CLINICAL GUIDE

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

Acknowledgments

We want to thank and acknowledge the many authors, reviewers, and consultants, in addition to the many other professionals and experts for their commitment and invaluable contributions to *Connected Kids.*

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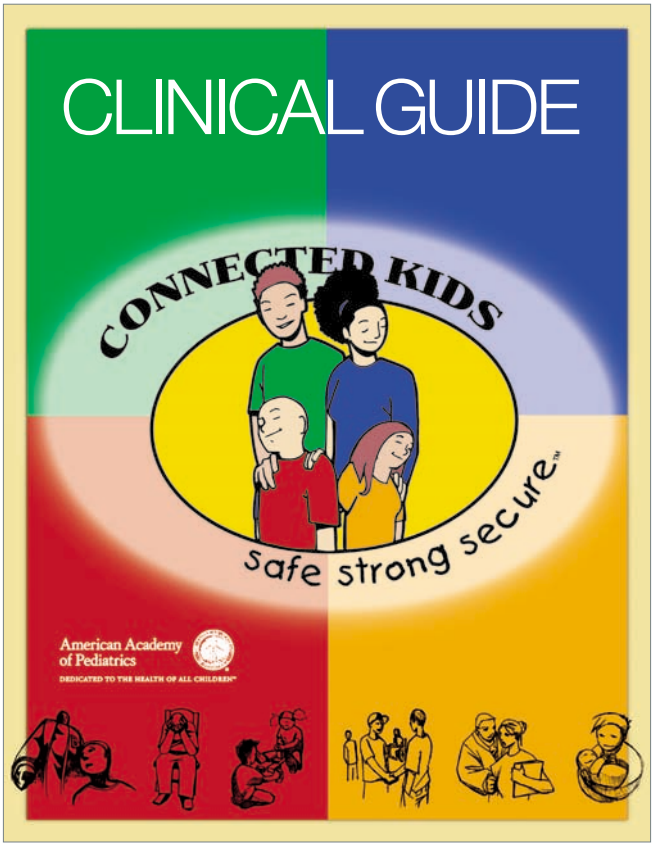
CLINICAL GUIDE
Connected Kids: Safe, Strong, Secure



The American Academy of Pediatrics is an organization of 60,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults.

This project was supported by Grant No. 2001-JN-FX-0011 awarded by the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.

American Academy of Pediatrics. *Connected Kids: Safe, Strong, Secure Clinical Guide.* Spivak H, Sege R, Flanigan E, Licenziato V, eds. Elk Grove Village, IL: American Academy of Pediatrics; 2006

American Academy of Pediatrics. [Brochure title]. *Connected Kids: Safe, Strong, Secure.* Elk Grove Village, IL; American Academy of Pediatrics; 2006

Photos appearing on pages 30, 50, and 79 courtesy of Easter Seals DuPage.

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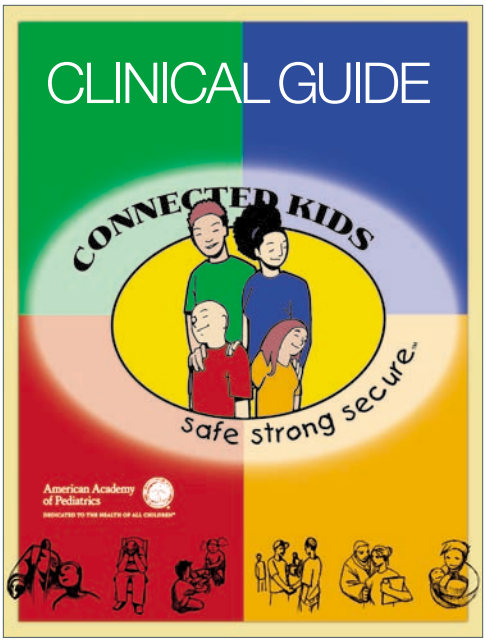
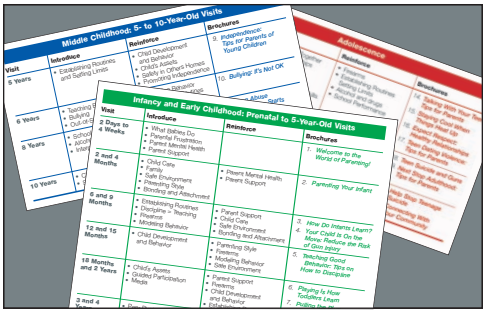


Connected Kids is a program of the American Academy of Pediatrics (AAP) to address the important issue of violence prevention. Designed with considerable input from a diverse group of clinicians, parents, and adolescents from across the country, *Connected Kids* is a systematic method for enhancing the violence prevention anticipatory guidance provided by pediatricians to parents and children. *Connected Kids* is made up of the following 4 elements:

1. Clinical Guide
2. Counseling Schedule
3. Educational Brochures
4. PowerPoint Presentation

Clinical Guide

The Clinical Guide provides an overview to the entire *Connected Kids* program and its component parts. The Guide describes some details of its development and its rationale.



Counseling Schedule

The Counseling Schedule has been color coded for 3 separate age groups: GREEN, infancy to early childhood; BLUE, middle childhood; and RED, adolescence. The schedule recommends topics to be introduced, topics to be reinforced, and brochures to be distributed for each health supervision visit. It may be helpful to copy and post the protocol in the clinic.

Educational Brochures

Educational brochures, 21 in all, have been designed for parents and children to reinforce each of the 44 topics covered in *Connected Kids.* The color codes from the Counseling Schedule are carried into the brochures to facilitate distribution.

PowerPoint Presentation

A PowerPoint presentation offers another way to view the same material available in the Clinical Guide. This presentation may be most helpful for those practices who want to offer in-service training to their personnel before implementing *Connected Kids.* The PowerPoint presentation is available on the *Connected Kids* Web site, http://www.aap.org/ConnectedKids.

Ideas for Optimal Use

Connected Kids is a different way to think about much of what pediatricians already do in providing well-child care. It is coordinated with other anticipatory guidance protocols such as *Bright Futures* and *Guidelines for Health Supervision.* To some extent, it can be viewed as one approach to the implementation of these guidelines. Truly effective changes in clinical practice require sustained multidisciplinary efforts that take into account the entire office system.[1]

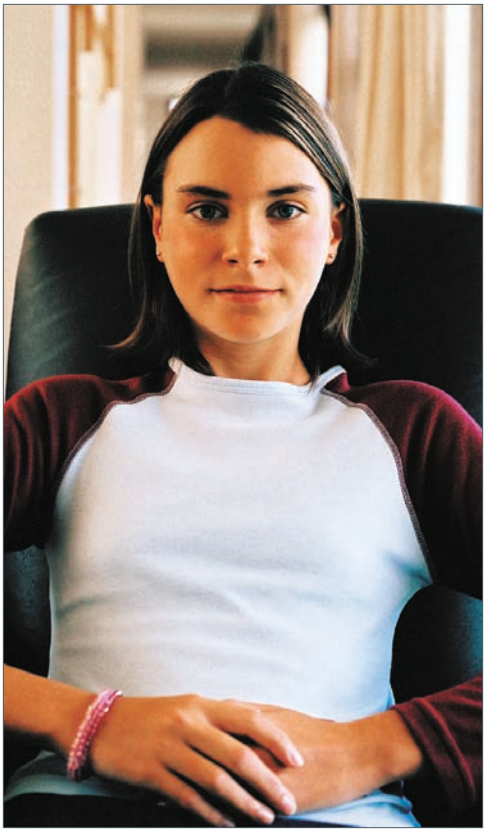
Connected Kids is a flexible program that can be implemented in any number of ways to meet your specific needs or interests. You may find it easiest to start implementing the program by focusing first on infancy and early childhood topics, while others may prefer to start with adolescents and their parents. A practice may decide to schedule an in-service training of all providers, provide an overview of *Connected Kids* using the PowerPoint presentation, and discuss as a group how best to integrate the program into the practice.

Following are considerations and tips for effectively implementing *Connected Kids* into your clinical practice:

Practice Change

1. Implementing *Connected Kids* will require some changes in your practice. A practice "champion" can pave the way, but support of all staff is necessary.
2. Consider ways to get all office staff involved in *Connected Kids.* For example, the receptionist is an ideal person to observe parent-child interaction in the waiting room.
3. Use the *Connected Kids* Counseling Schedule to document your counseling by placing a copy of the Counseling Schedule and Checklist (Appendix D) in each patient's chart. Check off each topic when you introduce and reinforce it and each brochure when you give it to the family. A quick glance before each visit will let you know if you have to "catch up."
4. Get ideas from others. Talk to your colleagues about barriers they may have faced in implementing *Connected Kids* and how they overcame the obstacles. Visit the *Connected Kids* Web site (http://www.aap.org/ConnectedKids) for success stories and suggestions from pediatricians around the country.

Parents understand how busy clinicians are. In the words of one parent, *"The pediatrician must present herself in such a way that the parent feels like they really have the time to ask 'em questions, because often those poor pediatricians are so busy sometimes …the last thing I'm gonna do is ask a question right now, she looks like she's just overwhelmed, she's got 5 kids crying in the hallway."*



Intake

1. The *Bright Futures* Pediatric Intake Form can be used for the first visit, regardless of age, and can be completed in the waiting room.[2]
2. Include a cover letter with the intake form introducing parents to the practice and the *Connected Kids* philosophy. Explain why you are interested in this information and how it impacts a child's health.
3. Use the information gathered on the intake form to prioritize issues for the family.
4. Parents may not be ready to discuss an issue raised on the intake form during an initial visit. However, as your relationship with a family evolves, parents may become more open to discussing sensitive issues such as firearms or domestic violence.
5. Use the information gathered on the intake form at every visit with the family.

Counseling

1. Since *Connected Kids* explores many sensitive issues, you may want to approach these in an indirect way. A discussion about crawling and curiosity can lead to warning about household hazards, giving you an opening to discuss firearms. A parent's question about toilet training provides an opportunity to discuss parental frustration or discipline.
2. Some parents respond well to statistics, while others respond to stories. Try to include both in your counseling. For example, you can ask, *"Did you know that almost 40% of households have at least one gun?"* and tell a story that illustrates how easy it can be for a curious young child to find and fire a gun.
3. Prioritize your counseling based on individual families' needs. For example, if a parent notes on the intake form that the family does not own a gun, you would need to counsel on firearms in others' homes. On the other hand, if there is a gun in the home and an adolescent is depressed, counseling the parent to remove firearms from the home needs to be a top priority.
4. During adolescence, use *Connected Kids* materials to facilitate new ways for the parent and teen to talk as they negotiate their changing relationship. You can talk to the parent and teen together about healthy dating and dating violence to help them establish some ground rules for communication about dating and sex. You also can give the parent some teen-oriented materials to take home or leave the materials in a private place for teens to read on their own.

As one pediatrician stated, *"The simplicity of [the brochures] made me think this is what I already do, but the more I used them, the more different layers and ways you can use them."*

Patient Education Brochures

1. Use the *Connected Kids* education brochures and Counseling Schedule as "props." Tell the parent you are asking about a personal issue, such as domestic violence, not because you have passed judgment, but because you ask all parents about domestic violence.
2. Personalize the *Connected Kids* brochures for each family by pointing parents/patients to the particular section of each brochure that may be most helpful to them. Even just circling or underlining a passage can increase the likelihood that your advice will be followed.
3. The space on the last page has been intentionally left blank for 2 reasons.
   - You can use this space for family-specific information and individualized suggestions or for the practice name and address.
   - While waiting to be seen, parents/patients can be encouraged to write questions they may have for the clinician.
4. Encourage the parent who accompanies the child to the office to share the written information with the other adults who care for the child.
5. Office support staff can distribute brochures to parents and patients who are waiting to be seen in the waiting room or the examination room.
6. When speaking with school or community groups, many of the brochures are suitable to use as handouts.

Community Connections

1. Many clinicians are afraid of asking questions that could open a Pandora's box of issues they feel they may be unable to handle. Lack of time, reimbursement, confidence, comfort, and self-efficacy all contribute to this fear. Clinicians would like quick solutions they know will work. Of course, such magic potions rarely exist, but strong connections with community resources will increase your chances for successful implementation of *Connected Kids*. Get to know local programs such as parenting classes, Big Brothers Big Sisters, and sports teams. When a family in need is identified, you will be able to refer them to a resource, confident that the family's needs will be met. A few hours a month from you and your staff to form and maintain linkages with community-based resources will be very beneficial.

Developing Community Linkages (Appendix B-2) is a *Connected Kids* tool that can help maximize the use of available community resources for patients.

Developing Community Linkages is most effective when a practice can do the following:

- Identify an individual or team within the practice responsible for coordinating with your community. Two to 3 hours per month focused on this activity will produce measurable improvements.
- Determine the most frequent community resource referrals for a practice patient population.
- Determine the resources in the community that may meet the needs of the patient population.
- Identify specific people at appropriate agencies who can provide your practice with information and support patients who are referred there.
- Create a list of relevant community resources and agencies, and make it available to patients and staff.
- Update this information on a regular basis.
- Develop simple systems to track patient care among agencies and the practice (eg, referral forms, obtaining eligibility criteria from agencies, etc).

Source: Modified from *A Practical Guide to Implementing Office Systems for Anticipatory Guidance.* Cambridge, MA: National Initiative for Children's Healthcare Quality; 2002

2. Since parents may not feel comfortable openly discussing sensitive issues during a visit, place information and resources in a private place for individuals to take for future use. For example, a parent who is a victim of domestic violence might not be able to admit it if her abuser or child is present. However, when she uses the restroom, she could take a card with the number of a domestic violence hot line and hide it in her shoe or purse.
3. Resources may not exist in some communities. If you identify a gap, become an activist. Reach out to the local school district or health department to help meet the need. Be an advocate for your patients by encouraging your community to provide important resources.
4. Sometimes, strengthening an individual family is not enough; even the most resilient child faces obstacles to healthy development if the community is not healthy. This can create a sense of hopelessness about your ability to make a difference with patients. However, outside the examination room, you can be an advocate not just for individual patients but also for the community. Get involved in community coalitions that provide children with positive after-school activities or rid the community of gangs. Speak to the Parent-Teacher Association (PTA)/ Parent-Teacher Organization (PTO) or the local media. Work to spread the belief that all children deserve to grow up safe, strong, and secure.

Introduction

Overview

The overall goal of *Connected Kids* is to promote the development of resilient children.

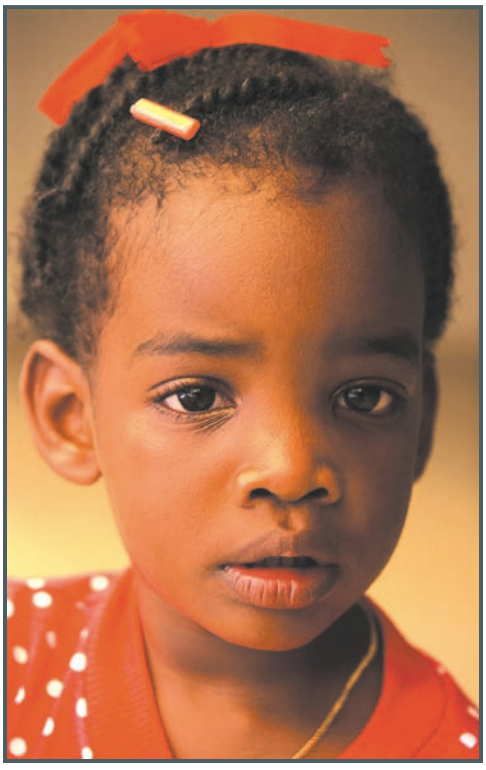
Connected Kids is an American Academy of Pediatrics (AAP) program that provides clinicians with training, materials, and anticipatory guidance to promote the development of resilient children. *Connected Kids* is aimed at increasing anticipatory guidance counseling among clinicians, parents, and children in an effort to stem the tide of violence in the pediatric population. The program emanates from the AAP Violence Intervention and Prevention Program, funded by the US Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

***Connected Kids* was developed by seeking diverse opinions early and often.**

In developing *Connected Kids,* an inclusive development process was used to seek diverse opinions early and often, with the AAP leadership providing crucial input the whole time. In the first year, qualitative data describing existing practices of pediatricians, family expectations, and expert opinions regarding the anticipatory guidance program were gathered. During the second year, parent and patient education materials to support clinicians were developed. In the third year, these materials were field tested prior to dissemination by the AAP.

Focus groups were conducted with parents, adolescents, and pediatricians.

Throughout the process, focus groups with parents, adolescents, and pediatricians were conducted. Parent focus groups were done to determine their beliefs and expectations about anticipatory guidance. The parent groups specifically concentrated on controversial topics such as AAP policies on alternatives to corporal punishment and firearms. Adolescent focus groups assisted in determining whether topics were relevant and making sure the language was teen friendly. To provide a sense of what was learned, a few quotes from the parent and adolescent focus groups can be found throughout the Guide. Focus groups with pediatricians demonstrated a demand for materials from the AAP that would help them in counseling families and youth in violence prevention and other important behavioral topics. Additionally, 50 experts in the areas of child development and violence prevention were consulted to help design the broad outline of the program.



***Connected Kids* illustrations and graphic design were produced by an after-school teen arts program in Boston.**

Artists for Humanity (AFH), a nonprofit after-school arts and entrepreneurship program for Boston teens, produced all of the images and did the graphic design for the *Connected Kids* brochures, highlighting the AAP recognition of the contributions young people make to the community at large.

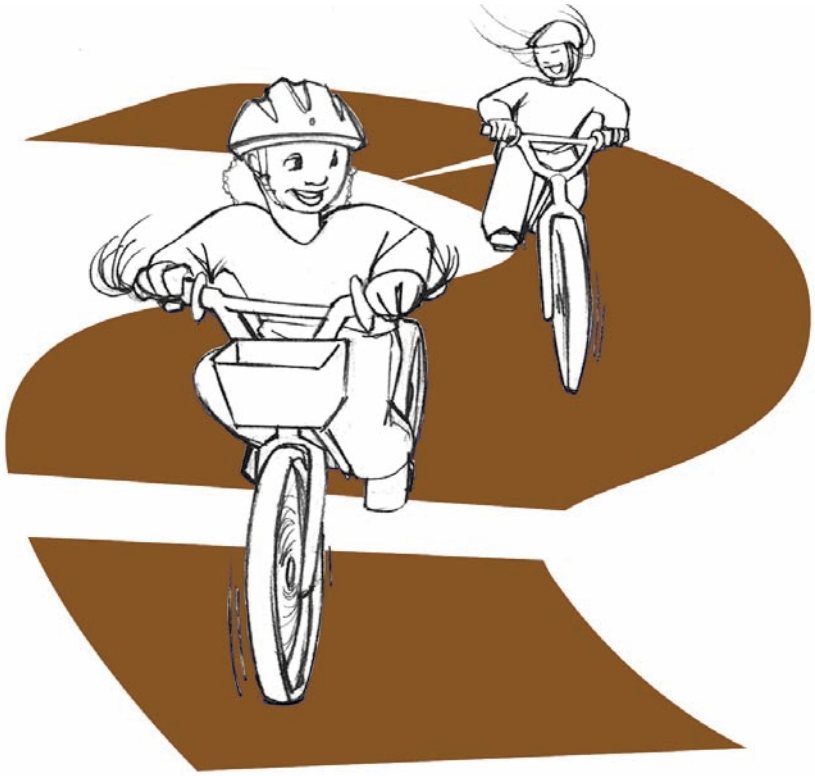
The mission of Artists for Humanity is to bridge economic, racial, and social divisions by providing at-risk youth with the keys to self-sufficiency through paid employment in the arts. Damon Butler, an AFH cofounder, alumnus, and the former assistant artistic director, stated, *"Artists For Humanity gave me a voice when no one else would give me a thought."*

***Connected Kids* uses a strength-based approach designed to initiate dialogue between providers, patients, and parents.**

Connected Kids uses a strength-based approach, which was strongly recommended by parents, clinicians, and experts alike. Research has shown that developing qualities of resilience serves as protection from violence, alcohol abuse, smoking, early sexual activity, and school failure.[3] Since experts noted that existing psychosocial screening tools have poor positive predictive value, *Connected Kids* uses an approach designed to initiate a dialogue between health care providers and patients about some of these important topics.

Feedback, both positive and negative, from your experiences using *Connected Kids* is important. Please send your comments to: **ConnectedKids@aap.org**

Hopefully, *Connected Kids* supports clinicians in developing deeper, more meaningful, and ultimately, more effective approaches to the routine counseling of children in anticipatory guidance during visits.



Rationale for *Connected Kids*

Pediatricians believe screening for community violence should be part of routine well-child care. Few feel confident in their ability to advise parents on violence prevention strategies.

The AAP Periodic Survey of Fellows from 1998 identified community violence as a concern for pediatricians.[4] A majority of pediatricians also reported feeling unprepared to manage the issue. Analysis of the 2003 follow-up AAP Periodic Survey[5,6] revealed several important trends in the experience and attitudes of pediatricians managing community violence. Overall, there was a significant increase in the proportion of pediatricians who reported treating injuries due to community violence in the 12 months prior to the survey (41% vs 65%, $P < 0.001$). The survey also demonstrated a significant increase in the proportion of pediatricians who felt screening for community violence needed to be included in routine well-child care (71% vs 77%, $P < 0.01$). However, although there was a slight increase in the proportion of pediatricians who felt confident in their ability to advise parents on violence prevention strategies, the overall proportion remained low (33% vs 40%, $P < 0.01$). In 1998, the majority of surveyed pediatricians (80%) indicated being "somewhat likely" or "very likely" to use a violence prevention program such as *Connected Kids* in their clinical practice. The 2003 survey showed increased interest and demand among physicians (85%, $P = .017$).

Epidemiology of Community Violence

Youth violence is a significant cause of pediatric morbidity and mortality in the United States.

Community and interpersonal violence among youth are significant causes of pediatric morbidity and mortality in the United States. Among 13- to 21-year-olds, homicide is the second leading cause of death overall and the leading cause of death for African Americans.[7] While this has been a growing problem for several decades, crossing all geographic and economic boundaries, interpersonal violence was brought to national attention in the 1990s because of escalating gang violence, increasing youth homicide rates, and several high-profile school shootings. While homicide rates have declined in the last several years, rates are still among the highest in the world. Data from the Centers for Disease Control and Prevention (CDC) Youth Risk Behavior Survey[8] show that rates of self-reported involvement in fighting have declined but remain high, with 33% of high school students reporting being in a physical fight in the past 12 months on the 2003 survey. The prevalence of being injured in a physical fight has remained stable. Therefore, the declines in violent deaths cannot be interpreted as a sign that risks have diminished or that behaviors have changed.

Parents believe pediatric providers should discuss family and community topics.

Results from the National Survey of Early Childhood Health (NSECH) indicate that parents also believe that pediatric providers should discuss family and community topics.[9] Specifically, 56% of parents surveyed believed that pediatricians should address community violence during well-child visits. However, only 10% of parents reported that their child's provider had asked about this topic, indicating an unmet need.

The AAP responded to these results by doing the following:

- Creating policy statements related to community violence
- Completing a follow-up survey in 2003 (AAP Periodic Survey of Fellows [#55]) to measure trends in physician experience and attitudes since 1998[6]
- Serving as lead agency in the development of *Connected Kids*

Asset-Based Approach in Routine Health Care Maintenance

***Connected Kids* builds on existing anticipatory guidance topics.**

This program is designed to be incorporated into the routine health care provided to all children and youth. Many of the topics covered are already included in recommended anticipatory guidance.[10,11] The AAP policy statement "Recommendations for Preventive Pediatric Health Care," often called the "periodicity schedule," recommends that pediatricians address violence prevention at all stages of child development and at all well-child visits.[11] The difference with *Connected Kids* is that it organizes topics commonly incorporated in anticipatory guidance to clarify their relationship with violence prevention. This protocol provides developmentally appropriate guidelines, educational materials, and strategies to better support clinicians in this approach to anticipatory guidance.

***Connected Kids* enables clinicians and families to work together to identify and enhance factors that promote positive child development.**

The *Connected Kids* protocol uses an asset-based approach to prevention. In this approach, clinicians and families work together to identify and enhance factors that promote positive development. The rationale for this approach stems from research, parents, and clinicians. Experience in youth development demonstrates that children do best when the emphasis is less on risk reduction and more on the development of skills that help them negotiate socially and develop effective and positive ways of dealing with conflict. Parents in focus groups reported that they preferred advice and coaching from their clinicians directed toward helping them create a positive environment for their children. Clinicians naturally form therapeutic alliances with patients and families, and by keeping the focus on building assets rather than addressing deficiencies, this alliance is strengthened.

Connected Kids does address identifying and responding to risk. For example, the Clinical Guide suggests assessing the presence of family violence—a key indicator of a child's risk of involvement in violence later in life. Nonetheless, the major emphasis of the program focuses on helping parents with strategies to do the following:

- Promote positive development.
- Develop prosocial interpersonal skills.
- Ensure, as much as possible, that parents have the support and resources to maximize their success in raising children.

Connected Kids shifts from an emphasis on looking for problems (screening) to evaluating and promoting strengths (assessment).

While this asset-based approach is not new to pediatrics, the *Connected Kids* program carries this further than other prevention protocols have in the past. For example, the Clinical Guide does not use the word "screening," but uses the word "assessment." To some, this may appear to be merely a semantic change. However, it is an effort to shift the emphasis from looking for problems to evaluating and promoting strengths. In that sense, while *Connected Kids* is designed to prevent risk for violence, the program approaches this with a mission of strengthening the family and enhancing the skills, values, and choices of children and youth.

Cultural Diversity in Child-Rearing Practices

"Cultural competence is a developmental process that evolves over an extended period. Both individuals and organizations are at various levels of awareness, knowledge, and skills along the cultural competence continuum."[12]

Connected Kids addresses a number of topics, such as disciplinary practices and parental authority, where the norms may vary substantially along racial, ethnic, religious, linguistic, and socio-economic lines. Therefore, clinicians must be knowledgeable about, and sensitive toward, the diversity of their practice populations.

Ideally, the relationship between the clinician and the family would begin with some sort of assessment of the parents' childhood experiences with discipline, religious and/or cultural beliefs about parenting, their own parenting style, sources of guidance about parenting, expectations of the doctor-patient relationship in the area of parenting, and the perceived need for advice. Naturally, the clinician's approach would depend on the starting point of the family and the family's interest in the clinician's input.

Connected Kids materials were field tested with diverse clinician and family populations.

While it is not possible for this Guide to comprehensively address the enormous issue of cultural competency, it must be noted that all of the parents surveyed emphasized the importance of *respecting and acknowledging their cultural child-rearing practices.* The Clinical Guide, counseling schedule, and associated child- and parent-oriented brochures have been intentionally field-tested with diverse clinician and family populations. In that respect, the materials reflect an effort to be broad and respectful in their approach to discussing sensitive subject matters. If parents raise concerns about cultural appropriateness of the advice being given, it is important that these concerns be addressed and that clinicians modify their discussions to accommodate these differences.

Not surprisingly, the approach needs to be different for those parents who do not perceive that they have a need for this type of advice than for those parents who are actively seeking help. Clinicians also need to modify their approach toward those parents who see people other than clinicians as authorities on child rearing—for example, clergy and/or grandparents. For this group of parents, building rapport may be more important for the clinician than giving advice. Opportunities for teaching may then come with time.

Acculturation stress increases risk for violence.

Clinicians also need to be aware of another cultural issue relating to youth violence. Recent research suggests that youths with high levels of *ethnic identity and bicultural self-efficacy* are less likely to have risk factors associated with violence, such as substance abuse and delinquency.[13] Conversely, high levels of acculturation stress have been linked with an increased risk for violence.

Relate the *Connected Kids* themes to common practices or community resources.

When caring for patients whose cultural or socioeconomic background is different from that of the provider, it is helpful to relate the *Connected Kids* themes to common practices or community resources. One example would be to tell families about a toddler story hour at the local public library. This can be a brief and effective intervention in reducing the family's social isolation. Another example would be to enlist the aid of ancillary staff whose background is similar to a patient's background as a key ambassador for the *Connected Kids* philosophy. This ambassador would be able to hand out *Connected Kids* brochures while patients are waiting to be seen in the waiting room or examination room. These staff members become the bridge for any cultural differences.

Building Blocks

The *Connected Kids* building blocks are: (1) child-centered, (2) parent-centered, (3) community connections, and (4) physical safety.

Connected Kids anticipatory guidance centers on 4 overlapping themes (see Figure 1) based on the familiar biopsychosocial or ecological model[14]: child-centered topics, parent-centered topics, building community connections, and providing for physical safety. Each of these themes evolves throughout infancy, childhood, adolescence, and young adulthood, accounting for both human development and the changing needs and expectations of parents and the community.

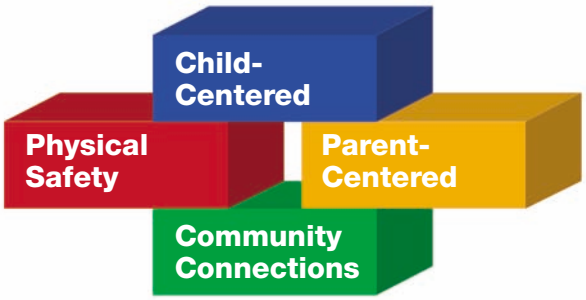


Figure 1. *Connected Kids* Building Blocks

Child-Centered Topics

***Connected Kids* helps parents place their child's behavior in an appropriate developmental context.**

The program is based on the child's changing abilities, cognitive development, and related parental concerns, providing a springboard to address the various topics in a consistent, respectful, and knowledgeable manner. The purpose is to help parents understand the importance of being good observers of their children, their role in modeling prosocial behaviors, and the choices they can make in their parenting styles. At each stage, basic developmental information helps parents place their child's behavior in an appropriate context, set reasonable expectations of their child, and increase their empathy and understanding of what is normal. For example, toddlers' normal exploration frequently creates conflict with parental expectations and has the potential to lead to dangerous situations for the child. Parental understanding of this behavior can help address misinterpretations that a child is intentionally misbehaving or acting rebellious. In turn, parents are better able to deal with these situations effectively and less punitively.

Teaching desired behavior begins with a foundation of positive parenting.

Teaching desired behavior begins on a foundation of positive parenting that includes the importance of daily routines, praising desired behavior, and providing a nurturing and understanding environment. Parents can then (1) set clear expectations, (2) provide the assistance children need to be successful, and (3) focus their attention on their child's positive accomplishments, with less emphasis on perceived misbehavior. Building on this foundation, parents can support their children in moving to independence by helping them take responsibility for their actions and use effective coping skills to resolve conflicts. Parents can use the necessary strategies to address a child's misbehaviors in a context where teaching and rewarding are the center of their parenting.

The Parenting Pyramid emphasizes child nurturing.

To teach desired behavior, the Parenting Pyramid (see Figure 2) emphasizes the importance of child nurturing by placing it at the foundation of the pyramid, and punishment at the top of the pyramid—to be used sparingly and only when a child misbehaves.

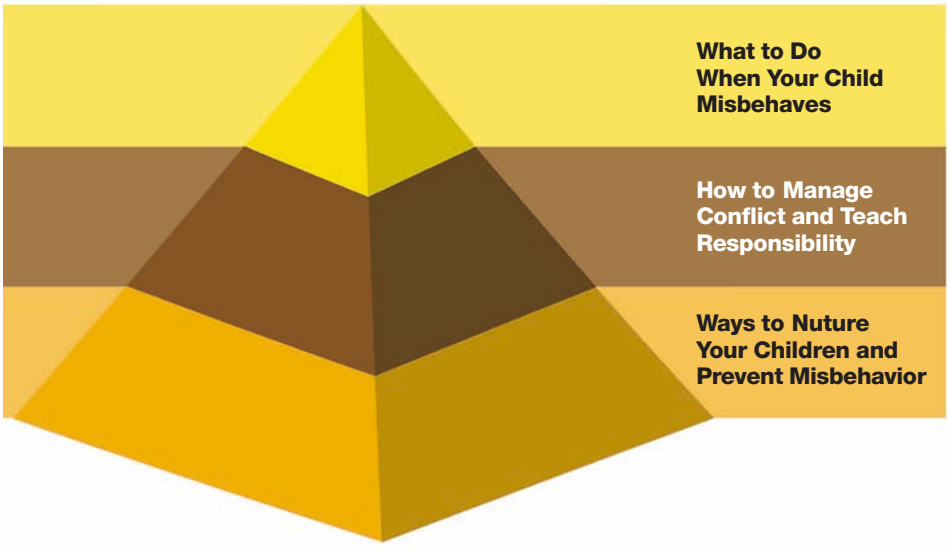


Figure 2.
The Parenting Pyramid
See Appendix A for the complete Parenting Pyramid

Adapted with permission from University of Minnesota Extension Service. *Positive Parenting.* Minneapolis, MN: University of Minnesota; 2000

Connected Kids materials provide concrete suggestions for parents.

Connected Kids parenting materials support this nurturing approach by providing information linking child behavior to child development. This material provides concrete suggestions parents can use to help them guide their child's behavior. This information and guidance evolves as the child grows to help parents achieve age-appropriate balances between fostering skills, independence, safety, self-reliance, and disciplinary practices. This balance is schematically reflected in Table 1.

Table 1. **Balance Between Promoting Autonomy and Disciplinary Practices**

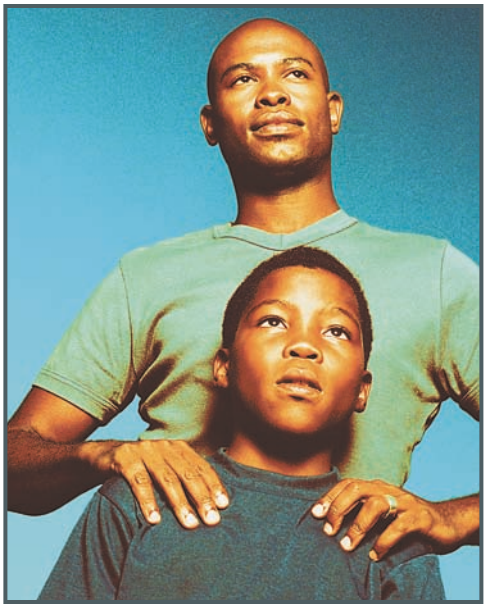
Age	Promoting Autonomy	Discouraging Inappropriate or Unsafe Behavior
Less than 12 months	• Provide physical contact • Respond to cries • Promote secure attachment	• Establish good sleep habits • Child proof the home
12 to 18 months	• Encourage speech • Establish safe areas	• Distract or remove toddler from situation
18 to 48 months	• Offer choices • Teach emotional vocabulary • Reward good behavior • Establish routines	• Set explicit expectations • Use "time-out" techniques • Monitor child's environment
4 to 8 years	• Link autonomy to safety • Link cause to consequence • Promote peer relationships • Understand routines • Reward good behavior	• All of the above *plus* • Remove privileges
8 to 12 years	• Coach child to resolve interpersonal issues; intervene only on request • Reward good behavior and successes	• All of the above *plus* • Establish logical consequences
Adolescent	• Negotiate rules • Establish clear expectations • Listen to child's perspective when discussing issues • Reward successful accomplishments	• Monitor adolescent • Enforce house rules

Source: Modified from *A Practical Guide to Implementing Office Systems for Anticipatory Guidance.* Cambridge, MA: National Initiative for Children's Healthcare Quality; 2002

Prior to discussing child-centered topics, clinicians find it natural to elicit some information from either the parent or the patient. For example, asking parents what they are most happy about or proud of in their child's life may be followed by an open-ended inquiry into areas of trouble. Gentle probing of a 9-year-old's school performance, school attachment, and peer relationships often provides an opportunity to discuss conflict resolution or bullying.

Parent-Centered Topics

Addressing parental needs can contribute to the quality of parenting.



It is well known that children thrive in homes with mentally healthy parents who enjoy the experience of parenting, which requires information, resources, and support. *Connected Kids* acknowledges that parents develop along with their child and face many challenges for which they may have little experience. In addition to parental needs and expectations regarding the child, it is important to include assessment and guidance focused directly on the parents. This will help families provide safe, stable, and secure homes for growing children. Many of the *Connected Kids* materials focus on the health and well-being of parents. By addressing parental needs—directing them to attend to their needs as well as their children's needs—and dispelling any myths or anxieties, clinicians contribute to the quality of parenting and family life.

While *Connected Kids* focuses on building strengths, certain family situations can place children at risk and may be successfully addressed in the context of child health. Parents can be monitored periodically for mood disorders, substance abuse, marital discord, and domestic violence. Occasionally, differences over child-raising issues cause conflicts, and parents may need help resolving them.

Building Community Connections

Encourage families to seek community connections.

Substantial research suggests that family isolation is an influential factor affecting childhood outcomes and emphasizes the importance of social capital and community connections.[15] Parental health and well-being is also heavily influenced by community factors. *Connected Kids* includes materials encouraging families to seek community connections for support of themselves and their children. At each developmental stage, the Clinical Guide includes assessment of parental support and advice regarding community resources. As children get older, *Connected Kids* also describes how to engage children and youth directly by assessing their connection to the community and suggesting opportunities for community involvement.

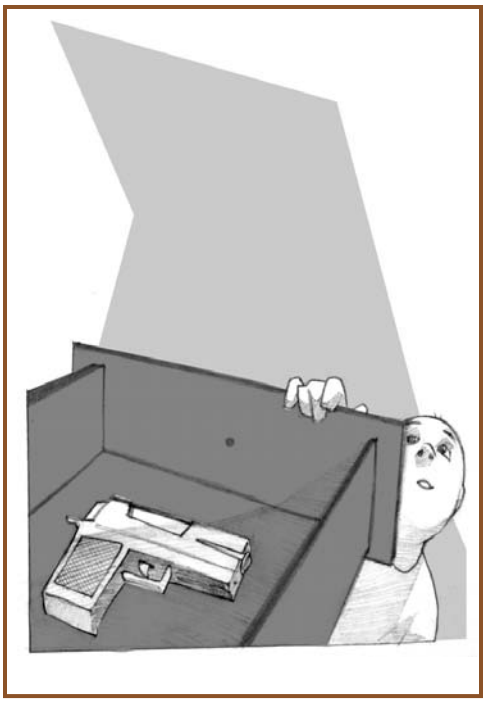
The content of the protocol related to community connections is broad and relatively generic to encompass all types of communities. It is important for clinicians to identify resources in their own communities and their patients' communities to allow more specific advice about local resources.

Providing for Physical Safety

The final theme of *Connected Kids* is physical safety. A variety of issues can influence physical safety and the fear of violent injury. These include violence in the home, bullying at school and in other social settings, involvement in gangs, and the lower threshold for committing violence when under the influence of drugs, especially alcohol. The broad spectrum of topics related to physical safety are included and addressed in the program. While the AAP *TIPP®—The Injury Prevention Program* provides extensive information concerning the prevention of unintentional injuries and may be used in tandem with *Connected Kids*, this program primarily focuses on safety issues related to violence and intentional injury, with a special focus on handguns, given their contribution to morbidity and mortality.

Objective information helps parents make informed decisions.

Connected Kids provides parents with information about the hazards of handguns in the home within the context of child development. Mindful of the legal and political controversies surrounding handgun ownership and use, *Connected Kids* provides parents with objective information that they can use to make informed decisions.



In focus groups, parents nationwide reported that handguns in the home and handgun storage practices are often areas of contention between parents. Information in the program can help parents understand and negotiate the complexity of this issue. Some clinicians who practice in areas with high rates of gun ownership offer gun locks to families. While this is an alternative, it may not be the optimal choice.

Firearms cause death and disability to children in 3 ways: (1) unintentional injury, (2) assault and homicide, and (3) suicide. *Connected Kids* offers parents explicit information about the risks of unintentional firearm injuries in young children and suicide risk in teenagers. Peer violence involving firearms is handled indirectly through the assessments and the brochures focused on fighting and violence prevention. Additionally, clinicians need to be especially aware of the risks of firearms in the home in the context of domestic violence.

Counseling Schedule

Parents rely on clinicians to help them navigate new territory.

"I think people rely on their pediatrician for child-rearing advice, and particularly before the kids are in school. If they don't happen to be in preschool, that may be the only expert the family has access to. So I think it's very important that the pediatrician discuss that as well as other issues."

–Focus Group Parent

Connected Kids is designed to introduce and reinforce positive youth development concepts in a systematic way. *Connected Kids* emphasizes topics that are, developmentally, the most important for parents to anticipate and incorporate into family routines. Understanding that child-rearing practices and families are diverse, this schedule can be used as a basic framework, allowing flexibility in presenting topics while capturing patient-centered teaching moments. The schedule follows a format similar to *TIPP®—The Injury Prevention Program* and is designed to coordinate easily with other anticipatory guidance protocols. The 3 components of the *Connected Kids* counseling schedule are as follows:

- **Infancy and Early Childhood: Prenatal to 4-Year-Old Visits**
- **Middle Childhood: 5- to 10-Year-Old Visits**
- **Adolescence: Early, Middle, and Late**

This schedule is age/visit based, and the brochures are listed with the visit when the topic is first introduced. Since there is usually more variability as to when topics are introduced and discussed with teenagers, the adolescent visits are grouped with age ranges.

The 21 *Connected Kids* brochures are designed to provide information to parents and youth about specific topics important for the development of strong, resilient children. Each one is brief and written in a clear, straightforward style. The last page of each brochure summarizes the topics discussed and leaves space for additional information. In particular, the parent brochures provide information about child development and offer practical parenting suggestions. Where appropriate, concrete examples are used to illustrate key concepts. They also address feelings parents may experience at a particular stage of their child's development and provide ways in which parents can attend to their own social and emotional needs.

Helpful Hints

- Individualize the guidance by pointing parents/patients to the particular section of each brochure that may be most helpful to them.
- In the space provided on the last page, practices can put the practice name and address, or clinicians can use this space to write individualized suggestions for the family.
- Encourage the parent who accompanies the child to the office to share the written information with the other adults who care for the child.
- Suggest placing the brochure on the refrigerator—the front cover visually conveys the core message.
- Office support staff can distribute brochures to parents and patients who are waiting to be seen in the waiting room or the examination room.
- Many brochures are suitable for use with school or community groups.

Infancy and Early Childhood: Prenatal to 5-Year-Old Visits

Visit	Introduce	Reinforce	Brochures
2 Days to 4 Weeks	• What Babies Do • Parental Frustration • Parent Mental Health • Parent Support		1. *Welcome to the World of Parenting!*
2 and 4 Months	• Child Care • Family • Safe Environment • Parenting Style • Bonding and Attachment	• Parent Mental Health • Parent Support	2. *Parenting Your Infant*
6 and 9 Months	• Establishing Routines • Discipline = Teaching • Firearms • Modeling Behavior	• Parent Support • Child Care • Safe Environment • Bonding and Attachment	3. *How Do Infants Learn?* 4. *Your Child Is On the Move: Reduce the Risk of Gun Injury*
12 and 15 Months	• Child Development and Behavior	• Safe Environment • Parenting Style • Firearms • Modeling Behavior	5. *Teaching Good Behavior: Tips on How to Discipline*
18 Months and 2 Years	• Child's Assets • Guided Participation • Media	• Parent Support • Establishing Routines • Firearms • Child Development and Behavior	6. *Playing Is How Toddlers Learn* 7. *Pulling the Plug on TV Violence*
3 and 4 Years	• Peer Playing • Safety in Others' Homes • Talking About Emotions • Promoting Independence	• Modeling Behavior • Guided Participation	8. *Young Children Learn a Lot When They Play*

Middle Childhood: 5- to 10-Year-Old Visits

Visit	Introduce	Reinforce	Brochures
5 Years	• Establishing Routines and Setting Limits	• Child Development and Behavior • Child's Assets • Safety in Others' Homes • Promoting Independence	9. *Growing Independence: Tips for Parents of Young Children*
6 Years	• Teaching Behavior • Bullying • Out-of-School Time	• Modeling Behavior • Establishing Routines and Setting Limits	10. *Bullying: It's Not OK*
8 Years	• School Connections • Alcohol and Drugs • Interpersonal Skills	• Firearms • Promoting Independence • Establishing Routines and Setting Limits • Bullying	11. *Drug Abuse Prevention Starts With Parents* 12. *Friends Are Important: Tips for Parents*
10 Years	• Child Mental Health • School Performance	• Media • Out-of-School Time	13. *Everybody Gets Mad: Helping Your Child Cope With Conflict*

Adolescence

Visit	Introduce	Reinforce	Brochures
Early: **11 to 14 Years**	• Family Time Together • Peer Relationships • Support System • Staying Safe • Teen Mental Health • Conflict Resolution Skills • Healthy Dating • Gaining Independence	• Firearms • Establishing Routines and Setting Limits • Alcohol and Drugs • School Performance	14. *Talking With Your Teen: Tips for Parents* 15. *Staying Cool When Things Heat Up* 16. *Expect Respect: Healthy Relationships* 17. *Teen Dating Violence: Tips for Parents*
Middle: **15 to 17 Years**	• Plans for the Future • Firearms and Suicide • Depression • Resiliency	• Alcohol and Drugs • Peer Relationships • Healthy Dating • Gaining Independence	18. *Teen Suicide and Guns* 19. *Connecting With Your Community*
Late: **18 to 21 Years**	• Transition to Independence • Negotiating a New Environment	• Peer Relationships • Plans for the Future • Depression	20. *Help Stop Teenage Suicide* 21. *Next Stop Adulthood: Tips for Parents*

Infancy and Early Childhood

Giving early preventive messages to parents in the context of child development is one of the fundamental objectives of *Connected Kids.* Parents of young children are often looking for this guidance.

Counseling Suggestions: 2 Days to 4 Weeks

New parents need guidance in understanding and adapting to their baby's temperament.

What Babies Do

There is great variation among babies' temperaments, crying patterns, and activity levels. Many new parents need guidance in interpreting and evaluating these behaviors. In addition, the initial fit between infants' and parents' temperament is not always optimal. These uncertainties and/or temperamental mismatches can lead to stress and frustration. Fostering a secure and nurturing relationship between parents and infants is an important component of healthy development.[16] By helping parents recognize the importance of early nurturing and the variation in normal infant temperament and behavior, pediatricians can help parents optimize interactions with their infant, understand how to deal with difficult behaviors, and be more successful as parents.

Assessment

- How would you describe your baby's personality?
- How has the new baby changed your spouse/partner?
- Does your baby have different cries, and do you have a sense what each of them means?
- Who helps you with your baby? (Alternative: Who can you call if you are feeling frustrated or overwhelmed?)

Anticipatory Guidance

- The first couple of months are difficult because babies cry and parents do not get enough sleep. Try to sleep when your baby sleeps. If there is more than one caregiver, take turns.
- Babies use crying to communicate. If you have not already noted differences in cries, it will soon become clear that they mean different things. As you begin to understand these differences, you can more effectively respond to your baby's needs.
- When babies cry, there are a number of things that many parents have found helpful.
  - Following regular routines
  - Swaddling, rocking, or calmly holding the baby
  - Quietly talking or singing

  If nothing works, it is OK to allow babies to cry; they will often simply cry themselves to sleep.
- **Almost all new parents occasionally feel overwhelmed, frustrated, exhausted, or angry. Ask for help when you need it.**

Parental Frustration

Helping parents understand their infant's behavior reduces their frustration.

Even the calmest and most experienced parents get frustrated. Feeling tired and overwhelmed and misunderstanding normal infant behavior contributes to this frustration. When you alert parents to the likelihood of feeling frustrated, you can help them prepare appropriate coping strategies.

Assessment

- What makes you "lose it" with your baby?
- What do you do when you lose it?

Anticipatory Guidance

- All parents lose it at least sometimes. When you feel this, put the baby down in a safe place, like a crib or cradle. It helps if you have somebody to call, or to ask for help when you are feeling this happening.
- Never shake your baby. It can cause brain damage.

Parent Mental Health

If providers have concerns about maternal depression, they should refer the mother to a mental health professional.

Emotionally healthy parents are more likely to promote a nurturing and safe environment for their infant.[17] However, postpartum depression is relatively common and should be identified as early as possible. Many child health care providers do not necessarily have the time or expertise to address postpartum depression and, generally, the best intervention is to recommend and facilitate appropriate mental health services. In addition, expressing concern and supportiveness tells the mother that you think her mental health is important.

Assessment

- What do you do for fun?
- In the past week, have you felt depressed or sad, or found yourself crying without any clear reason?
- Do you have any history of depression or other psychological problems?

Anticipatory Guidance

- Many parents feel sad and tired after their baby is born. If you find this happening frequently, it is best to get some help.
- Most parents feel better, and enjoy their baby even more, if they have some time away from their baby. This may be difficult at first, but if you are able to do things that you find fun, you will have more energy for and enjoyment with your baby.

Note: Many pediatricians feel ill equipped to deal with postpartum depression; therefore, if you have concerns about maternal depression, it is generally best to express your concerns and make an effort to refer the mother to a mental health facility for evaluation and treatment.

Parent Support

***Connected Kids* tools can help parents find needed support.**

Parents do better if they have available supports: (1) to help deal with stress and frustration, (2) for child care, and (3) to share their parenting experiences and process parenting strategies.

The *Social Connections* (Appendix B-1) and *Developing Community Linkages* (Appendix B-2) work sheets are helpful tools for clinicians and parents. *Social Connections* assesses the family's social supports. *Developing Community Linkages* is a concise list of vital information for parents about local community resources and supports; please see the *Ideas for Optimal Use* section of the Guide for ways in which clinicians can most effectively use this work sheet.

Assessment

- Do you have people who can take care of your baby if you need to do something or want to go out?
- Do you have people you can call if you are feeling frustrated or begin to feel like you are going to lose it?
- Whom do you trust to help you?
- Whom do you talk to when you want to share things about your baby?

Anticipatory Guidance

- All parents need support and help to deal with frustration and/or problems.
- All parents need other adults to share their experiences—both the wonderful and the difficult times—as parents.
- Your baby's most basic needs have to be met for him to be healthy. The information contained in this handout, *Developing Community Linkages* (Appendix B-2), will help you meet those needs.

Brochure:
Welcome to the World of Parenting!

Parents need help understanding the normal development of newborns and the changes that they will undergo as parents. The brochure provides information about the coping skills new parents need. While some parents find great joy and support during this period, others find fatigue, disruption, criticism, and depression. In the extreme, this is a peak period for child abuse and, more commonly, for profound changes in the way parents relate to each other as a couple.

How to Use This Tool

- Discuss infant crying and how to handle it.
- Crying is normal behavior, and when babies cry, parents get upset too.
- Sometimes, parents just need to let the baby cry.
- The frustration arising from crying babies can lead to infant abuse. Following are the core messages of shaken baby prevention programs. Ask about the following:
  - Experience of being a parent: *"Is this what you expected?"*
  - Social support: *"Who helps you with the baby?"*
  - Mood: *"Being a new parent can be exhausting. How are you doing?"*
  - Work: *"When will you be going back to work?"* or *"How much time off do you have from work for the new baby?"*
- When appropriate, include both parents in the conversation. Fathers, in particular, may feel awkward or left out at this stage.

Helpful Hint

Support new parents with a statement like, *"I love the way your baby looks at you, soothes to your voice. You're doing a great job!"*

Counseling Suggestions: 2 and 4 Months

Child Care

Returning to work creates stress for some parents.

In a majority of American families, all adults work within the first year of a baby's life.[18] Quality, safe child care can support optimal child development but requires responsive, loving care from a few consistent adults.[19] Information is available about what constitutes quality child care and the potential advantages and disadvantages of at-home parenting and out-of-home child care for children, families, and communities.[20,21]

Assessment

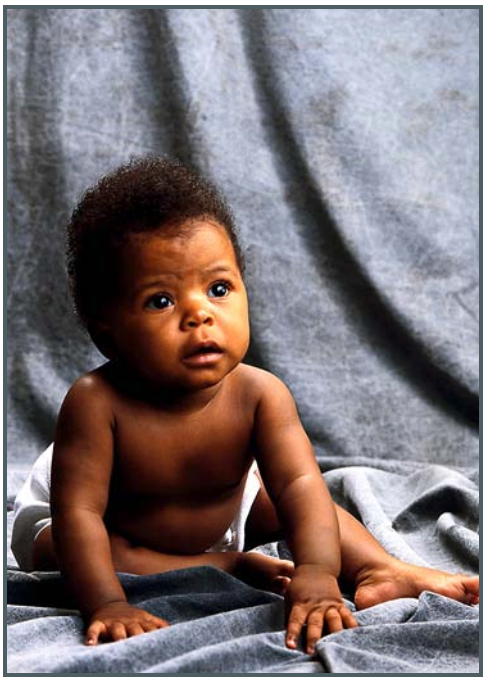
- Are you planning to return to work? What are your plans for child care?

Anticipatory Guidance

- Selecting a child care provider is an important decision. Ask your friends and neighbors if they have any recommendations. Be sure to get references for your child care center or provider, and feel free to ask lots of questions while making your decision.

Family

Determining who constitutes the family is the first task.



Family relationships and attachments influence physical, cognitive, social, and emotional child development.[22] Within each family, parents' help, support, and encouragement of each other enhances their effectiveness as parents and promotes the child's well-being. Many children grow up in single-parent families (with or without extended family help), blended families, and nontraditional families. When meeting a new patient, determining who constitutes the family is the first task and should be reassessed periodically as families change with time.

Assessment

- Who lives with you and your baby?
- How do you and your partner get along?
- Do you have other family nearby?

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.
- *For 2-parent families:* It is important for you and your spouse/partner to have time together. Putting a relationship "on hold" for months or years can damage your relationship and decrease your ability to nurture your children.

Note: Some parents may feel they need "permission" to go out together, with the baby in the care of a responsible adult.

Safe Environment

Family violence affects a child's health and well-being.

An infant needs a safe home environment to learn and grow optimally. Witnessing violence in the home can be very traumatic for children.[23] In some states, when a child witnesses intimate partner violence, it is considered child abuse and must be reported. Furthermore, studies indicate child abuse occurs in 33% to 77% of families in which there is intimate partner violence.[24]

Family violence should be addressed in the first few visits with the family of a new baby.[24,25] Since women are reticent to divulge abuse, this issue needs to be brought up periodically at later visits. However, by bringing it up early, clinicians are communicating the importance of the issue and their willingness to discuss it in the future.

Assessment

- Do you feel safe in your neighborhood?
- Has your child heard or seen adults in your home shouting, insulting, hitting, pushing, or shaking one another?
- *For the mother only, and only if her partner is not in the room:* Are you ever afraid at home? Have you ever been hit, kicked, or verbally threatened?

Anticipatory Guidance

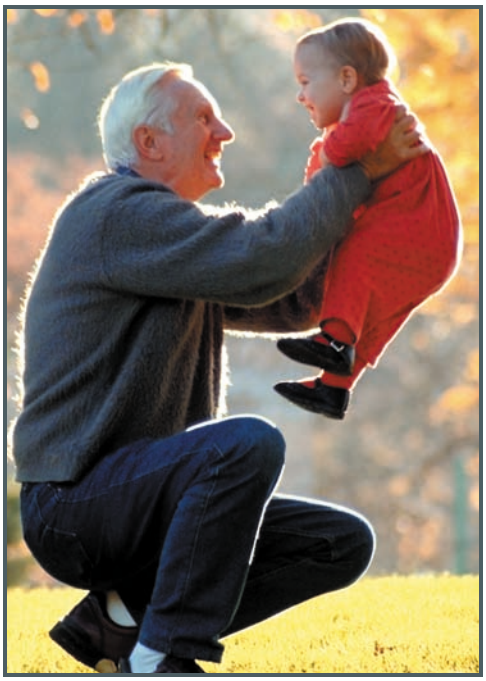
- Infants and children at all ages are affected by exposure to violence in the home. Some of the effects include stress, behavior problems, anger, fear, and the risk of learning that violence is a solution to problems. Because it can have such an impact on children, I ask all families periodically about violence at home.
- Even very young infants can be affected by exposure to violent interactions in the home. This is often a difficult subject to discuss, but there are people who can help you. If you ever need to talk about this, I am available or you can call 800/799-SAFE (7233), which is the national domestic violence hot line.

Note: Some practices place small cards in the restroom that contain the number of the family violence hot line so that parents can get this information in private. This subject needs to be raised more than once, as it often takes multiple queries to elicit an open response.[26]

Parenting Style

There are important cultural, ideological, and social differences in approaches to parenting.

Parents can nurture and connect with their children in many healthy ways.[22] Because pediatricians see children frequently during the first year of life and many parents rely on their child's doctor for parenting advice, an early alliance with a family can be used to teach important parenting skills, both now and later. Discussing family dynamics and positive parenting skills is both expected and accepted.



Encourage parents to develop their own relationship with their new baby.

Assessment

- What do you do best as a parent?
- Are you having any problems that I can help you with?
- How would you describe your relationship with your own parents?

Note: It is helpful to get a sense of the parents' child-raising beliefs. Many new parents adopt parenting styles in imitation of, or in reaction to, their childhood memories of how they were raised. In some cases, parental history of having been abused as a child may emerge.

Anticipatory Guidance

- Babies younger than 12 months can't be spoiled. They need to feel secure and are happier and more predictable when parents respond quickly and effectively.
- Talk to your child often. Your baby loves to hear your voice and is already learning from what you say.
- Singing and reading to infants makes them happy and helps them feel connected.
- There is no one right way to raise your children, and many ways work as long as you are responsive and nurturing to your baby. I mention this to you because we are going to be discussing many parenting issues over the years and it is important to me that we are equal partners in these discussions.

Bonding and Attachment

Both the child's behavior and parents' feelings about their babies influence parenting.[27] It is acceptable and normal for parents to not immediately have warm feelings toward their newborn. However, once parents begin caring for the child, they should relax, feel more comfortable, and show their love for the baby. You should be concerned about parents who fail to provide stimulation, emotional support, and nurturance.

Assessment

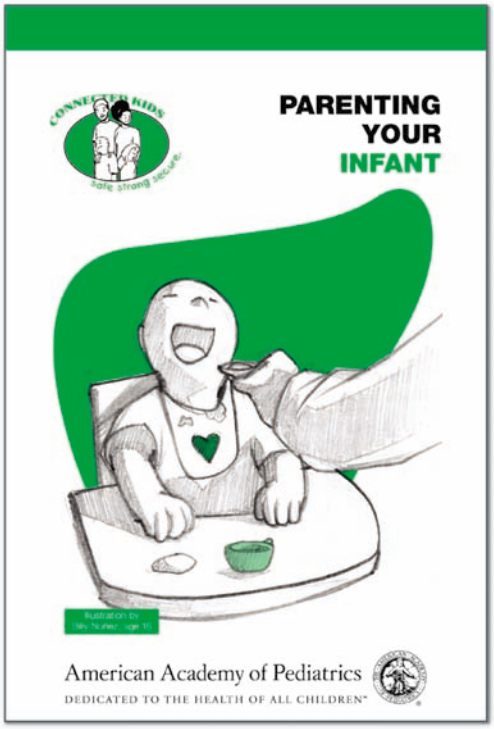
- What do you enjoy doing with your baby?
- What annoys you most about your baby?
- Whom in your family does your baby remind you of?

Anticipatory Guidance

- You and your partner each will have a unique relationship with your child. Each of you should spend time playing with, talking to, and cuddling your baby.

Topics to Reinforce at 2- and 4-Month Visits

Topic	Visit Introduced	See Page
Parent Mental Health	2 days to 4 weeks	21
Parent Support	2 days to 4 weeks	22



Brochure:
Parenting Your Infant

This brochure mainly focuses on developmental issues of 4- to 9-month-old infants and can be thought of as part 2 of "Welcome to the World of Parenting!" Three specific child-oriented issues are addressed in more detail: (1) colic, (2) trouble sleeping, and (3) clinging to parents. By this time, most families are developing their own routines, and both parents may be returning to work. The last segment of the brochure touches on these issues.

How to Use This Tool

- Since the issue of crying continues to be a worry for parents, and the reaction of stressed parents may result in infant abuse, a continued discussion on how to handle crying is recommended. It also may be helpful to go over the following again:
  - Experience of being a parent: *"Is this what you expected?"*
  - Social support: *"Who helps you with the baby?"*
  - Mood: *"Being a new parent can be exhausting. How are you doing?"*
  - Work: *"When will you be going back to work?"* or *"How much time off do you have from work for the new baby?"*
- At the 4-month visit ask, *"Do the 2 of you ever get time alone as a couple?"* To reinforce this message, some clinicians even write a "prescription" for a night out.

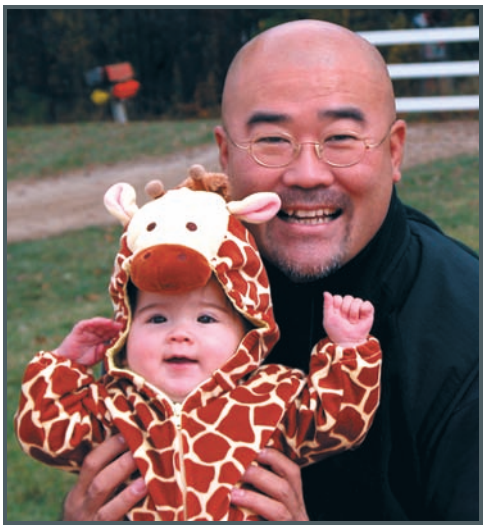
Helpful Hint

Support new parents with a statement like, *"Your infant is alert, growing well, and has a beautiful smile!"*

Counseling Suggestions: 6 and 9 Months

Establishing Routines

Consistent routines are important.



Babies need routines to feel secure.[28,29] Providing structured daily routines, while recognizing and responding flexibly to the infant's needs, reduces resistance, conveys respect for the child, and makes negative experiences less stressful.

Assessment

- What and when are you feeding your baby? Do you have any questions about feeding?
- Is your baby sleeping through the night? Do you have any questions about sleep?

Anticipatory Guidance

- Routines are hard to establish for some infants, but they always are important. Routines are best established if you try to follow your baby's cues and patterns rather than try to impose routines that conflict with these patterns.
- Be warm, loving, and responsive. Ask for help when you are feeling frustrated.

Discipline = Teaching

Better understanding of infant behavior contributes to appropriate limit setting.

Discipline must extend beyond correction to include teaching. As infants become mobile and initiate contact with the environment, parents should impose limitations and structure to create safe spaces with appropriate boundaries.[30] Age-appropriate discipline is discussed more specifically during the toddler years, as an infant's developing cognitive and verbal capacity is still limited. However, the topic is introduced at this age because of parents' misperceptions about infants' abilities. Parents who attempt to teach their infants behavior rules are likely to become frustrated.

Assessment

- Does your child hit or bite? How do you handle this?
  Here are some tips:
  - Never bite or hit back.
  - Redirect your baby; pull her away.
  - Watch for the warning cues prior to the biting and redirect her to something else.
- When your child is doing something good, how do you encourage her?

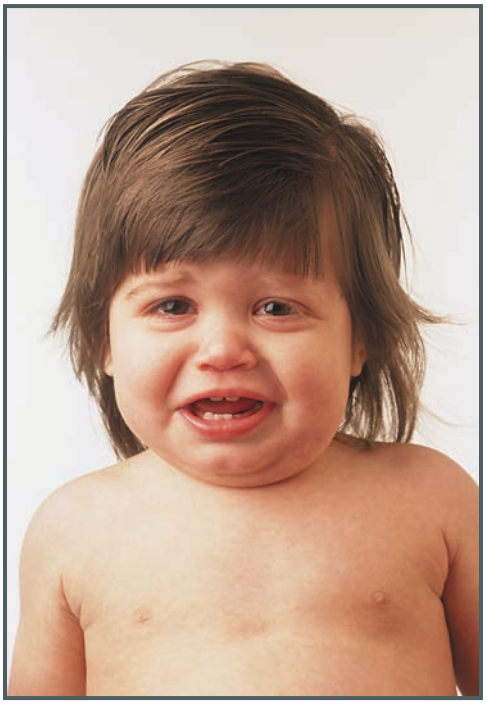
Anticipatory Guidance

- Give immediate praise (mostly nonverbal for this age) to behaviors you want to continue. Making a fuss about behaviors you don't want, even laughing at them, actually encourages the behavior to continue.
- Distraction and diversion are the best ways to stop unwanted behaviors in infants.
  - Changing the environment or the activity is an effective way to change your child's behavior.
  - Infants do not understand the word or concept of "no" before they are about 9 months old.

Firearms

"My brothers both admitted as adults that when they were children they would go into my dad's room and take the gun out and play with it. My younger brother would actually find the clip."
– Focus Group Parent

The safest home is a home without guns.[31] While many people keep handguns in the home for protection, research has shown that guns kept in homes are more likely to be involved in unintentional shootings, criminal assaults, or suicide attempts than to be used for self-defense.[32] About one third of households with children have guns, and of these households, more than 40% store their guns unsafely.[33] Approximately 90% of parents believe, unrealistically, that their children will not play with a gun if they find one.[34] It is important to emphasize to parents that guns must be inaccessible to children; a child *will* handle a gun if she finds one. Research has shown that children as young as 3 years may be strong enough to pull the trigger on a handgun.[35] This may seem to be a very young age to discuss gun safety; however, pediatricians may find it natural to raise the issue of gun safety in the context of other household hazards, such as safe storage of cleaning and gardening supplies, and stair gates.



Assessment

- Is there a gun in your home? If so, how is it (are they) stored?
- Was there a gun in the home (parents' home) where you grew up? Did you or your siblings ever get into it without your parents' knowledge?

Anticipatory Guidance

- Young children are naturally curious and cannot be taught not to not play with a gun if found.
- It is important to know that the safest home is one without a gun.
- If a gun is kept in the home, it should be stored locked and unloaded, with the bullets locked separately.

Note: The presence of a handgun can be particularly dangerous if there is domestic violence.

Children learn how to address conflicts by watching their parents.

Modeling Behavior

Young children learn from their parents, including healthy and unhealthy behaviors. There is growing evidence that even very young children begin to learn behaviors from their parents.[36,37] One study indicated that the strongest predictor of aggression was children's perception that their parents had a positive attitude toward fighting.[38] It is important for parents to model healthy interpersonal behaviors and nonviolent conflict resolution and to avoid modeling unhealthy, violent interactions.

Assessment

- How do you and your partner handle conflict?
- How did your parents handle conflict with each other and with you?

Anticipatory Guidance

- If you handle conflict constructively and nonviolently, your child will learn healthy and cooperative ways of interacting with others.

Topics to Reinforce at 6- and 9-Month Visits

Topic	Visit Introduced	See Page
Parent Support	2 days to 4 weeks	22
Child Care	2 and 4 months	24
Safe Environment	2 and 4 months	25
Bonding and Attachment	2 and 4 months	26

Photo by Don Peterson

Brochure:
How Do Infants Learn?

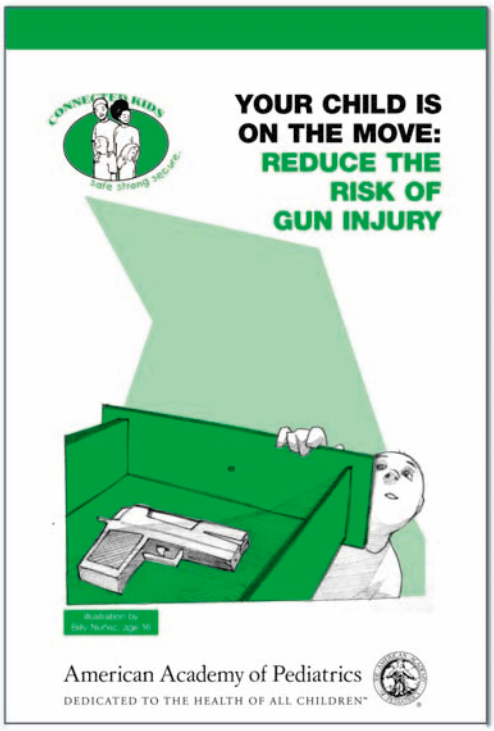
Based on current brain development literature, this brochure offers practical suggestions to parents. It promotes activities, like reading or singing, that encourage brain growth. Since some parents interpret an infant's normal exploration as bad behavior, it helps parents understand that exploration is a natural developmental need, laying the groundwork for later discussions of toddler behavior and discipline.

How to Use This Tool

- This is a good time to check in with parents about social connections. The brochure addresses this area with the following sections:
  - "Others Who Care for Your Baby"
  - "Take Care of Yourself"
- Since a majority of American children have working parents and spend some time in the care of others, use this as an opportunity to talk about child care arrangements.

Helpful Hints

- Notice the infant's new behaviors and the interaction between the parent and child.
  - *"Wow, your baby sure is interested in my stethoscope! Infants really like to check everything out. I need to use this, so I'll distract her with one of these toys."*
  - *"I really like the way she lets me examine her but is always looking over at you to make sure it's OK. You really are doing a nice job reassuring her."*
- Ask about separation. *"This is an age when babies figure out that parents are really important. Does he have a lot of trouble when you leave him with someone else? How do you handle it?"*
- Ask about the family. *"Gee, it's been almost a year since your baby was born. Who helps you and your partner get some time alone together?"*



Brochure:
Your Child Is On the Move: Reduce the Risk of Gun Injury

There is a clear correlation between childhood injuries and deaths due to firearms and the presence of a handgun in the home, particularly when the gun is stored loaded and unlocked. Parents who keep loaded handguns in the home often do so hoping to defend themselves against criminals. Sadly, however, these weapons are more likely to be used in the following ways:

- Unintentionally by a child or an adult who mistakes a friend or family member for an intruder.
- In intimate partner violence.[39]

Although numerous educational programs have sought to teach gun safety to children, these programs fail to alter a child's behavior when it matters. *A child's curiosity about a gun will overwhelm any safety lesson learned about the danger of a gun.*

This brochure is designed for parents of children as young as 6 months old, when pediatricians typically discuss other household hazards; however, it is written so that practices may choose a different age for distribution. It focuses on child development and provides parents with information needed to make informed decisions. It does not contain any information about regulatory issues or legal arguments concerning the Second Amendment.

How to Use This Tool

- Discuss handguns in the context of other common household hazards, including medications, cleaning products, and garden supplies.
- Be aware that parents may not agree on the presence of a gun in the home. For example, if a child's mother indicates that she agrees with you, but her husband likes to have a gun in the home, suggest that she ask him to look at the brochure so that he can make an informed decision.

Helpful Hints

- In areas of the country with high gun ownership rates, some practices offer free or reduced price gun locks.
- Be especially aware of the potential lethality of domestic violence in homes with handguns.

Counseling Suggestions: 12 and 15 Months

Child Development and Behavior

Misperceptions of normal child development can lead to conflict and safety issues.

It is important for parents to be informed about the developmental and behavior changes that occur during this age. Limit setting can be discussed in the context of the child's evolving ability to meet parental behavioral expectations.[40] Health care providers may be tempted to deliver a monologue, but it is more effective to problem solve a behavioral issue. With experience, this can be done efficiently during an office visit.

Research examining the development of physical aggression illustrates the importance of parental guidance during the toddler years. By age 17 months, a large majority of children are physically aggressive toward siblings, peers, and adults, but longitudinal studies demonstrate that most children initiate the use of physical aggression between ages 1 and 2 and then learn to use alternatives before entering primary school. However, those who do not learn to regulate the use of physical aggression during these early years are at an increased risk of violent behavior during adolescence and adulthood, emphasizing the importance of early preventive efforts.[36,41-43]

Assessment

- What do you enjoy about your child?
- What upsets you the most about your child's behavior? (Use this as the invitation to help problem solve an issue.)

Anticipatory Guidance

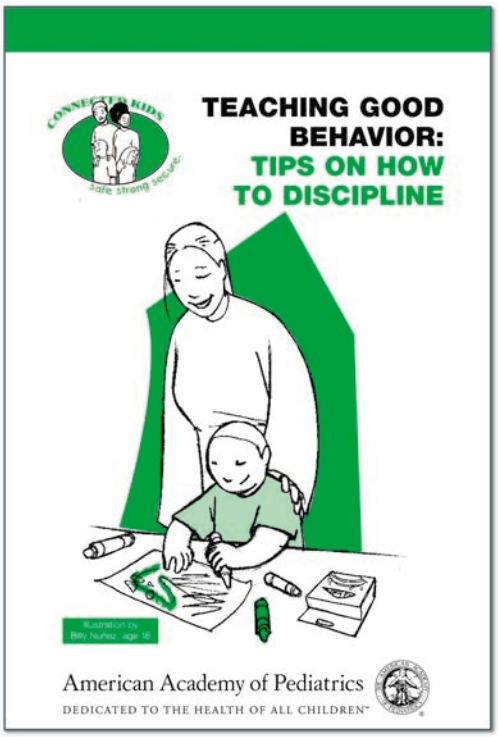
When possible, deliver the following messages in the context of the parent-identified behavioral issue:

- Offer your child acceptable choices: *"We're going to the supermarket. Do you want to wear your sweater or your jacket?"*
- Tantrums begin at this age! If your child is safe, simply wait it out. Reasoning with a child of this age generally does not work. Parents usually can figure out why the child is frustrated. It is best to *get curious, not furious.*
- It is more effective to ignore unwanted behavior than to reinforce it by paying a great deal of attention to your child when he misbehaves.
- It is common for children to try out aggressive behaviors to try to get their way. A good response to hitting and biting can be simple limit setting: *"No hitting."* and *"No biting."* Acknowledge good behavior: *"I love to see you playing so nicely."* Time-outs are also a useful strategy for addressing aggressive behavior if these other strategies don't work.
- Toilet training can be especially frustrating. Typically, children begin toilet training at about 2 years of age, but many children may not be ready until age 3 or older. Punishment is generally ineffective during this process, so a positive approach works best. A regular schedule of bathroom use can be helpful, and remember to celebrate successes.

Note: For families that may need additional help with the previous issues, consider referring them to community resources such as home visiting, mother-to-mother programs, parent support groups, and/or counseling.

Topics to Reinforce at 12- and 15-Month Visits

Topic	Visit Introduced	See Page
Safe Environment	2 and 4 months	25
Parenting Style	2 and 4 months	25
Firearms	6 and 9 months	29
Modeling Behavior	6 and 9 months	30



Brochure:
Teaching Good Behavior: Tips on How to Discipline

With increased mobility and rudimentary verbal skills, this can be an especially trying time for parents. New parents often look back to their own childhood and either emulate or negatively react to the way their parents raised them. This brochure describes the basics of a behavioral approach to parenting.

- Children seek parental attention. The most effective way to teach a child is to provide positive reinforcement for desired behaviors.
- Limit setting evolves from simple distraction (appropriate for infants) to the recitation of a simple rule ("No hitting.") to the use of a brief time-out.
- Time-outs work best when children have learned they get positive attention for wanted behaviors. Think of a time-out as "time-out from positive reinforcement."

Young children will do anything to get attention. For that reason, praising wanted behaviors (either verbally or with hugs) teaches children that they can get attention for acting that way. This is not spoiling, but teaching. If children only get attention when they do things you don't like, they are more likely to continue with that behavior.

While American Academy of Pediatrics (AAP) policy discourages use of corporal punishment,[30] it still may be difficult to address this issue directly. Most parents use corporal punishment only when other methods of discipline have failed. By advocating for effective alternatives to corporal punishment, the clinician may be able to dramatically reduce its use. If parents inquire, let them know that the research suggests that children who experience corporal punishment learn to evade punishment by becoming more wary of their parents and are more likely to use or experience violence themselves in later life.[44]

How to Use This Tool

- Most parents are quite concerned about toddler behavior and are eager to discuss this with clinicians. Usually, one or more gentle inquiries is all it takes to start the conversation.
  - *"She really pays attention when we are talking. Does she understand when you speak to her and does she listen to what you ask her to do yet?"*
  - *"Your child is growing and developing well. Has he started having tantrums yet? How do you handle them?"*
  - *"What new things is your child doing since the last visit? What does she do that you'd like to change?"*
- Use the brochure by endorsing its core message: *"This is the age when parents begin to really think about how to teach their children to behave well. This handout describes a simple approach to toddler behavior. Have a look, and we can talk about it at the next visit."*

Helpful Hints

- Clinicians should be aware that the brochure provides broadly useful information that cannot address all children or all families.
- Be on the lookout for children with difficult temperaments, or families who are socially isolated or are experiencing any sort of family discord. Normal toddler behavior may be especially difficult for these families and they may need more support. Many communities offer parenting classes, consultations, or parent-to-parent programs.

Counseling Suggestions: 18 Months and 2 Years

Child's Assets

Asking parents about their child's abilities models the value of focusing on what a child does well.

Traditionally, pediatricians are taught to screen for and identify problems. The asset-based approach emphasizes assessing children's strengths and accomplishments and discussing with families how to build on them.

Assessment

- What makes you most proud of your child?
- What do you think your child does best?

Anticipatory Guidance

- Children learn best when they get hugs and words of praise and acknowledgment for good behavior. Letting your child know you are proud of his behavior and successes makes it likely that he will continue to use these behaviors and repeat the successes.
- When children get attention for a behavior, they are more likely to continue that behavior, even if it is negative attention for an unwanted behavior. This is especially true if they do not receive attention for the good things.

Guided Participation

Guided participation helps parents use their child's own interests and curiosity to promote learning.

As toddlers engage in more complex physical and social environments, parents can benefit from additional strategies to help their children develop more prosocial skills. Guided participation—intentionally creating activities for children and helping caregivers understand the connection between these activities and child development—helps parents use the child's interests and curiosity in this process.[45,46] It is particularly important to discuss this with parents because by this age, most American children spend part of their weeks in the care of others—at a relative's home, in child care, or in cooperative play groups.[47] Research supports the developmental advantages of quality early childhood education, a topic that is addressed in other AAP publications.[20,48]

Assessment

- What does your child enjoy doing?
- Where does your child spend the day? What activities does he do there?

Anticipatory Guidance

- At this age, toddlers begin to develop specific interests in the world around them. Picking up on these interests can help you develop more satisfying relationships with your children.
- Toddlers are going to experience conflicts when they enter group settings. You can help your child deal with these conflicts by teaching these skills:
  - Sharing
  - Using language rather than action to express anger and feelings
  - Learning responses to physical aggression by another child, such as *"That hurts. Don't do it."*
  - Seeking the help of a responsible adult
- Toddlers need consistent rules with consistent consequences.

Media

Many parents fail to recognize the impact of media violence on child behavior.

Parents can reduce their children's exposure to violence by limiting the time they spend watching television. A recent study in California demonstrated that a reduction in television viewing leads to a decrease in fighting-related behaviors and attitudes.[49] As much as 10% to 20% of real-life violence may be attributable to media violence.[50] The AAP recommends a maximum of 1 to 2 hours a day of total media time (TV, videos, video games), and that children under 2 years not watch television at all.[51] This may be difficult advice for families, as television is often used as a babysitter, a reward, or a privilege for managing children's behavior.

Assessment

- How much TV does your child watch each day?

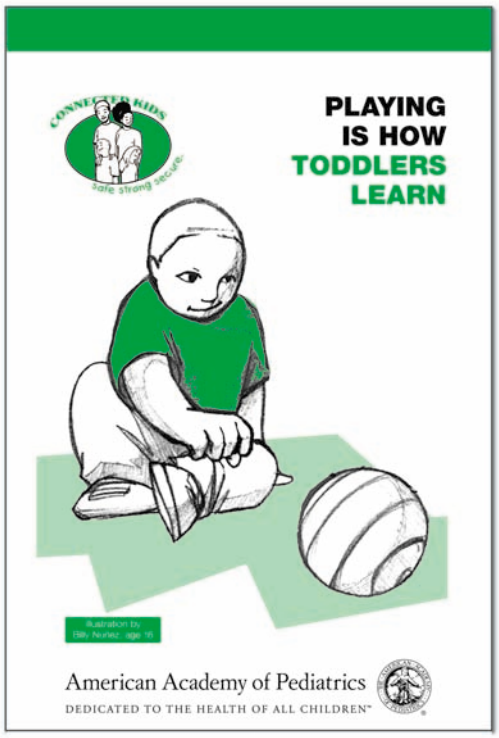
Anticipatory Guidance

- Too much exposure to violence on TV can teach your child aggressive behavior, desensitize him to violence, and even make him fear the real world. If your child does watch TV, try to watch TV with him from time to time, and let him know how you feel. Ask, *"Is the fighting on TV the way we solve problems in our family?"*
- There also is a link between too much television viewing and obesity. Try encouraging alternatives to TV, such as outdoor activities, reading, playing with friends, and library or museum visits.

Topics to Reinforce at 18-Month and 2-Year Visits

Topic	Visit Introduced	See Page
Parent Support	2 days to 4 weeks	22
Establishing Routines	6 and 9 months	28
Firearms	6 and 9 months	29
Child Development and Behavior	12 and 15 months	33

Brochure:
Playing is How Toddlers Learn



This brochure helps parents understand normal toddler behavior. Its 2 main goals are to help parents do the following:

- Provide a stimulating environment during this period of explosive brain development.
- Understand the natural curiosity and exploration of toddlers.

Parents can come away appreciating how their toddlers think and not interpret natural curiosity as purposeful misbehavior.

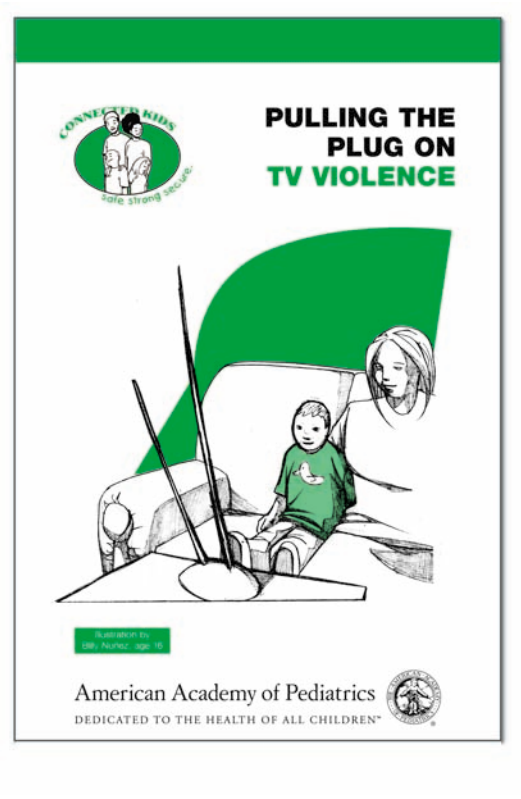
A recurrent theme in *Connected Kids* is to encourage parents to take care of themselves and to seek help with raising their children. This topic is addressed in the section "Child's Play Can Be Hard Work for Parents."

How to Use This Tool

- Discuss how toddlers explore the world through play. Provide parents with guidance on the types of toys, like building blocks and crayons, that encourage play and use the imagination.
- Help parents, particularly those whose children are not in child care, to identify places where their toddlers can meet other toddlers, and where they can meet other toddlers' parents. The brochure mentions public libraries, though other places may be appropriate in your community.

Helpful Hints

- This is a good time to check in with parents; ask how they are doing and how their family relationships are. Check that parents have some assistance in caring for their child.
- Support the toddler's parents with statements like, *"What a delightful child you have! He is really curious about the world. This is great to see."*



Brochure:
Pulling the Plug on TV Violence

This brochure provides information about the influence of television violence on children and offers tips to parents about what they can do. The AAP recommends that children under 2 years not watch television and children over 2 years watch 2 hours or less per day.[51] The brochure begins with a series of facts about the influence of television on children and then suggests specific things that parents can do, like (1) set limits on television time, (2) know what children are watching, (3) do not put a television in a child's room, (4) use a V-chip on new televisions, and (5) watch programs with children so that parents can comment on the violence that they see.

How to Use This Tool

This is a difficult topic for many parents. Television provides free in-home child care for many families and is often used to occupy a child when parents are trying to get something of their own done, such as cooking dinner. It is also known that children in lower socioeconomic groups watch more TV than other children and that the television may be used not only for the reasons listed, but as an alternative if playing outside is considered dangerous. Part of the challenge of this topic is in identifying alternatives to television viewing.

- Parents need to be counseled to expect approximately 2 weeks of resistance when they first begin enforcing limits on TV viewing. Parents need to have toys, such as art supplies, that use the imagination or, preferably, encourage physical activities as an alternative to watching television.
- Many families may find it easier to have a television in the children's room rather than compete for the choice of programming in a common room. An open discussion on this issue can help parents find a satisfactory way to reduce the exposure of their children to television violence.
- For younger children in child care or in the care of a relative, it would be appropriate to ask if the children watch television when they are being watched during the day.

Helpful Hint

You can start out by simply asking the child directly, *"What's your favorite show on TV?"* The child's response will often indicate the kind of television programming being watched and can provide you with a topic to open up the discussion with parents.

Counseling Suggestions: 3 and 4 Years

Peer Playing

Parents need strategies to help maximize their child's success in social settings.

By this age, it becomes increasingly important for children to have positive group social experiences.[52] Social skills that facilitate peer relationships form in the preschool years. During this time, peer groups become structured according to friendship groups, gender, and dominance relations, and some children begin to be rejected by their peers.[53]

Assessment

- What opportunities does your child have to play with other children?

Anticipatory Guidance

- Children benefit from having opportunities to play with other children.
- Children sometimes need guidance on how to negotiate with other children through sharing, using language, and respecting themselves and others.
- No one has the right to hurt anyone else.

Safety in Others' Homes

Parents need to be aware of access to guns wherever their children spend time.

Parents need to be comfortable assessing their child's safety in settings outside the home and should know that more than 40% of American households have guns.[54] Parents should ask about the presence of guns, just as they might ask about the presence of a pet, car safety seat use, and other safety issues.

Assessment

- When your child visits friends or relatives, do you ask if they have guns and if these guns are safely and properly stored?

Anticipatory Guidance

- Ask your friends or neighbors if they have a gun before allowing your child to play in the home. If the answer is yes, make sure that all guns are stored unloaded in a locked place, with bullets locked up separately.
- It can be hard to ask about this. Try including this question with other things you might discuss, like car seats, animals, or allergies, before sending your child to someone's home. You also can use the facts—more than 40% of homes with children have a gun, and many of those guns are left unlocked and loaded. Always present your concerns in a respectful manner, while emphasizing that you are just keeping your child safe.

Talking About Emotions

Children need to know how to express frustration and anger by using words.

Children are generally less frustrated and physically aggressive when they express feelings in words rather than actions.[55] Parents can help their children do this by teaching them the words that name their feelings, and reinforcing this behavior with praise and concern.

Assessment

- How does your child express anger?

Anticipatory Guidance

- Discuss feelings with your child. You can discuss feelings while reading a book or watching a video. Ask questions like, "How do you think _____ feels now?"

Promoting Independence

Parents can learn to balance promoting their child's independence with ensuring safety.

During this developmental period, children begin to learn how to function with some independence, while continuing to need supervision from, and involvement with, their parents.[30] Parents can identify opportunities that allow children to experience independence while also monitoring them by knowing where their children are at all times, ensuring that there is adult supervision, and getting to know the parents of their children's friends.

Assessment

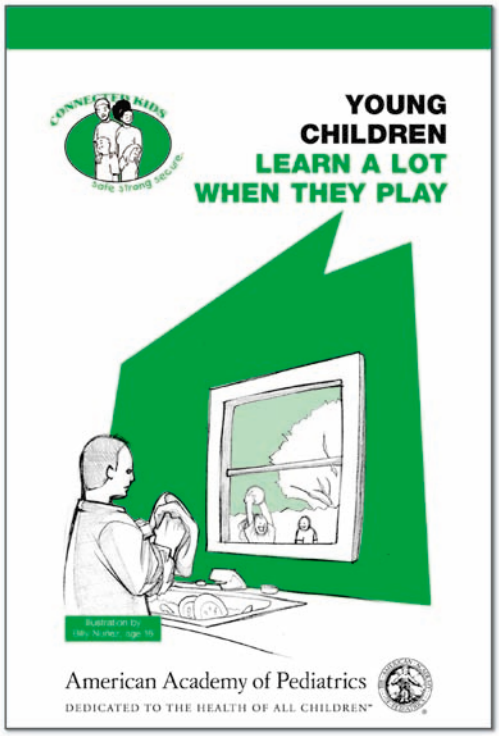
- Does your child spend time away from you?
- How do you decide where and when your child spends time away from you?

Anticipatory Guidance

- It is important for your child to have experiences outside your home.
- It is equally important for you to make sure that your child is safe and properly supervised.
  - Know where your child is at all times. Your child also should know that you expect this.
  - It is appropriate for you to ask if there will be an adult present.
  - It's helpful to get to know the parents of your child's friends.

Topics to Reinforce at 3- and 4-Year Visits

Topic	Visit Introduced	See Page
Modeling Behavior	6 and 9 months	30
Guided Participation	18 months and 2 years	36



Brochure:
Young Children Learn a Lot When They Play

This brochure introduces parents of preschool children to the importance of peer playing. For many children, this comes naturally as they attend child care, play with extended family, or participate in local play groups. For some families, opportunities to play with other children may be less frequent.

When children play with others their own age, they learn to cooperate and problem solve, allowing development of empathy and conflict resolution skills.[52,53] The brochure offers practical hints for parents to help children learn how to play, make the playing opportunities successful, and problem solve conflicts that may arise. This brochure includes suggestions from focus groups with parents.

The brochure also assists parents in problem solving common difficulties—aggression and rejection. Both of these are common in social relationships. Developing skills to handle aggression and rejection early helps children play cooperatively in school and do better socially and academically later in life. Children who do not acquire these skills prior to school are at risk for a number of problem behaviors, including violence.

How to Use This Tool

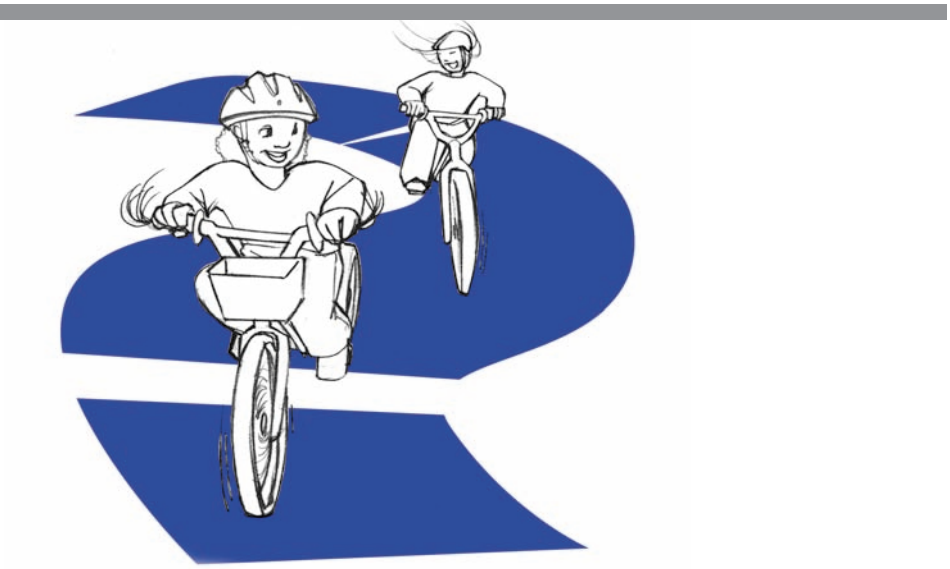
- Discuss child development by asking, *"Does your child have any opportunities to play with other kids his own age?"* There will be a variety of responses from families, which will lead to either a discussion of how to find other children to play with or a brief discussion of how the child plays.
- Model problem solving during the visit. For example, if there are any difficulties with peers, use this time to problem solve the child's play and playmate situations.

Helpful Hint

Try to notice something about the child's attire, toys they bring, or behavior. *"I see you really like trucks. Do you and your friends play with trucks a lot?"*

Middle Childhood

Connected Kids **provides guidance on promoting independence and healthy peer relationships.**



Counseling Suggestions: 5 Years

Establishing Routines and Setting Limits

Children develop a sense of mastery as they become more independent.

Middle childhood is marked by rapid development of knowledge and skills. Routines and limits help children feel loved and secure during this time of transition.[56,57] When parents need to correct a behavior, they can teach children to understand the logical consequences of their activities. For example, children who make a mess at home should be taught how to clean it up, even if doing so interrupts their play or other activities. In addition to changing a behavior, this approach maintains the parent-child alliance. Rather than punishing the child, which creates anger in the child and resentment in the parents, this strategy helps the parent teach the child to become responsible and allows the parent to remain the child's ally in learning how to meet those responsibilities.

Assessment

- Do you have rules or limits with respect to TV, video games and computer time?
- Is your child involved in any after-school or nonschool activities?
- Does your child have any tasks or responsibilities around the home?

Anticipatory Guidance

- Children do better at this age when there are established routines and schedules for daily activities, such as waking up in the morning, getting ready for school, and going to bed.
- The AAP recommends that children have no more than 2 hours of TV time a day. If your child is watching TV, you should know what he is watching and, if possible, join your child.

Topics to Reinforce at 5-Year Visit

Topic	Visit Introduced	See Page
Child Development and Behavior	12 and 15 months	33
Child's Assets	18 months and 2 years	36
Safety in Others' Homes	3 and 4 years	40
Promoting Independence	3 and 4 years	41

Brochure:
Growing Independence: Tips for Parents of Young Children

The increasing independence among school-aged children is a difficult issue for some parents, and may raise concerns such as the real or perceived safety of the neighborhood. However, the major developmental task at this age is the beginning of independent lives, as children spend more time away from home and establish stronger peer relationships. In addition, rules become very important to children in kindergarten and first grade, who often will spend time during recess working out the rules of the games they play. Focus groups with teenagers stressed the importance of beginning parent/child communication about peer relationships well before adolescence; this age is the perfect time to begin these discussions.

Communication is the central theme in this brochure. This is an opportunity for clinicians to model healthy communication by asking questions about the child's life and engaging the child as much as possible during the examination. It also reinforces the importance of appropriate routines and limits. The section "Teach Simple Rules About Safety With Adults" raises the issue of sexual abuse prevention. In addition, as children begin to explore new friendships, parents are given tips on how to help their child understand situations of conflict or unhappiness.

How to Use This Tool

- Help parents understand that independence begins with small steps at a young age.
- This is a time when parents' fears about children's safety in the outside world come to the forefront. Use this as an opportunity to address these fears. Some of these fears may be based on the reality of the neighborhood they live in, but others may reflect current media coverage rather than the true situation in their own immediate environment.
- Ask how the child is doing in school or preschool, with specific attention to social, behavioral, or emotional issues.

Helpful Hints

- Use the history and physical as an opportunity to model communication with the child.
- Many clinicians find that a discussion about child sexual abuse is most naturally conducted during or after the examination of the child's genitals. For example, you might ask, *"What would you do if someone else who wasn't a doctor wanted to look at you here? What would you say?"* It is important to reinforce to children that no one, other than a doctor or nurse (with their parents) should look at their genitals, and that adults never need help with their genitals.
- Let the child know that secrets are not okay. *"I'm here with your mother so it's okay. No adult should ever tell you to keep a secret from your parents. Is that a rule in your family?"* This also provides a clinical opportunity to talk with the parents about those behaviors of which a child needs to be aware.

Counseling Suggestions: 6 Years

Children learn social and interpersonal skills by watching their parents.

Teaching Behavior

Children learn by watching and interacting with parents, other adults, and other children.[58,59] As children become more socially independent, parents need to coach them in their social behaviors by offering them specific words to say or even rehearsing with them in advance of social situations. With this type of coaching, school-aged children may resolve their problems without direct adult intervention.

Children also learn by observation. By watching their parents, they can learn both positive and negative approaches to resolving conflict. Domestic violence has profound, negative influences on school-aged children.[60,61] Because parents may not want to discuss this issue in front of their children, some pediatricians bring up sensitive issues while the children are having vision and hearing screens.

Assessment

- Who is your child's best friend? (Ask this question of the parent, not the child. In general, parents with average or good communication with their children will not find this question difficult. This question also tends to generate parent-child interaction in the exam that may provide additional insights into their relationship.)
- What happens when your child gets in disagreements with his friends?
- How are things at home? Do you and your spouse/partner agree on how to raise your child? How do you handle it if you disagree?

Anticipatory Guidance

- At this age, your child will begin to understand that behavior has consequences. When possible, point out the consequences (both positive and negative) of your child's behavior. When your child says, *"Tommy hit me,"* the parent can ask, *"What were you and Tommy doing just before he hit you?"*
- Help your child solve her own conflicts. Sometimes it helps to practice the words she will use with her friends.
- Children learn by what their parents do. Part of teaching is modeling the behavior you want your child to adopt.
- If your child plays sports, either on a team or informally, your child needs to know that respect and sportsmanship are important parts of this activity.

Note: *Domestic Violence:* Some practices place small cards in the restroom with information about family violence hot lines. This is a subject that needs to be raised periodically, as it often takes multiple queries to elicit an open response.[26]

Parents want their children to know how to defend themselves. Children need nonviolent ways to avoid fighting.

Bullying

Historically, schools have been a safe haven for students. Although public perception of safety at schools has declined, schools are still the safest place for children and adolescents; less than 6% of serious child assaults occur in schools.[62] However, bullying—the repeated victimization of one or more students by a stronger student—is on the rise. As many as 25% of youths in grades 6 through 10 report being involved in bullying, as a bully, a target, or both.[63] Victims of bullies have been the perpetrators in several recent high-profile school shootings. Fortunately, a number of studies have led to an improved understanding of bullying and the development of highly effective anti-bullying programs for school use.[64,65]

Note: These assessment and anticipatory guidance segments are directed to the child; advice for parents is discussed with the brochure "Bullying: It's Not OK."

Assessment (Child)

- Have you been in any pushing or shoving fights? (If the answer is yes, it is important to determine what role the child is playing: instigator, bully, bullied, or bystander. Depending on this information, anticipatory guidance should focus on helping the child and the parents deal with the situation.)
- What do you usually do to avoid getting into a fight?
- Are you afraid of being hurt by any other children? Do you feel bullied by other children?
- If you see other children in fights or being bullied, what do you do?

Anticipatory Guidance (Child)

- There are other ways to avoid fights without being a victim. Let's discuss some of these strategies.
  - You should get adult help if you think a fight is about to start.
  - It is OK to seek adult help if you feel threatened or are being bullied.
  - It is important to stand up for the victim of bullies—get adult help if you don't feel safe helping by yourself.
- Hanging around and watching a fight or bullies makes it look like you think bullying and fighting are good.

Children learn important life skills during playtime and while helping out with household tasks.

Out-of-School Time

Children learn social skills and physical development through play.[66] Parents may be concerned about safety and supervision for after-school activities; it is helpful for clinicians to be familiar with local facilities (eg, park district facilities, YMCAs, Boys & Girls Clubs). School-aged children may also be given age-appropriate tasks to help in the household. This allows children a sense of mastery and pride as they accomplish these skills and participate in home life.

Assessment (Parent)

- What does your child enjoy doing?
- How does your child help around the home?

Assessment (Child)

- What do you do for fun?

Anticipatory Guidance (Parent)

- You can make sure your child has a chance to play with other kids outside of school in a safe environment by signing him up for after-school activities.

Topics to Reinforce at 6-Year Visit

Topic	Visit Introduced	See Page
Modeling Behavior	6 and 9 months	30
Establishing Routines and Setting Limits	5 years	43

Brochure:
Bullying: It's Not OK

While bullying has received increased media attention, there are still many misperceptions of this problem and its solutions.

- Bullying is different than fighting or teasing. It is repetitive, negative actions by one person or persons against chosen victims.
- There are 3 groups of children involved: bullies, victims, and bystanders.

Bullying prevention is a highly researched and well-proven area of violence prevention.[65] The social dynamics of bullying are similar in most settings—bullies begin the school year by picking on a large number of children. Those children whose emotional responses gratify the bullies become the chosen victims for the year. Victims are smaller and weaker (boys) or more socially isolated (girls) than the bullies. Since harassment rarely occurs overtly in the classroom, teachers may be slow to recognize the dynamics of bullying or to prevent it. Thus, parents should be counseled to discuss bullying prevention with school guidance counselors or administrators.

While victims may be more likely to seek medical attention, long-term studies demonstrate that the poorest outcomes are among bullies themselves.[65,67] Children labeled by their peers as aggressors or bullies at age 8 are more likely to end up incarcerated and are less likely to be steadily employed and in stable long-term romantic relationships by the time they reach age 30.[68] Consequently, bullying prevention programs have a long-term benefit for both bullies and victims.

How to Use This Tool

- Since parents and children are concerned about bullying, leave this brochure in the waiting room.
- Ask the parents, *"Is your child picked on in school?"* When you discover a child is being picked on, discuss the specific strategies with parents. Parents should be advised to discuss bullying with the school guidance counselor and/or principal.
- This brochure is particularly useful as a handout for school and community groups.

Helpful Hints

- When faced with a child who has an unusual new onset of school phobia or attention problems, gently probe about being picked on or teased before, during, or after school. This child may have difficulty focusing on class work, be reluctant to attend school, or have a variety of psychosomatic conditions.
- Victims often internalize the criticism of bullies and feel that they deserve the teasing and may be ashamed.
- When the school has alerted parents that their child is aggressive or a bully, insist that the child receive counseling and that the parents take the issue seriously. When giving this brochure to their parents, note that bullies, especially male bullies, are at a high risk for poor long-term outcomes unless the bullying is stopped at a young age.

Counseling Suggestions: 8 Years

School Connections

Parents can have a positive presence in schools, rather than a relationship limited to addressing their child's problems.

Children's attachment to school is central to learning socialization skills and how to function in their community and society and is associated with positive outcomes and preventing violence.[69,70] Parents can work with the schools to help their children develop positive associations with school and learning, although this may be difficult for children with poor academic skills or for those with advanced skills who are bored at school. It is helpful for clinicians to be familiar with how local schools assess and respond to children's special learning needs and how parents request special services.

Clinicians also need to be aware of the increasing numbers of American children being homeschooled.[71] Clinicians should inquire about the child's peer relationships and the parents' longer-term plans for the child's education and social development.

Assessment (Parent)

- Are you involved in any school-related activities?

Assessment (Child)

- What do you like best about school?
- What do you do in school outside of classroom activities?

Anticipatory Guidance (Parent)

- Children like to see their parents involved with their school. It helps children see that their parents value and care about their school.

Alcohol and Drugs

Issues such as drugs and alcohol should be discusssed before they are potential problems.

Children need to know how to handle themselves in situations where alcohol and drugs are present. Children are exposed to alcohol and drugs as early as elementary school.[72] The negative consequences of substance use include impaired relationships with family and friends, academic problems, and increased high-risk behaviors, such as drinking and driving and unsafe sexual activity.[73] Although most young people who use drugs do not commit violent crime, there is a positive correlation between juvenile delinquency and drug use. It is also important to assess parental substance use because parental behavior has powerful influence on youth behavior.

Assessment (Parent)

- Have you talked to your child about alcohol, drugs, and tobacco?
- Do you perceive that either you or your partner has a problem with alcohol or drug use?
- Has anyone ever raised a concern to you about your or your partner's use of alcohol or other drugs?

Anticipatory Guidance (Parent)

- It is important to talk to children about avoiding alcohol, drugs, and tobacco before they have to face them.
- Children do what they see others around them doing. As a parent, you model behavior for your child.

The process of developing interpersonal skills requires ongoing learning opportunities.

Interpersonal Skills

Strong interpersonal skills help children navigate daily life. Parents can play a primary role in helping children by teaching and modeling these skills. Pediatricians can talk with parents about how everyday situations that involve conflict, anger, and negotiation provide opportunities to model appropriate behavior with their children. When parents successfully express strong emotions by using words, resolve arguments without fighting, and use negotiation skills to avoid conflicts, they can talk with their children about that experience as an example of how to handle difficult situations.

Assessment (Parent)

- Is your child picked on in school?
- Does your child have a regular group of friends?
- Do you know your child's friends and do you have any concerns about them?

Assessment (Child)

- What happens when you and your friends argue or disagree?
- Do other kids push you around?

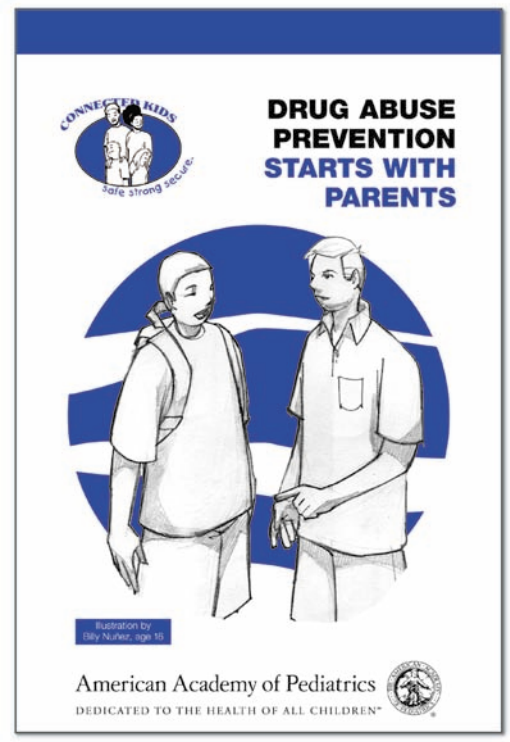
Anticipatory Guidance (Parent)

- It is helpful for you to be very familiar with your child's friends.
- If your child plays sports, either on a team or informally, your child needs to know that respect and sportsmanship are important parts of this activity.

Topics to Reinforce at 8-Year Visit

Topic	Visit Introduced	See Page
Firearms	6 and 9 months	29
Promoting Independence	3 and 4 years	41
Establishing Routines and Setting Limits	5 years	43
Bullying	6 years	46

Photo by Roksalana Tymiak-Lonchyna



Brochure:
Drug Abuse Prevention Starts With Parents

Although children this age are unlikely to be using illicit drugs, alcohol, or tobacco, exposure could be occurring at home. This brochure highlights the connection between parent behavior and attitudes, media influences, parent/child communication, and teens' subsequent use or abuse of drugs and alcohol. Because families may have a prior history of drug use or know a friend or relative with an alcohol or drug problem, this can be a very sensitive topic to discuss. Many parents may feel uncertain about how to deliver straightforward anti-drug messages to their children. The prominent themes of this brochure are as follows:

- Parental role modeling
- Maintaining open communication about alcohol, drugs, and other topics

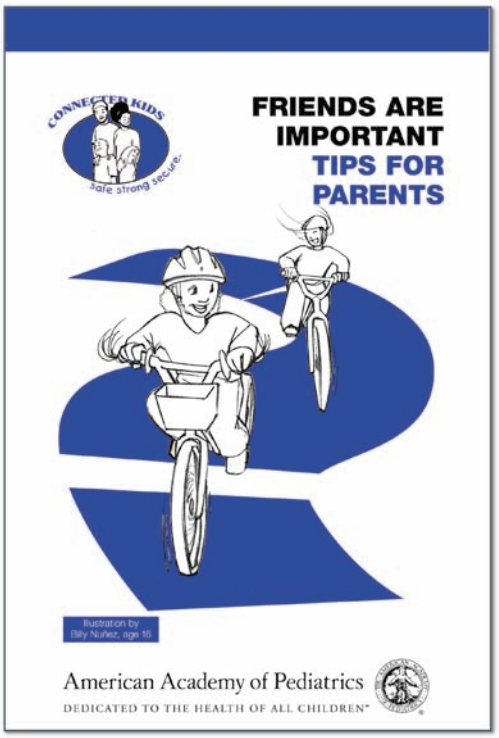
The brochure describes ways that parents can provide more opportunities to talk with their children. For example, parents can discuss situations involving alcohol and drugs in popular movies and TV, which can be an easy and natural opening to talk about these difficult issues.

How to Use This Tool

- For parents who are smokers, you may ask, *"Have you ever tried to quit?"* and *"How old were you when you started?"* These questions begin the discussion of how easy it is to start smoking cigarettes and how difficult it is to stop.
- If the clinician suspects a more serious substance abuse problem in the family, it may be appropriate to discuss this while the child is out of the room. Vision and hearing screens provide a natural opportunity to talk with parents in private.

Helpful Hints

- Ask whether the child's school has a program about alcohol and drug prevention.
- Discuss the child's favorite movie and whether there is any drug use in the movie.
- News reports about drug abuse problems among famous athletes and performers are natural opportunities to begin this discussion.



Brochure:
Friends Are Important: Tips for Parents

Although children look to their friends and peers for validation of their behavior, parents continue to play an important role. This brochure focuses on the importance of peer relationships as children enter the teen years and encourages parents to get to know their child's friends. In addition, it offers guidance on monitoring children's behavior to prevent high-risk activities that may occur in and outside the home. The brochure reiterates the *Connected Kids* theme of clear, consistent, and positive communication. Parents are encouraged to know their children's whereabouts and to talk with them openly about expectations for staying in touch.

The brochure also encourages parents to help their child develop a sense of belonging. Prosocial youth groups and community-based organizations help promote resilience in youth. Many communities provide opportunities for young volunteers. In addition to helping the community, service opportunities also benefit the participating youth.

How to Use This Tool

- With the child listening, ask the parent, *"Who is _____'s best friend?"* This initiates a discussion of friendships and you can learn much observing the child and parent interact.
- Notice whether the patient has a cell phone and use this observation to initiate a discussion of how the parent monitors the child's after school activities.

Helpful Hints

- Discuss friendships and community activities at the same time you discuss school progress.
- Simply asking parents, *"Who is your child's best friend?"* can initiate a discussion between the clinician and the parent in an easy and natural way.
- Many clinicians also use these discussions in the context of promoting physical activity to prevent obesity and heart disease.

Counseling Suggestions: 10 Years

Mental health issues may emerge as children's lives become more complex.

Child Mental Health

Children who are resilient and have good social skills and positive self-esteem are more likely to develop into healthy and successful adults.[74] Children having difficulty in these areas often benefit from appropriate assessment and intervention to improve self-image, enhance their interpersonal skills, and identify activities of interest. Some children may see improvement from involvement in activities such as sports or music, but others will require referral to a mental health provider.

Assessment (Child)

- What are you good at doing?

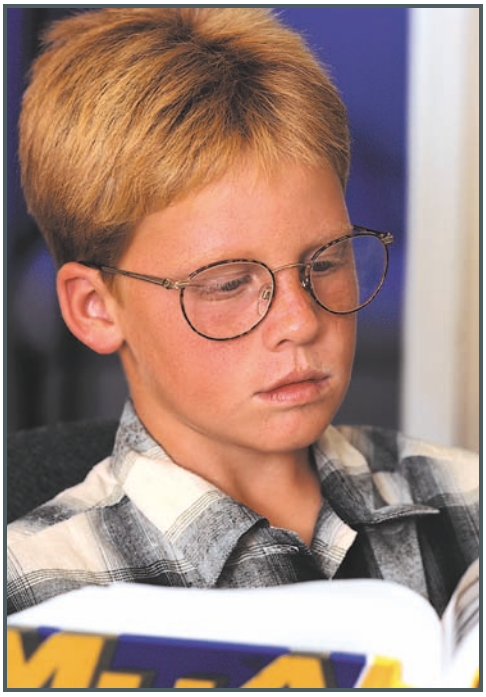
Assessment (Parent)

- Is your child happy most of the time, or are there times when he seems withdrawn or doesn't want to play with friends?
- Is your child unable to listen at school or sit down to do his homework?
- Is your child doing anything that concerns you, like hurting himself, being mean to pets or other animals, or lighting matches?

Anticipatory Guidance (Parent)

- Children who feel good about themselves and who get along well with others do well as they grow up.
- Children who are withdrawn, disconnected from other kids, or have behavioral problems at school can benefit from counseling.
- By this age, children should begin to have a sense of their own special interests and abilities.

Children need opportunities to be successful.



School Performance

By age 10 years, schoolwork has often become more demanding and a child's school performance is more rigorously evaluated. As discussed in School Connections (a topic suggested for the 8-year visit), parents are most effective when they get to know the teacher and other school personnel, become involved in school activities, and talk to children about what happens at school. In addition to giving children the message that their parents care about and are interested in their school performance, this also gives parents opportunities to praise children's efforts and successes, and the chance to help with any weaknesses.

Assessment (Parent)

- How is your child doing in school?
- Are you involved in school activities?
- Do you ask or talk to your child about her day at school?

Assessment (Child)

- What do you like best about school?
- What do you like least about school?

Anticipatory Guidance (Parent)

- Because school is where your child spends most of her time, it is important for you to have a sense of how she is doing at school.
  - Ask and talk with your child about school.
  - Look for opportunities to participate in school activities so you don't only go to school when there is a problem.
  - Showing interest in your child's school and spending time there are important ways you can show that you care about how she is doing. Children love it.
  - If you feel your child needs special services, it is important to advocate for her with the school.

Topics to Reinforce at 10-Year Visit

Topic	Visit Introduced	See Page
Media	18 months and 2 years	37
Out-of-School Time	6 years	47

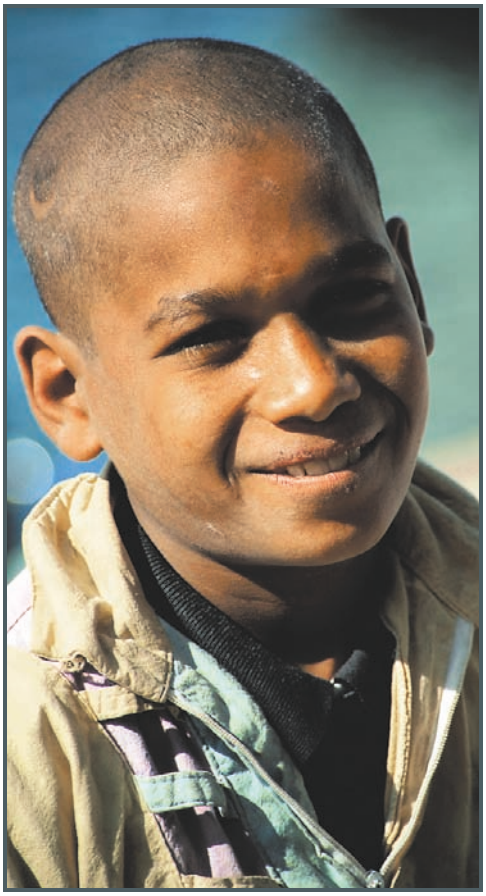
Brochure:
Everybody Gets Mad: Helping Your Child Cope With Conflict

The main point of this brochure is to let children and parents know that violence is a choice, not inevitable. Developed for parents of pre- and early adolescents, the brochure describes the physiology of anger and offers strategies for children to avoid fighting when angry. Helping children understand their feelings and how to translate those feelings into appropriate actions is an important part of clinician involvement in violence prevention.

Anger, like conflict, is an inevitable part of life. As peer relationships become more important and children become more independent, fights have the potential to escalate. Research has shown that children involved in fights often lack a repertoire of appropriate responses to complex situations.[75] This brochure provides parents with the information they need to coach their child in ways to avoid fighting.

Although some children may need a more concentrated intervention, this parent brochure serves as a foundation for discussion. Children who report having been in multiple fights need effective intervention. (Note that this brochure does not apply to a situation of bullying, in which bullies pick on children who are smaller and weaker.) While it is important to note that the concepts in this brochure are relevant across multiple cultural and socioeconomic groups, older teenagers, particularly those living in urban areas, may be less likely to find this sort of general advice useful.

Several effective school curricula deal with the issues of conflict resolution and anger management.[76] For patients who participate in those programs, this material may reinforce the messages received at school. However, this approach may be new to parents and they may need to be counseled about the risks of escalating violence. Parents need to teach their children how to avoid letting conflicts escalate into physical fights.



How to Use This Tool

- This topic can be introduced with parents and children in many ways. Some clinicians begin with a benign question for parents, such as, *"Are there a lot of fights at your child's school?"* or for children, such as, *"What happens when you get angry?"*
- Pediatricians are in a unique position to describe the physiology of anger, particularly its effect on judgment and decision making. Use this as a springboard to discuss techniques to stay calm. For example, suggest that the child wait a few moments for the feeling to pass instead of engaging in violence.

Helpful Hints

- A common concern among patients, particularly boys, is that they will be in more danger if they refuse to fight; a 1996 study identified that young men were afraid of being labeled as a "sucker,"[77] although the precise term will vary by region and over time. The brochure describes techniques that avoid fighting but still allow the youth to "save face." Most patients will know of others who manage to avoid getting in fights, yet maintain high peer status.
- For those patients who avoid fighting, it is helpful to ask them what they do when they are angry. Some clinicians say, *"I know a lot of kids get in fights. It's terrific that you're able to avoid them. When I talk with kids who seem to have trouble with getting into fights, what would you suggest I tell them? What hints do you have for kids in your community to avoid fighting?"*
- Children learn by exposure. Be alert to the possibility of abuse, domestic violence, or witnessing severe brutality in patients who appear to be getting into a lot of fights at a young age. Further assessment may be required.
- Children with ADHD or a history of minimal brain trauma may be more impulsive and more prone to fighting.[78] It is helpful to keep these diagnoses in mind when confronted with a child having difficulty controlling aggressive impulses.

Adolescence

Connected Kids **provides guidance for teens and their parents on how to navigate the impending changes in family and peer relationships. Dating issues and suicide risk are among the topics requiring attention.**

Counseling Suggestions: 11 to 14 Years

While teens become more independent, families can stay connected by spending time together.

Family Time Together

Teenagers are often ambivalent about their relationship with their families during this transition period and benefit from family activities that are fun and allow them to renegotiate their family relationships.[79] Family meals, social outings, meetings, and games are all good forums for discussion and staying connected.

Assessment (Youth)

- What do you and your parents do together?
- What do you and your parents fight about?
- Who do you turn to in good and bad times for both advice and encouragement?

Assessment (Parent)

- What do you do when you are angry or frustrated with your teenager?
- How do you show your teenager that you love and care for her?

Anticipatory Guidance (Parent)

- It is important to have regular time together as a family. Family meals, in particular, help teenagers feel connected to their families and develop healthy behaviors. Other options include family meetings, outings, games (including board games), and the like.
- Teenagers can often be moody and provocative. It is important for them to have alone time and to try to minimize arguments. Stand your ground as parents on the most important things (safety, curfews, homework, and adult supervision), where appropriate.

Peer groups are a major influence on teenagers' behaviors and values.

Peer Relationships

It is important for teenagers to build positive and supportive friendships. Adolescents are influenced by their peers and often act as if their friends are smarter than their parents and teachers. Teenagers with friends who engage in risky behavior are more likely to replicate the same behaviors.[80] Similarly, adolescents with friends who are involved in constructive and prosocial activities are more likely to participate in healthy and safe behaviors.

Assessment (Youth)

- Who is your best friend?
- What do you and your friends like to do?
- Do you or your friends get into trouble or fights?

Assessment (Parent)

- What do you think of your teenager's friends?
- Do you know your teenager's friends' parents?

Anticipatory Guidance (Youth)

- Teenagers often feel that they have to go along with the crowd. If your friends are doing something that is making you feel uncomfortable, it can help to talk with your parents or another adult about this situation.

Anticipatory Guidance (Parent)

- Get to know your teenager's friends. Invite them to dinner or at least try to talk with them when they come to your home. It's also a good idea to get to know the parents of your teenager's friends. You can talk with them on the phone or when you see them at school or other events. You may want to discuss rules and curfews with these other parents.
- Help your child identify after-school programs and weekend activities where it is easy to make friends.
- It is important to know whether there is adult supervision at parties and other gatherings. Don't be uncomfortable calling the parents of your teenager's friends to ensure proper supervision. In letting your teenager know you are doing this, he realizes you are keeping an eye on things and care about his safety.

Support System

Teenagers benefit when they have adults they can turn to for support and guidance.

Many programs have documented the positive value of teenagers having a nurturing relationship with an adult.[81] For teenagers without this type of relationship, efforts should be made to involve them in a mentoring program such as Big Brothers Big Sisters.

Assessment (Youth)

- Who can you *really* talk to about important decisions or events in your life?
- Are there any grown-ups you can talk to, seek advice from, or ask questions of?

Anticipatory Guidance (Youth)

- It is helpful to have people you can go to for advice and support, and to share the positive things in your life. If you don't have someone like this, I can help you figure out whom you might be able to go to.

Staying Safe

Teenagers become increasingly responsible for their own safety.

As teenagers become more independent, it is important that they know how to stay safe. They also need to take more responsibility for their own safety, as parents cannot monitor them as closely as they did when the children were younger.

Assessment (Youth)

- What do you do to stay safe?
- Do you ever carry a gun or a knife (even for self-protection)?
- What would you do if you knew someone was carrying a gun or a knife?

Assessment (Parent)

- How do you teach your child to be safe?
- What most concerns you about your teenager's safety?

Anticipatory Guidance (Youth)

- Fighting and carrying a weapon can be dangerous. If you would like to, I am happy to discuss ways to avoid these situations.

Note: If interest is expressed, it is best to try to create an open-ended discussion where teenagers can express why they may be fighting or carrying a weapon. This can then be followed by asking what they believe the risks and benefits are related to these behaviors. Generally, this initially results in a short list of benefits such as, *"It can get you what you want."* However, this usually is followed by a longer list of risks that include getting hurt, not getting what you want, losing the fight, and so on. Most youth are then open to a discussion that, by and large, identifies options that are less risky, but it is essential for many youth to go through this risk/benefit analysis to consider these other options. Follow-up discussions and/or counseling referrals may be necessary, depending on the clinicians' comfort with the subject and level of concern about the youth.

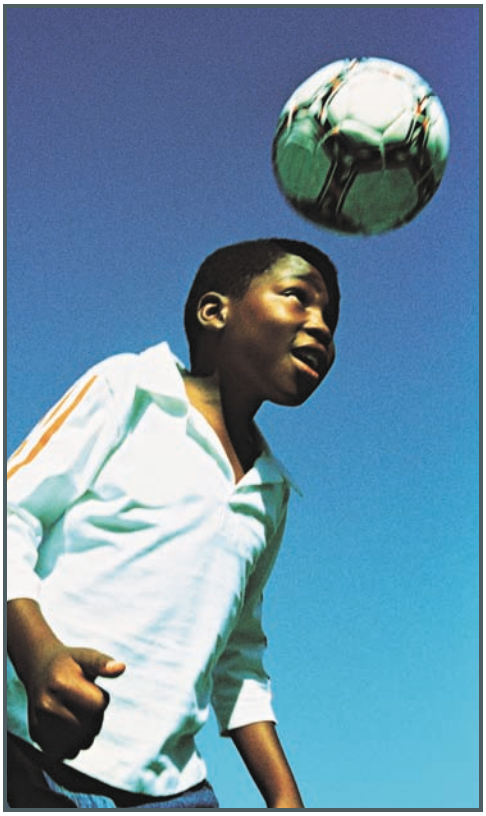
- In addition to staying away from people who carry weapons, it is important to let a responsible adult like a parent or teacher know about situations when you know someone is carrying a weapon. This is an issue of safety for you and all of your friends, and by no means would you be doing the wrong thing by talking to an adult.

Anticipatory Guidance (Parent)

- It is important for you to discuss safety, fighting, and weapon carrying with your teenager, as well as what to do if the situation is unsafe.

Teen Mental Health

Involvement in school and outside activities contributes to resiliency.



Resilient teenagers are most likely to grow up to be healthy adults.[82] Recent research suggests that the best way to protect teenagers from risky activities is through active engagement of their skills, interests, and idealism in their communities.[83] As children enter adolescence, parents can promote resilience by encouraging involvement in activities, both in and outside of school, that provide them with a positive peer group or a sense of mastery in something they feel passionate about (eg, sports, dance, or musical instrument). In addition to promotion of resilience and mental wellness, it is important for pediatricians to notice potential mental health problems and understand their connection to youth violence. Teenagers with mental health problems, including substance abuse, aggression, and antisocial behavior, are more likely to be involved in youth violence.

Assessment (Youth)

- How many days in the past month have you felt sad, blue, or depressed?
- What do you do for fun?
- What are you involved with after school hours?
- What do you like best about yourself?
- What, if anything, don't you like about yourself?
- Do you drink alcohol? If so, how much?
- Do you smoke cigarettes?
- Do you use any illegal drugs?

Anticipatory Guidance (Youth)

- Teenagers have a lot of time on their hands and tend to feel better if they have things to do that they enjoy. Would you like to talk about things that you would like to become involved in?

Anticipatory Guidance (Parent)

- Teenagers do better when they are occupied and busy. Help your teen find things that she enjoys, groups she can join, and activities where she is in a safe environment to make friends and develop important skills.

Note: If there is significant concern about depression on the part of the parent, teenager, or you, then mental health assessment and treatment should be recommended and facilitated.

Conflict Resolution Skills

Conflict resolution skills must be taught; they are not innate.

One of the most important skills that children can learn is how to resolve their conflicts without violence. Kids need to know "how to stay cool when things heat up." Conflict is a part of life and children need to stand up for their own interests. Successful children learn a variety of nonviolent strategies for resolving conflict. Research suggests that youth who have a large number of solutions to a conflict are less likely to be hurt in a fight or arrested.[75]

Assessment (Youth)

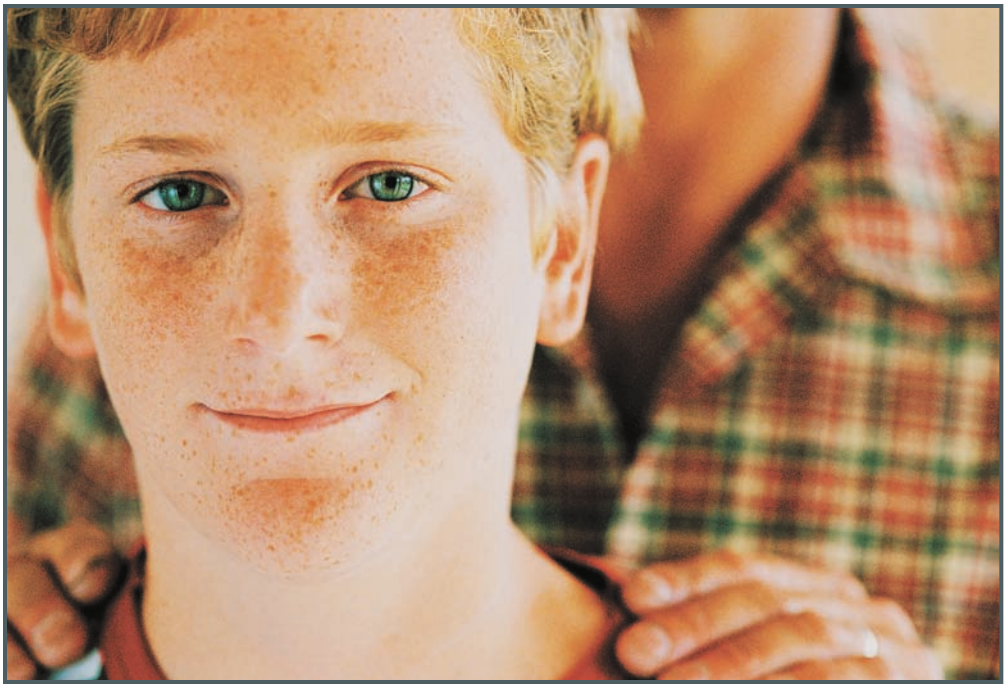
- What do you do when someone tries to pick a fight with you?
- What do you do when you are angry?
- Have you been in any physical fights in the last year?
- Are there a lot of physical fights at your school or in your neighborhood? If so, what do you do?
- Is there anyone you can talk with about conflicts? (In schools with conflict resolution curricula, "peer mediators" is a possible answer.)

"I wouldn't apologize, because you're not sorry for what you said if you're angry. Because when you're angry, the truth comes out... You'll just want to get up and punch him."
–Focus Group Teen

Anticipatory Guidance (Youth)

- It really helps to know how to solve problems and handle arguments safely without fighting. If you would like, we can discuss this and think about choices you can make other than fighting.

Note: While it is best to have youths come up with their own set of options and alternatives, it is reasonable to offer them some suggestions for their thoughts and reactions. These might include seeking adult help, proposing the option of "can we talk this out," walking away, considering and proposing compromises, using humor, and so on.



Teenagers need to differentiate between healthy and unhealthy relationships.

Healthy Dating

As teenagers begin to form sexual relationships, it is important for them to recognize emotionally healthy relationships. Teen dating violence is common, affecting about 1 in 8 high school students and 1 in 5 college students.[84] Girls reporting dating violence are more likely to attempt suicide, engage in risky sexual behaviors, use injection drugs, become pregnant, experience forced sex, and ride in a car with a drunk driver.[85] Boys involved in dating violence are also more likely to demonstrate risky sexual behaviors, engage in forced sex, and threaten with physical violence. Dating violence can include physical, verbal, emotional, sexual, and psychological violence.

Assessment (Youth)

- Are you dating? If you are, what do you like to do on dates?
- Do you ever argue on dates?
- Are you ever jealous or suspicious of your partner's friends? Do you ever try to limit whom your partner talks with or what your partner does?
- Is your partner ever jealous or suspicious of your friends? Does your partner ever try to limit whom you talk with or what you do?
- Have you ever hit, shoved, pushed, kicked, or otherwise hurt your date?
- Have you ever been hit, shoved, pushed, kicked, or otherwise hurt by a date?
- Whom do you go to for help if you're having trouble in your relationship?

Anticipatory Guidance (Youth)

- Dating can and should be fun for all involved parties. No one should ever be forced by words or actions to do something they do not want to do. No means no.
- Healthy relationships are built on respect, concern, and doing things both of you like to do.
- Creating fear in a partner causes loss of closeness, love, and respect.

Note: If violence in dating is identified, seeking assistance from a social or mental health worker should be considered. While parents are likely to try to prohibit contact for their daughters, this strategy sometimes backfires. This may not always result in the desired effect, as teenagers can react to parental directives by doing the opposite. A better approach might be to ask the teenager what she would like to do and whether she would like the help of her parents in dealing with the problem.

Teenagers need limits and structure.

Gaining Independence

As teens become increasingly independent, relationships with their families will change. They are more mobile and are becoming responsible for their own safety and behavior. Knowing that their children now spend most of their time outside parents' physical control, parents can work with their teenagers to provide guidance on safety and parental expectations. Negotiating these rules keeps teens safe while allowing them to internalize control of their own behavior as they grow more independent.

Assessment (Youth)

- What have your parents taught you about being safe?
- What do you do when you are angry?

Assessment (Parent)

- How do you monitor where your teenager is?
- Do you require your teenager to check in regularly?
- How do you negotiate curfew and other rules of behavior?
- What do you do when you are angry with your teenager?

Anticipatory Guidance (Youth)

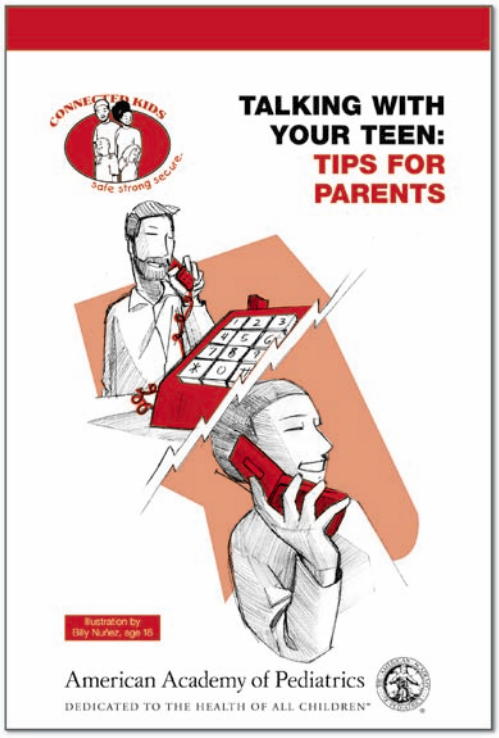
- Your parents are responsible for your safety. Asking you to check in and wanting to know your location is a way of keeping you safe.

Anticipatory Guidance (Parent)

- It is important for you to set regular expectations for your teenager to check in. It is not unreasonable for you to know where your child is at all times. Many parents require their teenagers to let them know when they change their location. Regular call-in times are how parents stay connected to their teenagers and also let the teens know their parents are concerned about their safety.
- Reasonable curfews are appropriate, even if your teenager tells you she is the only one who has a curfew. It can be helpful to check with your child's friends' parents to find out what rules they have set.

Topics to Reinforce at 11- to 14-Year Visit

Topic	Visit Introduced	See Page
Firearms	6 and 9 months	29
Establishing Routines and Setting Limits	5 years	43
Alcohol and Drugs	8 years	49
School Performance	10 years	54



Brochure:
Talking With Your Teen: Tips for Parents

The parents of children in grades 6 through 8 are often apprehensive about the changes their children are, or will be, going through. This brochure is intended to normalize some of the behavior parents can expect from children entering puberty. While most clinicians are quite comfortable discussing the physical changes of puberty, this brochure discusses the social and emotional changes that are also occurring (most importantly, the growing independence of teenagers and the need for increased responsibility on their part).

Through the American media, parents are saturated with "typical" teenager problems (drug abuse, pregnancy, and violence). Many parents respond by restricting their children's independence in an effort to keep them safe. While this may be effective temporarily, it can set up later conflicts between parents and child. The early establishment of reasonable limits around children's behavior and appropriate parental monitoring reduces these later conflicts. Since families vary widely in their attitudes toward teenage independence and in their ability to access community supports for their teenagers, this topic can be the start of a dialogue between the clinician and the family about appropriate ways to encourage the safe, increased independence of teenagers.

The 3 major themes of the brochure are as follows:

- Typical behaviors and feelings that teenagers go through.
- Communication. The most common mistake that parents can make with their children is telling them that they understand without having heard the whole story. The brochure provides guidance for active listening skills that are especially important as the child enters adolescence.
- Importance of parental monitoring and limit setting. The brochure offers direction to parents about monitoring their children's behavior. Encouraging appropriate independence is not the same as relaxing parental monitoring. Because most risk-taking behavior among young teenagers occurs between the time when school is out and dinner, parents need to continue observing their children's whereabouts, activities, and friendships. The brochure includes information about warning signs parents can identify in their children.

How to Use This Tool

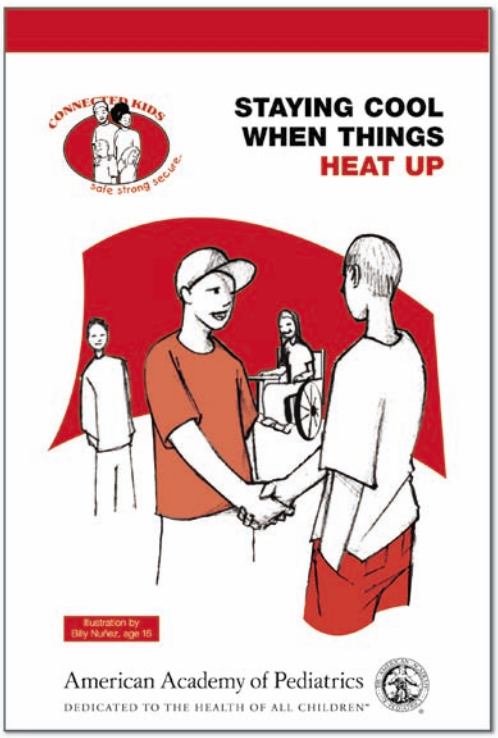
- It is best used as an adjunct to a discussion about the physical changes of puberty. Some clinicians begin by asking the child if they have learned about puberty in school and assessing the child's current level of knowledge. At this point, clinicians can then ask, *"I'm sure there are many other changes going on that you can't see with your eyes, aren't there?"*

- Clinicians also can speak directly with the parents to elicit their concerns about their child's puberty. The brochure offers a way to talk with parents about these other adolescent issues. Many parents can remember their own early adolescence and the issues they had with their parents. It can be helpful to ask parents to recall how they behaved and coped at this age.

Helpful Hints

- Use this brochure, along with other AAP materials, when addressing school groups and Parent-Teacher Associations (PTAs)/Parent-Teacher Organizations (PTOs) about the changes during puberty.
- Although written for parents, many teenagers may also be interested in reading the information that is provided. It is worthwhile to encourage this.

Brochure: *Staying Cool When Things Heat Up*



Developed for young adolescents, this brochure acknowledges the common experience of conflict and encourages teenagers to think about and use methods of resolving conflict that do not involve fighting. Particularly violent youths are unable to identify alternative methods of conflict beyond either fighting or running. This brochure attempts to introduce some basic concepts.

The core message is that it takes more courage to walk away than to fight, and teens (both male and female) need to learn when and how to walk away. The information is a digest of many commonly used conflict resolution curricula designed for high schools. If the local high schools use a conflict resolution curriculum (they go by many different names), this material may seem redundant to patients. Even so, hearing it from a clinician is an important reinforcement. For older high school students or more sophisticated teenagers, the information may seem basic.

Additionally, there is important information for bystanders (those who encourage their peers to fight). Bystanders play an important role in promoting violence, and programs designed for reducing the participation of bystanders appear to be effective in reducing violence.

How to Use This Tool

- During the initial assessment of a teenager, use the FISTS (**F**ighting–**I**njuries–**S**ex–**T**hreats–**S**elf-Defense) mnemonic to assess an adolescent's risk for involvement in violence. (See Appendix C for the complete FISTS mnemonic.) For those teenagers who report participating in violent behavior (being in more than one fight in the past 12 months), the clinician could say, *"Your physical exam shows that you're very healthy, but I'm worried about all of the fights you're getting into."*

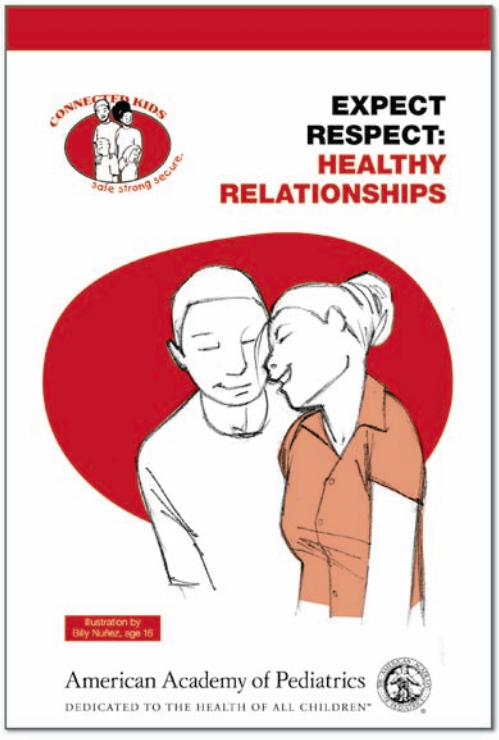
- For those patients who do not report violent behavior, the clinician might say, *"Your physical exam looks good. I'm also glad to hear that you haven't been getting in a lot of fights. I would like you to have a look at this brochure, it may help you in the future."*

Note: Youths who are often involved as bystanders in fights may find themselves more directly involved in the future. The safest behavior for a young person is to try to avoid being in or around fights.

- This brochure could be introduced at a time when talking about the teenager's after-school activities or other community involvements. It is often very easy to have teenagers open up with their concerns about the level of violence present in their community.
- The brochure is also helpful for patients to identify ways of helping to stop a fight without placing themselves in physical danger. Those youths who try to separate others physically often find themselves involved in a fight.

Helpful Hints

- The advice given is largely derived from teenagers living in rural and suburban areas. In that way, the advice is field proven. When introducing the brochure, it is worthwhile to say that the information comes from other teenagers.
- Some clinicians like to leave this brochure out in the waiting room so patients can read it prior to seeing them.
- It is appropriate to arrange a follow-up visit for some patients.
- This brochure is especially good to use when talking with school or youth groups. It provides a safe way of introducing the concepts involved in preventing peer violence.



Brochure:
Expect Respect: Healthy Relationships

People involved in abusive relationships often believe this is the only kind of relationship available. This brochure emphasizes that it does not have to be that way and provides information about healthy dating relationships and how to recognize and prevent intimate partner violence. There is a checklist that helps teenagers assess their own relationships, and since it is written in gender-neutral terms, it underscores the fact that abusive and controlling behavior can occur in any kind of relationship and to anyone.

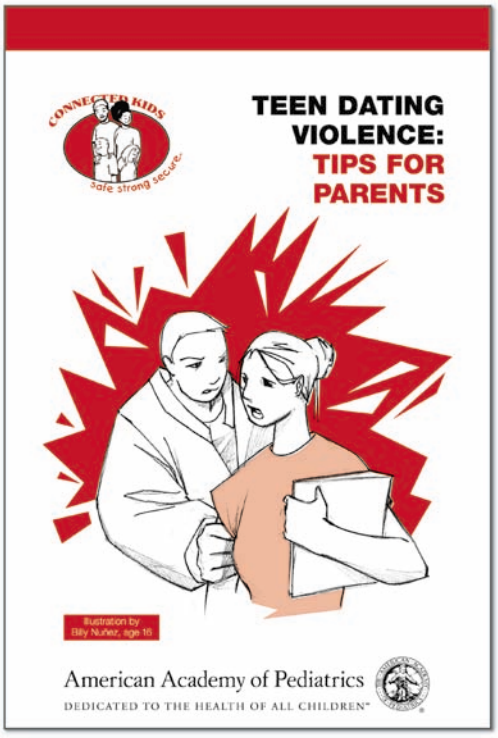
It is important to keep in mind that teenagers are still experimenting with intimate relationships. Therefore, they may be more amenable to change and improving the quality of their relationships than adults. This is why school-based programs designed to reduce dating violence appear to be somewhat effective.

How to Use This Tool

- This topic should be introduced as soon as patients reveal that they are involved in a relationship, show an interest in dating, or are engaging in sexual behavior.
- The issue of healthy relationships can be brought up along with common physical concerns, such as sexually transmitted diseases.
- The brochure is also designed to use when clinicians are involved either directly or indirectly in sex education courses at schools.

Helpful Hints

- At the end of a physical examination, it may be appropriate to say to the patient, *"Today we have discussed some of the physical issues involved in intimate relationships. I'd like you to have a look at this and maybe think about some of the emotional relationship issues that are just as important."*
- While this brochure was designed for all teenagers, it had the most resonance with the young females in focus groups. It is a good idea to keep this in mind when talking with both male and female adolescents.
- When giving this brochure to a patient, it may be useful to give the companion brochure, "Teen Dating Violence: Tips for Parents," to the parents.



Brochure:
Teen Dating Violence: Tips for Parents

This brochure reviews the problem of intimate partner violence among teenagers. The most important concept covered is how parents ought to interact with their teenagers when abuse is suspected. Parents need to communicate several messages.

- Nothing a child does or does not do is a reason to be abused.
- The parents' overwhelming concern needs to be with the child's happiness and welfare, not to pick and choose their child's intimate partners.
- If the child decides to end an abusive or bad relationship, the parents will support the decision.

Reviewing these concepts may elicit past histories of abuse from the patient's parents, because many women have, themselves, been the victims of intimate partner violence.[86]

How to Use This Tool

Parents should be guided to use this experience to be empathetic with their children and supportive of them in helping find and maintain nonabusive, healthy relationships.

Helpful Hint

When giving this brochure to a parent, it may be useful to give the companion brochure, "Expect Respect: Healthy Relationships," to the patient.

Counseling Suggestions: 15 to 17 Years

Plans for The Future

For teenagers to assess short-term risks, they need to think about long-term consequences.

Adolescence is a period of transition to adulthood that requires learning decision-making skills and looking beyond the immediate future, which can be difficult for adolescents when they have trouble making evening plans! It can be a huge struggle for parents to deal with this contradiction. While teenagers need to be able to address the future to become functional adults, thoughtful parents can help immeasurably.

Assessment (Youth)

- What do you want to do after high school graduation?
- Many teenagers worry about their future. Do you have such worries?

Assessment (Parent)

- Do you talk with your teenager about his future plans and options?

Anticipatory Guidance (Youth)

- It's very hard to think about the future. Would you like to talk about it?

Anticipatory Guidance (Parent)

- Talking with teenagers about future options is sometimes difficult, but very important. You may find that your teenager has difficulty even making short-term plans, let alone long-term ones. Raise the subject with the understanding that your teenager may have little tolerance for more than brief conversations. Try to identify opportunities for your teen to be exposed to different career options, mentorship programs, and other community or school activities that can give some context for these discussions.

Firearms and Suicide

The danger of access to firearms is compounded by the emotional challenges of adolescence.

The safest environment for an adolescent is one without guns. Firearms are the third leading cause of death among 10- to 14-year-olds and the second among 15- to 19-year-olds. Firearms are used in more than half of adolescent suicides.[87] More than 90% of suicide attempts involving a firearm are fatal because there is little chance for rescue. Firearms in the home, regardless of whether they are kept unloaded or stored locked up, are associated with a higher risk for adolescent suicide.[88,89]

Assessment (Youth)

- Do you ever carry a gun?
- Can you get a gun if you want to?

Assessment (Parent)

- Do you have any guns in the house? If so, how do you store them?

Anticipatory Guidance (Parent)

- Teenagers commonly use guns in fatal suicide attempts. The safest thing to do is to not have any guns around the house and to have a sense of whether your teenager might have access to guns in other places. Because most teenagers have at least brief periods of depression and may be very spontaneous in their actions, having access to guns is dangerous for teenagers.

Depression

Pediatricians should discuss the difference between moodiness and depression.

Serious depression in adolescents may manifest in several ways. For some adolescents, symptoms can be similar to those in adults. Symptoms can include a depressed mood almost every day, crying spells or inability to cry, discouragement, irritability, a sense of emptiness and meaninglessness, negative expectations of self and the environment, low self-esteem, isolation, a feeling of helplessness, markedly diminished interest or pleasure in most activities, significant weight loss or weight gain, insomnia or hypersomnia, fatigue or loss of energy, feelings of worthlessness, and diminished ability to think or concentrate.[90] However, it is more common for an adolescent with serious depression to exhibit psychosomatic symptoms or behavioral problems. For example, a teen may seek care for recurrent or persistent complaints, such as abdominal pain, chest pain, headache, lethargy, weight loss, dizziness and syncope, or other nonspecific symptoms. Behavioral problems include truancy, deterioration in academic performance, running away from home, defiance of authorities, self-destructive behavior, vandalism, alcohol and other drug abuse, sexually acting out, and delinquency.[89]

Assessment (Youth)

- How many times did you feel depressed in the last month? What brought it on? How did you get rid of it?
- Did you ever feel so bad that you wanted to hurt yourself or not be alive?

Anticipatory Guidance (Youth)

- Most teenagers feel sad or depressed at least on occasion. While it is not easy, it really helps to talk with somebody like your parents when you feel this way. I am always available if you need and/or want to talk with me.

Anticipatory Guidance (Parent)

- Be alert to changes in how your teenager is acting, doing in school, and getting along with friends. Try to create regular opportunities to stay in touch with how your child is feeling; family meals are a great way to do this. Having short discussions with your teenager while driving someplace is another excellent opportunity. You have a captive audience, there is no eye contact, and in most cases, time is limited.

Community involvement enhances teenagers' resiliency.

Resiliency

Throughout *Connected Kids,* there is a focus on building strengths and promoting connectedness among youth and families. During adolescence, it is particularly important to get a sense of a teen's strengths, functional abilities, relationships with others, and connections to groups, role models, and mentors. There is a direct connection between a child's assets and risk for violence and future success.[91] It is well documented that links with community institutions, such as faith-based groups, mentoring programs, and other nurturing adults, are keys to encouraging success, promoting resiliency, and preventing violence.[92]

Assessment (Youth)

- What do you like best about yourself?
- How do you feel about school?
- How do you get along with your friends?
- Have you gotten into trouble with the police or at school?
- Do you have somebody to talk to when feeling sad?
- Whom do you most want to be like and why?

Anticipatory Guidance (Youth)

- Many teenagers have a lot of time on their hands. It really helps to have fun things to do. If you would like, I can help you think about what community activities might be fun for you.

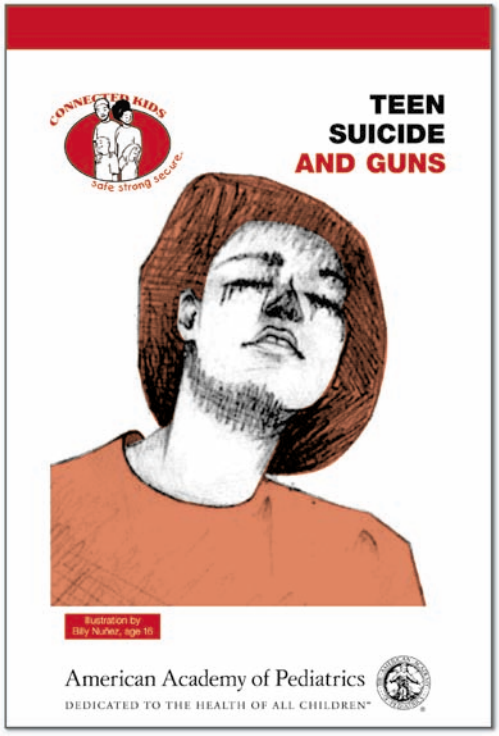
Anticipatory Guidance (Parent)

- Teenagers need opportunities to feel good about themselves, be successful, and feel connected. Would you like some help in identifying potential groups and/or places for your teen to experience this?

Note: Clinicians need to accumulate information on community after-school and weekend programs, as well as mentoring opportunities for those who do not already have such relationships.

Topics to Reinforce at 15- to 17-Year Visit

Topic	Visit Introduced	See Page
Alcohol and Drugs	8 years	49
Peer Relationships	11-14 years	58
Healthy Dating	11-14 years	62
Gaining Independence	11-14 years	63



Brochure:
Teen Suicide and Guns

This brochure highlights the risks of having a gun in the home. Adolescent suicide rates have been increasing in the United States, and research demonstrates a link between handguns in the home and completed teen suicide. States with the highest gun ownership rates also have the highest rates of completed teen suicides.[93] While many parents may be unaware of the epidemiology of teenage suicide, all are concerned about the issue. When discussing firearm-related topics, it is important to note that there are many different opinions among parents about gun ownership and storage. Using this brochure may help communicate the message objectively.

How to Use This Tool

- As a primary prevention tool, this brochure can be used individually with parents to support counseling or distributed in cooperation with school and community groups.
- Parents of teens with mood disorders should be counseled about the risks of teen suicide and may benefit from reading this brochure. As parents and other caregivers may disagree about the dangers of firearms in the home, the provision of written, objective advice from a trusted source may be helpful.

Helpful Hints

- Try to tie in anticipatory guidance with events in one's own clinical experience or recent events in the newspaper. For example, clinicians can hand out this brochure and comment, *"Did you read in the newspaper about the teen who killed himself last month? I'm getting quite concerned about all of my teenage patients."*
- Another important point for parents to understand is that many teen suicides are impulsive. The time between a teenager's decision to commit suicide and the attempt is very brief. Most teenagers who survive suicide attempts are glad they lived and are unlikely to go on to commit suicide. You can express this by saying, *"Teenagers are passionate. Sometimes, they get so carried away in the heat of the moment that their actions are not just unwise, but deadly."*

Brochure:
Connecting With Your Community

Research demonstrates the importance of community involvement for the overall development of adolescents.[94] Adolescents involved in their communities are less likely to be involved with alcohol, drugs, violence, and promiscuous sexual activity. Besides volunteering for various community organizations, there are mentoring programs and after-school sports, arts, and community service programs that provide important outlets for youths. These groups can help teenagers identify with an adult who believes in them, supports them, and helps them problem solve. As teenagers' relationships with their parents become more complex, additional adult role models become increasingly important. Teenagers who are given the opportunity to contribute to their community feel valued and are less likely to engage in destructive behavior. The Robert Wood Johnson Foundation's *Injury Free Coalition for Kids* has been instrumental in helping to leverage hospital resources for supportive groups ranging from bicycle repair shops to teenage dance troupes.[95,96]

How to Use This Tool

- This brochure can be used as a motivational tool to encourage teens to begin expanding their connections, supports, and responsibilities and to promote their increasing maturity.
- Give this brochure to parents to provide information about positive steps of the teenager toward independence and the changing role of teenager as a productive contributory and valued participant in our community.

Helpful Hint

As an accompaniment to this brochure, clinics may want to develop a resource guide for teenagers or have a contact person who can help interested youth find community groups. Schools, faith-based organizations, and police-sponsored Boys & Girls Clubs often provide opportunities for teenagers to be involved with their communities and may be able to help identify other groups that more specifically fit the interests and talents of these young adults.

Counseling Suggestions: 18 to 21 Years

Older teenagers continue to benefit from guidance and support.

Transition to Independence

The transition to independence is a gradual process. However, in late adolescence, the reality of this transition becomes obvious to everyone, especially the teenager. Many of the earlier counseling sections in this protocol address this transition process. This is now the point where bringing closure to the process is essential.

Assessment (Youth)

- While we have talked about this before, what are your plans down the road?
- Who do you talk to about your future plans?
- Are there any things I can help you with, about getting to where you want to go?

Anticipatory Guidance (Youth)

- Even though you are getting older and making your own decisions, it is okay to ask for help and advice. Your parents are a resource and so am I. Would you like to discuss other options for getting advice and/or thinking about what you want to do in the future?

Negotiating a New Environment (Post-High School)

Life after high school can be both exciting and stressful at the same time. Offer teens a chance to discuss their plans.

Many older teenagers are likely to move out of their family home to higher education, to their own living situation, and/or to an entirely new community. This can be both exciting and stressful for many teenagers.

Assessment (Youth)

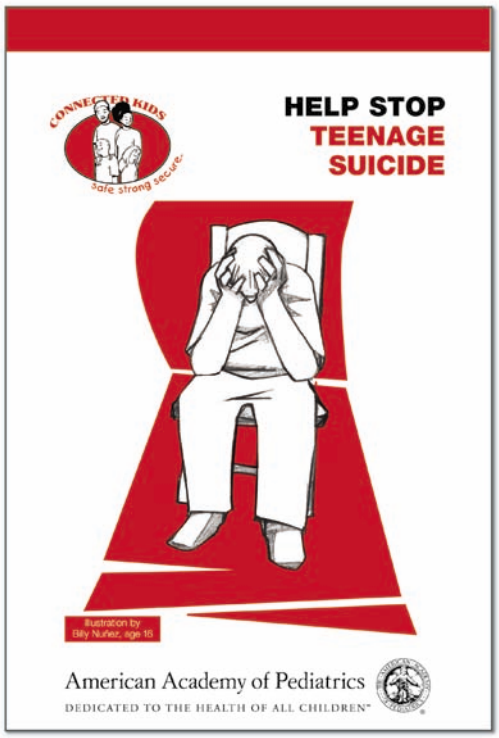
- Do you plan to move out of your parents' home? If so,
  - Where are you planning to go?
  - How do you feel about this?

Anticipatory Guidance (Youth)

- Leaving home is really exciting and a bit scary. Would you like to talk about it?

Topics to Reinforce at 18- to 21-Year Visits

Topic	Visit Introduced	See Page
Peer Relationships	11-14 years	58
Plans for the Future	15-17 years	68
Depression	15-17 years	69



Brochure:
Help Stop Teenage Suicide

This brochure provides information about commonly held myths and warning signs for suicide and offers practical suggestions to parents, teachers, and teenagers to help prevent suicide. The most important concept is that teenagers are passionate, so many suicide attempts occur with very little forethought. Survivors of teen suicide attempts relate that the interval between the decision to take one's life and the attempt is often less than 1 hour. Moreover, mood disorders, conduct disorders, and other mental health issues are prominent in the later teenage years. While this material complements other AAP resources regarding teen mental health issues, it does not substitute for more in-depth discussions about adolescent mental health issues.

There are some concepts that are worth reiterating.

- Teenagers unsure about their sexual orientation, or who have identified themselves as homosexual, are at far greater risk for suicide. These teenagers and their families may wish to join local support groups for help.
- The presence of a handgun increases the likelihood that a suicide attempt will be lethal. It is important for the clinician to discuss the removal of handguns from the home of any teenager who has a mental health issue.

How to Use This Tool

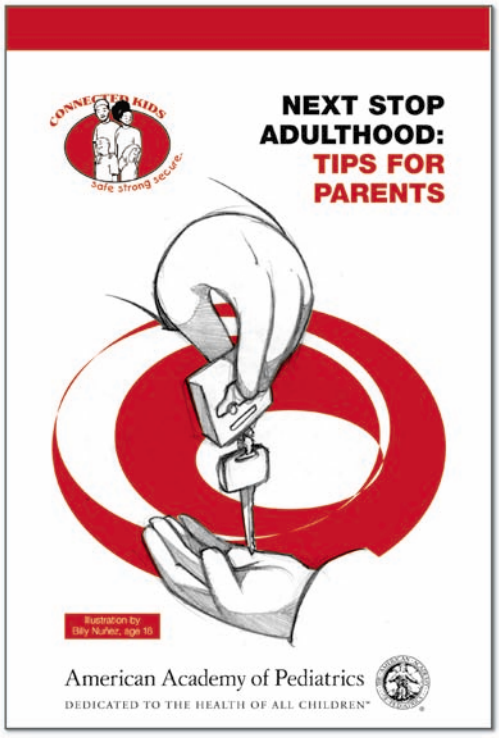
- This brochure can open dialogue about intense and passionate emotions teenagers experience as a segue to asking directly about suicide thoughts. *"Many teenagers have had suicidal thoughts or feelings. Are there times that you have had thoughts about suicide or hurting yourself?"*
- This brochure can be used as an aid for communities and schools when teenagers in the community have committed or attempted suicide to prevent contagious suicide events.
- This brochure can be an introductory tool for developing family safety plans with patients who are known to be at risk or have had suicidal thoughts, including teens with known mental health or severe social difficulties or teens with high emotional intensity and impulsivity.

Helpful Hints

- Introducing the topic indirectly may encourage more verbalization of the teenager's concerns, but direct questions about suicidal thoughts should not be avoided. *"Many teenagers know someone who has been suicidal or attempted suicide. Has this occurred for you?"*
- Review teenagers' emotional supports.
- Clinicians should be aware of psychiatric crisis services numbers and how to access emergency psychiatric services.

Brochure:
Next Stop Adulthood: Tips for Parents

As youths enter middle adolescence, preoccupation with physical changes abates, while peer relationships become more stable. Teenagers also have improved cognitive abilities that begin to match their physical maturation. Teens and their parents find themselves renegotiating their relationship. It is appropriate for both teens and parents to discuss the transition into adult independence and responsibility. Nevertheless, the need for parental monitoring and support continues to be important. The bulk of this brochure discusses concrete areas of tension and negotiation between teenagers and adults. It simultaneously encourages parents to let go and encourages teenagers to look to their parents for guidance.



Many families have busy working parents and busy teenagers. However, parents continue to provide guidance and set appropriate behavioral expectations for their teenagers. Conflicts arise when parents have unrealistic expectations of teens. For teens, simple adult behaviors, such as scheduling one's time, need to be learned. Parents play an important role in helping teenagers with these kinds of issues.

How to Use This Tool

- This brochure can be used as a starting point in discussing growing independence, and comments need to center on any issues that appear to be problematic for the family.
- Be cognizant of the family constellation when using the suggestions found in the brochure, and that the person most responsible for monitoring the teen's behavior may not be the parent at the visit.
- Those teenagers who are already getting into substantial trouble may need a referral to a social worker or other mental health professional to help better understand and implement these concepts.

Helpful Hints

- This brochure may be especially useful when talking with community groups.
- In addition to the family relationships discussed in this brochure, it also is useful to discuss employment, community service, sports, clubs, or other pursuits. Teenagers need positive engagement with their outside community to thrive.

Additional Resources

Overviews of Youth Violence

- Olweus D. ***Bullying at School: What We Know and What We Can Do.*** Oxford, UK, and Cambridge, MA: Blackwell Publishers; 1993
- Garbarino J. ***Lost Boys: Why Our Sons Turn Violent and How We Can Save Them.*** New York, NY: Free Press; 1999
- Prothrow-Stith D, Spivak HR. ***Murder Is No Accident: Understanding and Preventing Youth Violence in America.*** San Francisco, CA: Jossey-Bass; 2004
- Gilligan J. ***Preventing Violence.*** London, England: Thames & Hudson; 2001
- Prothrow-Stith D, Spivak HR. ***Sugar and Spice and No Longer Nice: How We Can Stop Girls' Violence.*** San Francisco, CA: Jossey-Bass; 2005

Recommended Publications

- Thornton TN. ***Best Practices of Youth Violence Prevention: A Sourcebook for Community Action.*** Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2000. Available at: http://www.cdc.gov/ncipc/dvp/bestpractices.htm. Accessed June 24, 2005
- Beal AC, Villarosa L, Abner A. ***The Black Parenting Book: Caring For Our Children in the First Years.*** London, England: Vermillion; 2003
- Jellinek M, Patel BP, Froehle MC, eds. ***Bright Futures in Practice: Mental Health—Volume II, Tool Kit.*** Arlington, VA: National Center for Education in Maternal and Child Health; 2002. Available at: http://www.brightfutures.org/mentalhealth/pdf/tools.html. Accessed June 23, 2005
- Knox L. ***Connecting the Dots to Prevent Youth Violence – A Training and Outreach Guide for Physicians and Other Health Professionals.*** Chicago, IL: American Medical Association; 2002. Available at: http://www.ama-assn.org/ama1/pub/upload/mm/386/youthviolenceguide.pdf. Accessed June 27, 2005
- Sege RD, Licenziato VG, eds. ***Recognizing & Preventing Youth Violence: A Guide for Physicians & Other Health Care Professionals.*** Waltham, MA: Massachusetts Medical Society; 2001. Available at: http://www.preventyouthviolence.vcu.edu/rpyv.pdf. Accessed June 23, 2005
- US Department of Health and Human Services. ***Youth Violence: A Report of the Surgeon General.*** Rockville, MD: US Department of Health and HumanServices; 2001. Available at: http://www.mentalhealth.org/youthviolence/surgeongeneral/SG_Site/home.asp. Accessed June 22, 2005

National Resources

- ***40 Developmental Assets® for Toddlers:*** www.search-institute.org
- ***American Academy of Pediatrics***
  - ***Connected Kids:*** www.aap.org/connected kids
  - ***Children's Health Topics: Violence Prevention:*** www.aap.org/healthtopics/violprev.cfm
  - ***Policy Statements:*** http://aappolicy.aappublications.org/
- ***Centers for Disease Control and Prevention (CDC):*** www.cdc.gov
- ***Children's Safety Network:*** www.edc.org/HHD/csn
- ***Coalition for Juvenile Justice:*** www.juvjustice.org
- ***Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention:*** http://ojjdp.ncjrs.org/
- ***Injury Free Coalition for Kids:*** www.injuryfree.org
- ***National Mental Health Association:*** www.nmha.org/children/justjuv/index.cfm
- ***National Youth Violence Prevention Resource Center:*** www.safeyouth.org
- ***Parents and Friends of Lesbians and Gays (PFLAG):*** www.pflag.org
- ***Children's Hospitals and Clinics:*** www.childrenshc.org/Communities/PeacefulParenting.asp
  - Peaceful Parenting for Healthier Children **(a 10-minute video on effective discipline)**
  - Positive Discipline — A Guide for Parents **(available in English, Spanish, Hmong, and Somali)**
- ***Play Nicely:*** www.playnicely.org **(CD-ROM on managing aggression in young children)**
- ***Take a Stand. Lend a Hand. Stop Bullying Now!*** www.stopbullyingnow.hrsa.gov
- ***National Suicide Prevention Lifeline:*** 1-800-273-TALK (273-8255)

Recommended Books—Personal stories that put a human face on violence in America

- Butterfield F. ***All God's Children: The Bosket Family and the American Tradition of Violence.*** New York, NY: Knopf; 1995
- Khamisa A, Goldman C. ***Azim's Bardo: A Father's Journey from Murder to Forgiveness.*** Los Altos, CA: Rising Star Press; 1998
- Canada G. ***Reaching Up for Manhood: Transforming the Lives of Boys in America.*** Boston, MA: Beacon Press; 1998

Other Resources

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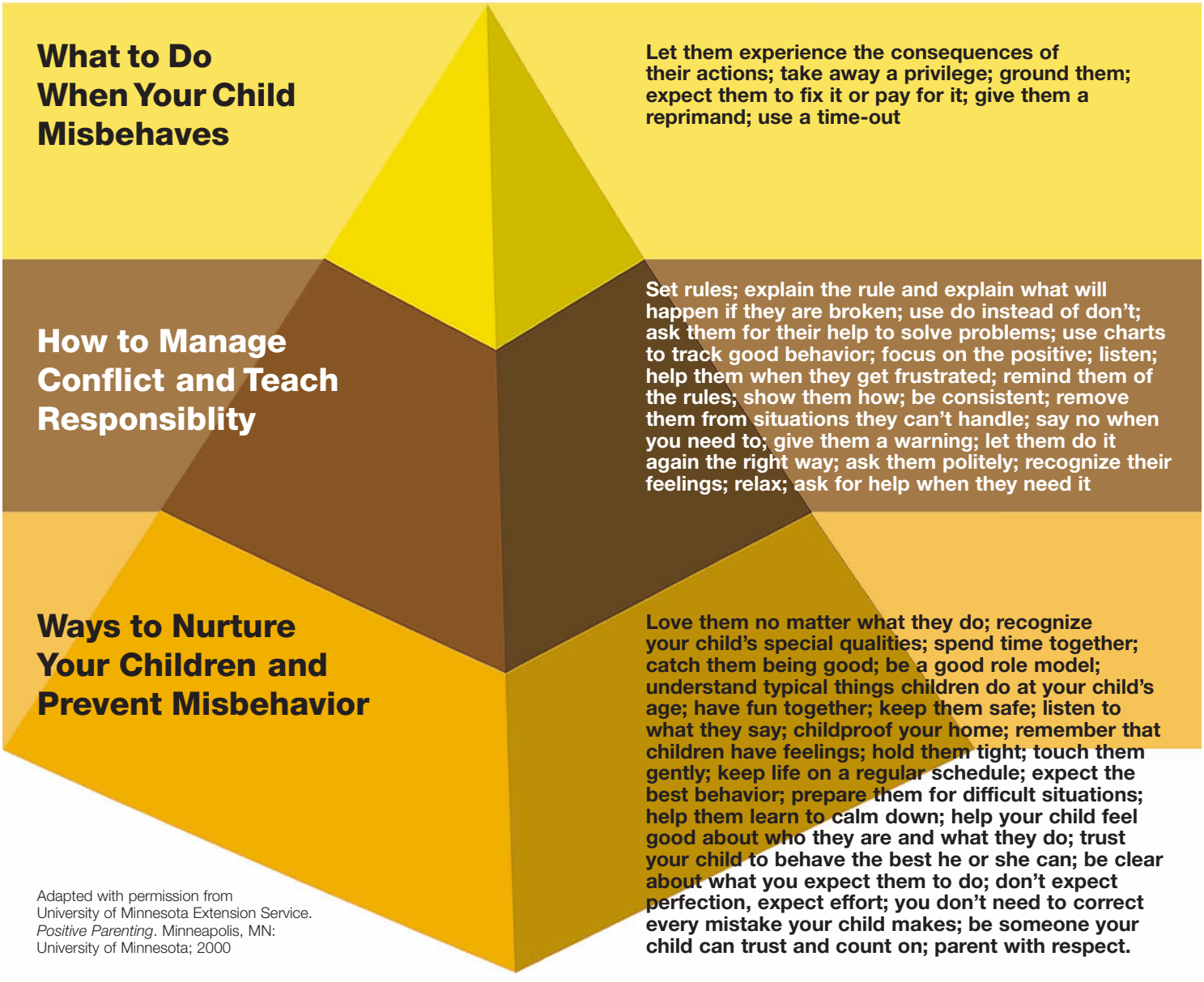
Connected Kids Research Publications

- Trowbridge MJ, Sege RD, Olson L, O'Connor K, Flaherty E, Spivak H. ***Intentional Injury Prevention and Management in Pediatric Practice: Results from 1998 and 2003 American Academy of Pediatrics Periodic Surveys.*** *Pediatrics.* 2005;116:996-1000
- Sege RD, Hatmaker-Flanigan E, De Vos E, Levin-Goodman R, Spivak H. ***Anticipatory Guidance and Violence Prevention: Results from Family and Pediatrician Focus Groups.*** *Pediatrics.* In press
- Sege R, Flanigan E, Levin-Goodman R, Licenziato V, De Vos E, Spivak H. ***Case Study: The American Academy of Pediatrics (AAP) Connected Kids Program.*** *Am J Prev Med.* 2005; in press
- De Vos E, Spivak H, Hatmaker-Flanigan E, Sege RD. ***Preventing Violence: A Delphi Approach to Identify and Select Priority Topics for Anticipatory Guidance.*** *Pediatrics.* In press

Appendices

Appendix A
The Parenting Pyramid



Adapted with permission from University of Minnesota Extension Service. *Positive Parenting*. Minneapolis, MN: University of Minnesota; 2000

Appendix B-1

Social Connections

Use the following 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.

- The first 2 pages have sample queries that will assist you in assessing the parents' social connections with others who might help care for their child, a necessity for successful parenting.
- The last page, People who care about _____, is an individualized resource for parents. Parents are asked to fill this out while in the waiting area. Encourage parents to complete the worksheet with names and numbers and place it in their home where it can be easily used in an emergency.

Please recognize that some responses to these questions may reveal information about fighting in the home and/or domestic violence. If this occurs, you will need to follow established office protocols. Since this may be a sensitive area for some, consider using the sample dialogue provided. After a while, you will develop your own way of asking. Remember,

- Ask gently.
- Try not to judge.
- Support parents by offering ideas about coping with the behavioral problems that are troubling them the most.
- Place questions in context of the issues that parents bring to your attention and/or the child's development.

You do not necessarily need to ask all these questions, but should learn to feel comfortable asking about these topics. Please feel free to adapt them to your own personal style.

Photo by Rene Edde

Appendix B-1, continued

Social Connections Worksheet

Name: _____ **DOB:** _____

MR #: _____ **Date of Visit:** _____

GENERAL INFORMATION FOR PARENTS OF CHILDREN OF ANY AGE

1. **Who lives with your child (and you)?**
   (Note: 1. If there is a noncustodial parent, ask about that parent's involvement with the child. 2. On a follow-up visit ask: Last time you told me that you lived with _____. Have there been any changes in your home since then?)

2. **Is everyone at home healthy?**

3. **We all have disagreements at home. How does everyone get along?** Note: In some situations you may want to continue with more specific probes such as: Are there times when you or your partner yell or insult the other? Throw things? Push, grab, or hit the other?

4. **Who helps you with your children?** (Prompts: family, babysitter, neighbor, and friends.) **Did you get a chance to complete the People who care about _____ work sheet?** (Note: It may be helpful to make a copy of this work sheet for the chart. If the parent or guardian cannot complete the section entitled Lifelines, use this as an opportunity to find out more about his or her coping mechanism and social connections.)

5. **Are there other children your child's age in your neighborhood? Do you know their parents or other adults in their lives who help care for them?**

6. **Do you spend time with any other parents or adults who care for children?**

INFANTS AND TODDLERS

1. **All parents have moments when their infant makes them very upset or angry. What do you do when this happens to you?**

2. **Who do you ask for help or support when your baby's demands make you feel frustrated?**

PRESCHOOL AND SCHOOL-AGED YOUTH

1. **How welcome do you feel at your child's school or child care facility? How does the school or child care provider let you know that you are welcome?**

2. **Who is your child's best friend(s)? How often does your child play with friend(s)?**

3. **What do you and your child enjoy doing together?**

4. **What does your family enjoy doing together?**

People who care about

Please list the names and phone numbers of those people who can help you raise your child,in a healthy and safe way.
Keep this list in a place where you, and those who care for your child while you are out, can easily use it in an emergency.

Your name and phone numbers: _____ (Name)

Home _____ Work _____ Cell _____

Other adults in your home:

_____/_____ _____/_____
Name Phone Name Phone

Other adults who regularly help you care for your child:

_____/_____ _____/_____
Name Phone Name Phone

_____/_____ _____/_____
Name Phone Name Phone

_____/_____ _____/_____
Name Phone Name Phone

LIFELINES: If you are stressed out or feeling frustrated, who can you call?
Please include the relationship this person has to your child; for example, relative, friend, or neighbor.

_____/_____/_____
Name Relationship Phone

_____/_____/_____
Name Relationship Phone

IN CASE OF AN EMERGENCY

Parental Stress/Parent-Child Conflicts—voice: 800/448-3000/TTY: 800/448-1833
(Girls and Boys Town National Hotline)
Poison Control—voice or TTY: 800/222-1222
Medical Emergencies—911

For local information, please call:

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Adapted from the CHAMP evidence-based model funded by the National Institute of Mental Health (NIMH 2RO1 MH-01-004-PI Carl C Bell, NIMH 2RO1 MH5570)1-06-PI Mary M McKay, and NIMH 1RO1 MH 50423- PI Roberta Paikoff.

Appendix B-2

Developing Community Linkages

A baby's most basic needs have to be met to grow up healthy.
The following information will help you to meet those needs for your child.

Contact information for local resources

Program/Service	Telephone	Contact
Food Stamps		
WIC		
Head Start		
Housing		
Transportation		
Employment		
Social Service		
Outreach		
After-School Care		
Child Care		
Parent Education		
Mental Health		
Youth Services		

IN CASE OF AN EMERGENCY

Parental Stress/Parent-Child Conflicts—voice: 800/448-3000/TTY: 800/448-1833
(Girls and Boys Town National Hotline)
Poison Control—voice or TTY: 800/222-1222
Medical Emergencies—911

For local information, please call:

American Academy of Pediatrics
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Appendix C

Adolescent Violence-Related History

FISTS: Fighting – Injuries – Sex – Threats – Self-Defense

This mnemonic provides the basis for assessment of an adolescent's risk for involvement in violence.

Fighting

- How many fights have you been in during the past year?
- When was your last fight?

Injuries

- Have you ever been injured in a fight?
- Have you ever injured someone else in a fight?

Sex

- Are you scared of disagreeing with your partner?
- Does your partner criticize or humiliate you in front of others?
- Are you scared by your partner's violent or threatening behaviors?
- Has your partner ever forced you to do something sexual you didn't want to do?
- Every family argues. What are fights like in your family or with people you're dating? Do they ever become physical?
- Do you think that couples can stay in love when one partner makes the other one afraid?

Threats

- Has someone carrying a weapon ever threatened you?
- What happened?
- Has anything changed since then to make you feel safer?

Self-Defense

- What do you do if someone tries to pick a fight with you?
- Have you ever carried a weapon in self-defense?
  Asking about weapons in the context of self-defense facilitates a more candid response. In all cases, carrying a firearm indicates high risk. Carrying a knife is not as clearly identified with violent behavior. For example, a small pocketknife may or may not be considered high risk.

The FISTS mnemonic is adapted with permission from the Association of American Medical Colleges. Alpert EJ, Sege RD, Bradshaw YS. Interpersonal violence and the education of physicians. *Acad Med. 1997;72:S41-S50.*

Appendix D

Counseling Schedule and Checklist

Name: _____ **DOB:** _____ **MR#:** _____

Note: This space can be used for information on the *Connected Kids* program or left blank so it can be customized by the practice.

Infancy and Early Childhood: Prenatal to 5-Year-Old Visits

Visit	Introduce	Reinforce	Brochures
2 Days to 4 Weeks	☐ What Babies Do ☐ Parental Frustration ☐ Parent Mental Health ☐ Parent Support		☐ *Welcome to the World of Parenting!*
2 and 4 Months	☐ Child Care ☐ Family ☐ Safe Environment ☐ Parenting Style ☐ Bonding and Attachment	☐ Parent Mental Health ☐ Parent Support	☐ *Parenting Your Infant*
6 and 9 Months	☐ Establishing Routines ☐ Discipline = Teaching ☐ Firearms ☐ Modeling Behavior	☐ Parent Support ☐ Child Care ☐ Safe Environment ☐ Bonding and Attachment	☐ *How Do Infants Learn?* ☐ *Your Child Is On the Move: Reduce the Risk of Gun Injury*
12 and 15 Months	☐ Child Development and Behavior	☐ Safe Environment ☐ Parenting Style ☐ Firearms ☐ Modeling Behavior	☐ *Teaching Good Behavior: Tips on How to Discipline*
18 Months and 2 Years	☐ Child's Assets ☐ Guided Participation ☐ Media	☐ Parent Support ☐ Establishing Routines ☐ Firearms ☐ Child Development and behavior	☐ *Playing Is How Toddlers Learn* ☐ *Pulling the Plug on TV Violence*
3 and 4 Years	☐ Peer Playing ☐ Safety in Others' Homes ☐ Talking About Emotions ☐ Promoting Independence	☐ Modeling Behavior ☐ Guided Participation	☐ *Young Children Learn a Lot When They Play*

Middle Childhood: 5- to 10-Year-Old Visits

Visit	Introduce	Reinforce	Brochures
5 Years	☐ Establishing Routines and Setting Limits	☐ Child Development and Behavior ☐ Child's Assets ☐ Safety in Others' Homes ☐ Promoting Independence	☐ *Growing Independence: Tips for Parents of Young Children*
6 Years	☐ Teaching Behavior ☐ Bullying ☐ Out-of-School Time	☐ Modeling Behavior ☐ Establishing Routines and Setting Limits	☐ *Bullying: It's Not OK*
8 Years	☐ School Connections ☐ Alcohol and Drugs ☐ Interpersonal Skills	☐ Firearms ☐ Promoting Independence ☐ Establishing Routines and Setting Limits ☐ Bullying	☐ *Drug Abuse Prevention Starts With Parents* ☐ *Friends Are Important: Tips for Parents*
10 Years	☐ Child Mental Health ☐ School Performance	☐ Media ☐ Out-of-School Time	☐ *Everybody Gets Mad: Helping Your Child Cope With Conflict*

Adolescence

Visit	Introduce	Reinforce	Brochures
***Early:* 11 to 14 Years**	☐ Family Time Together ☐ Peer Relationships ☐ Support System ☐ Staying Safe ☐ Teen Mental Health ☐ Conflict Resolution Skills ☐ Healthy Dating ☐ Gaining Independence	☐ Firearms ☐ Establishing Routines and Setting Limits ☐ Alcohol and Drugs ☐ School Performance	☐ *Talking With Your Teen: Tips for Parents* ☐ *Staying Cool When Things Heat Up* ☐ *Expect Respect: Healthy Relationships* ☐ *Teen Dating Violence: Tips for Parents*
***Middle:* 15 to 17 Years**	☐ Plans for the Future ☐ Firearms and Suicide ☐ Depression ☐ Resiliency	☐ Alcohol and Drugs ☐ Peer Relationships ☐ Healthy Dating ☐ Gaining Independence	☐ *Teen Suicide and Guns* ☐ *Connecting With Your Community*
***Late:* 18 to 21 Years**	☐ Transition to Independence ☐ Negotiating a New Environment	☐ Peer Relationships ☐ Plans for the Future ☐ Depression	☐ *Help Stop Teenage Suicide* ☐ *Next Stop Adulthood: Tips for Parents*

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