

## PRACTICE GUIDE

### FAMILY & THE ENVIRONMENT

#### PARENTAL SUPPORT

2 Weeks to 4 Weeks-Introduce  
6 Months-Reinforce

4 Months-Reinforce  
2 Years-Reinforce

**All parents need support.** Longer hours away from their children, disconnection from close extended family support, and fewer links between the family and the community all reduce the time, energy, and external supports available for rearing healthy children. It is important for you to develop, refer to, and participate in community-based family support programs to help parents secure the knowledge, skills and support they need to raise a family. It is also important for pediatricians to discuss with parents the need to identify a support system and “take breaks”.<sup>1</sup>

#### Assessment

- If you need to get away for an hour, whom do you call?
- What type of support system do you have in place? Who do you trust to help you if you feel overwhelmed?
- Who helps with the baby?
  - notice if partner/ other parent is or is not mentioned, and inquire
  - How many people are mentioned (ideal is >2)?
- Are there any stressors in your life? For example: work or money.
- Do you have a community group, such as church groups, clubs; groups through work-that you are involved in? What type of activities are you involved in outside the home?
- What help do you need at home?

#### Anticipatory Guidance

- All parents need support and help to deal with frustrations and/or problems
- Community resources for support. Communities often have a variety of informal supports available. Many public libraries have story hours for toddlers and pre-schoolers, YMCA/YWCA's often have parent-child swim or exercise classes (or offer childcare). Churches and synagogues often offer outreach / support to families with young children. These are great, natural places to meet other parents, and begin to develop informal family supports.
- All parents need people to share their experiences as parents-both the wonderful and the difficult times

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## FAMILY

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**4 Months-Introduce**

**6 Months - Reinforce**

- ★ **DISCUSS PARENT/PARTNER RELATIONSHIPS** ★
- ★ **DISCUSS PARENT/CHILD RELATIONSHIPS** ★
- ★ **ASSESS CHILDREN** ★

**Family relationships are important to child development.** Family relationships and attachment are important to healthy physical and emotional child development in addition to cognitive and social functioning.<sup>ii</sup> Within each family, parents' help, support, and encouragement for each other enhances their effectiveness as parents and their love and respect for each other promote the child's well-being. The entire family, not just the child, is your patient. Everything you do for the child is within the context of the family. There are more single-parent families, blended families and nontraditional families than in the past and it is important to be sensitive to these different types. The addition of a new baby can be hard, not only on the new parent, but also on the older child. In an effort to lessen behaviors problems, encourage parents to explore the needs and behaviors of other siblings and spend time, even if only for a few minutes, individually with each child a day.<sup>iii</sup> Explore with the family the support or lack of support of extended family members. Discuss the important role that the father plays in a family and ways to encourage the father to be an active participant. Be sensitive to the potential ethnic and cultural differences in child rearing and ask parents about their views so that you can better understand their concepts and motivations.

### **Assessment**

- Who lives with you and your baby?
- How do you and your partner get along?
- Do you have other family nearby?
- How are you and your partner handling raising two (or more) children?

### **Anticipatory Guidance**

- Spend time each day, even if only for a few minutes, with each of your children individually. Pay close attention to the needs and behaviors of your older children.
- It is important that families spend time together daily. Suggest family meals as a way to do this.
- It is important for the adults in the family to have time together to maximize the quality of the relationship, which in turn enhances their ability to nurture their children.
- This is a great time (before stranger anxiety peaks) to introduce another adult into the baby's life (babysitter, family member who can watch the child etc.).


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## SAFE ENVIRONMENT

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**2 Months - Introduce  
Ask about these topics periodically**

- ★DOMESTIC SITUATION ASSESSMENT ★
- ★ADEQUATE HOUSING ★
- ★NEIGHBORHOOD SAFETY ★
- ★SUBSTANCE ABUSE ★

**When an infant's basic needs are met, he is more able to respond to and benefit from stimulation around him.**<sup>iv</sup> A child's home environment provides the most important information regarding protection from involvement in violence.<sup>v</sup> Witnessing violence in the home can be as traumatic for children as being the victim of physical or sexual abuse. Children who witness intimate partner violence (or domestic violence)(s) may experience serious emotional distress and manifest severe behavioral problems as a result.<sup>vi</sup> Child abuse is found more frequently in families with parents who are often in crisis or where there is intimate partner violence.<sup>vii</sup> Studies of the link between parental substance abuse and child maltreatment suggest that substance abuse is present in at least half of families known to the public child welfare system.<sup>viii</sup> If these families and children are identified early, some of the associated morbidity may be avoided. This information, adapted from an article in Pediatrics<sup>ix</sup>, provides methods for screening and identifying families at high risk for substance-abuse problems as well as next steps. Pediatricians are not expected to "fix" these family issues. However, for the health and happiness of the child, it is important to identify whether violence, substance abuse or unsafe living conditions are taking place in the home, and if so, to refer the family to appropriate resources that  expertise in these areas. In some states, this may involve a mandatory report to CPS. Ask these questions periodically as the parent becomes more comfortable with you and the family can change with time.

### Assessment

- Who lives in the home?
- How would you describe your living environment? ? Do you feel safe in your neighborhood?
- How do people in the home get along with each other?
- Describe what your child may see as you and your partner interact?

### Anticipatory Guidance

- The baby's most basic needs must be met for him to be healthy. Give community resource list of local resources.
- Infants and children at all ages are affected by exposure to violence in the home. Some of the effects include stress, behavior problems, anger, fear, and the risk of learning that violence is a solution to problems. For these reasons, I will ask you periodically about violence at home. This is something I do with all families.

## **PARENT EDUCATIONAL MATERIALS**

### ***American College of Obstetricians and Gynecologists Patient Pocket/Shoe Card (Domestic Violence)***

These pocket/shoe cards include safety plans and national toll-free hotline phone numbers. They are small enough to hide in the sole of a shoe. Place these cards in bathrooms, where women are more likely to be away from the abuser and to feel more comfortable to take information. (Available in English & Spanish)

### ***Sibling Relationships brochure***

This brochure, developed by the AAP, can give parents information on various questions they may have about sibling relationships. It highlights sibling rivalry and gives parents tips on how to manage the conflict between children. It also offers suggestions of ways to prepare a child for a new baby, whether it be through childbirth or through adding step or half-siblings. Also, it touches on twin births and explains the need to support their differences. (Available in English & Spanish)

### ***Single Parenting brochure***

Single Parenting: What You Need to Know brochure developed by the AAP discusses a wide range of issues that single parents may face. The brochure features practical information on childcare, custody matters, job assistance, ways to reduce stress, and financial concerns. (Available in English & Spanish)

### ***When Children Witness Violence in the Home brochure***

This brochure, created by the Massachusetts Medical Society, can be used as a reminder that witnessing violence in the home can be very troubling for children. It suggests some symptoms that children who witness violence may experience and call attention to the fact that children learn from what they see and therefore if they see violence in the home, they are more likely to use violence in their home when they grow up. (Available in English & Spanish)

## OFFICE MARKETING TOOLS

### Refresh. Renew. Recharge Posters

These posters can be placed in the waiting rooms and exam rooms in the practice. They can serve as a prompt for practices to discuss with parents the need for parents to take time away from their baby occasionally. (Available in English & Spanish)

## STAFF TOOLS

### Pediatric Intake Form

Pediatricians need to periodically assess the families they serve in order to provide further insight into specific areas of family functioning. This can be done by asking parents questions related to parental depression, substance use, domestic violence, parental history of abuse, and social supports. This Pediatric Intake form that was developed by Kathy Kemper and Kelly Kelleher and is available in *Bright Futures in Practice: Mental Health, Volume II*, is a comprehensive form that covers all of these topics. When pediatricians do ask these questions, it is important that they follow up and refer any families to appropriate resources, if a member of the family indicates difficulties in any of the above areas. Please refer to the “Issues Management” section for more information on asking questions around these sensitive topics. This is just one of many forms that are available that address these topics. It can be either given to the parents to fill out, or practice staff can ask parents a sub-set of these questions during their visit. Due to the nature of some of these questions, it may be beneficial to let parents know that these questions are asked of everyone and are being asked in order for your practice to be able to provide the best possible care for their child.

### Social Connections

Use this worksheet to obtain a family violence history at the initial visit. This history includes the experiences of parents and, depending on the child’s age, the child.

### **“It’s Time To Ask: An Instructional Program for Identifying and Intervening in Intimate Partner Violence in the Pediatric Acute Care Setting. ”**

This CD, developed by the Division of Emergency Medicine, Children's Mercy Hospital and funded by the federal Emergency Medical Services-Children programs, is an instructional program that provides practices with the resources necessary to plan and implement an intimate partner violence (IPV) screening program in the pediatric setting. The CD gives information on the dynamics of IPV and how it affects children, provides some interactive skill building exercises and provides the tools necessary to set up a universal screening program. It also has a resource center where you can obtain more information on IPV. The CD also includes 11 handouts that can be found in the Instructors Information, Instructor Modules, Module 1 section. Some examples of the handouts are:

- ***Current Dilemmas in Screening for IPV in the Pediatric Health Care Setting:*** This handout answers some common questions that practices may have about screening for IPV. It discusses when IPV becomes child abuse, gives tips on how and what to document

exposure to IPV and broaches the topic of whether or not this topic should be discussed with the child in the room.

- ***How to Screen for IPV in the Pediatric Acute Care Setting:*** This handout offers practices an overview of screening considerations. It gives examples of screening for IPV both directly and indirectly and discusses the pros and cons of written vs. verbal screening.
- ***Health Care Provider Responses to IPV:*** This handout offers specific suggestions of ways to deal with various answers that a pediatrician may receive if they ask a parent about IPV. It includes not only suggestions on how to validate a victim's experience, but also offer suggestions of statements to be made if the parent seems offended or if they respond that they are a victim of IPV, but do not want assistance at this time.
- ***Effects on IPV Exposure on Children:*** This grid can be posted in a common area in practices and can serve as a reminder for the need to discuss IPV for the sake of the children.

### **Pandora's Box –Discussing Sensitive topics with children and their families**

<sup>x</sup>This screening tool is designed to teach medical professionals concrete skills to help them screen for and address sensitive family problems in their young patients, including parental substance abuse, child-witnessed domestic violence, child abuse and neglect, and adolescent substance abuse.

The American Academy of Pediatrics originally designed Pandora's Box as a training for members and later asked the Children of Alcoholics Foundation to convert the training into a user-friendly manual for all health care providers.

## ***MODERATE INTERACTIVES/TANGIBLES***

### **“You're my Support” Postcards**

These postcards can be offered to parents to send to their support systems to let them know that they may be called on for help when the parent is feeling overwhelmed. They are also a good tool to use to encourage parents' to utilize their support system.

### **Support Telephone Numbers Magnet**

This magnet comes with the standard important numbers such as police, the pediatrician's office number and poison control. However, it also leaves spaces for parents to put in other important numbers-numbers of people that they can call when they need some extra support. Encourage parents to place it on their refrigerator and to use it when necessary.

## ISSUES MANAGEMENT

Several of the topics that are discussed in the module are not easy ones to broach with parents. In fact, some of the topics discussed here are not feasible to thoroughly discuss in the time allotted. In addition, pediatricians may feel that asking these questions is beyond their scope and that they do not have the expertise to deal with these issues. Pediatricians cannot effectively *treat* these issues, but can screen for them and to refer as necessary. Because stressed families may present for a variety of somatic disorders, diagnosis of the underlying condition may lead to the most efficient –and most effective approach to child health.

A good way to begin an interview with a parent might be, “How are things going for you?” If either through words or actions, you get an understanding that they are not in a safe situation, you refer them to a social worker, who has been trained to uncover and alleviate the underlying psycho-social problems.

We have provided you with a community resource guide to refer patients to if you suspect that they need further assistance that you cannot provide. If you are interested in further information or trainings in any of these areas, please contact your facilitator and she will work to arrange it.

If after talking to a parent you come to the conclusion that they do not have good social supports, or they are isolated, questions to ask yourself might include:

- Are there parent-to-parent or home visitor programs available?
- Is there another reason why the parent is socially isolated (shame over life circumstance, drug use, mental illness)?

Note that in situations of domestic violence, the abuser often limits the partner’s other friendships or social interactions. If you suspect this is the case, encourage them to contact the national domestic violence hotline at 800-799-SAFE (7233). Other helpful resources in case of emergency: Parental Stress/Parent-Child Conflicts – voice 800-448-3000/ TTY: 800-448-1833 (Girls’ and Boys’ Town National Hotline). Poison Control - voice 800-222-1211/ TTY: 888-244-5313.

<sup>i</sup> American Academy of Pediatrics, Committee on Early Childhood, Adoption, and Dependent Care. The pediatrician’s role in family support programs. *Pediatrics*.2001;107:195–197

<sup>ii</sup> Institute of Medicine. Nurturing relations. In: JP Shonkoff, DA Philips, Eds. *From neurons to neighborhoods: the science of early childhood development*. Washington, DC: National Academy Press; 2000:225-226

<sup>iii</sup> American Academy of Pediatrics. Family pediatrics: report of the task force on the family. *Pediatrics*.2003;111:1541–1571.

<sup>iv</sup> Jellinek M, Patel BP, Froehle MC, eds. *Bright Futures in Practice: Mental Health-Volume I. Practice Guide*. Arlington, VA: National Center for Education in Maternal and Child Health; 2002.

<sup>v</sup> Sege, R, Licenziato, V. *Recognizing & Preventing Youth Violence, A Guide for Physicians & Other Healthcare Professionals*. Massachusetts Medical Society. Waltham, MA; 1991.

<sup>vi</sup> American Academy of Pediatrics Committee on Child Abuse and Neglect. The role of the pediatrician in recognizing and intervening on behalf of abused women (RE9748). *Pediatrics*.1998; 101:1091 –1092.

<sup>vii</sup> Knox, L. *Connecting the Dots to Prevent Youth Violence: A Training and Outreach Guide for Physicians and Other Health Professionals*. The Southern California Center of Academic Excellence for Youth Violence Prevention. 2002.

<sup>viii</sup> Murphy JM, Jellinek M, Quinn QD, et al. Substance abuse and serious child maltreatment: prevalence, risk and outcome in a court sample. *Child Abuse Neglect*. 1991;15:197-211.

<sup>ix</sup> Werner MJ, Joffe A, Graham AV. Screening, Early Identification, and Office-based Intervention With Children and Youth Living in Substance-abusing Families. *Pediatrics*. 1999; 103:1099-1112

<sup>x</sup> Weinstein N, Bobe C, Mandell D., *Opening and Closing Pandora’s Box: Discussing Sensitive Topics with Children and Their Families*, New York, NY: Children of Alcoholics Foundation; 1998.