



Module 1: Guided Questions

Building Better Brains: The Core Story of Early Brain and Child Development

Overview

Promotion of optimal early brain and child development is essential for the health and well-being of children. This online learning module is designed to take about 60 - 90 minutes. Options for additional learning activities are provided.

Guided Questions

These guided questions are designed to expand on the content provided in module one and to encourage learners to think about how the core early brain and child development information can be used in their practice and/or training. These questions can be used in either large group decisions and in small break-out groups by given each group a question(s) and asking them to report back to the larger group.

Please note that these questions are provided to serve as a starting point for your teaching and presentation use. You are encouraged to adapt these questions to meet your learner's needs and/or add your own. Sample responses are provided. However, the responses provided should not be viewed as the only way to answer the questions.

1. What is the role of the pediatrician or public health professional in helping a child thrive?

- Apply an ecobiodevelopmental framework and recognize that adverse psychosocial factors and social determinants of health (poverty, domestic violence, parental mental illness or substance abuse) are no less biological than lead poisoning or poor nutrition.
- Collaborate with families and local service providers (early educators, child care providers, early interventionists, social workers, etc.) to improve the early childhood ecology, both to improve life-course trajectories and to address the biologic mediators underlying disparities in health and education.
- Assist families in recognizing and encouraging rudimentary yet foundational skills as they emerge. For example, the social smile at 6 weeks sets the stage for cooing conversations, which in turn leads to babbling and, eventually, spoken language.



- Partner with families and early educators to ensure that the brain’s wiring is right the first time. Remediation, while possible, is much more difficult.
- Encourage “whole child” development and education. Efforts to improve social-emotional skills increase cognitive test scores.
- Promote a public health approach to address toxic stress, including 1) “common messaging” to prevent or minimize toxic stress (campaigns to discourage corporal punishment and to encourage Reach Out and Read), 2) screening families and children for common adverse experiences and precipitants of toxic stress (poverty, domestic violence, parental mental illness or substance abuse), and 3) using anticipatory guidance regarding social determinants of health, and 4) collaborating with local resources to address the consequences of toxic stress.

2. What local resources do you have or could you get to help a family similar to the one in the case study?

- Access to resources that provide high quality child care. Do you know if your community has a resource that provides information on high quality child care programs? Consider using the [QRIS Compendium](#) to learn about quality child care systems in your state.
- The name of and process for early intervention and early childhood screening programs in your community.
- The contact information for Head Start, Early Head Start, and at-risk pre-school programs using the [Head Start locator](#) and [Child Care Resource and Referral Agency Search](#).
- The contact information for respite and other support programs/services for parents.
- To find information about therapies available to help children who have experienced trauma see:
 - [National Child Traumatic Stress Network](#)
 - [Substance Abuse and Mental health Services Administration: Behavioral health treatment services locator](#)
 - [Substance Abuse and Mental Health Services Administration: Trauma-informed care and trauma services](#)
 - [Home Visiting Programs: State Fact Sheets](#)

3. Think about the child in the case study or a child that has experienced an adverse childhood experience(s). What might the child be like 5 or 10 years from now? What are some key things that could change their story?

- The child could be a thriving, healthy child especially if the following take place as the child grows and develops:
 - The child is enrolled in a high quality child care center and/or a high quality school that provides the type of environment and interactions needed for healthy development.
 - The child has a medical home and routinely accesses it.
 - The child and family are screened for adverse experiences or common precipitants of toxic stress (poverty, domestic violence, parental mental illness or substance abuse) and referred for services.
 - The child's family knows about and uses resources that help to mitigate or minimize the effects of stressors on the family.
- If nothing is done for the child or even despite our best efforts the child could be experiencing:
 - Relationships with adults that do not mitigate or lesson the efforts of stressors that the family is experiencing including adults in the home that misuse substances.
 - Enrollment in after school care that is not high quality
 - Experiencing difficulties in school

Source: Many of the answers to the questions above were adapted from materials and information on the AAP Early Brain and Child Development web site at www.aap.org/ebcd