topics**

☰ **Taking time for yourself as a parent** – Parenthood can be an incredibly rewarding experience though at times it can feel exhausting and requires a lot of work. It is important for parents to find time for themselves to re-charge and destress.💡 Facilitator can provide examples of ways to achieve this.

☰ **Child's Behavior** – Between the ages of 1 and 4, a child's social-emotional development is rapidly evolving. Healthy development relies heavily on their relationships with others and strong support systems. Children are taking tremendous strides in advancing their own autonomy. As they become more independent, they test their surrounding boundaries. This can lead to new exploration of the world around them while they are establishing their own identity and self-confidence. Concurrently, they are learning how to regulate their emotions and may still exhibit challenges in managing strong emotions such as frustration, anger, or sadness. With time and positive reinforcement, a supportive and caring approach from their caregivers can allow appropriate maturation of their socio-emotional development.

☰ **Talking with your child** – As a child's language skills progress, they will become more skilled in understanding their caregivers and expressing themselves. It is important for parents to exercise patience as their child acquires these skills. At times, the daily stresses or life can make the interactions between a parent and their child feel rushed or tense. Allowing time for relaxed, even-tempered, affectionate interactions and communication between parent and child can be helpful.

- In this specific case, try to obtain more information from the parents by asking open-ended questions. For instance: "I noticed on the form you checked "no" for the question that ask if

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you give your child plenty of time to respond. What happens when you talk with your child, and they are responding?” “How do you feel in communicating with your child?”

Slide 14-Priorities for the 2 Year Visit

- ☰ In addition to the topics discussed on the prior slide, Bright Futures also recommends that the following topics be addressed during the 2 Year Visit:
 - Social determinants of health, Temperament and behavior, Language development, Toilet training, and Safety.

Slide 15-Returning to the Case

- ☰ Social-emotional development is also heavily influenced by the pattern of parent-child attachment. The quality of the attachment can have lasting effects on a child's behavior, self-confidence, and trust. Although the nature of this attachment can be nuanced for each parent-child pair, scholars have described 3 overarching patterns of attachment; 1st- secure attachment, 2nd- insecure and avoidant attachment, and 3rd- insecure attached with ambivalence and resistance.

Slide 16-Returning to the Case

- ☰ **How might you describe the attachment between the parent and the child if you noticed the following? How may you counsel the parent or respond?**
- ☰ **Scenario 1:** The parent speaks to the child in a calm, sensitive manner, providing redirection away from behaviors they seek to discourage in the exam room. When the child reaches for the otoscope, the parent takes their hand and redirects them to a different activity. When it is time for the exam, the child starts crying and the parent stands by the bedside holding their hand and reassuring them.
- ☰ **Scenario 2:** The child is climbing on the chair next to the parent looking up at the parent. However, the parent is on their phone. When you approach the child, they start to pull away. The parent tries to get the child to sit still by forcibly repositioning the child in the chair. However, the child starts crying and arching their back, reaching their arms to their parents to be held.

Slide 17-Tips for Promoting Positive Parenting in the Exam

- ☰ In Scenario 1, the parent speaks to their child in a nurturing manner. They provide positive redirection and comfort their child when they are distressed. It can be helpful to highlight these actions for parents thereby acknowledging them as positive parenting techniques.
- ☰ In Scenario 2, the parent is disengaged, does not redirect their child and does not comfort them when they are distressed. Parents may not know how to be an active participant in their child's visit. You can help teach them, but respectfully asking for their help in managing their child.
- ☰ Narrating your actions to redirect their child can help parents understand what you are doing and learn to mimic these behaviors at home.
- ☰ For children who may be acting out in the exam room, try to verbalize their emotions such as fear, frustration, etc and ask for their parent's assistance in comforting them.
- ☰ Resource: PediaLink Course: [Bright Futures-Building Positive Parenting Skills Across Ages](#)
- ☰ Refer to PediaLink Course: [Bright Futures-Building Positive Parenting Skills Across Ages](#)

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Slide 18-Wrapping up the Visit

- ⋮ During a 2 Year visit, there are other preventive health measures that must be performed during the visit.
- ⋮ Review autism spectrum disorder screening results with parents.
- ⋮ Obtain a lead blood level in 2-year-olds in a high prevalence area, are insured by Medicaid or have other risk factors.
- ⋮ If positive on the risk assessment, it is recommended to obtain a hemoglobin level.
- ⋮ Be sure to apply fluoride varnish to the child's teeth as a preventive dental health measure.
- ⋮ Be sure to review the child's immunization records. At 2 years of age, a previously healthy child should be up to date on the following vaccines: Hepatitis B (3), Rotavirus (3), Dtap (4), HIB(4), PCV(4), IPV(3), MMR(1), Varicella(1), Hepatitis A(2), Influenza



Slide 19-Anticipatory Guidance

⋮ **Examples for discussion**

○ **Anticipatory Guidance:**

- **Family Dynamics:** Foster resilience by reflecting on your own strengths as a caregiver, and the strengths of your child. Engage in family activities that are positive protective factors of child health such as shared family time, spending individual time with your child, and nurturing your own parental well-being. Be sure to discourage your child from any hitting, biting, or aggressive behaviors. Encourage other family members to be consistent, patient, and respectful of your child.
- **Child Behavior & Temperament:** Praise your child for good behavior and accomplishments, listen to and respect your child. Appreciate their investigative and curious nature. Without stifling their exploration, provide safe boundaries. Provide your child with opportunities to express themselves. Provide opportunities for independence and control by providing opportunities for your child to make choices between 2 options. Help them in expressing and navigating their natural emotions or anger, frustration, and sadness.
- **Physical Activity:** Encourage free play each day, ideally 60 minutes per day. Promote guided interactive play throughout the day as well. Let the child make choices with what they would like to play. Provide opportunities to play with other children, remembering that many 2-year-old children enjoy playing among, but not with other children.
- **Language Development:** Sing songs to your child and talk to them about activities you are doing together. Have patience for your child responses as they may struggle initially with formulating their responses quickly. Be sure to speak slowly and clearly. Garner your child's interest in books by read to your child every day. Pointing out objects on the page can be helpful way to engage children and a way for parents with literacy challenges to still engage with their children.
- **Other topics** – Limit media use to no more than 1-2 hours per day. Encourage toilet training, encourage car seat, outdoor and firearm safety.

⋮ **Development:**

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- **Social Language/Self Help:** Parallel play, taking off some clothing, using a spoon to scoop
- **Verbal Language:** Using at least 50 words, combining 2 words into short phrases or sentences, following 2 step commands, naming at least 5 body parts, will be 50% understandable to strangers
- **Gross Motor:** Able to kick a ball, jump off the ground with two feet, run with coordination, climb a ladder
- **Fine Motor:** Able to stack blocks, turn book pages, draw lines, use hands to turn objects such as a knob, toys or lids

Slide 20-Suggested Anticipatory Guidance for the Visit

- ☰ A goal in providing anticipatory guidance is to equip caregivers with knowledge about their child and to help them anticipate what to expect in the coming months.
- ☰ It is helpful to review the importance of parental well-being while raising a child and to review expectations about their development, temperament, and behavior. While normal child development follows a predictable pattern for skill acquisition and behavior, temperament is a child's general behavioral style which is influenced by their intrinsic personality.

Slide 21- Suggested Anticipatory Guidance for the Visit (cont.)

- ☰ It is a gradual process for parents to learn and understand their child's temperament and how their normal development might influence their behaviors. It can be challenging and frustrating at times. Therefore, it is important to normalize the difficulties that that parent may face and encourage positive parenting techniques. Positive parenting can occur in several ways, for instance by bonding with your child by reading to them, thereby promoting their language development or positively reinforcing behaviors that parents would like their child to continue.

Slide 22- Patient Education Handouts

- ☰ Re-enforce using Bright Futures resources to address aspects of anticipatory guidance
- ☰ Review the following highlighted bullet points (denoted with red arrows and red circle)
- ☰ How your family is doing
 - Take time for yourself and your partner
 - Talking and your child
 - Use clear, simple language with your child
 - Read to your child every day
 - Talk about and describe pictures in books
- ☰ Your Child's Behavior
 - Praise your child when he does what you ask him to do
 - Listen to and respect your child
 - Help your child talk about his feelings
 - Watch how he responds to new people or situations
 - Read, talk, sing, and explore together
- ☰ Link to: Parent Education Handout: [2 Year Visit](#)

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Slide 23-Teaching Points

- ☰ Early childhood is a pivotal time for the development of one's social-emotional health. In order to assist families in promoting their child's development it is important to take a strength based, culturally sensitive approach to counseling families. One particular way to build strong nurturing relationship between the child and their caregiver, and foster development is to read to children. Toddlers are eager to learn, and that curiosity is best supported in an environment that allows them to explore while maintaining safe boundaries.

Slide 24-Teaching Points (cont.)

- ☰ It is normal for toddlers to throw tantrums to obtain desired results.
- ☰ Sometimes these tantrums are rooted in feeling scared, frustrated, or confused. They may exhibit emotions that are discordant with the circumstance of the situation. This may seem irrational for caregivers and difficult to understand.
- ☰ Toddlers respond to their caregiver's reactions and, based on those reactions, they learn how to elicit their caregiver's response.
- ☰ It is most helpful for parents to praise positive behavior and safely redirect negative behavior.
- ☰ For toddlers that are exhibiting undesirable behaviors in the exam room, it can be useful for parents to model positive parenting. For instance, if a child is refusing to have their ear examined, provide them with an option but asking "Which ear would you like me to look at first?"
- ☰ Refer to PediaLink Course: [Bright Futures-Building Positive Parenting Skills Across Ages](#)

Slide 25-Post-test

- ☰ Please complete the post-test to check your knowledge before exiting the presentation.

Slide 26-Resources for Clinicians

Slide 27-Related AAP Policy and Resources

Slide 28-Resources for Families

Slide 29-Key References



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