Promoting Family Support

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.

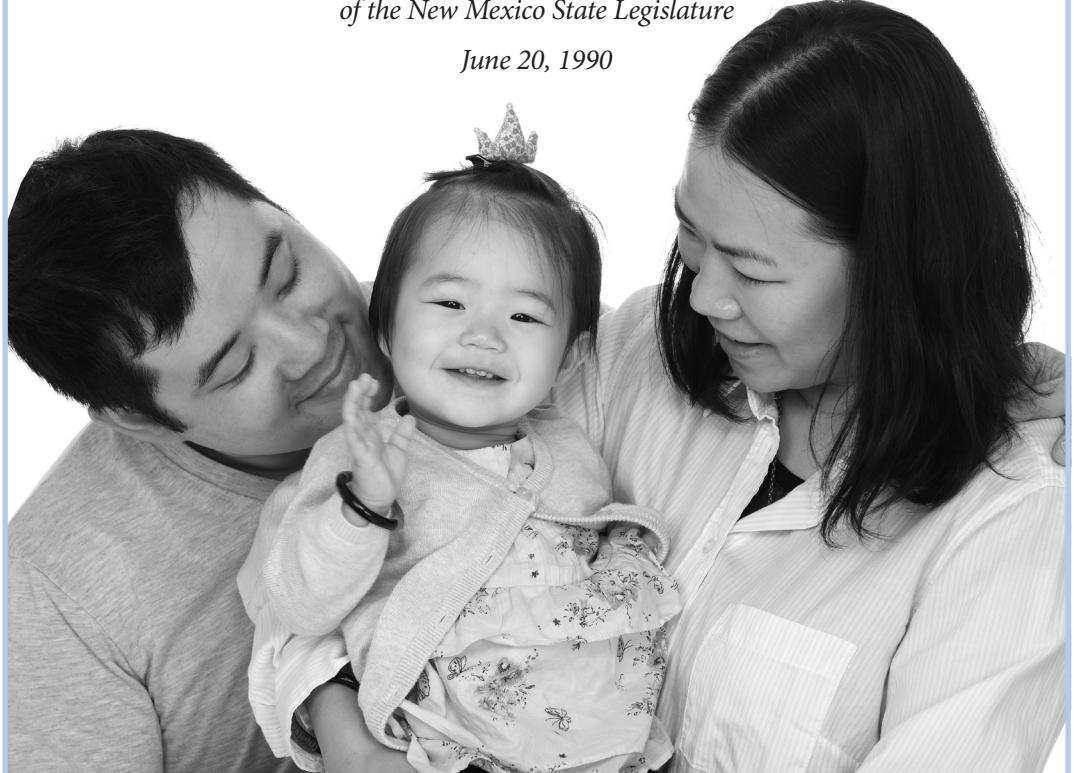
Together, our families become the source of our rich cultural heritage and spiritual diversity.

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, families, and other caregivers. 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
- Understanding the cultural and ethnic beliefs and traditions of each family
- Assessing the well-being of parents or other caregivers
- Asking about and addressing parent-identified needs and concerns
- Assessing the family's well-being
- Identifying and building on the parents' and family's strengths and protective factors
- Assessing and addressing the family's risks
- Providing information, support, and access to community resources
- Delivering family-centered care in the medical home[1]

The essential effect of family on child health is further discussed in the *Promoting Lifelong Health for Families and Communities theme.*

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 who 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 opposite-sex or same-sex couples.[2] The family unit can be relatively static, or it can be quite changeable if parents divorce or remarry or if outside caregivers change. Families also can include a parent or caregiver who is of a different racial or ethnic group than the child.[3]

In some families, grandparents play a central role in the daily care of young and growing children. Intergenerational parenting occurs when 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.

Children in immigrant families now represent a quarter of the children in the United States, and they are a growing sector of the population.[4] These children experience a number of unique and powerful family-level influences as well as unique strengths.

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, homelessness, divorce, separation, deployment in the military, or illness, resilience varies tremendously and is not always predictable. Two themes common to all families are that parents want the best for their children and significant change or stress that affects one family member affects all members.

Health care professionals should be aware of the characteristics of the family to which a child belongs and should be sensitive to differences among families. Establishing a relationship with a family involves open inquiry about key family members in the child's life and identification of parents, co-parents, and extended supports. 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 being open to multiple ways of thinking about, understanding, and interacting with the

world.[5] Health care professionals can better understand their patients and facilitate communication if they integrate the family's cultural background into the general health assessment.[6] *(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. Social changes in this country have altered traditional father roles substantially, however, and increasingly, parents now share the care of their children. Moreover, a growing number of single fathers today are raising children on their own; 16% of single parents were men as of 2013.[7] Research on the effect of a father on his child's development and psychological growth has shown a range of important effects on the child's well-being, cognitive development, social competence, and later school success.[8,9]

A variety of non-nuclear family arrangements also are on the rise, in which the primary father figure is a stepfather, partner, fiancé, grandfather, or other extended family member. At the same time, more children than ever are growing up in families with only a mother and no father (24% in 2014).[10] For all these reasons, health care professionals must increase their understanding of the roles of their patients' fathers, as well as the mothers. When inviting a father to become an integral part of his newborn'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. When both parents attend health supervision visits, the health care professional can observe parent-child and parent-parent interactions and any important differences that might 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 nature of the father's involvement with the child, including his views, concerns, and questions
- 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

Families With Adolescent Parents

Adolescent parents face a variety of specific challenges. While needing to build a nurturing relationship with their infant, they still require nurturing relationships for themselves. During a time when their children are growing and developing, adolescent parents are still growing and developing themselves, presenting unique challenges and opportunities within the parenting role. They often want to return to school and attempt to reengage with their previous friends and activities. Many 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, will provide an opportunity to discuss individual needs and expectations. The result can be especially powerful when the adolescent and her parents meet with the health care professional 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 builds confidence and competence. These young parents also may be helped by parenting classes, peer support programs, home visitation programs, and other community support services. Role models and mentors—both

male and female—can be an important source of support for the adolescent parents. Schools with on-site child care and programs for adolescent parents are wonderful resources if they are available in the community.[11]

Families With Same-sex Parents

About 2 million children live in families headed by a parent identified as lesbian, gay, bisexual, or transgender (LGBT) or in families with two parents of the same sex.[2,12] The Williams Institute of the UCLA School of Law found that approximately 2% of Americans have an LGBT-identified parent.[13] Fear of discrimination, violence, or loss of custody is believed to lead to underreporting, and a considerably greater number of children are likely to currently live in families headed by LGBT-identified parents.

Children of LGBT-identified parents may be intentionally conceived when same-sex couples seek alternative reproductive technologies now available, or they may come from a previous heterosexual union, be foster children, or be adopted. Community acceptance of all these families and laws that empower partners of the same sex to marry bring legitimacy to these families and legal protections to both parents and children.[2,12,14]

It is important that health care professionals caring for the children of LGBT-identified parents value these relationships, just as they seek to understand all families. A careful review of the literature by the American Academy of Pediatrics (AAP) concluded that the children of same-sex parents were developmentally and psychologically like all other children,[2] and this has been confirmed by subsequent studies.[15] One consistent finding in children of these families is greater compassion, resilience, and tolerance than is shown by their peers, suggesting that their recognition that their family constellation is less typical makes them more accepting of social differences.[2]

Families With Adopted Children

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 biological 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,[16] cultural and linguistic differences, foreign travel, and numerous rules that often require exceptional parental patience and persistence.

Adoption presents special challenges and lifelong transitions for the adopted child, her biological family, and her 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 they are at 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, neglect, or biological influences, such as prenatal exposure to toxins. 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. In addition, an adoption affects other siblings and their acceptance of the new family members, whether these siblings are biological or they themselves are adopted.

As the child develops, parents commonly have ongoing questions and uncertainties related to the adoption. Thus, the continuity of care, developmental monitoring, and health care professional's openness to the parent's questions 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. Like everything else children learn, the understanding of adoption develops over time. The adopted infant or child will not be aware of the difference between biological and adoptive families before the age of 3 years.

Children understand simple concepts initially and gradually come to understand nuances and abstract thoughts about adoption as they grow older. Health care professionals should encourage families to talk about adoption with their children just as they talk about other complex ideas—repeatedly, over time, and with increasing detail as the child develops more advanced thought capabilities.

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 her birth and adoption in positive, developmentally appropriate terms, thus providing the child with an opportunity to integrate the concept into her 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.[17]

Families With Foster Care Children

Each year in the United States, more than 250,000 children are placed in foster care because of abuse or neglect, with approximately 400,000 children in the foster care system at one time.[18] 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 in kinship care with caregivers who are relatives, with nonrelative foster families, in a treatment or therapeutic foster care home, or in a group or congregate care home. Strong and consistent data indicate that children in foster care have special needs.

- Most children in foster care have been abused or neglected and have not experienced a stable, nurturing environment during their early life.
- Many children in foster care have experienced unrecognized fetal harm from prenatal alcohol exposure or from other teratogenic substances, from poor prenatal nutrition and perhaps from the toxic stresses experienced by the mother during her pregnancy.
- Slightly more than a half of the children return to their parent or principal caregiver. Supports to the family environment are essential to reunification success.[18]
- The length of time in foster care varies, but, on average, 46% of the children are in foster care for less than 1 year; 27%, between 1 and 2 years; 22%, from 2 to 4 years; and 5%, for more than 5 years.[18]

Thousands of children live in an informal version of foster care, in which they live with relatives other than parents. Children in kinship care outside the state foster care system are not guaranteed the special protection or monitoring that is provided to children in official foster care programs.[19] Relatives who provide informal kinship care usually receive no training or financial support for doing so.

Children who are placed in foster care during the years of active brain development are at risk of developing special health concerns, often because of the abuse and neglect that resulted in the foster

care placement, in addition to the impermanence of the foster situation. For infants, an environment that is devoid of age-appropriate stimulation, nurturing, and communication or an environment of trauma affects cognitive and communication skills and alters attachment relationships. *(For more information on this topic, see the Promoting Mental Health and the Promoting Lifelong Health for Families and Communities themes.)* 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, under-stimulation, 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 biological parents and the child's response to stress. If separation from biological parents during the first year of life (especially during the first 6 months) is followed by quality, trauma-informed care, placement in foster care may not have a deleterious effect on social or emotional functioning.[20] The traumas (or toxic stressors) children experience before and upon placement in foster care result in adaptive responses by children. These responses can employ healthy and unhealthy coping mechanisms. Health care professionals should be attentive to these responses and actively engage foster families to address these responses and behaviors.

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

- The effect of traumas such as abuse, neglect, and inadequate or multiple foster care placements on brain development
- The nature of the attachment relationships before and after separation from the biological parents
- 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[21]

In addition to these mental health 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.[22] 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 or essential medical records regarding 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 care agency 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.[23] 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.

Among the approximately 402,000 children and adolescents in foster care in 2013, 160,800 were 11 years or older. Teens in foster care present a special challenge to health care professionals. Of those who "age out" of the system, 38% have

emotional problems, 50% have used illicit drugs, 25% have been involved in the legal system, and only 48% have graduated from high school.[24] Thirty-six percent of children and adolescents 16 years and older in foster care live in group homes or institutional settings, compared with 1% of children aged 1 to 5.[25] Of additional concern for health care professionals is that adolescent girls in foster care are substantially more likely than other girls to have become pregnant (48% versus 20%) and nearly 3 times more likely to have had a child (32% versus 12%). Almost twice as many girls in foster care (65%) have had sexual intercourse compared to girls not in foster care (35%).[26] Ensuring continuity of reproductive health services is especially challenging for youth in foster care who move frequently from home to home.

Families With Children and Youth With Special Health Care Needs

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 effect 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 frequent visits with health care professionals and because most children with these special needs now live into adulthood, 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 effect of the child's condition on the family also can have a profound effect 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; home visitor programs; early intervention programs; family resource and support centers; libraries; faith-based organizations; peer support and education programs, such as Family-to-Family Health Information Centers and Parent to Parent matching programs[27]; and recreation centers. These resources may be more easily accessed if the child or youth with special health care needs is cared for in a medical home. *(For more information on this topic, see the Promoting Health for Children and Youth With Special Health Care Needs theme.)*

Recognizing the Effect of Environment on Families

Many parents may not have control over their home environment because of living arrangements or culture or gender roles. *(For more information on the home environment, 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. *(For more information on this topic, see the Promoting Lifelong Health for Families and Communities theme.)* Special consideration may be needed for immigrant or refugee families, especially in relation to legal status and

concerns about deportation and the risk of family separation, which can affect their children's access to health care and housing. 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.

Forming an Effective Partnership With Families

Family-Centered Care

The health care professional plays an important role in supporting a child's health by promoting healthy family development. The health care professional also can be helpful to a child and her family in ways that go beyond the provision of expert, sensitive health care. An effective partnership includes information, support, and links to community resources. In general, most parents of young children are satisfied with their well-child care. In a national study, approximately 96% of parents of young children reported asking all their questions during their checkup, and 91% reported adequate time with the health care professional during their well-child visit.[28]

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 the age and health condition of that sibling can affect both the child being examined and the family as a whole. It also is important for health care professionals to understand the cultural beliefs and values that the family holds, especially in regard to health care, diagnosis, and treatment.

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 her family. Examples of relevant questions are as follows:

- How is your family adjusting to the new baby?
- Tell me about your child. What are her favorite activities?
- What do you enjoy doing together as a family? Do you or your children participate in neighborhood or community activities (eg, parent groups or playgroups, faith communities)?
- Who cares for your child during the day? Do you care for other people's children in your home?
- What responsibilities does your child have at home?

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 illness or mental disorder, provides additional insights for the health care professional.

An AAP Task Force on the Family 2003 policy statement remains a valid and essential summary of the literature and professional experience showing the importance of family-centered care.[6] 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 and 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 and trust, which leads to mutual decision-making and a medical home in which 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 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. An understanding of the family's cultural beliefs and traditions can help the health care professional work with the family to create a health care plan with which both are comfortable. Families may seek second opinions or services in standard 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 standard treatments. Complementary therapies are used in addition to standard treatments. Health care professionals should seek to determine whether complementary and alternative therapies indeed improve the standard treatments being used by a family. Families should be empowered to say whether they choose not to carry out prescribed treatments. This empowerment is derived from the sense of trust that is built over time. They must be assured that the health care professional will not take offense at their choice but will work with the family 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 standard 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."[29] 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, particularly autism spectrum disorder.[30,31] Alternative therapies 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 therapies, fearing disapproval. Health care professionals should ask parents directly about the use of complementary and alternative care. 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 therapies).

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 standard care plan overlooked an essential family need?
- Are therapy and 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 and effective? 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 child's specific condition?
- Will the intervention take away from other interventions? All therapeutic interventions have a monetary and time cost. Will therapies and treatments 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 treatment and discuss the treatment in the context of the family's perception of the severity of their child's problem or illness and their beliefs about the meaning of illness. Ask the family what they think about this approach.
- 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.

Immunization Refusal

Parental refusal of standard preventive immunizations is a frustrating and challenging occurrence in current practice. Health care professionals are trained to understand the critical importance and safety of modern immunizations and are well aware of the significant danger of not immunizing. Conversations about immunization refusal are difficult and can challenge the desired partnership with parents.

As with any therapeutic intervention, it is the health care professional's responsibility to provide clear information about the intended immunization and the disease it seeks to prevent, the efficacy of the immunization and duration of action, and the benefit to child and family. Any common adverse effects must be discussed and parental questions sought so parents are equipped to make an informed decision. For many vaccine-cautious parents, an unhurried conversation reassures their anxieties and empowers them to make the safe and appropriate decision to immunize.

Some parents cannot be reassured. They have done their own research, been swayed by media figures, or been victimized by conspiracy theorists. In these situations, consent is highly unlikely and even opening a discussion is difficult. This presents a professional dilemma for pediatric health care professionals.[32,33] It is one of the rare times when

health care professionals must, with respect, not only disagree with the parents' decision but also clearly communicate that they believe the parents are in error and that they are placing their child at unnecessary risk of harm. This conversation must be repeated at each subsequent visit when immunizations are indicated. This professional disapproval may negatively affect the partnership with this family.

Parental Well-being

Some aspects of parenting are specific to the developmental stage of the child, but several general issues affect 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 and religious beliefs
- Parenting beliefs, education, and strategies
- The parents' ability to deal with life stresses
- The parents' concerns about no or inadequate health insurance caused by unaffordable high deductibles

All these issues have significant implications for the successful development of the children in the family. *(For more information on this topic, see the Promoting Lifelong Health for Families and Communities theme.)* 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.
- Screen for maternal 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 emphasize the importance of preventive health care for them.
- Ask about parents' sources of support, including personal, financial, and community. Ask what they need and what they think will help them.
- Ask about other environmental stressors, including poverty, unemployment, low literacy, 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 two children on your own," are designed to encourage discussion. Such questions often begin with how, 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 sibling, especially if the new baby has special health care needs or a diagnosis of such needs, change to single-parent status, remarriage, illness or death of a parent or other family member, loss of job, combat deployment of a military parent, or a move to a new family home. Family issues, such as parental substance use disorder, 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. 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 and resources are 3 ways that health care professionals can encourage these discussions of child, parent, and family well-being and safety within the family. When parents were asked about why they attend health supervision visits, they report valuing the ongoing relationship with their health care professional and view the visit as a time for reassurance and an opportunity to discuss their priorities.[34]

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 because of limited data on paternal depression.

Depression is common. The lifetime prevalence of major depressive disorders is 17.3%.[35] On the third or fourth day after delivery, an estimated 70% of all new mothers experience depression, and it generally does not impair functioning.

Recognition also is growing that adoptive parents may experience a similar post-adoption depression. When it becomes clear that the realities of parenting are different than the long-imagined dreams, feelings of despair and being overwhelmed can occur in both biological and adoptive parents. Some adoptive parents may again experience grieving for the biologically related child they do not have, and guilt over that feeling can add to their already complex emotions.

Parental depression or isolation is one of the greatest risk factors for child behavioral and mental health problems.[36] 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, increased aggression, poor peer relationships, greater difficulties adapting to school, and general unhappiness. Long-term effects on the child include a significantly higher chance of developing an affective disorder.

Screening for Depression

Screening for postpartum depression has been recommended by the US Preventative Services Task Force and the AAP. Universal screening for postpartum depression is now recommended at the 1 Month through 6 Month Visits.[36,37]

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 may 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 and for her child.[38]

Certain risk factors, such as poverty, chronic maternal health conditions, domestic violence, exposure to community violence, alcohol and other substance use, and marital discord, should alert health care professionals to the higher likelihood of maternal depression and greater risk for the child's development. 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 screen[37] for postpartum depression using the following 2 questions:

1. Over the past 2 weeks, have you ever felt down, depressed, or hopeless?
2. Over the past 2 weeks, have you felt little interest or pleasure in doing things?

This screening is considered positive if a woman answers yes to either of the questions.[36]

Longer questionnaires, such as the 10-question Edinburgh Postnatal Depression Scale,[39,40] 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.* Inquire about the presence of firearms in the home.
- Offer to speak with other family members to better understand the parent's situation and to encourage support.
- Refer to a mental health professional.
- Refer to parent's primary care professional.
- Refer to other community resources.

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 whether they have a plan to harm themselves. Positive responses to these questions require an immediate referral for a mental health evaluation. *(For more information on this topic, see the Promoting Mental Health theme.)*

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. The following 4 positive attributes, drawn from Brendtro's Circle of Courage,[41] are particularly related to decreased risk-taking behaviors among youth. *(For more information on this topic, see the Promoting Healthy Development and Promoting Lifelong Health for Families and Communities themes.)* Strength-based parenting fosters opportunities for growth in the following attributes[42-45]:

- **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.
- **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.

- **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.[46,47] Adolescents who are involved in extracurricular and community activities and whose parents are authoritative, rather than authoritarian or passive,[44,48] appear to progress through adolescence with relatively little turmoil.
- **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 other caregivers 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.

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 two of the developmental tasks that often require focused effort for youth who have health issues.

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 children. Families need ways to learn about the following factors and how they can contribute positively to their child's development:

- **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 higher dietary quality and psychological health in children and adolescents.[49] 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.[50] 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 on the basis of 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 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 healthy eating behaviors and physical activity beginning early in a child's life. Parents can be positive role models by eating healthfully themselves, participating in physical activity with their children, and being physically active themselves. Both regular physical activity *(for more information on this topic, see the Promoting Physical Activity theme)* and healthful dietary behaviors *(for more information on this topic, see the Promoting Healthy Nutrition theme)* are essential to prevent a sedentary lifestyle and to avoid excessive pediatric weight gain *(for more information on this topic, see the Promoting Healthy Weight theme)*. Food insecurity or hunger *(for more information on this topic, see the Promoting Healthy Nutrition theme)* affects almost 1 in 5 families.[51] Health care professionals should identify any problems the family may have in obtaining nutritious food and connect families with appropriate community resources 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 protective and risk behaviors.[52]
- **Television, computer, and media viewing.** Television (TV) viewing is an established daily routine in most families. Some studies have shown positive influences of age-appropriate, curriculum-based educational TV on children's cognitive abilities and school readiness.[53,54] On the other hand, most effects of TV viewing are not positive, and TV viewing patterns have raised concern because of the effects of media violence and physical inactivity on children and adolescents. Health care professionals should support the recommendation that infants and children younger than 18 months should not watch TV or any digital media, and children 18 months through 4 years should watch no more than 1 hour of high-quality programming per day.[55] In addition, parents should be cautioned to avoid leaving the TV on in the background in the home throughout the day. For school-aged children and adolescents, parents can consider making a family media use plan.[56] The family media use plan is an online tool that parents and children can all fill out together. The tool prompts the family to enter daily health priorities, such as an hour for physical activity, 8 to 11 hours of sleep, time for homework and school activities, and unplugged time each day for independent time and time with family. The family can then consider the time left over and decide on rules around the quantity, quality, and location of media use.

- **Smoking, drinking, and substance use.** It is important to discuss with parents their attitude toward drug or alcohol use and ask how they plan to talk about drugs and alcohol with their children and adolescents.[57] Children and adolescents can be affected by substance use 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 alcohol use disorder increases the risk of adolescent alcohol use disorder because of genetic and environmental factors.[58,59]

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 pre-conceptional or inter-conceptional 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. Interacting with parents of young children also gives health care professionals an opportunity to discuss the desired timing and spacing of future pregnancies.

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. Health care professionals can educate prospective parents (those having unprotected intercourse and those who are actively planning a pregnancy) about health-promoting choices before conception that can significantly improve pregnancy outcomes for mother and infant. Choices related to the use of alcohol, tobacco, or illicit drugs; exposure to domestic violence; and medications,[60] including over-the-counter medicines and herbal preparations that have potential teratogenic effects, are particularly important. It is essential to inform women that teratogenic injury by many agents, especially alcohol, can and does occur early in pregnancy, often even *before a woman knows of her pregnancy.*[61] Similarly, all females of childbearing age should be advised to consume adequate amounts of folic acid (400 µg per day) before conceiving to prevent neural tube defects.

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. Newborns of women who receive early prenatal care generally have better birth outcomes than those who do not.[62]

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 adherence to health care. Extended family can play an important role—positively or negatively—on a

mother's initiation and adherence to breastfeeding. Many home visiting programs enroll families prenatally, and some offer doula services to assist women during the prenatal period.

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 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.

An essential component of this initial visit is 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 positive and loving relationships, a healthy diet, physical activity, immunizations (especially against pertussis and influenza), and dental health. *(For more information on this topic, see the Promoting Lifelong Health for Families and Communities, 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 with the woman's own health care professional; appropriate rate of weight gain during pregnancy; appropriate dental care; appropriate nutrient intake; healthy hygiene practices, including handwashing; 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, and completion of newborn metabolic, hearing, and critical congenital heart disease screening. Immediate postpartum care issues include planning for the care of mother and baby after birth.
- Other newborn care topics, including safe sleep practices, newborn temperament, holding and cuddling the baby, getting siblings ready for the new baby, pets in the home, and using an appropriate car safety seat for the baby.
- Safety issues, such as intimate partner violence, 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 conditions, such as obesity, diabetes, and hypertension, and to dental conditions, such as periodontal disease. Preventable causes of developmental disability include prenatal exposure to teratogens, such as alcohol, and environmental toxins, such as tobacco smoke. Fetal alcohol spectrum disorder, which results from prenatal exposure to alcohol and is the most common known cause of intellectual disability in the United States, is entirely preventable.[63] Because no known amount of alcohol is safe for the developing fetus, women who may become pregnant because they are having unprotected intercourse or who 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. Health care professionals should encourage women who smoke to stop before they become pregnant and should give them information about smoking cessation programs, including "quit lines" and smoke-free text programs,[64] and community resources. Extended or augmented smoking cessation counseling (5–15 minutes) that uses messages and self-help materials 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 stopping smoking is recommended, even reducing smoking during pregnancy will have significant health benefits for the baby and the pregnant woman.[65] Health care professionals also can mention the importance of staying tobacco-free postpartum because of the risks of exposing the baby to secondhand smoke.

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.[66] 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 Lifelong Health for Families and Communities theme.)*

Promoting Family Support: Infancy—Birth Through 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 unsupported. Parents who are comfortable in their new roles and who support one another physically and emotionally will have a positive effect on their infant's emotional development.

Fathers (whether biological fathers, adoptive fathers, stepfathers, or foster fathers) are important caregivers and teachers for their infants. A father's participation in newborn and infant care is enhanced if he is present at delivery, has early newborn contact, and learns about his newborn's abilities. New fathers should learn 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.

According to the US Department of Labor, labor force participation rate—the percentage of the population working or looking for work—for all mothers with infants, children, and adolescents younger than 18 years was 70.3% in 2014.[67] With new mothers returning to the workforce, the responsibility for providing infant care and developmental stimulation of the infant is often shared by others. 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 professional, 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. Because an infant completely depends 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. Postpartum depression screening is recommended.[36,37] 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 Through 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.

During early childhood, fathers become increasingly engaged with their children. 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 child's increasing push for autonomy and the constant vigilance that is needed to ensure safety add to the stress of this period. Established routines and family rules may help reduce continual developmental stresses common to this age. The health care professional can provide valuable encouragement and support to parents during this time by helping them understand their child's temperament and develop appropriate expectations for their child's developmental stage and level of understanding.

Promoting Family Support: Middle Childhood—5 Through 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 years may not do so at age 10. Caregivers and parents need to be reassured that these changes are a typical 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 and a bike or ski helmet, to consume alcohol responsibly, and never to drive after consuming alcohol. Also, encourage them to maintain a healthy weight through proper nutrition and regular physical activity. 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 effect on the child's moods, behaviors, and

school performance. Children react to stress in myriad ways; some children are resilient, whereas others are slow to adapt to change. In addition, children will act out or demonstrate stress in different ways. *(For more information on this topic, see the Promoting Mental Health theme.)* Parents will need to offer extra support to their child during a particularly difficult time and may have to balance providing support to all children in the family as well as to themselves.

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 Through 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 adolescents 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. New understanding of adolescent brain development is of interest to parents. 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 adolescents' 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, pro-social behaviors, intimacy skills, self-control, social confidence, and empathy. *(For more information on this topic, see the Promoting Healthy Development and Promoting Lifelong Health for Families and Communities themes.)* The more assets young people demonstrate, the fewer at-risk behaviors they display.[68]

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. Support for healthy development for youth with special health care needs can come from other members of their

interdisciplinary care team: school nurses, social workers, occupational health professionals, educators, 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 typical family routines and rituals.[69] 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.[70] *(For more information on this topic, see the Promoting Health for Children and Youth With Special Health Care Needs theme.)*

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