

# Identifying Risks, Strengths, and Protective Factors for Children and Families: A Resource for Clinicians Conducting Developmental Surveillance



## How to Use This Resource

This resource offers suggested supports and strategies to identify risks, strengths, and protective factors for pediatric clinicians via the developmental surveillance process. Pediatric clinicians can use suggested questions during health supervision visits, and may also use this resource to support pediatric trainees or other educational efforts related to developmental surveillance. The resource includes the following sections:

- Why Do Risks, Strengths, and Protective Factors Matter for Developmental Surveillance?
- Identifying Risks
- Identifying Strengths
- Identifying Protective Factors
- Suggested Questions to Ask During a Visit
- Example for Incorporating Risks, Strengths, & Protective Factors
- Tips for Language/Communication Strategies
- Resources
- References

## Why Do Risks, Strengths, and Protective Factors Matter for Developmental Surveillance?

- A risk, strength, and protective factors assessment should occur at every health supervision visit as outlined in the AAP clinical report, [\*\*“Promoting Optimal Development: Identifying Infants and Young Children with Developmental Disorders Through Developmental Surveillance and Screening.”\*\*](#)
- A strengths-based approach can be used by pediatric clinicians to identify strengths and protective factors as well as risks.
- Pediatricians can support families/caregivers by communicating verbally and non-verbally with supportive and culturally appropriate language.
- Active listening and asking questions (see suggestions) can provide the opportunity to identify strengths or protective factors and promote resilience among families, caregivers, and children.





## Identifying Risks

**Risk Factors:** Certain conditions have high rates of co-occurring developmental or behavioral disorders. Especially vulnerable to developmental and/or behavioral problems are those experiencing negative social drivers of health and other adverse childhood or family experiences such as:

- Children in poverty
- Children exposed to racism
- Children in foster care
- And/or children experiencing adversity and toxic stress, including:
  - Abuse (physical, sexual, and emotional)
  - Neglect
  - Family/caregiver mental illness
  - Family/caregiver drug or alcohol use
  - Family/caregiver depression

**Biologic** risk factors specific to development could include:

- Prematurity
- Intrauterine alcohol exposure
- Birth complications
- Lead toxicity
- History of severe infection
- Family history/sibling with a developmental disorder
- Learning or mental/behavioral disorder
- Chronic medical conditions (eg, sickle cell disease or congenital heart disease)
- Genetic conditions

**Environmental** risk factors include:

- Families that are separated due to incarceration
- Community violence
- Immigration, or working away from the family
- Family/caregiver violence including relationship violence
- Families/caregivers with high conflict and negative communication styles

**Variable Risk Factors:** These items could be considered risk or protective factors for individuals, families, caregivers, and communities:

- Income level
- Family/caregiver health factors (anxiety, depression, health insurance, medical home)
- Peer group
- Education level
- Employment status

## Identifying Strengths

**Strengths** for a child or family may include a variety of qualities, strategies, or resources such as:

- Parental resilience
- Social connections
- Knowledge of parenting and child development
- Community support
- Positive childhood experiences
- Social and emotional competence

It is important to acknowledge and support the resilience of families/caregivers and children when raising a child with developmental delays and disabilities.



## Identifying Protective Factors

**Protective Factors:** Characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor's impact. Protective factors may be seen as positive countering events. Examples include:

- Caring partner/spousal relationship
- Sharing of family power
- Open/positive family/caregiver communications
- Acceptance and appreciation of each other
- Quality time together
- Conflict management
- Good family/caregiver spirit



- Commitment
- Ability to cope with stress/crisis
- Nurturing caregiver

**The following are examples of questions that pediatric clinicians can ask to help identify risks, strengths, and protective factors.**

### Family/Caregiver Resilience:

- Who do you rely on for support, for example family, friends, neighborhood, church/mosque/temple, etc.?
- Who supports you? Do you have a spouse or partner who supports you? If so, how do they provide support?
- What kind of support would be helpful for you?
- How do you plan to handle childcare?
- What kind of worries and frustrations do you have? How do you address your worries or frustrations?
- How do you take care of yourself?

**Possible Feedback:** "Taking care of yourself is so important—your mood can really affect your child."

### Community Support:

- If you had an emergency (eg, an ill family member a natural disaster) would you have someone you could count on to help you?
- Do you have family or a trusted friend in the area or nearby that can help you?
- Do you have community groups or services that have been or would be able to help you, such as school or daycare?
- Are you aware of, or part of, any support groups for children with developmental disabilities (eg, Family Voices)?

**Possible Feedback:** "Great. Did you know that you could also call our office or 211 if you needed help right away?"

### Social Connections:

- Do you have someone you can talk to when you are upset, lonely, frustrated or stressed?
- Who do you share good news with?
- Who do you celebrate with? For example, if something positive happens with your baby who do you want to tell?



- Where do you look for (connection, interaction, engagement) strength?
- Are you a member or a part of any group or organization (eg, a church or religious group or community group)?
- Are there any cultural celebrations you enjoy observing with others?

**Possible Feedback:** “Sounds like you are close with your sister and your church. Did you know there is a story hour at the local library for infants and mothers?” Or, “Did you know there is a play group for toddlers and dads at the YMCA?”

### Knowledge of Parenting & Child Development:

- What do you enjoy doing with your child?
- What does your child enjoy? With self/you/others?
- Where do you go when you have questions about your child’s feeding, sleeping or behavior?
- Thinking about how you were raised, what would you do the same? Different?
- If applicable, are there things you would do the same or different when raising your second child?
- What does your child do well?
- What activities seem to help your child to communicate, and explore new surroundings or things?

**Possible Feedback:** “Those are all good ideas. Did you know that there are websites and apps that you can go to with questions?” [HealthyChildren.org](https://www.healthychildren.org) and [www.cdc.gov/MilestoneTracker](https://www.cdc.gov/MilestoneTracker)

### Social & Emotional Competence of Children:

- What are the best ways to help soothe your child when they are upset?
- Are you starting to set routines/schedules? If yes, what routines, rituals, or traditions have you or are you thinking about starting as a family?
- What are some ways you help protect your child from external stressors?
- What are some ways you can model coping skills for your child or family?
- How do you engage with your child when they are stressed, sad, or upset?
- What personal or family or community situations or difficulties make it harder for you to be the parent you want to be for your child?

**Possible Feedback:** “You really understand your baby and what they need—see how they look to you when they explore the room!” Or for an older child, “You really are in tune with your toddler—see how they ran to you for comfort when I came in the room!”

## Practical Strategies to Implement a System to Identify Risks, Strengths, and Protective Factors

1. Convene a team to assess how strengths and needs are currently identified during health supervision visits. Identify any challenges.
2. Review strategies and tools that exist that help to elicit strengths and needs.
3. Determine the topics your practice can address, and topics that need to be referred to outside sources. Consider any new resources or referral sources your practice may need.
4. Gather data about the most common concerns of patients and families/caregivers. This may help in deciding which referrals and community resources are most likely to be needed and used by patients/families/caregivers.



5. Test new ideas for incorporating questions into the office and exam flow. Get input from all staff.
6. Use prompts and reminders when building new routines.
7. Communicate any modifications or resources or referrals to utilize with all staff.
8. Consider holding a focused session with your practice team on how to talk about sensitive topics or how to handle difficult situations that may arise.
9. Gather feedback from practice staff and families/caregivers to assess the strategy of identifying of risks, strengths and protective factors.

## Tips for Language/Communication Strategies

You can use the following communication strategies when eliciting risks, strengths, and protective factors. These strategies can be used to establish ongoing relationships with families/caregivers at every health supervision visit.

- **OARS Model Essential Communication Skills:**

A patient/family-centered interactive technique to help build rapport, demonstrate empathy, and establish a safe environment for patients and families/caregivers.

- Open ended questions (eg, “What brings you into the office today?”).
- Affirming (eg, “It seems like you are really good at...”, or, “It’s great you are here today. It’s not always easy.”).
- Reflective Listening (eg, “Some of what I heard you say...”, or, “I noticed...”).
- Summarizing (eg, “So you’ve just described your plan. We are always here to help in anyway. What other questions do you have before leaving today?”).

- **BATHE Technique:**

- Background (eg, “Tell what has been happening.”).
- Affect (eg, “How do you feel about that?”).
- Trouble (eg, “What’s upsetting you most about it?”).
- Handling (eg, “How are you handling the situation?”).
- Empathy (eg, “That must have been difficult.”).

Include pleasantries, don’t appear rushed (even if you are), keep conversations on track, listen without interrupting, relate with your eyes, and organize your feedback.

- **Ask, Identify, Act:**

- **Ask** patients about social determinants of health (SDOH).
- **Identify** resources in patients’ communities that address SDOH.
- **Act** to help connect patients with resources.





## Resources

- AAP Clinical Report: Promoting Optimal Development: Identifying Infants and Young Children with Developmental Disorders Through Developmental Surveillance and Screening: <https://pediatrics.aappublications.org/content/145/1/e20193449>
- AAP Patient Care Webpage: Developmental Surveillance and Screening Resources for Pediatricians: <https://services.aap.org/en/patient-care/developmental-surveillance-and-screening-patient-care/developmental-surveillance-resources-for-pediatricians/>
- AAP Information on Strengths-Based Approach: <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/HALF-Implementation-Guide/communicating-with-families/Pages/Strength-Based-Approach.aspx>
- AAP Trauma Informed Care Webpage: <https://www.aap.org/en/patient-care/trauma-informed-care>
- PediaLink Course: Milestones Matter: Don't Underestimate Developmental Surveillance: <https://shop.aap.org/milestones-matter-dont-underestimate-developmental-surveillance/>
- Bright Futures: <https://brightfutures.aap.org/about/Pages/About.aspx>
- Screening Technical Assistance & Resource (STAR) Center: <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Screening/Pages/default.aspx>
- *Learn the Signs. Act Early.* Webpage for Clinicians: <https://www.cdc.gov/ActEarly/Healthcare>
- Help families find their parent center hub: <https://www.parentcenterhub.org/find-your-center>
- CDC's Milestone Checklists: <https://www.cdc.gov/Milestones>
- Connect families/caregivers to their state or territory Family-to-Family Health Information Center (F2F HIC). More information about F2F HICs is available here: <https://familyvoices.org/lfpp/fzfs>

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9. Lipkin PH, Macias MM. Promoting Optimal Development: Identifying Infants and Young Children With Developmental Disorders Through Developmental Surveillance and Screening. *Pediatrics*. 2020;145(1):e20193449.