Bright Futures

IMPLEMENTATION TIP SHEET

Practical Tips for Promoting Relational Health

Pediatric health professionals can support healthy development of children and families in their care through facilitating safe, stable, and nurturing relationships (SSNR) between adults and children. This includes ensuring that they have appropriate supports and services to enable them to form and maintain SSNRs. The American Academy of Pediatrics (AAP) considers SSNRs to be biological necessities for all children because they mitigate childhood toxic stress responses and proactively build resilience by fostering the adaptive skills needed to cope with future adversity in a healthy manner. Early relational health (ERH) begins during pregnancy and is established by 1 year of age.

A spectrum of trauma and adversity exists, from discrete, threatening events (eg, abuse, bullying, or man-made and natural disasters) to ongoing, chronic hardships (eg, poverty, historical racism, social isolation, neglect, ableism, or acute/chronic/complex/transgenerational trauma). These varied traumas and adversities share the potential to trigger toxic stress responses and to inhibit the formation of SSNRs. When prolonged or significant adversity exists in the absence of mitigating social and emotional buffers, toxic stress refers to a wide array of biological changes that occur at the molecular, cellular, and behavioral levels. Whether such adversity-induced changes are adaptive and health promoting or maladaptive and "toxic" depends on the context.[i]

The AAP notes differences between a toxic-stress-focused approach and a relational health approach to child and family health. The toxic stress framework by itself is a problem-focused model based on what happens biologically in the absence of mitigating social and emotional buffers. Conversely, a trauma-informed care approach focuses on relational health by promoting the SSNRs that "turn off" the body's stress machinery in a timely manner.[2,3] Even more importantly, a strength-based, relational health framework leverages those SSNRs to proactively promote the skills needed to respond to future adversity in a healthy, adaptive manner. The power of relational health is that it not only buffers adversity when it occurs, but also proactively promotes future resilience. The toxic stress framework may help to define many of our most intractable problems at a biological level, but a relational health framework helps to define the much-needed solutions at the individual, familial, and community levels.

Advances in developmental sciences inform a deeper understanding of how early life experiences, both nurturing and adverse, are biologically embedded and influence outcomes in health, education, and economic stability across the life span. Although children experiencing discrete catastrophic events (eg, abuse) are at a high risk for toxic stress responses, epidemiology suggests that the largest number of children at such risk are those affected by ongoing chronic life conditions (eg, neglect, poverty, and racism).

ABOUT BRIGHT FUTURES

Bright Futures is a national health promotion and prevention initiative, led by the American Academy of Pediatrics (AAP) and supported by the Maternal and Child Health Bureau, Health Resources and Services Administration. The *Bright Futures Guidelines* provide theory-based and evidence-driven guidance for all preventive care screenings and well-child visits. Bright Futures content can be incorporated into many public health programs such as home visiting, child care, school-based health clinics, and many others. Materials developed especially for families are also available. Learn more about Bright Futures and get Bright Futures materials by visiting aap.org/brightfutures.

i The AAP policy statement includes a table comparing toxic stress and relational health frameworks, including definitions; contributory factors; approaches to clinical care; primary, secondary, and tertiary preventions; and a summary. The appendix to the AAP policy statement has a glossary of terms, concepts, and abbreviations.

The AAP recommends the following points for pediatric health professionals to consider and keep in mind when developing an effective approach to relational health:

- Family support is crucial. Adults are essential not only to form and maintain SSNRs with children, but also to model, scaffold, and develop the basic social and emotional skills that enable children to be resilient and flourish despite trauma and adversity. A multigenerational perspective is fundamental. Pediatric health care professionals can facilitate these efforts through ensuring that adults and children have access to appropriate supports and services to enable them to develop life skills and healthy SSNRs.
- A healthy environment that promotes optimal social and emotional development includes supporting each touchpoint within the infant and early childhood system where the child is. Opportunities for promoting ERH include all places where the infant or young child is with an adult (eg, home, child care, preschool, medical visits, early intervention services, places of worship, neighborhood parks, and libraries). Because ERH begins during pregnancy, it also includes places where the adult is. Pediatric health care professionals can support these efforts during medical visits, in research, and in the community, through prenatal and postnatal care and beyond.
- A menu of equitably resourced programs is needed that are layered and matched to specific levels of individual need (eg, universal preventions, targeted interventions for those at risk, and indicated therapies for those with symptoms or diagnoses).
- The AAP recommends a public health approach to trauma-informed care and to mitigating childhood toxic stress. The AAP proposes that such an approach also be integrated horizontally across multiple public service sectors (eg, health care, early intervention services, behavioral health, education, social services, justice, and faith communities) because SSNRs are promoted in safe, stable, and nurturing families that have access to safe, stable, and nurturing communities with a wide range of resources and services.
- Pediatric health care professionals can improve the care of children with relationship issues, which can occur for even very young children, especially within those families with increased, negative social determinants (drivers) of health (SDOH), chronic medical conditions, disabilities, or communities experiencing adversity. Emotional and behavioral concerns may exacerbate these challenges. In addition to assessing for and addressing these challenges for individuals and families in the clinical setting, pediatric health care professionals can call for and support increased access to care; increased research to identify alternative approaches, including primary care delivery of treatments; adequate payment for pediatric providers who serve these young children; and improved education for pediatric heath care professionals about the principles of evidence-based interventions.

  Early emotional and behavioral concerns may include disorders of attachment, disruptive behavior, attention deficit/hyperactivity, anxiety and mood, and self-regulation of sleep and feeding. Pediatric health care professionals can reduce the risk of childhood emotional and behavioral concerns by reducing exposure to toxic stress, promoting protective factors, systematically screening for risk factors for emerging clinical problems, and linking families to appropriate services and supports.

- Pediatric health care professionals need to consider parental well-being and the ecobiodevelopmental model of disease and wellness. Parental and family mental health and wellness are often overlooked, especially with respect to assessments and services to address chronic stressors and the effects of navigating challenging environments (eg, potential stress related to disabilities, special needs, or structural and historical inequities). Family-centered care can improve the patient's and family's experience with health care, communication, and health of children with chronic health conditions, as well as reduce stress and conflict. The Institute of Medicine and the US Department of Health and Human Services endorse patient- and family-centered care, and the AAP designates it as a core component of a medical home. As a reminder, Bright Futures is the health promotion and disease prevention component of the medical home.

  Families who have a child or youth with special health care needs (eg, premature birth; autism spectrum disorder; mental, behavioral, or emotional health concerns; a genetic diagnosis; or a physical or developmental disability) can be referred to their local Family-to-Family Health Information Center, which provides information on finding services, understanding eligibility for state services and private health insurance, connecting to disability-specific support groups, locating culturally and linguistically appropriate services, and other needs.[4]
- Promoting lifelong health and resilience for families and communities is crucial, starting at preconception, as is equitably supporting historically oppressed and underresourced communities farthest from opportunity and persons with disabilities or special health care needs. Pediatric health professionals can link families with relevant community groups or services (ie, considering and supporting the availability of services and opportunities for interaction and engagement through faith-based groups; libraries; and other community resources, such as play groups).
- The clinical setting can offer emergency help and advice, when needed. Pediatric health professionals can gather data about common concerns of their patient population and convene a team to assess related strengths, needs, challenges, and ways to address them.

The tips below provide ways in which pediatric health care professionals can use relational health guidelines in their practices and advocate for opportunities for parents and families, schools, communities, and hospitals to play a role.

Tips

1. **Assess a child's level of relational health as part of health screenings or medical exams.** Ask nonjudgmental questions, using supportive language and reflective listening, and elicit family strengths, protective factors, and challenges to better understand child, adolescent, parental, and/or family relationships and relational health.
2. **Provide prevention and treatment counseling and guidance to children and adolescents and their parents.** Help adults develop SSNRs with their children and adolescents. This may include identifying strengths, protective factors, and risks, through developmental surveillance and the use of assessment tools.[5] Use a strength-based approach during health supervision visits. Strengths that can be supported through a variety of strategies or resources include parental resilience, social connections, knowledge about parenting and child development, community support, positive childhood experiences, and social and emotional competence. Pediatric health care professionals can also assess for certain conditions that have high rates of co-occurring developmental or behavioral concerns that may put healthy SSNRs at risk (eg, chronic diseases, disabilities, poverty, racism and other historical inequities, foster care, abuse, neglect, family/caregiver mental illness, substance use issues, incarceration, depression, a lack of adequate medical insurance coverage, and violence in the community).
3. **Advocate for effective opportunities for focusing on relational health in schools, communities, and hospitals.** Develop family-friendly policies, practices, and systems that provide supports, services, resources, and opportunities for involvement and engagement.
4. **Incorporate relational health in medical school curricula.** Support relational health as a curriculum topic, and advocate for pediatric residents and trainees and other educational efforts related to developmental surveillance in professional curricula.

Relational Health Guidelines Applicable to Children and Adolescents

Stage	Summary of Anticipatory Guidance
Prenatal	Assess expecting parents for well-being, including social and emotional health, parenting skills, and risk (eg, substance use and food/housing insecurity) and protective factors (eg, having concrete support). Listen carefully, and refer for services and support, where indicated. Assess for family strengths, risk and protective factors, substance use, economic pressures, social isolation, and other SDOH and adverse childhood experiences (ACEs) for parents/caregivers. Consider the impact of any potential special health care needs on the child and family.
0–3 years	Continue to assess for family strengths, risk and protective factors, substance use, economic pressures, social isolation, and other SDOH and ACEs for parents/caregivers and children. Continue to assess parents' social and emotional health, including perinatal depression at the 1- to 6-month health supervision visits, and parenting skills. Consider the impact of any special health care needs on the child and family. Conduct developmental surveillance at each health supervision visit, using standardized tools (ie, developmental screening at the 9- and 18-month visits and autism spectrum disorder screening at the 18- and 24-month visits and if concerns arise during developmental surveillance). Also conduct behavioral/social/emotional screening at each health supervision visit, using standardized tools. The Centers for Disease Control and Prevention (CDC) has updated milestones and parent tips and added new checklist ages (15 and 30 months) for developmental surveillance, with open-ended questions and parent tips to support strength-based conversations and relational health. The AAP offers additional information on developmental surveillance and screening. Evaluations may begin in the primary care setting (eg, hearing and vision screening), with a simultaneous, immediate referral to a state's Individuals with Disabilities Education Act (IDEA) Part C Early Intervention Program and any appropriate referrals to developmental specialists for further evaluation (eg, speech and language pathologists, physical and occupational therapists, neurologists, developmental and behavioral pediatricians, and psychologists). Children from birth to age 3 years who exhibit, or are at risk of, delays in development are eligible under federal law for early intervention services that will foster age-appropriate development. It is a federal requirement that, as a primary referral source, a pediatric health care professional make a referral under the IDEA, Part C, within 5 working days of an identified developmental concern. (More information about eligibility criteria for infants, children, and adolescents can be found at http://ectacenter.org and the CDC Developmental Concern? Next Steps for Families and Caregivers, a family-friendly guide, which also refers to its *Learn the Signs, Act Early.* app and program. For more on developmental surveillance and screening in infancy and early childhood, see the Promoting Healthy Development health promotion chapter in *Bright Futures*.) Support parents by utilizing the common factors approach, and refer them to local parent/child services when relationships are strained. Strengthen parenting skills by educating parents about child development, developmentally appropriate play, and the importance of establishing daily routines. (See the Bright Futures patient/parent education and CDC positive parenting tips.)

Stage	Summary of Anticipatory Guidance
3–5 years	Conduct ongoing developmental surveillance; standardized developmental screening (at the 30-month visit) and if developmental surveillance reveals any concerns; and assessing for family strengths, risk and protective factors, and SDOH. Evaluations may begin in the primary care setting (eg, hearing and vision screening) or may result in an immediate referral to the local school system's special education preschool program and a developmental specialist for further evaluation (eg, speech and language pathologists, physical and occupational therapists, neurologists, developmental and behavioral pediatricians, and psychologists). It is a federal requirement that, as a primary referral source, a pediatric health care professional make a referral under the IDEA, Part B, Section 619, Early Intervention Program for children 3 years of age or older. (Eligibility criteria for infants, children, and adolescents can be found at http://ectacenter.org. For more on early intervention, see the Bright Futures Promoting Healthy Development health promotion chapter.)
6–17 years	Conduct ongoing behavioral/social/emotional screening for social and emotional competence, including self-regulation; resiliency; problem-solving skills; and caring and supportive relationships with family members, other adults, and peers. Screen for depression and suicide risk, beginning at 12 years of age. Assess risks related to health-related behaviors, including nutrition, physical activity, and substance use. Have strength-based conversations with adolescents and parents/caregivers regarding opportunities for growth. (See the Bright Futures patient/parent education.)
Child or adolescent not meeting guidelines	Refer for appropriate treatment.

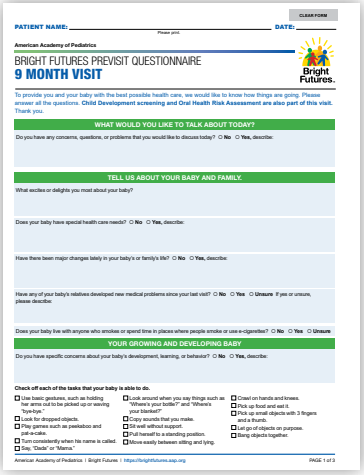
MAKE THE MOST OF HEALTH SUPERVISION VISITS BY USING THE BRIGHT FUTURES TOOL & RESOURCE KIT

The *Bright Futures Tool and Resource Kit*, 2nd Edition (the *Toolkit*), provides the forms and materials that health care professionals need to carry out preventive health supervision and health screening for infants, children, and adolescents. The *Toolkit's* Core Tools provide valuable resources that help health care professionals focus on relational health during the health supervision visit.

Reviewing parents' and adolescents' responses on the **Previsit Questionnaires** gives insights, providing a foundation for discussion during the visit.

The **Visit Documentation Form** is a convenient resource for documenting activities during the visit and can be adapted for use in electronic health record systems.

The **Parent-Patient Education Handout** can help reinforce the discussion and provide additional information on promoting relational health.


PATIENT NAME: _____ DATE: _____

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BRIGHT FUTURES PREVISIT QUESTIONNAIRE

9 MONTH VISIT

To provide you and your baby with the best possible health care, we would like to know how things are going. Please answer all the questions. Child Development screening and Oral Health Risk Assessment are also part of this visit. Thank you.

WHAT WOULD YOU LIKE TO TALK ABOUT TODAY?

Do you have any concerns, questions, or problems that you would like to discuss today? ○ No ○ Yes, describe:

TELL US ABOUT YOUR BABY AND FAMILY.

What excites or delights you most about your baby?

Does your baby have special health care needs? ○ No ○ Yes, describe:

Have there been major changes lately in your baby's or family's life? ○ No ○ Yes, describe:

Have any of your baby's relatives developed new medical problems since your last visit? ○ No ○ Yes ○ Unsure If yes or unsure, please describe:

Does your baby live with anyone who smokes or spend time in places where people smoke or use e-cigarettes? ○ No ○ Yes ○ Unsure

YOUR GROWING AND DEVELOPING BABY

Do you have specific concerns about your baby's development, learning, or behavior? ○ No ○ Yes, describe:

Check off each of the tasks that your baby is able to do.

- ☐ Use basic gestures, such as holding her arms out to be picked up or waving "bye-bye."
- ☐ Look for dropped objects.
- ☐ Play games such as peekaboo and pat-a-cake.
- ☐ Turn consistently when his name is called.
- ☐ Say, "Dada" or "Mama."
- ☐ Look around when you say things such as "Where's your bottle?" and "Where's your blanket?"
- ☐ Copy sounds that you make.
- ☐ Sit well without support.
- ☐ Pull herself to a standing position.
- ☐ Move easily between sitting and lying.
- ☐ Crawl on hands and knees.
- ☐ Pick up food and eat it.
- ☐ Pick up small objects with 3 fingers and a thumb.
- ☐ Let go of objects on purpose.
- ☐ Bang objects together.

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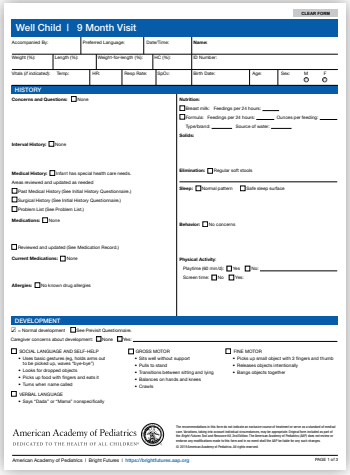
Well Child | 9 Month Visit

HISTORY

DEVELOPMENT

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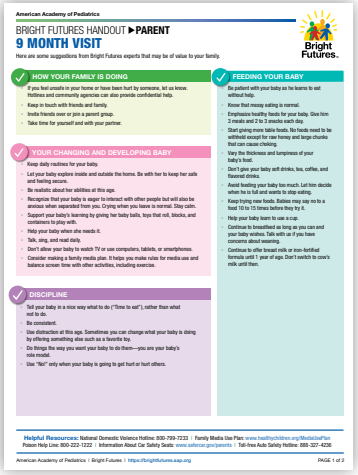
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BRIGHT FUTURES HANDOUT ▶PARENT

9 MONTH VISIT

Here are some suggestions from Bright Futures experts that may be of value to your family.

HOW YOUR FAMILY IS DOING

- If you feel unsafe in your home or have been hurt by someone, let us know. Hotlines and community agencies can also provide confidential help.
- Keep in touch with friends and family.
- Invite friends over or join a parent group.
- Take time for yourself and with your partner.

YOUR CHANGING AND DEVELOPING BABY

- Keep daily routines for your baby.
- Let your baby explore inside and outside the home. Be with her to keep her safe and feeling secure.
- Be realistic about her abilities at this age.
- Recognize that your baby is eager to interact with other people but will also be anxious when separated from you. Crying when you leave is normal. Stay calm.
- Support your baby's learning by giving her baby bulls, toys that roll, blocks, and containers to play with.
- Help your baby when she needs it.
- Talk, sing, and read daily.
- Don't allow your baby to watch TV or use computers, tablets, or smartphones.
- Consider making a family media plan. It helps you make rules for media use and balance screen time with other activities, including exercise.

DISCIPLINE

- Tell your baby in a nice way what to do ("Time to eat"), rather than what not to do.
- Be consistent.
- Use distraction at this age. Sometimes you can change what your baby is doing by offering something else such as a favorite toy.
- Do things the way you want your baby to do them—you are your baby's role model.
- Use "No!" only when your baby is going to get hurt or hurt others.

FEEDING YOUR BABY

- Be patient with your baby as he learns to eat without help.
- Know that messy eating is normal.
- Emphasize healthy foods for your baby. Give him 3 meals and 2 to 3 snacks each day.
- Start giving more table foods. No foods need to be withheld except for raw honey and large chunks that can cause choking.
- Vary the thickness and lumpiness of your baby's food.
- Don't give your baby soft drinks, tea, coffee, and flavored drinks.
- Avoid feeding your baby too much. Let him decide when he is full and wants to stop eating.
- Keep trying new foods. Babies may say no to a food 10 to 15 times before they try it.
- Help your baby learn to use a cup.
- Continue to breastfeed as long as you can and your baby wishes. Talk with us if you have concerns about weaning.
- Continue to offer breast milk or iron-fortified formula until 1 year of age. Don't switch to cow's milk until then.

Helpful Resources: National Domestic Violence Hotline: 800-799-7233 | Family Media Use Plan: www.healthychildren.org/MediaUsePlan
Poison Help Line: 800-222-1222 | Information About Car Safety Seats: www.safercar.gov/parents | Toll-free Auto Safety Hotline: 888-327-4236

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Additional Resources

- Addressing Early Childhood Emotional and Behavioral Problems
- Family-Centered Care
- Preventing Childhood Toxic Stress: Partnering With Families and Communities to Promote Relational Health
- Trauma-Informed Care in Child Health Systems
- Trauma-Informed Care
- Promoting Healthy Development
- Promoting Family Support
- Promoting Lifelong Health for Families and Communities
- Bright Futures - Building Positive Parenting Skills Across Ages (PediaLink course)
- Screening Technical Assistance and Resource (STAR) Center
- CDC *Learn the Signs. Act Early*. Developmental Milestones (developed with the AAP)
- CDC *Learn the Signs. Act Early.* Pediatrician's Resource Guide (developed with the AAP)
- CDC Developmental Concern? Next Steps for Families and Caregivers (developed with the AAP)
- Healthy Outcomes from Positive Experiences (HOPE): Early Relational Health
- Four Building Blocks of HOPE
- Mount Sinai Parenting Center Keystones of Development Curriculum
- ZERO TO THREE

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