



Promoting Family Support

Theme 1

PROMOTING
FAMILY SUPPORT

INTRODUCTION

The Family: A Description

We all come from families.

Families are big, small, extended, nuclear, multi-generational, with one parent, two parents, and grandparents.

We live under one roof or many.

A family can be as temporary as a few weeks, as permanent as forever.

We become part of a family by birth, adoption, marriage, or from a desire for mutual support.

As family members, we nurture, protect, and influence each other.

Families are dynamic and are cultures unto themselves, with different values and unique ways of realizing dreams.

Together, our families become the source of our rich cultural heritage and spiritual diversity.

Each family has strengths and qualities that flow from individual members and from the family as a unit.

Our families create neighborhoods, communities, states, and nations.

— DEVELOPED AND ADOPTED BY THE YOUNG CHILDREN'S CONTINUUM OF THE NEW MEXICO STATE LEGISLATURE
JUNE 20, 1990



The health and well-being of infants, children, and adolescents depend on their parents and other caregivers—their families. Focusing on the family's growth and development along with the growth and development of the child is a central activity of Bright Futures for all health care professionals. It is the basis of the partnership with parents and families. Putting this approach into practice at health supervision visits involves:

- Being aware of the composition of the family
- Assessing parental well-being
- Asking about and addressing parent concerns
- Identifying and building on parents' and families' strengths
- Assessing the family's well-being

The health care professional and family form a partnership in the medical home that is based on respect, trust, honest communication, and cultural competence.

- Providing information, support, and access to community resources
- Delivering family-centered care in the medical home¹

The Family Constellation

Just as every child is different, so is every family. Families can include one child and one parent or guardian, or several children plus parents or guardians that range in age from adolescents to senior citizens. They might be extended families, foster families, adoptive families, or blended families with stepparents and stepchildren. Parents can be married or unmarried couples, single parents, or parents who live apart and share child-rearing responsibilities. Parents may be gay or lesbian couples.^{2,3} The family unit can be relatively static, or it can be quite changeable if parents divorce or remarry or if outside caregivers change.

In some families, grandparents play a central role in the daily care of young and growing children. Intergenerational parenting is a growing trend as grandparents and other family members assume the care for children whose birth parents are not present or not capable of caring for their children because of extended work-related absences, illness or death, drug use, neglect, abandonment, or incarceration.

Although it has predictable patterns, the family reshapes its daily life and support systems with the birth of each child in a way that fits with its unique mix of strengths and challenges. For families living in difficult situations, such as poverty, divorce, separation, or illness, resiliency varies tremendously and is not always predictable. Two themes that are common to all families are that parents want the best for their children and that significant change or stress that affects one family member affects all members.

Health care professionals should be aware of the type of family to which a child belongs

and should be sensitive to cultural differences among families, including racial, ethnic, and language differences, as well as gender and age differences of the parents or caregivers. The health care professional and family form a partnership in the medical home that is based on respect, trust, honest communication, and cultural competence. Becoming a culturally effective professional requires changing the ways of thinking about, understanding, and interacting with the world.⁴ Health care professionals can better understand their patients and facilitate communication if they integrate the family's cultural background into the general health assessment.⁵ (For more information on this topic, see the [Bright Futures Introduction](#).)

The Role of Fathers

Providers of pediatric health care most often interact with mothers, because women are typically the primary caregivers of children in our culture. As a result, the involvement of fathers in the care of their children traditionally has not received great emphasis in pediatric training. Social changes in this country have altered traditional father roles substantially, however, and parents now share more in the care of their children. Moreover, a growing number of single fathers today are raising children on their own, with 6% of children being raised in single-father households in 2003.⁶ A variety of "nonnuclear" family arrangements also are on the rise, in which the primary father figure is a stepfather, fiancé, grandfather, or other extended family member.⁵ At the same time, more children than ever are growing up in "father-absent," mother-only, families (26% in 2003).⁶ For all these reasons, health care professionals must increase their understanding of the fathers, as well as the mothers, of their patients.⁵

Research on the impact of a father on his child's development and psychological



- Some aspects of his support for the mother (and consequently support for the mother-child relationship)
- The father's general physical and mental health
- Cultural values that can contribute to the father's role and involvement with his child

Supporting Families With Special Needs

Adoption

Adoption is a broad term that can include international or domestic arrangements, adoption from foster care, placement with relatives other than parents (kinship care), open adoptions, adoption from biologic families, and adoption within and across ethnic and cultural groups. Health care professionals can play a supportive role by helping families with the many issues associated with adoption. For example, families who are pursuing an international adoption may need support in dealing with unknown developmental and cognitive status or the risk of infectious diseases for the children,¹⁰ foreign travel, and numerous rules that often require exceptional parental patience and persistence.

Adoption presents special challenges and lifelong transitions for the adopted child, his biologic family, and his adoptive family. All adopted children need a thorough assessment of their physical, emotional, and psychological needs at the time of adoption and as they develop because of their increased risk for developing behavioral, emotional, and social problems. Children who are placed into families from foster care may exhibit behaviors that reflect their earlier abandonment or neglect. They might behave more like children younger than their own age because their childhood experiences have been atypical. Adopted children who are of a different race or ethnicity than their parents may encounter identity issues.

growth has shown a range of important effects on the child's well-being, cognitive development, social competence, and later school success.^{7,8}

Health care professionals should consider the potential effects of their own influence on paternal involvement in the care of their children. When inviting a father to become an integral part of his new infant's health supervision visits, the health care professional is sending a clear message about his importance to the child's long-term health and development.⁹ When both parents attend health supervision visits, the health care professional can observe how the parents work together with their child and where important differences exist that can affect the care and support of the child. Encouraging fathers to attend health supervision visits gives the health care professional an opportunity to gain insight through direct observation and inquiry into the following:

- The nature of the father's involvement with the child, including his views, concerns, and questions

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As the child develops, parents commonly have ongoing questions and uncertainties related to the adoption. Thus, the continuity of care, developmental monitoring, and openness to the parent's questions that are offered by the pediatric health care professional become all-important sources of support for adoptive parents.

Health care professionals also can offer vitally important anticipatory guidance on the development of the child's perspectives on adoption. The adopted child will not be aware of the difference between biologic and adoptive families before the age of 3 years. In developmentally determined steps throughout childhood and adolescence, he will gain an understanding of what it means to be adopted. Parents who have adopted young children should be advised to introduce the words "adoption" and "adopted" as soon as the child begins to develop language, and to elaborate, for the child, the personal story of his birth and adoption in positive, developmentally appropriate terms, thus providing the child with an opportunity to integrate the concept into his thinking from an early stage. For some school-aged children, perceptions of a sense of loss and self-esteem issues can occur during middle childhood. A struggle with concepts of identity can arise during adolescence. Health care professionals also can emphasize to families the need to provide children with truthful information regarding the adoption process, a discussion that is best initiated with parents during the child's early years.¹¹

Foster Care

Each year in the United States, more than 275,000 children are placed in foster care as a result of abuse or neglect,¹² with more than 500,000 children in the foster care system at any time.¹³ These "out-of-home placements" for children who are unable to remain with their birth parents can be temporary or

extended. Foster care ultimately may lead to family reunification; permanent severance of parental custody, thereby creating the possibility of adoption by another family; or a cycle of moving in and out of foster care until the child reaches adulthood. Children may be placed with caregivers who are relatives,^{14,15} with nonrelative foster families, in a treatment or therapeutic foster care home, or in a group or congregate care home. Recent data clearly show that children in foster care have special needs.

- Most foster children are victims of abuse or neglect and did not experience a stable, nurturing environment during their early life.
- Slightly more than half of the children return to their parent or principal caregiver.¹⁶
- The length of time in foster care varies, but, on average, 36% of the children are in foster care for less than 1 year, 20% are in foster care between 1 and 2 years, and 27% are in foster care from 2 to 4 years.¹⁶
- In a study of 1,635 children in foster care in Philadelphia, PA, 41% of children had 3 or more foster care placements during the year of observation.¹⁷
- Thousands of children live in an informal version of foster care, in which they live with relatives other than parents. Relatives who provide this "kinship care" usually receive no training or financial support for doing so. Additionally, children in kinship care are not guaranteed the special protection or monitoring that is provided to children in official foster care programs.¹⁴

Children who are placed in foster care during the years of active brain development are at risk of developing special health concerns. An environment that is devoid of age-appropriate stimulation, nurturing, and

communication affects an infant's cognitive and communication skills and alters attachment relationships. (For more information on this topic, see the [Promoting Mental Health](#) theme.) Young children who are placed in foster care because of parental neglect can experience profound and long-lasting consequences on all aspects of their development (eg, poor attachment formation, understimulation, developmental delay, poor physical development, and antisocial behavior).

Placements into foster care that occur between the ages of 6 months and about 3 years, especially if prompted by family discord and disruption, can result in subsequent emotional disturbances in the child because of the young child's limited capacity for understanding the constraints of time and place that accompany the foster care experience. The development of these disturbances depends on the nature of the attachment relationships before and after separation from the biologic parent(s) and the child's response to stress. If separation from biologic parents during the first year of life (especially during the first 6 months) is followed by good-quality care, placement in foster care may not have a deleterious effect on social or emotional functioning.¹⁴

Several developmental issues are important to consider for young children in foster care:

- The impact of abuse, neglect, and inadequate or multiple foster care placements on brain development
- The nature of the attachment relationships before and after separation from the biologic parent(s)
- The young child's limited capacity for understanding the constraints of time and place that accompany the foster care experience
- The child's response to stress

In addition to these mental health care concerns that can lead to later problems, including difficulty in forming adult relationships, many children in foster care have

unmet physical health care needs, including missed immunizations, poor medical history, undiagnosed infections or illnesses, and undiagnosed developmental delays. (For more information on this topic, see the [Promoting Child Development](#) theme.) Foster parents often are excluded from supports and information that are provided to birth or adoptive parents about their children's health and development. They often do not have any background information on the children in their care and may have to suddenly deal with a health crisis that they did not anticipate. Health care professionals need to create partnerships and processes to support these needs. The foster child's caseworker is an important resource.

Health care professionals have a responsibility to comprehensively assess, treat, refer, and advocate for these vulnerable children and their caregivers.¹³ By acknowledging the emotional rewards and challenges of foster parenting and addressing the multiple needs and concerns of foster families, health care professionals can greatly assist foster parents and the children in their care.

Families With Adolescent Parents

Adolescent parents face a variety of specific challenges. Along with their need to build a nurturing relationship with their infant, they also often want to return to school and attempt to reengage with their previous friends and activities. They often lack resources, including ready transportation to health care appointments.

In most cases, the adolescent parent lives with her own parents, and the grandparent shares some aspects of child care and child rearing. The health care professional's inquiry into the individual roles of different family caregivers, including the baby's father if the relationship is continuing, will provide an opportunity to discuss individual needs and expectations. The result can be especially

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powerful when the adolescent and her parent meet to discuss their roles, differences, and mutual goals.

Many adolescents adapt well to parenting when they have a supportive and encouraging environment. Focusing on their specific parenting strengths in front of other family members during visits and providing anticipatory guidance will build confidence as well as competence. These young parents also may be helped by parenting classes, peer support programs, home visitation programs, and other community support services. Schools with onsite child care and programs for adolescent parents are wonderful resources if they are available in the community.^{18,19}

Children and Youth With Special Health Care Needs

The US Department of Health and Human Services' Maternal and Child Health Bureau (MCHB) defines children and youth with special health care needs as children "...who have or are at increased risk for chronic physical, developmental, behavioral, or emotional conditions, and who require health and related services of a type or amount beyond that required generally."²⁰ In 2000, the MCHB found that more than 9 million children in the United States have special health care needs.²¹ National surveys find that between 13% and 23% of all children have a special health care need.²¹⁻²³ This means that 1 of every 5 households in the United States includes a child with a developmental delay, a chronic health condition, or some form of disability.

Health care professionals who have pediatric patients with special health care needs should seek to understand the family's composition and social circumstances and the impact that the special needs have on family functioning. Family-centered care that promotes positive relationships and honest

communication among all parties (families, children, and health care professionals) is critical. Because children and youth with special health care needs tend to require visits with health care professionals more frequently than their siblings and because most children with these special needs now live normal life spans, families find it especially important to build strong partnerships with the health care professionals who see their children, to feel comfortable asking questions and seeking advice as they face transitions and decision points along the continuum of their child's health care. Health care professionals can assist the family in helping the child reach her potential by focusing on the strengths of the child and her family.

The lives of the parents, siblings, and other caregivers are affected by the child's medical care and the need for episodic or recurrent hospitalizations, specialized procedures, and treatments; the child's interactions with multiple specialists and other service providers, including the education system; and the financial impact of the child's condition on the family. Helping families identify natural support networks and community resources



is essential. Peer and community networks can provide support not only for medical concerns but also for logistical and emotional issues. Community resources can include respite care for the child, home visitor programs, early intervention programs, family resource and support centers, libraries, faith-based organizations, Parent-to-Parent and other parenting support groups, and recreation centers.²⁴ (For more information on this topic, see the [Promoting Community Relationships and Resources](#) theme.) These resources may be more easily accessed if the child or youth with special health care needs is cared for in a medical home.

Recognizing the Impact of Environment on Families

Many parents may not have control over their home environment because of living arrangements or because culture or gender roles make it difficult for women to influence the behaviors of men or for younger parents to contradict teachings and practices of elders. (For more information on this topic, see the [Promoting Safety and Injury Prevention](#) theme.) The health care professional can work with parents to develop strategies for ensuring a healthy living environment for the benefit of their child's health and well-being. Neighborhood and community environments directly support or challenge the well-being of families and the goals that parents have for their children.

Special consideration may be needed for immigrant or refugee families, especially in relation to legal status, which can affect their children's access to health care and housing. Homeless families or families living in shelters also require assistance with medical, mental health, housing, education, and social welfare systems.

The health care professional should work with families and professional and community resources to help families create and maintain a healthy, safe environment for their children.

Inadequate housing, whether due to poor construction or disrepair, insect or rodent infestation, proximity to environmental hazards (eg, gas stations, transportation depots, waste storage sites, factories, refineries, and chemical plants), or individual lifestyle behaviors (eg, smoking), can pose a serious health risk to children living in that environment. Mold exposure,²⁵ indoor air pollutants from the combustion of wood, gas, oil, kerosene, propane, and other fuels and their contaminant by-products induce respiratory symptoms and exacerbate asthma. Smoke from candle and incense is another important source of particulate emissions into the air. Cultural and religious or spiritual rituals often use candles or incense, which also are popular in home décor. Exposure to lead that is deposited in soil also may occur near gas stations, bus or train terminals, factories, or refineries.²⁶ Family members who are exposed to lead through their occupations can carry lead into the home on their clothing. Older housing remains an important risk for lead exposure. Homes that were built before 1940 have a 68% risk of containing a lead hazard; those built between 1940 and 1959 have a 43% risk.²⁷ Folk or ritualistic use of elemental mercury among Latin American and Afro-Caribbean cultures can pose a risk to children because of inhalation of large amounts of vapor.²⁸

Forming an Effective Partnership With Families

Family-Centered Care

The health care professional plays an important role in supporting the child's health by promoting healthy family development. She also can be helpful to a child and his family in ways that go beyond the provision of expert, sensitive health care. An effective partnership includes information, support, and links to community resources. Halfon et al²⁹ found that most parents of young children were

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A central theme of family-centered care is the strong and respectful partnership between a child's family and the health care professional. This bond promotes meaningful communication, which leads to mutual decision making and a medical home where the patient, family, and health care professional are free to discuss all issues and can expect their issues to be addressed.

satisfied with their well child care. The mean global satisfaction rating is 86.9 (SE 6.1). Approximately 94% of parents of young children reported asking all their questions during the last checkup, and 88% reported adequate time with the health care professional during the last well child visit.²⁹

Getting to know the family requires knowing household members and the relatives who play important roles in the child's life. Although a visit naturally focuses on the child who is present, the health care professional also must understand that, in many cases, at least one additional child may be in the home, and that the age and health condition of that sibling can affect both the child being examined and the family as a whole.

By knowing the family or asking questions, the health care professional will have a better sense of the health and well-being of the child and his family. Examples of relevant questions are as follows:

- Is your new baby in the family drawing attention away from your 3-year-old?
- Are older siblings, perhaps adolescents, adding to your family's stress?
- Does a brother or sister with special health care needs require intensive daily care?
- Is your child one of many children in the family, or is he an only child?
- Who cares for your child during the day? Do you care for other people's children in your home?
- Do you or your children participate in neighborhood or community activities (eg, parent groups or playgroups)?

Information about the person who cares for the child and how the care is provided also is important for the health care professional. Child care arrangements can fluctuate during the child's early years. Whether parents and other caregivers agree or disagree on issues related to the child's care gives the health care professional insight into sources

of stress and uncertainty for parents. How the siblings are adjusting and how the parents' relationship is faring under the pressure of the many needs of the young child are relevant to the well-being of the child and family. Knowledge about parental vulnerabilities, such as physical or mental illness, provides additional insights for the health care professional.

An American Academy of Pediatrics (AAP) Task Force on the Family policy statement summarizing the literature and professional experience shows the importance of family-centered care.⁵ In family-centered care, health care professionals recognize that the family is the constant in a child's life, while health care and other professionals are involved on an as-needed basis. In partnership with the family, the health care professional can promote family, as well as child, development. A central theme of family-centered care is the strong and respectful partnership between a child's family and the health care professional. This bond promotes meaningful communication, which leads to mutual decision making and a medical home where the patient, family, and health care professional are free to discuss all issues and can expect their issues to be addressed. The elements of a successful family-professional partnership are mutual commitment, respect, trust, open and honest communication, cultural competence, and an ability to negotiate.

COMPLEMENTARY AND ALTERNATIVE CARE
Collaboration with families in a clinical practice is a series of communications, agreements, and negotiations to ensure the best possible health care for the child. In the Bright Futures vision of *family-centered care*, families must be empowered as care participants. Their unique ability to choose what is best for their children must be recognized. Families do all they can to protect their children from sickness or harm.

The Bright Futures health care professional must be aware of the disciplines or philosophies that are chosen by the child's family, especially if the family chooses a therapy that is unfamiliar or a treatment belief system that the health care professional does not endorse or share. Families may seek second opinions or services in traditional pediatric medical and surgical care fields or may choose care from alternative or complementary care providers. Families generally seek *additional* care from other disciplines rather than replacement care. *Alternative therapies* generally replace conventional treatments. *Complementary therapies* are used in addition to conventional treatments. Health care professionals should seek to determine whether complementary and alternative therapies indeed improve the standard therapies being used by a family. Families should be empowered to say whether they choose not to carry out prescribed treatments. They must be assured that the health care professional will not take offense at their choice, but will work to choose therapies that are acceptable to the family, appropriate to the problem, and safe and effective in the shared goal of the child's best health.

Practitioners of traditional or allopathic medicine and complementary and alternative care are driven and guided by the mandate to do no harm and to do good. Just because a chosen therapy is out of the standard scope of care does not define it as harmful or without potential benefit. Therapies can be safe and effective, safe and ineffective, or unsafe. The AAP Committee on Children with Disabilities suggests that "to best serve the interests of children, it is important to maintain a scientific perspective, to provide balanced advice about therapeutic options, to guard against bias, and to establish and maintain a trusting relationship with families."³⁰ Providers of standard care need not be threatened by such choices.

The use of complementary and alternative care in children is particularly common when a child has a chronic illness or condition, such as autism. Alternative treatments are increasingly described on the Internet, with no assurance of safety or efficacy. Parents are often reluctant to tell their health care professional about such treatments, fearing disapproval. Health care professionals should ask parents directly about the use of complementary and alternative care.³¹ The health care professional's approach to this subject is equally important (ie, ask in a nonjudgmental manner to allow free discussion about the claims, hopes, and potential harm, if any, of such treatments).

The health care professional should discuss with the family its goals and reasons for the choice of alternative therapies and ask whether the family culture or religion prohibits or recommends certain health care procedures. Faith-based or religious therapeutic systems are likely to be very important to the family and its sense of health and well-being. The following issues may be considered in these discussions:

- What additional benefit is the family seeking? Are these benefits solely within the realm of complementary and alternative care, or has the traditional care plan overlooked an essential family need?
- Are treatment interactions likely? This issue is especially important if herbal, nutritional, or homeopathic remedies are planned. Just as adverse drug-drug interactions must be avoided, interactions between medically prescribed drugs and complementary and alternative remedies also must be considered.
- Are the proposed interventions generally safe? Are the therapies generally applied to children or is their use typically for adults? Are child-specific safety data available? Are they safe for the specific child's condition?

The health care professional should discuss with the family its goals and reasons for the choice of alternative therapies and ask whether the family culture or religion prohibits or recommends certain health care procedures.

Ask about stress in the family (including intergenerational stress) or in the parents' relationship.

- Will the intervention take away from other interventions? All therapeutic interventions have a monetary and time cost. Will therapies compete with one another? If so, how will the family address conflicting or overwhelming demands?

In developing a treatment plan for the child with the family, health care professionals can:

- Provide families with a range of treatment options.
- Educate the family on the importance of the proposed (standard) medical therapy and discuss the treatment in the context of the family's perception of the severity of their child's problem or illness, and the meaning of illness to the family.
- Avoid dismissing complementary and alternative care in ways that suggest a lack of sensitivity or concern for the family's perspective.
- Recognize the feeling of being threatened or challenged professionally and guard against becoming defensive.
- Identify and use reliable reference sources and colleagues to ensure up-to-date information regarding the efficacy and risks of complementary and alternative care in children.
- Consult with colleagues who are knowledgeable about complementary and alternative care, or with an alternative care therapist.

Parental Well-Being

Some aspects of parenting are specific to the developmental stage of the child, but several general issues have an impact on families with children at all ages.

- The physical and emotional health of the parents, siblings, and other family members

- The physical safety and emotional tone of the home environment and neighborhood
- The family's cultural beliefs
- Parenting beliefs, education, and strategies
- The parents' ability to deal with life's stresses

All these issues have significant implications for the successful development of the children in the family. To assess parental well-being, the health care professional can:

- Observe the parents' pleasure and pride in their child.
- Note any indications of their general level of anxiety, overload, irritability, self-doubt, or depression.
- Ask about stress in the family (including intergenerational stress) or in the parents' relationship.
- Discuss the parents' work, its satisfactions for them, and the conflicts that arise between work and home.
- Ask about parents' physical and mental health, including current substance use, and stress the importance of preventive health care for them.
- Ask about parents' sources of support, including personal, financial, and community.
- Ask about other environmental stressors, including poverty, illiteracy, community violence, housing insecurity, or lack of heat and food.

In discussing these issues, it is best if the health care professional uses open-ended questions rather than closed-ended questions. Closed-ended questions require only defined answers, such as "yes" or "no." Open-ended questions, such as, "Tell me how you manage to raise 2 children on your own," are designed to encourage discussion. They often begin with what, when, where, or why.

Family Stress and Change

Major family changes and chronic family stressors are among the most prevalent and important influences on the developmental and psychological well-being of young children. In addition to parental separation and divorce, major changes can include birth of a child with special health care needs or a diagnosis of such needs, change to single-parent status, remarriage, death of a parent or other family member, or moving to a new family home. Family issues, such as parental substance abuse, domestic violence, and parental depression, dramatically affect the child's developmental progress. These parental issues may not come up in the course of the usual pediatric history taking, but they can seriously impair parents' ability to provide a healthy environment for a growing child. For children of all ages, the goal after such an event is to return to a life that is secure and predictable, with ensured or reestablished close ties to loved ones.

Health care professionals can support parents during these challenging times through awareness of family events and focused monitoring of the child's and the family's adaptation.⁵ The health care professional's most important intervention may be to help parents develop problem-solving skills. These skills will serve them well in managing important stressors or navigating periods of change or crisis. Suggesting strategies, posing questions, and providing tools are 3 ways that health care professionals can encourage these discussions of child, parent, and family well-being and safety within the family. A 2000 study of children aged 4 to 35 months showed that the majority of parents believe that questions about family, safety, and emotional well-being are appropriate questions for professionals to ask.³²

PARENTAL DEPRESSION

The mental health of all adult caregivers is important and should be addressed by the



health care professional. Maternal depression has received most of the attention, but that is due to the paucity of data on paternal depression.

Depression is common. The lifetime prevalence of major depressive disorders is 16.6%.³³ Many women experience baby blues, which is an extremely common reaction following delivery of an infant. It usually appears suddenly on the third or fourth day after delivery. "An estimated 70% of all new mothers experience this emotional letdown, and it generally does not impair functioning. About 10% of new mothers experience some degree of postpartum depression. Women who have had severe premenstrual syndrome are more likely to suffer from it."³⁴

Parental depression or isolation is one of the greatest risk factors for child behavioral and mental health problems. Identifying maternal depression is especially important during early childhood because of the vulnerability of young children. For the child, short-term behavioral reactions to maternal depression can include withdrawal, reduced activity, reduced self-control, clinginess, increased dependency, increased aggression, poor peer relationships, greater difficulties

For the child, short-term behavioral reactions to maternal depression can include withdrawal, reduced activity, reduced self-control, clinginess, increased dependency, increased aggression, poor peer relationships, greater difficulties adapting to school, and general unhappiness.

Mothers can be willing to talk with their child's health care professional about their own state of well-being, but only in the context of a trusting relationship with a health care professional who demonstrates care and concern for her as well as for her child.

adapting to school, and general unhappiness. Long-term effects on the child include a significantly higher chance of developing an affective disorder.³⁵

Screening for Depression

Health care professionals sometimes can observe signs of depression in the mother, such as a lack of energy, chronic fatigue, feelings of hopelessness, low self-esteem, poor concentration, or indecisiveness. A mother may say that she is feeling blue or experiencing somatic symptoms, such as insomnia, hypersomnia, poor appetite, or overeating. Culturally specific manifestations of depression also may occur, and the health care professional should seek to learn about those factors in relation to the populations served. Mothers can be willing to talk with their child's health care professional about their own state of well-being, but only in the context of a trusting relationship with a health care professional who demonstrates care and concern for her as well as for her child.³⁶

Certain risk factors, such as poverty, chronic maternal health conditions, domestic violence, substance abuse, and marital discord, should alert health care professionals to the higher likelihood of maternal depression and greater risk for the child's development.^{37,38} A history of illicit drug use or alcohol or tobacco use during pregnancy should be explored. Health care professionals should be aware that parents of children with special health care needs may go through periods of mourning, which has features similar to depression.

The health care professional can ask questions about possible depression, such as:

- How would you describe your mood in the past 2 weeks?
- Do you find that you no longer get pleasure out of activities that you enjoyed in the past?

Questionnaires, such as the brief Edinburgh Postnatal Depression Scale,³⁹ also

may be useful. For parents who are experiencing depression, the health care professional can:

- Provide understanding and support.
- Ask how the depressive symptoms interfere with everyday life, including caring for the child.
- Explore problems and stressors, including use of alcohol or tobacco, during pregnancy.
- Ask about a past history of depression and treatment.
- Assess the severity of the depression, including risk for suicidal behavior.
- Offer to speak with other family members to better understand the parent's situation and to encourage support.
- Refer to a mental health professional when appropriate.
- Refer to parent's primary care professional.

Parents with depressive symptoms should be asked directly about whether they have had suicidal thoughts. Parents who continue to have such thoughts should be asked if they have a plan to harm themselves. Positive responses to these questions require an immediate mental health evaluation.

SUBSTANCE ABUSE

Substance abuse by parents or other family members can have significant negative effects on the children in the family. Alcohol and other drug abuse also can affect the parents' ability to attend to their children's emotional needs and safety. Impaired judgment resulting from alcohol and other drug abuse leads to inconsistent parent-child interactions and poor parenting. Financial problems are often an additional result of substance abuse. Health care professionals can be alert to the signs of impairment and refer parents for help. In screening for substance abuse, the health care professional can ask, "Is there anyone in the family whose use of alcohol or other drugs worries you?"

DOMESTIC VIOLENCE

Domestic violence, also sometimes called “intimate partner violence,” is prevalent across all socioeconomic groups. Estimates range from 960,000 incidents of violence against a current or former spouse, boyfriend, or girlfriend per year⁴⁰ to 3 million women who are physically abused by their husband or boyfriend per year.⁴¹ Each year, more than 3 million children witness violence between their parents.⁴² Substantial evidence has accumulated regarding the toxic effects of domestic violence on the child. Infants and toddlers who witness violence in their homes or community show excessive irritability, immature behavior, sleep disturbances, emotional distress, fear of being alone, and regression in toileting and language. In school-aged children, overall functioning, attitudes, social competence, and school performance are often affected negatively. Moreover, the presence of violence in the home creates a significant risk of participation in youth violence activities even if the child is not a victim of the family abuse.⁴³ Abuse of the child is far more likely to happen in families in which violence exists between the parents.^{44,45}

Health care professionals must be alert to the signs of domestic violence and be prepared to ask questions in a sensitive manner about the safety of all family members. They also should discuss options that are available to parents who are being abused. Health care professionals should understand that women can be afraid to divulge that they have been abused by a partner because they fear violent reprisals or losing the children.⁴⁶

Routine assessment should focus on early identification of all families and victims of domestic violence, regardless of whether they have symptoms. The health care professional can ask the following questions:

- Do you feel you live in a safe place?
 - In the past year, have you ever felt threatened in your home?
 - In the past year, has your partner or other family member pushed you, punched you, kicked you, hit you, or threatened to hurt you?
- A detailed description of possible assessment questions and interventions in the primary care pediatric context are provided in *Bright Futures in Practice: Mental Health*⁴⁷ and at the Family Violence Prevention Fund Web site (<http://endabuse.org/>).⁴⁸

SEPARATION AND DIVORCE

Today, more than 1 million children per year are newly involved in parental divorce. Overall, 50% of marriages end in divorce every year. The likelihood that a child will be in a family that goes through a divorce is higher than 1 in 3⁵; children also have a 1 in 3 chance of experiencing a second divorce.⁴⁹ According to Sammons and Lewis,⁵⁰ “By 2010, more than half of school-aged children will have spent substantial time living with a single parent or in a stepfamily.”

The process of separation or divorce, parental dating, and stepfamilies or blended families requires many periods of adjustment for the child or adolescent, and separation and divorce are associated with many negative reactions for all members of the family. Practical concerns, such as plans for child care, support, custody, and emergency contacts, should be clarified. The health care professional should assess the child’s reaction to the separation or divorce and refer a poorly adapting child for counseling.

If the family doesn’t stay intact, the health care professional can seek to decrease negative effects for the parents and child by being an important resource and support for both the child and the parents. This can be done by⁴⁹:

- Encouraging open discussion about separation and divorce with and between parents
- Emphasizing ways to deal with children’s reactions

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Adolescents who are involved in extracurricular and community activities and whose parents are authoritative, rather than authoritarian or passive, appear to progress through adolescence with relatively little turmoil.

- Acting as the child's advocate
- Offering support and age-appropriate advice to the child and parents regarding reactions to divorce, especially guilt, anger, sadness, and perceived loss of love
- Referring families to mental health resources with expertise in divorce if necessary

Understanding and Building on the Strengths of Children and Youth

In addition to helping their children avoid unsafe and unhealthy behaviors, parents can foster healthy development in their children by promoting positive physical, ethical, and emotional behaviors and development. Four positive attributes are particularly related to decreased risk-taking behaviors among youth. (For more information on this topic, see the Promoting Child Development theme.) Strength-based parenting fosters opportunities and growth in the following areas⁵¹⁻⁵⁴:

- **Connectedness.** This concept refers to relationships with caring adults, relationships with other children and youth, and belonging. Research demonstrates the

value of parental involvement and quality parent-adolescent communication on healthy adolescent development.⁵⁵⁻⁵⁷

Adolescents who are involved in extracurricular and community activities and whose parents are authoritative, rather than authoritarian or passive, appear to progress through adolescence with relatively little turmoil.⁵⁷

- **Competence and mastery.** Children and youth who have a chance to gain skills and knowledge grow in competence. For instance, young children learn to sit, walk, and talk. By school age, children have acquired the ability to share, take turns, and listen. For school-aged children and youth, school success becomes an important marker for mastery. Other accomplishments in areas such as the arts, athletic activities, and community service are equally important examples of this attribute. The specific areas of accomplishment may be determined by family and community cultural values. Parents, extended family, educators, and mentors can be most helpful in assisting children and youth find and participate in activities they enjoy.
- **Autonomy and independence.** Autonomy is a goal for youth as they mature to adulthood. Children who have experience with making decisions throughout childhood and who have guidance from their parents and guardians in these efforts are well-positioned to make this transition effectively. It is crucial to encourage appropriate self-care and self-advocacy for children with special health care needs. The rate at which children and youth are expected to make decisions and the areas over which families cede control may vary with the values and culture of the family.
- **Empathy.** Being able to understand the feelings of others is an important developmental task for children and youth to



accomplish by adulthood. Young children can demonstrate empathy as generosity when they help at home with age-appropriate tasks or play with younger siblings and neighbors. In adolescents, this skill often manifests itself in babysitting, relationships with peers, or volunteer activities with a community or faith-based group.

Attention to these developmental tasks is equally important in children with special needs because it puts the emphasis on universal themes that are possible in almost all children as they grow. Growing in independence and having the opportunity to do things for others are 2 of the developmental tasks that often require focused effort for youth who have health issues, but these youth also benefit greatly from the chance to emphasize their progress on these developmental tasks of all children.

Family Culture and Behaviors

Understanding and building on the strengths of families requires health care professionals to combine well-honed clinical interview skills with a willingness to learn from families. Families demonstrate a wide range of beliefs and priorities in how they structure daily routines and rituals for their children and how they use health care resources. These attitudes often reflect traditional family or cultural influences, which are important for health care professionals to understand if they hope to work in effective partnership with families to maximize the health and development of their children. Consider the following:

- **Daily routines and rituals.** These include mealtimes, food choices, sleep schedules, bowel and bladder elimination habits, general cleanliness and personal hygiene, attention to dental health, tolerance for risk-taking activities, customary ways of expressing

illness or distress, and parental or family use of tobacco, alcohol, or illicit drugs. For example, family meals are associated with language acquisition and literacy in young children, as well as higher dietary quality and psychological health in children and adolescents.⁵⁸ Children can thrive in families with widely varying traditions of health beliefs and practices. Emotional support, structure, and safety are the key ingredients of the environments and routines for young children at home.⁵⁹ When families hold to routines or rituals that seem to cause or exacerbate a problem, the health care professional should learn more about the history of the routine within the family and, possibly, within the family's culture.

- **Culture, beliefs, and behaviors connected with health and illness.** Families tend to use available health care resources for their young children based on their knowledge, beliefs, traditions, and past experiences with health systems. Visiting a health care professional on behalf of their child reflects a family's desire to seek help or share concerns. At the same time, the family might view typical clinical guidance or use medications in unexpected ways. One family might believe that only a prescription or a shot will help, whereas another might first consult community elders and then combine medicine from the drugstore with traditional healing methods. This makes it important for health care professionals who serve children and families from backgrounds other than their own to listen and observe carefully, to learn from the family, to build trust and respect, and not to assume that a safety checklist will be followed (not out of ignorance or disrespect, but rather out of adherence to tradition and past experience). Health

Families demonstrate a wide range of beliefs and priorities in how they structure daily routines and rituals for their children and how they use health care resources.

Parents can be positive role models by eating healthfully themselves, participating in physical activity with their children, and performing physical activity themselves.

care professionals also should understand that families and cultures tend to approach the concept of disability and chronic conditions in different ways. If possible, the presence of a staff member who is familiar with a family's community and fluent in the family's language is helpful during these discussions.

- **Nutrition and physical activity.** Families should emphasize physical activity and healthy eating behaviors early in a child's life. Parents can be positive role models by eating healthfully themselves, participating in physical activity with their children, and performing physical activity themselves. Both regular physical activity (see the [Promoting Physical Activity theme](#)) and healthful dietary behaviors (see the [Promoting Healthy Nutrition theme](#)) are essential to prevent a sedentary lifestyle and to avoid excessive pediatric weight gain (see the [Promoting Healthy Weight theme](#)). Food insecurity and hunger (see the [Promoting Healthy Nutrition theme](#)) are problems for an increasing number of families. Health care professionals should identify any problems the family may have in obtaining nutritious food and connect families with appropriate community resources (see the [Promoting Community Relationships and Resources theme](#)) when needed.
- **Health behaviors.** Parents are powerful role models for their children. From wearing seat belts and bicycle helmets to modeling community involvement, anger management, or responsible drinking, parents play a significant role in influencing their children's and adolescents' health and risk behaviors.⁶⁰
- **Television, computer, and media viewing.** Television viewing is an established daily routine in most families. Preschool-aged children spend most of their waking *sedentary* time watching

television. One third of American children aged 2 to 7 years have televisions in their bedrooms.⁶¹ The impact of television viewing (but not other media) on young children has been examined. Although school readiness appears to be increased among low-income children who watch informative television programs and fewer cartoons,⁶² most effects are not positive. Studies have shown positive influences of age-appropriate, curriculum-based educational television on children's cognitive abilities and school readiness.⁶³ One study found that preschoolers who viewed educational television shows had higher grades in high school and read more books than those who did not.⁶⁴ On the other hand, television viewing patterns have raised concern because of the effects of media violence and physical inactivity on children and adolescents. Media violence is the most investigated negative factor associated with content, with research indicating that it can contribute to aggressive behavior, desensitization to violence, nightmares, and fear of being harmed.⁶⁵⁻⁶⁹

Preschoolers are unable to distinguish between fantasy and reality, making them vulnerable to the influence of the content of shows (eg, violence) and to advertising, particularly if show characters are used to promote products.⁶⁶

For other forms of electronic media, only limited information exists for benefit or harm. "Few data exist regarding how learning-oriented electronic media products are used in the daily lives of young children, let alone their effect on children."⁶³

Health care professionals should support the recommendation that children younger than 2 years should not watch

television or videos at all, and children older than 2 years should watch no more than 1 to 2 hours of educational programming per day.⁷⁰ Sufficient information does not exist to make recommendations for other media use with young children.

- **Smoking, drinking, and substance use.** It is important to discuss with parents their attitude toward drugs or alcohol use, and ask how they plan to talk about drugs and alcohol with their children and adolescents.⁷¹ Children and adolescents can be affected by substance abuse directly (when they use substances themselves, are exposed in utero, or are exposed through the air, such as smoke from crack cocaine) or indirectly (when they experience the consequences of substance use by family members or other adults). Parental alcoholism increases the risk of adolescent alcoholism because of genetic and environmental factors.⁷²

Promoting Family Support: The Preconception and Prenatal Periods

In recent years, information on issues that are important to a woman's health before and during pregnancy has helped focus attention on the importance of these periods to the health of her children.

The Preconception Period

Health care professionals who offer preconceptional or interconceptional guidance to older adolescent girls, young adult women, and families during health supervision visits contribute to healthy pregnancies, healthy infants, and healthy outcomes for adults. Maternal health and well-being are vital to a safe pregnancy and the birth of a healthy baby. A nutritious diet and physical activity before pregnancy benefit the mother and fetus during pregnancy and delivery. Educating prospective parents (those having

unprotected intercourse as well as those who are actively planning a pregnancy) about the benefits of making health-promoting choices, particularly related to the use of tobacco, alcohol, illicit drugs, and medications, including over-the-counter medicines and herbal preparations that have potential teratogenic effects, before conception can significantly improve pregnancy outcomes for mother and infant. Adequate amounts of folic acid should be advised for women who are contemplating pregnancy.

The Prenatal Period

Prenatal care is effective in improving the health of mother and baby and is the major factor in preventing infant death and disease.⁷³ Women who receive early prenatal care generally have better birth outcomes than those who do not.⁷⁴

Establishing a trusting relationship between the health care professional and the family during this time, when many families need and welcome support, can be especially productive. Pregnancy is a time of initial family adaptation, which can predict later parental coping. The health care professional can gather basic information about the family and its values, beliefs, prior experiences, goals, and concerns and can provide reassurance and key information about what to expect during the newborn period. Discussing expectations and concerns with the health care professional allows parents to share their excitement and sort out their concerns. Guidance that is provided to families also should be personalized by acknowledging their beliefs, values, experiences, and needs, and should be interwoven in discussions with parents. Engaging members of the family and community who provide natural support and guidance to new mothers (eg, grandmothers, aunts, and other older women) also is important because it can help foster compliance with health care.

Discussing expectations and concerns with the health care professional allows parents to share their excitement and sort out their concerns.

Pregnancy complications are often secondary to common underlying medical and dental conditions, such as obesity, diabetes, hypertension, and periodontal disease.

Optimally, during the last trimester of pregnancy, expectant parents should schedule a visit with the health care professional who will care for their baby after birth. Provided that parents have sufficient literacy and that materials are written in easily understandable words in their primary language, a printed questionnaire that parents can complete in the waiting room before the appointment can suggest issues that should be emphasized during the visit. For some families, illustrated or non-text materials or a brief review of the questionnaire with a staff member may be more appropriate.

An essential component of this initial visit is to introduce the role of parents as the primary decision makers for their child and to emphasize the valuable role family has in ensuring the child's health and well-being. Whenever possible, the health care professional should encourage families to participate actively in the decision-making process. In some families, the grandparents, or a family member other than the parents, may be the decision makers. Therefore, any discussions about decision making for the child should include eliciting how decisions are made within the family and with whom information should be shared.

Education is particularly powerful during the prenatal period. It is an ideal time to advise prospective parents on:

- Lifelong health issues, such as the importance of a healthy diet, physical activity, and dental health (for more information on this topic, see the Promoting Healthy Nutrition, Promoting Physical Activity, and Promoting Oral Health themes)
- The importance of using seat belts and avoiding alcohol, drugs, or tobacco or any other environmental toxicants or hazards
- The importance of the prenatal care visits; appropriate rate of weight gain during pregnancy; appropriate nutrient

intake; healthy hygiene practices, including hand washing; preparation for childbirth; and sibling preparation and the presence of the father, partner, or other family member during delivery

- Immediate postpartum care issues, including benefits of breastfeeding, rooming-in, newborn metabolic and hearing screening, risks and benefits that are associated with early hospital discharge, and planning for the care of mother and baby after birth
- Other newborn infant care topics, including safe sleep practices, infant temperament, holding and cuddling the baby, sibling precautions, and using an appropriate car safety seat for the baby
- Safety issues, such as the presence of guns in the home and exposure to lead, tobacco, and mercury (for more information on this topic, see the Promoting Safety and Injury Prevention theme)

REDUCING PREGNANCY COMPLICATIONS

Pregnancy complications are often secondary to common underlying medical and dental conditions, such as obesity, diabetes, hypertension, and periodontal disease. Prevalent adult habits can have adverse effects on a developing fetus. Preventable causes of developmental disability include prenatal exposure to teratogens, such as alcohol, and environmental toxins, such as tobacco smoke. Fetal alcohol syndrome, the most common known cause of mental retardation in the United States, is entirely preventable. Because no known amount of alcohol is safe for the developing fetus, women who may become pregnant because they are having unprotected intercourse or are actively trying to become pregnant should be counseled to avoid alcohol during the preconception period and throughout pregnancy.

Smoking during pregnancy and exposure to secondhand smoke are significant contributors to infant mortality, low birth weight,

and sudden infant death syndrome. (For more information on this topic, see the [Promoting Safety and Injury Prevention](#) theme.) Health care professionals should encourage women who smoke to stop before they become pregnant and should give them information about smoking cessation programs and community resources. Extended or augmented smoking cessation counseling (5 to 15 minutes) that uses messages and self-help materials that are tailored to pregnant smokers, when compared with brief generic counseling interventions alone, substantially increases abstinence rates during pregnancy, and leads to higher birth weights. Although relapse rates are high in the postpartum period, which increases the baby's chances of being exposed to secondhand smoke, "reducing smoking during pregnancy is likely to have substantial health benefits for the baby and the expectant mother."⁷⁵

Although health care professionals should caution families about avoiding or limiting environmental exposures that pose a risk to the developing fetus, they also should recognize that some environmental factors, such as poor housing, pollution, or poverty, can be beyond the family's control. Health care professionals' involvement with community advocacy for better living conditions can be a way to influence the health of mothers and infants. (For more information on this topic, see the [Promoting Community Relationships and Resources](#) theme.)

In the periconceptional period (before and during pregnancy), converging events can have a significant impact on the developing fetus with resulting lifelong consequences. Infants who have been exposed to outside environmental factors, maternal substance use, secondhand smoke, malnutrition, or caregiver neglect are at increased risk for morbidity or death. The *triple risk model* delineates how 3 elements—a vulnerable fetus or infant, a critical developmental period (preconception and during pregnancy),



and exogenous stressors (maternal and other environmental factors)—intersect, with the potential to harm or kill the fetus or neonate. This model provides an important conceptual framework as the infant moves through other critical developmental periods after birth.⁷⁶

Promoting Family Support: Infancy— Birth to 11 Months

Ideally, parents care for their infants with the support and assistance of others. Being cognizant of the family's culture, the health care professional should ask about caregiver roles and responsibilities of the parents and other important adults in the child's life.

The family's home setting can have a major influence on parental well-being when parents and other caregivers feel alone and have limited opportunity for social interaction. Living in rural areas with distance between neighbors, in an inner city area that seems unsafe, or in a suburban neighborhood with uninterested neighbors can cause a new parent to feel unwanted or unimportant. A mother who feels comfortable with working outside the home or being a stay-at-home

Being cognizant of the family's culture, the health care professional should ask about caregiver roles and responsibilities of the parents and other important adults in the child's life.

...the child's transition into more active and mobile activities can provide the father with new terms of engagement on familiar ground.

mom, as well as with the emotional support of her partner, can have a positive effect on an infant's emotional development.⁸

Fathers (whether biologic fathers, adoptive fathers, stepfathers, or foster fathers) also are important caregivers and teachers for their infants. A father's participation in infant care is enhanced if he is present at delivery, has early infant contact, and learns about his newborn's abilities. New fathers should learn that they have a unique role, distinct from that of the mother, in caring for and parenting the infant. For families who have recently arrived in this country, any changes in gender roles can be more difficult than for those who are more acculturated. The health care professional may need to discover the roles for fathers in the family's culture and build on them in discussions of other possible roles.

Because more than 50% of mothers in the United States currently work full-time outside the home, the responsibility for providing infant care and developmental stimulation of the infant is often shared by others.⁷⁷ High-quality child care provided by nonfamily members can be as nurturing and educational as parental care, but it requires responsive, loving, consistent caregiving by a few adults. Advising parents in their choice of child care options is an important role for health care professionals.

Emotional support between the parents powerfully affects adaptation to parenting. Parents can disagree and even feel angry with each other, and they should be offered help, either by the health care professional or a mental health specialist, to resolve difficulties in a positive way. Parents need to know that they should call for help immediately if they feel they may hurt each other or the baby.

Continuous attention to the quality of the parent-child relationship is an important element of health surveillance for the infant.⁷⁸ Because an infant is completely dependent on his parents, and because his learning and experience occur within the interpersonal

context of his relationships with his caregivers, the infant is vulnerable to his parents' mood states. Unanticipated events, such as illness, death, or other catastrophes, can affect the infant because the parent is upset, anxious, overwhelmed, or traumatized by the event and is unable to buffer the infant from those feelings or is unable to give the infant consistent comfort and nurturing.

Promoting Family Support: Early Childhood—1 to 4 Years

Families approach the early childhood years of each child in the family differently. With a first child, many parents still feel tentative about their new role. They often face each stage of their child's development (eg, standing, walking, babbling, holding a cup, playing, saying first words, exploring, throwing tantrums, adjusting to new faces, sleeping alone, making friends, and going to preschool) with shifting senses of worry and wonderment. Whether they are new or experienced at parenting, parents have many questions about their 1-year-old or 4-year-old child, such as, "Is it normal for her to cry every time I leave her?" "Why isn't he saying as many words as his cousin of the same age?" "How do I know if the car seat is the right size?" "When can she begin to eat regular table food?" "When should I start potty training?" "How can we find a good child care provider?"

During early childhood, fathers often become increasingly engaged with their children. This development can be the result of the toddler's decreased dependency on the mother, especially if the child was breastfed as an infant. The mother's return to full-time work outside the home can necessitate the father's increased involvement. In addition, the child's transition into more active and mobile activities can provide the father with new terms of engagement on familiar ground.

As their children move into toddlerhood, parents often are confronted with new

pressures to balance the competing needs of their child and family with those of job and career. The new sensitivity of the toddler to separation from family members and the young child's continued high level of need for care make the decision to return to work all the more difficult. The child's increasing push for autonomy and the constant vigilance that is needed to ensure safety add to the stress of this period. These factors may explain evidence of increased depressive symptoms, as high as 42%, in mothers during the second year of their child's life.^{79,80} The health care professional can provide valuable encouragement and support to mothers during this time by helping them understand their particular child's temperament and develop appropriate expectations for their child's developmental stage and level of understanding.

Promoting Family Support: Middle Childhood—5 to 10 Years

A child is quite different in the early years of middle childhood than in the later years. A child who gets along well with caregivers and siblings at age 5 may not do so at age 10. Caregivers and parents need to be reassured that these changes are a normal part of the child's growing independence from the family. The family should be encouraged to continue to give plenty of support, attention, and supervision as the child nears early adolescence.

In addition to evaluating parental well-being, health care professionals can encourage the parents of children in middle childhood to model healthy behaviors for their children. Encourage them not to smoke, to wear a seat belt, to consume alcohol responsibly, and never to drive after consuming alcohol. Also encourage them to maintain a healthy weight through proper nutrition and regular exercise. Family activities that include physical activity can be especially beneficial for children in this age group.

The health care professional should inquire about changes and stresses in the family, such as illness in a parent or child, job loss or other change in employment, loss of an older family member, starting school, or moving to a new school or location. Changes and stresses can have a significant impact on the child's moods, behaviors, and school performance. Children react to stress in myriad ways; some children are quite resilient, whereas others are very slow to adapt to change. (For more information on this topic, see the [Promoting Mental Health](#) theme.) Parents may need to offer extra support to their child during a particularly difficult time.

School is a key experience for children in middle childhood. Families can play a major supportive role by encouraging the child's educational experiences and being involved in school activities. Families who are new to this country and its educational system (especially those with low English proficiency) and families with children with special health care needs may need additional support and guidance to navigate the school system.

Promoting Family Support: Adolescence—11 to 21 Years

The changes that occur in contemporary family life are particularly significant for adolescents. The decreased amount of time that many parents, extended family members, and neighbors are able to spend with adolescents leads to decreased communication, support, and supervision from adults at a critical period in their development, when children are most likely to experiment with behaviors that can have serious health consequences.

Families are better able to support young people when they receive accurate information on the physical, cognitive, social, and emotional changes that occur during adolescence. Health care professionals must be aware of the support networks for young people and should know the adults who are involved in their lives and when they should be involved in health decisions.

School is a key experience for children in middle childhood. Families can play a major supportive role by encouraging the child's educational experiences and being involved in school activities.

Young people are more likely to become healthy, fulfilled adults if their families remain actively involved and provide loving parenting, needed limits, and respect for the process of developing maturity.

Parents should be encouraged to maintain an interest in their adolescent's daily activities and concerns. Families who are stressed because of economic issues, or families who are new to this country and do not understand the schools and social institutions, can have trouble staying involved in their children's lives but should be encouraged to do so. Although adolescence is characterized by growing independence and separation from parental authority, the adolescent still needs the family's love, support, and availability. Young people are more likely to become healthy, fulfilled adults if their families remain actively involved and provide loving parenting, needed limits, and respect for the process of developing maturity. Good parent-adolescent relationships can affect the development of other social relationships, including the practice of conflict resolution skills, prosocial behaviors, intimacy skills, self-control, social confidence, and empathy.⁸¹ (For more information on this topic, see the Promoting Child Development theme.) The more assets young people demonstrate, the fewer at-risk behaviors they display.⁸²

The health care professional also can affirm the parents as ethical and behavioral role models for their adolescent and can encourage parents to communicate their expectations clearly and respectfully. For adolescents who do not have a strong

connection to family or other adults, health care professionals can play a pivotal role in providing key information on health issues, screening for emotional problems, and making referrals to community resources.

This same guidance needs to be given to parents of adolescents with special health care needs. The young person's special needs create demands that affect parents, the financial status of families, and family and social relationships, including relationships with siblings, but the developmental tasks of independence and mastery must receive equal attention for healthy outcomes. A coordinated focus on these developmental tasks is the work of an interdisciplinary team that can include educators and school nurses, occupational health professionals, medical social workers, parent experts, and pediatric subspecialists. Health care professionals can help families find balance in meeting the physical and psychological needs of the adolescent with special needs and other family members while maintaining normal family routines and rituals.⁸³ Informal and formal support networks are key factors to supporting families with adolescents who have a chronic illness, a disability, or other risk factors. Community resources, financial support, and emotional, spiritual, and informational support help families cope and be resilient.⁸³

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