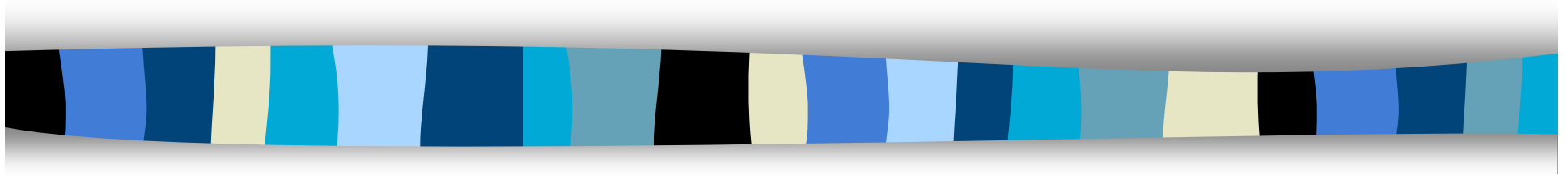


# Promoting Resiliency in Children, Families and Communities



Missouri Bright Futures  
Spring Workshop 2006  
Powerpoints

What is the *real* meaning of the “System of Care” concept?



# Definition of a System of Care

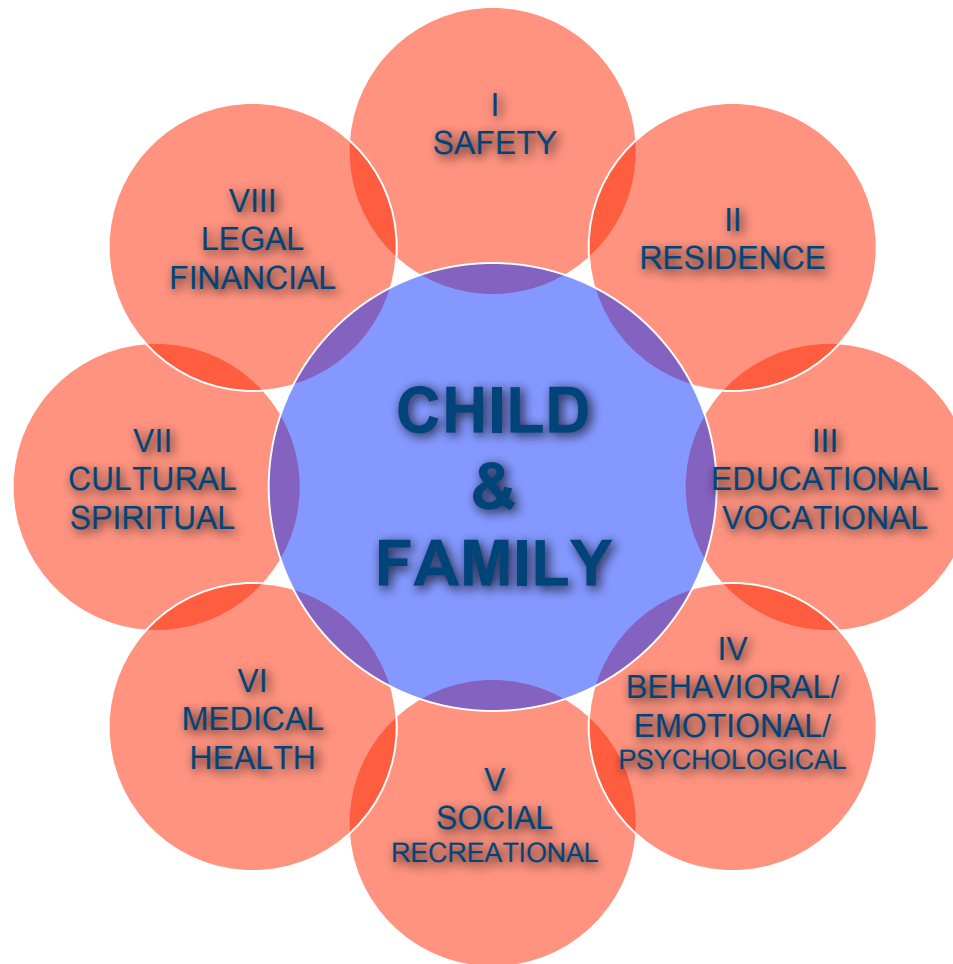
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A System of Care  
for Children & Youth  
with Severe Emotional Disturbances

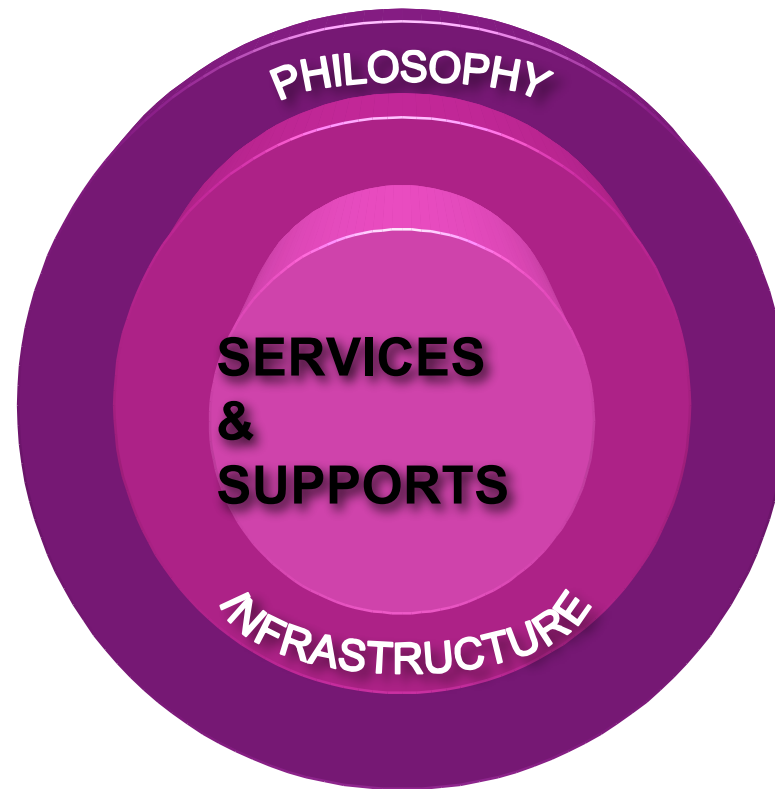
***A comprehensive spectrum of services and supports which are organized into a coordinated network to meet the multiple and changing needs of individuals and their families.***

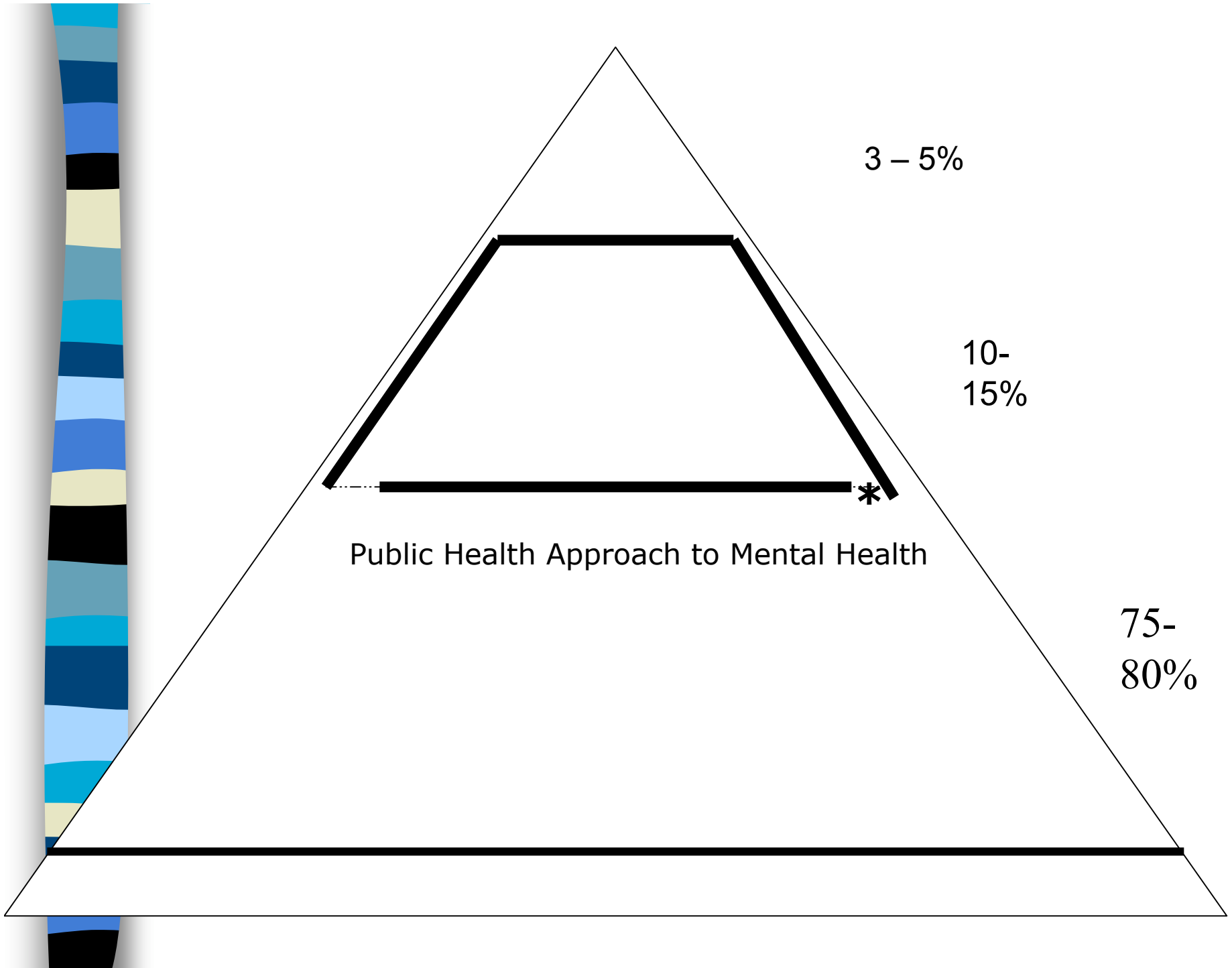
Robert M. Friedman, Ph.D.  
National Institute of Mental Health  
Center for Child Health and Mental Health Policy  
Georgetown University Child Development Center  
Funded by the Child, Adolescent and Family Branch  
Center for Mental Health Services  
Substance Abuse and Mental Health Services Administration

# System of Care Framework in Life Domains



# System of Care Concept







# Being the parent of a child with emotional or behavioral challenges.

- Unusual Behavior: Recognizing that your child has behaviors you do not understand
- Impact on the Family: Reacting in a variety of ways: shame, sorrow, anger, confusion, fear, denial, guilt, ambivalence, withdrawal
- Finding Acceptance: Getting support from others and educating yourself and family
- Taking Action: Becoming an Advocate.





# Mental Models Definition

- The beliefs, assumptions, and models we have about every aspect of ourselves, others, our organization, and how the world works.
- Habits of thought





# Attributes of Mental Models

- Everyone has them
- They are critical to our effectiveness and can impede or enhance our learning
- They affect how we act and how we relate to the world
- They strongly affect what we perceive
- They may be conscious, or unconscious, and they can get us in trouble.
- It's easier to see other's mental models and harder to see our own.



# Coaching Questions

- What were you hoping to achieve?
- What results did you actually get?
- Why didn't you say what you were thinking? What did you think might happen if you said that?
- How did your unsaid thinking affect your actions in the conversation? How might it have affected the other person?
- What did it feel like to be the other person? (What do you think was in their left-hand column?)



## So... What's the Harm?

- Opportunities for learning are reduced dramatically
- Issues remain unresolved
- Our beliefs and assumptions become institutionalized
- A culture of non-learning is created



# Making the Shift: Building Relationships

## ❖ What is typical

- Focus on person in the treatment setting
- Based on medical model
- Focus on personal history
- Focus on pathology, deficits
- Focus on labels
- Intervention by agency staff
- Client is passive
- Assessment and goal planning is in silos

## ❖ What we want

- Focus on person in the community
- Based on strengths model
- Focus on person in present
- Focus on assets, capabilities
- Focus on action
- Support system meeting needs
- Customer is active
- Assessment & goal planning is multi agency and with the family

# Family Timeline

1991	1994	1998	1999	2000	2001	2002	2003	2004	2005
	Seizure in OS Unbeknownst	Repeat OS Removal not Done		Mother diagnosed with Bipolar, High IQ	Repeat Removal not successful				
I felt better about myself after two parents support groups but the group ended due to budget cuts.		My phone was turned off. No one called me to talk about Abby's placement; home day extended because I missed two meetings.	I was denied parenting classes when they told me to use a discipline plan to control my son's behavior. My doctor said I had to need to pay. I was really confused. My headliner started getting worse.						
Diagnosed with Bipolar		Highly motivated, Special Ed, Severe Learning Disability, Dyslexia, Dyscalculia, Speech Language Disorder		Carly, Abigail	Repeat removal to foster care not successful		Carly, Abigail	Multiple suspensions, expulsions, Capital Punishment	
I tried to get in touch with the referral for the developmental assessment but they were nowhere anymore. I got another referral and had testing scheduled. My car broke down and I missed the appointment. No one followed up with me.		I did not make the IEP meeting because I had a court appointment to get restraining order on my boyfriend.							
	Diagnosed with Juvenile onset of Bipolar			Diagnosed as Unstable Chronic	Failed to keep custody appointments child's 2nd yr				
					The pediatric psychiatrist was really nice but in the clinic. The nurse never called at my home giving her phone number, but my mom always did not convey the specific issues to her. I had her appointment to come back to.				
			Failed an English Language Proficiency	Repeat English Class (100%) Pass	Highly motivated, Special Ed, Severe Learning Disability, Dyslexia, Dyscalculia	Diagnosed with Bipolar	Diagnosed with Bipolar	Diagnosed with Bipolar	Failed
	Psychiatric Evaluation Subsequent to secondary teacher		Highly motivated	Subsequent to secondary teacher			Diagnosed with Bipolar	Diagnosed with Bipolar	
							Diagnosed with Bipolar	Diagnosed with Bipolar	

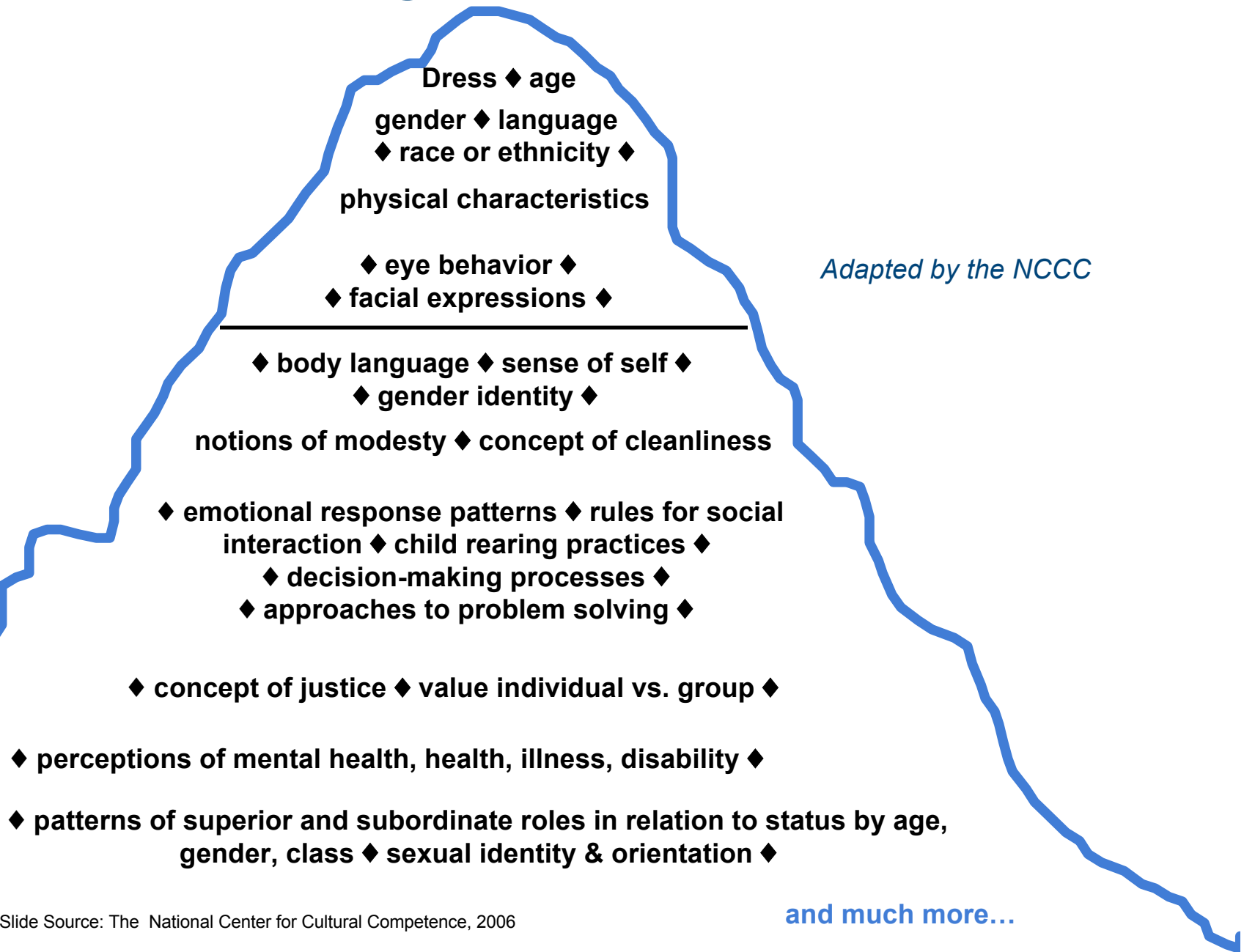
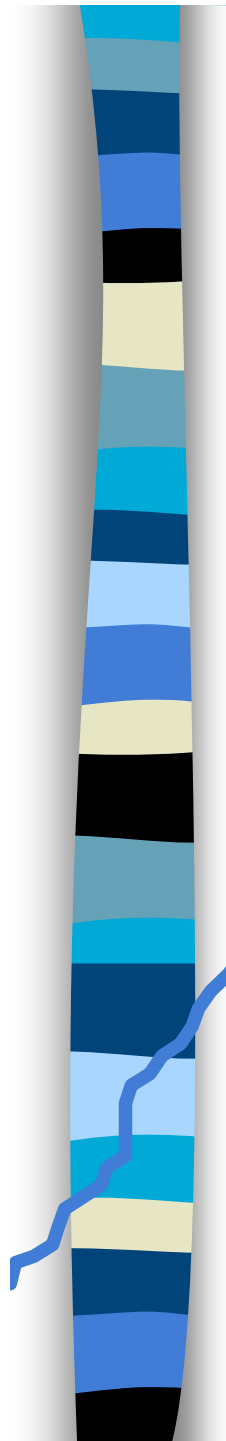


# Family Culture

- Roles
- Rules
- Activities
- Customs
- Traditions

- Beliefs
- Values
- Habits
- Strengths
- Instincts

# An Iceberg Concept of Culture







# Exploring Family Culture

- What do you like most about your child(ren)?
- What would life look like if things were better?
- What makes you happy?
- What are your favorite memories?
- Who are your close friends and why?
- What do you do for fun?
- What is your connection to the faith community?



## Exploring Family Culture, continued...

- What do you see as your best qualities as a parent?
- How are decisions made in your family?
- What are mealtimes like?
- Who has been the biggest influence on your life?

# Engaging Families who are Experiencing Multiple Stresses: Strategies for Success



Adapted from Intervention  
Research Lessons  
Florida State University



# Evidence Based Family Engagement Models

- Family Distress Model (FDM) and Family Outreach Model (FOM)  
(Corille & Boroto, 1999)
- Structural Systems Engagement Model  
(Sczapocznik, 1999)
- ARISE Model  
(Landau & Garrett, 2000)



# Family Outreach Model

The Family Outreach Model outlines:

- Five stages of family functioning that help to understand how families deal with disruptions in their lives
- Indicators for each stage
- Effect of each stage on the needs and wants of the family
- Conversations that are useful for families in each stage



## Stage 1: Stable Patterns

- The stable patterns of families may or may not be compatible with those of the school setting.
- The goal of the relationship between parents and referral staff is to establish shared values.
- ❖ Strategy: Ask about parent's values



## Stage 2: Dealing with Problems

- The most obvious indicator of a problem is disruption in the stable pattern of a child.
- Families need to perceive support as available in case their strategies for resolving the disruption do not work.
- Referral staff can help families to recognize available resources for dealing with the problem (s).
- ❖ Strategy: Be supportive and reinforce families goals





## Stage 3: Coping with Crisis

- Family members may present as being overwhelmed, numb, or confused.
- Families are usually open to direction from outsiders.
- Referral staff can empower families by supporting them to drive the process.
- ❖ Strategy: Ask permission to act on the families' behalf and contact appropriate resources.



## Stage 4: Isolated and in Crisis

- Families in this stage have a tendency to be guarded toward outside interference.
- Families may need to refocus their sense of identity around family goals and values.
- ❖ Strategy: Support the family with exaggerated respect.



## Stage 5: Using Support to Deal with Crisis

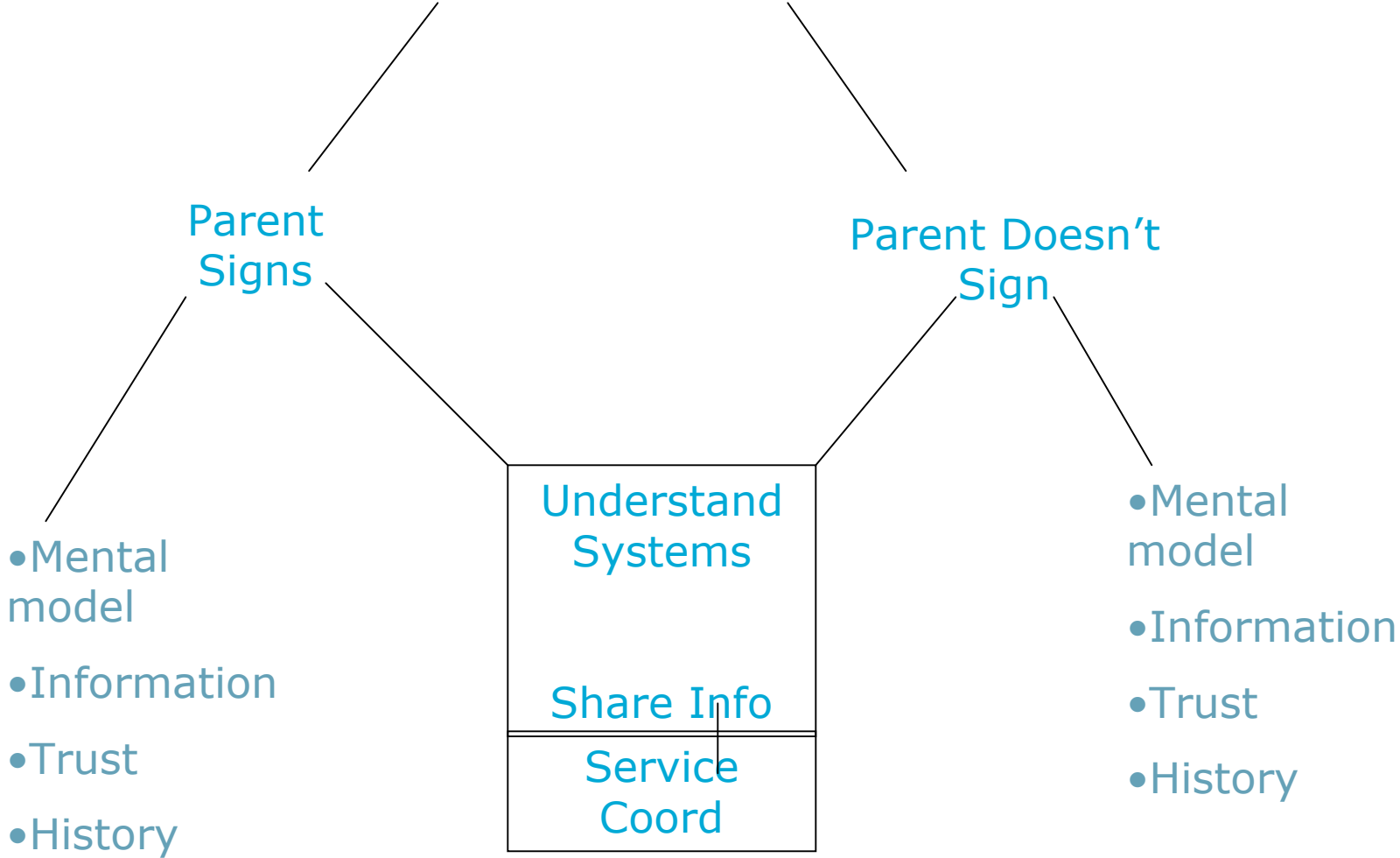
- Families often feel a sense of urgency, and may struggle to stay focused.
- Families may begin to see the professional as a partner in creating a new strategy.
- Families need distress relief (respite) and support to regain a sense of hope.
- ❖ Strategy: List of resources (including peer to peer support) for meeting families' prioritized needs.



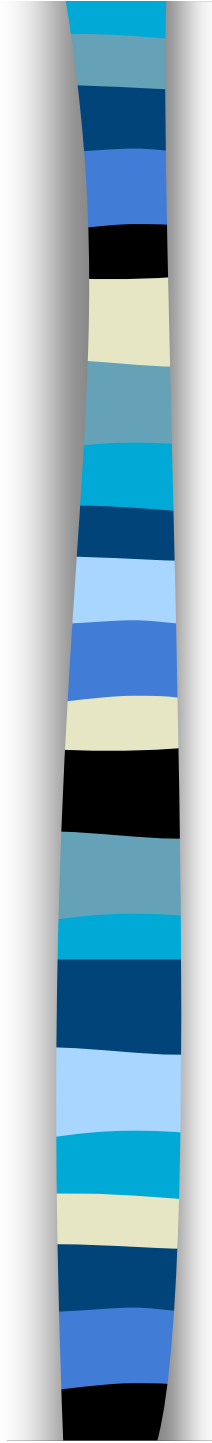
# What is your role?

- Reflect on your education, training experience, perspective, values, and culture.
- Reflect on your own experience working with children, youth, and families.
- Identify the strengths you bring to the relationship.
- What do you expect of:
  - Yourself?
  - Children, Youth and Families?
  - Providers, Administrators? Policy Makers?
- What works?

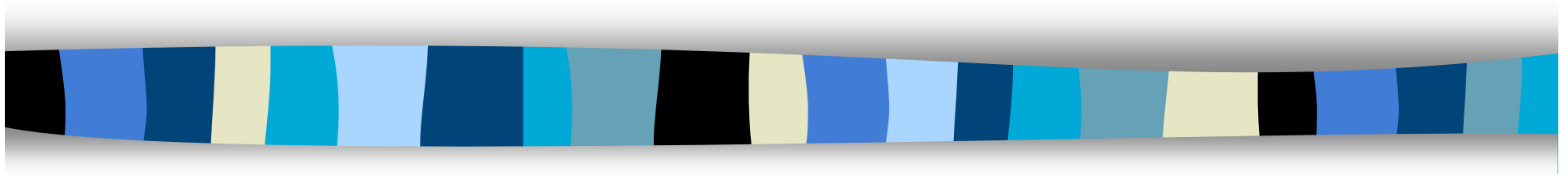
# A family is asked to sign an informed consent form



- INFORMED Consent
- What does that mean?



# Creating Partnerships with Families



Trust Building and Family  
Engagement Skills



# Strategies for effective trust building and family engagement

- Learn to ask the right questions
- Be aware of your mental models
- Take the time to get to know the family
- Trust family's instincts
- Speak language that families understand
- Ask, don't assume anything
- View families as a whole, not as a case
- Support families with life plans: not treatment plans
- Identify & reinforce child & family's strengths





# Strategies, continued...

- Involve families in every level of planning
- Keep families informed
- Accept life style and cultural differences
- Help to preserve family's privacy and dignity
- Respect family's schedules
- Be patient
- Be accessible
- Be a partner



## Strategies, continued...

- Consider services that families need, not whether they are billable.
- Communicate enthusiasm and interest
- Treat families with respect
- Don't over promise what you can do
- Be clear about limits up front
- Be a good listener
- Leave blame at the door



# Strategies, continued...

- Discover the family's culture and language
- Acknowledge the family's expertise
- Find out who and what is important to the family. What are their values?
- Address basic needs
- Always consider the child within the context of the family
- Share information, ideas, possibilities
- Stay positive and hopeful
- If you don't know, say so
- Follow up on all promises



## Strategies, continued...

- Recognize that the family is the constant in a child's life.
- Honor the racial, ethnic, cultural, and socioeconomic diversity of families.
- Support family to become empowered to drive their own care.
- Respect different methods families use to cope.
- Encourage and facilitate family-to-family support and networking.



# Facilitated Referrals

- When to refer: Bright Futures Mental Health, Developmental Tools
- Referring for what: Bright Futures Mental Health MCH Library, Knowledge Paths
- To whom to refer: Knowledge Path, Missouri March, Missouri Community Connection
- How to refer: Referral tools, Facilitated Referral Checklist



# Mental Health Interventions Based on a Public Health Approach

- Universal—applied to all children, adults and families
- Selective—applied to children and adults with early signs
- Indicated—applied to children and adults with symptomatic behavior
- Treatment—applied to children and adults with diagnosable conditions



# Bright Futures and Systems of Care

The Public Health Approach to  
Mental Health





# Bright Futures and Barrier Busters

- Family Engagement & Involvement
- Informed Consent & Confidentiality
- Facilitated Referrals



# The Bright Futures Vision

- “Every child and adolescent deserves to experience joy, have high self-esteem, have friends, acquire a sense of efficacy, and believe that she can succeed in life.”
  - Bright Futures Children’s Health Charter



# Bright Futures Framework

- Focus on developmental stages & child/family strengths and needs
- Focus on partnerships with families
- Focus on collaboration with community partners
- Focus on promotion, prevention, early identification, and early intervention



## Bright Futures in Practice: MENTAL HEALTH

- Bright Futures Mental Health Guide
  - Developmental Chapters (p. 90)

Following are health supervision interview questions from *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents* relevant to self in middle childhood:

### For Parents

- What makes you proud of Nora?
- What does she do when she feels stressed, angry, or frustrated?
- How does she express her feelings?
- Do you talk to Kenji about sensitive subjects such as sex, drugs, and drinking?
- Have you ever been worried that someone was going to hurt him?
- Has he ever been abused?
- Have there been any major changes or stresses in your family since your last visit?

### For the Child

- What do you do for fun?
- Do you have a best friend?

- What are some of the things you are good at?
- What are your favorite TV shows? Computer and video games? Toys? Movies? Sports? Games? Foods?
- When you have a problem, do you talk to someone about it? If so, to whom?
- Have you ever been pressured to do things you didn't want to do?
- Has anyone ever touched you in a way you didn't like?
- Has anyone ever tried to harm you physically?
- If you had three wishes, what would they be?



# Bright Futures in Practice: MENTAL HEALTH

## ■ Bright Futures Mental Health Guide - Bridge Chapters (Bipolar Disorder p. 271...)

### MOOD DISORDERS: DEPRESSIVE AND BIPOLAR DISORDERS

#### KEY FACTS

- The prevalence of mood disorders in children and adolescents ages 9–17 years is approximately 6 percent (U.S. Department of Health and Human Services, 1999).
- Only one-third of U.S. teenagers with depressive disorders receive treatment (King, 1991).
- Seventy percent of children with a single major depressive episode will experience a recurrence within 5 years (Birmaher et al., 1996a).
- Approximately 20 percent of all patients with bipolar disorder experience their first manic episode during adolescence (Geller and Luby, 1997; McClellan and Werry, 1997).
- More than 4,000 youth (ages 15–24) in the United States committed suicide in 1998 (Murphy, 2000).

**I**t is distressing for parents to see their child or adolescent sad, withdrawn, or irritable. Yet episodes of sadness and frustration are common during childhood and adolescence. How, then, can a parent or primary care health professional determine whether a child or adolescent is showing signs of a mood disorder? Mood disorders are disorders characterized by disturbances in mood and include major depressive disorder, dysthymic disorder, and bipolar disorder.

Depressed mood falls along a continuum. Brief periods of sadness or irritability in response to disappointment or loss are a normal part of growing up and usually resolve quickly in a supportive environment. But some children and adolescents experience intense or long-lasting sadness or irritability that may interfere with self-esteem, friendships, family life, or school performance. These children or adolescents may be suffering from a depressive disorder. Depressive disorders include dysthymic disorder as well as single and recurring episodes of major depressive disorder.

Another type of mood disorder that can present in childhood or adolescence is bipolar disorder. Although bipolar disorder has been considered uncommon in prepubertal children, evidence suggests that it may not be as rare as previously thought, and that it is often difficult to distinguish from severe forms of attention deficit hyperactivity disorder (ADHD). A child or adolescent who presents with recurrent depressive symptoms, persistently irritable or agitated/hyperactive behaviors, markedly labile mood, reckless or aggressive behaviors, or psychotic symptoms may be experiencing the initial symptoms of a bipolar disorder.

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#### MOOD DISORDERS

- Stress management and problem-solving techniques
  - Group approaches that focus on building self-esteem or on handling peer conflicts and pressure
  - Family therapy that addresses areas of concern or communication difficulties
8. Consider options for pharmacological intervention. (See Pharmacological Interventions, p. 281.)
  9. Recognize that the child or adolescent may have concerns about the stigma of mood disorder. Discuss these concerns, and work with the child or adolescent to support social interaction, especially with peers.
  10. Encourage the child or adolescent to participate in activities that improve his self-esteem and sense of mastery (e.g., encourage a child or adolescent who likes to draw to take an art class).
  11. Discuss the importance of a healthy lifestyle (e.g., participating in regular physical activity, eating healthy foods) in maintaining a sense of well-being. In particular, regular physical activity can have a beneficial impact on depressed mood (Tkachuk and Martin, 1999) and should be discussed as an important element in any comprehensive treatment plan for adolescents with depressive symptoms.

#### Family

1. Ask family members about any recent or current stressors (e.g., death of someone close to the child or adolescent, marital conflict, divorce) that may be affecting the child's or adolescent's mood.

2. Assess for family history of depressive or bipolar disorders and other psychiatric illnesses. Help family members access mental health services (individual, couple, and/or family treatment) as symptoms indicate. (See Table 2, Referral for Mental Health Care, p. 10, in the Making Mental Health Supervision Accessible chapter.)
3. Educate the family and the child or adolescent about the symptoms of mood disorders, and try to address their questions and concerns. (See Tool for Families: Common Signs of Depression in Children and Adolescents, *Mental Health Tool Kit*, p. 147.)
4. Help the family support the child's or adolescent's development by
  - Discussing with parents any concerns they have about discipline practices or how to manage conflicts at home
  - Encouraging parents to set aside a regular time to talk with or engage in enjoyable activities with their child or adolescent
5. Help the family find ways to improve communication (e.g., by holding family meetings in which the child or adolescent is included in family decision-making and can raise concerns in a supportive setting).
6. Ask if there are any weapons in the home, and discuss safety issues.
7. Consider a referral for parent or family therapy to support families who may be coping with significant levels of stress or who may need additional help with other concerns (e.g., addressing marital discord or parental depression or substance abuse; implementing effective parenting practices; maintaining supportive communication).

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# Bright Futures in Practice: MENTAL HEALTH

## ■ Bright Futures Mental Health Guide - Referral and Collaborative Care (p. 279/10)

tion). (See bridge topic: Parental Depression, p. 303.)

### Friends

1. Encourage the child or adolescent to interact with peers in a supportive environment (e.g., during after-school activities, in clubs or sports, at play dates [for younger children], through faith-based activities).
2. Consider recommending social skills training as a way to improve a child's or adolescent's self-esteem and peer relationships. Group therapy may be particularly helpful for older children and adolescents.

### School

1. The child or adolescent should be assessed, and appropriate modifications should be made for a child or adolescent with a learning disorder or school difficulties that may be contributing to her sense of failure.
2. After receiving appropriate permission, obtain information from teachers and guidance counselors about the child's or adolescent's school functioning. Collaborate with the school team to ensure that academic expectations and the level of services are appropriate for the child's or adolescent's needs and abilities. Involve school-based professionals such as school nurses, school social workers, school psychologists, guidance counselors, and teachers in the child's or adolescent's treatment plan.
3. Be aware that children and adolescents with depressive or bipolar disorders may be eligible for special education services under the disability

category of "emotional disturbance." Support and encourage the adolescent or family in discussing possible options with appropriate school personnel. Some parents may appreciate assistance from the primary care health professional in contacting the school. Ensure that parents know that their child or adolescent may also qualify for services under Section 504 of the Rehabilitation Act.

For further information about eligibility and services, families can consult the school's special education coordinator, the local school district, the state department of education's special education division, the U.S. Department of Education's Office of Special Education Programs (<http://www.ed.gov/offices/OSEERS/OSEP>), the Individuals with Disabilities Education Act (IDEA) '97 Web site (<http://www.ed.gov/offices/OSEERS/IDEA>), or the U.S. Justice Department's Civil Rights Division (<http://www.usdoj.gov/crt/edo>).

### WHEN TO REFER FOR MENTAL HEALTH SERVICES

The decision to refer should be based on the needs of the individual child or adolescent and family (e.g., severity of depressive symptoms, presence of bipolar symptoms, significant external stressors) and the primary care health professional's level of experience and expertise in managing mood disorders.

Primary care health professionals have differing levels of comfort and experience in treating children and adolescents with mild to moderate depressive symptoms. Even mild depressive symptoms can significantly interfere with a child's

MAYOR BERENSON

Table 2. Referral for Mental Health Care

Primary care health professionals frequently need to refer a child or adolescent, parent, or the family as a whole for mental health services. Making a successful referral involves many factors, including having a trusting relationship with the child or adolescent and family, understanding the concerns that need to be addressed in treatment, and establishing a collaborative relationship with the mental health professionals who will be providing care. Helping a family accept a needed mental health referral can require time and preparation. The following suggestions provide a framework for making an effective referral:

- Describe how you anticipate a referral being helpful, not just in addressing problems but also in supporting the child's or adolescent's and family's strengths.
- Reassure the family that you will continue to be involved in their care. Some families may require further discussions with you or more time to consider your recommendation for a referral.
- Ask for feedback on how family members feel about the mental health referral. Discuss any preconceived ideas, fears, or concerns they may have about the referral. Ask about any prior experiences with mental health services.
- Ask about the family's hopes and goals for the child or adolescent and the entire family. Interview the child or adolescent and key family members to gain a further understanding of the concerns that are most distressing for them.
- Focus on the child's or adolescent's well-being, even if discussing a referral for an adult family member. This approach can help families act "for the child's sake" when it may be difficult for them to seek treatment for themselves. Avoid any inferences that a particular family member is at fault.
- Provide the family with the names and phone numbers of mental health colleagues who are available and whom you can recommend with confidence. For families who may have difficulty in following through with scheduling a referral, consider calling to set up the appointment, or having the family call to schedule the appointment during their visit with you.
- Send the family a handwritten note emphasizing your concern for their well-being, and stating the benefits of keeping their appointment with the mental health professional.
- Maintain contact with the family, either by scheduling a follow-up appointment or by phone after the referral is made. Establish office systems to track referrals and to prompt for further follow-up activity.
- When making a referral to a mental health colleague, be specific about your concerns. Provide relevant medical, developmental, and family history together with the family's written consent for communication. Indicate how you would like to be contacted for feedback (e.g., via letter, fax, phone, e-mail). Ask to be notified if the family does not keep their initial appointment or has challenges with following through with treatment. (See Tool for Health Professionals: Referral for Mental Health Services, *Mental Health Tool Kit*, p. 14.)
- If the family does not accept your initial recommendation for a mental health referral, continue to provide health supervision, guidance, and education to emphasize how helpful treatment can be in addressing current or further difficulties. Consider consulting a mental health colleague for additional ideas on how to continue to support the family while helping them become more receptive to treatment.

Source: Howard and Patel, 1999.



# Bright Futures in Practice: MENTAL HEALTH

## ■ Bright Futures Mental Health Tool Kit

Tools for Professionals (p. 17)

Tools for Families (p. 147)

**BRIGHT FUTURES TOOL FOR PROFESSIONALS**

### Pediatric Symptom Checklist (PSC)

Emotional and physical health go together in children. Because parents are often the first to notice a problem with their child's behavior, emotions, or learning, you may help your child get the best care possible by answering these questions. Please indicate which statement best describes your child.

Please mark under the heading that best describes your child:

	Never	Sometimes	Often
1. Complains of aches and pains	1		
2. Spends more time alone	2		
3. Tires easily, has little energy	3		
4. Tired, unable to sit still	4		
5. Has trouble with teacher	5		
6. Less interested in school	6		
7. Acts as if driven by a motor	7		
8. Daydreams too much	8		
9. Distracted easily	9		
10. Is afraid of new situations	10		
11. Feels sad, unhappy	11		
12. Is irritable, angry	12		
13. Feels hopeless	13		
14. Has trouble concentrating	14		
15. Less interested in friends	15		
16. Fights with other children	16		
17. Absent from school	17		
18. School grades dropping	18		
19. Is down on him or herself	19		
20. Visits the doctor with doctor finding nothing wrong	20		
21. Has trouble sleeping	21		
22. Worries a lot	22		
23. Wants to be with you more than before	23		
24. Feels he or she is bad	24		
25. Takes unnecessary risks	25		
26. Gets hurt frequently	26		
27. Seems to be having less fun	27		
28. Acts younger than children his or her age	28		
29. Does not listen to rules	29		
30. Does not show feelings	30		
31. Does not understand other people's feelings	31		
32. Teases others	32		
33. Blames others for his or her troubles	33		
34. Takes things that do not belong to him or her	34		
35. Refuses to share	35		

Total score \_\_\_\_\_

Does your child have any emotional or behavioral problems for which she or he needs help? ( ) N ( ) Y  
Are there any services that you would like your child to receive for these problems? ( ) N ( ) Y


If yes, what services? \_\_\_\_\_

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**BRIGHT FUTURES TOOL FOR FAMILIES**

### Common Signs of Depression in Children and Adolescents



- BEHAVIOR CHANGES**  
 Instead of looking sad, as adults do, children often become aggressive or prone to angry outbursts.
- SLEEP CHANGES**  
 Although an increase or decrease in sleep can occur with depression at any age, children and younger adolescents may sleep too much, refusing to get out of bed. Adults and older adolescents are more apt to have trouble sleeping.
- APPETITE CHANGES**  
 Although an increase or decrease in appetite can occur with depression at any age, older adolescents tend to lose weight, whereas children and younger adolescents may gain weight.
- IRREGULAR BOWEL MOVEMENTS**  
 Children old enough to control their bowels may withhold or have "accidents."
- PHYSICAL SYMPTOMS**  
 Children and adolescents may complain of stomachaches, headaches, and more. They may show signs of decreased energy or fatigue.
- SCHOOL PROBLEMS**  
 Children's and adolescents' interest or performance in school may take a nosedive. Ability to concentrate may be diminished. Grades may drop; discipline problems may start.
- EXTENDED BAD REACTIONS TO CRISES**  
 Children and adolescents usually adapt to changes such as a new school in several weeks. Adapting to a death or parental divorce may take a year.
- LOSS OF INTEREST IN OLD PLEASURES**  
 Activities that made children and adolescents happy may no longer do so.
- CHANGE OF FRIENDS**  
 Children and adolescents may withdraw socially or switch their allegiance to friends whom parents see as less desirable.
- EXPRESSIONS OF HOPELESSNESS OR FEELINGS OF WORTHLESSNESS**
- RECURRENT THOUGHTS OF DEATH AND SUICIDAL THOUGHTS**

Source: Adapted, with permission, from KIDPeace. 1999. *Common Signs of Depression in Kids*. Orefield, PA: KIDPeace.

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# Building Bright Futures

- Bright Futures is a work in progress
- Missouri Bright Futures joins:
  - Bright Futures Framework and Tools
  - Systems of Care Framework and Tools
- Public Health Approach to Mental Health
  - Continuum of care
  - Promotion, prevention, early identification and intervention





A collaboration of

National Technical Assistance Center for  
Children's Mental Health



[www.brightfutures.org/tools](http://www.brightfutures.org/tools)



**Social &  
Emotional  
Development**

**Infancy**

**Early Childhood**

**Middle Childhood**

**Adolescence**

**Referral Tool  
for Providers**

**Locating Community-  
Based Services to  
Support Children & Families**

**Using the Tools**

**Training &  
Technical Assistance**

**Copyright & Citations**

**Funding**

**Acknowledgments**

**Feedback**

# What to Expect & When to Seek Help



## Bright Futures Developmental Tools for Families and Providers


The *What to Expect & When to Seek Help: Bright Futures Developmental Tools for Families and Providers* are based on the following principle:

*Every child and adolescent deserves to experience joy, have high self-esteem, have friends, acquire a sense of efficacy, and believe that she can succeed in life.*

*-- Bright Futures Children's Health Charter*

Based on *Bright Futures in Practice: Mental Health*, the four developmental tools offer a framework for providers and families to begin a conversation together about how best to support healthy social and emotional development in children and teens. The tools gently encourage families who have any questions or concerns about their child's development to "check it out" -- and offer a number of tips for when, where, and how to seek help through local, State, or national resources.

Written in family-friendly language, the tools may be used by families and child development professionals in a range of disciplines, including health, education, child care, and family services. The companion Referral Tool and the guide to Locating Community-Based Services to Support Children and Families are tailored to help providers and families connect with the specific resources they



## Developmental Tools for Families and Providers



### Download the Tools

- [Infancy](#) (pdf; 320 KB)
- [Early Childhood](#) (pdf; 344 KB)
- [Middle Childhood](#) (pdf; 368 KB)
- [Adolescence](#) (pdf; 364 KB)
- [Referral Tool](#) (pdf; 124 KB)

### About the Tools

Throughout the tools, a strong emphasis is placed on strengths as well as concerns. The information under "What to Expect" not only offers a guide to healthy development and parenting, but provides information that parents can find reassuring about their child's behavior and their own parenting.

The tools provide an opportunity to identify concerns at an early stage. The information under "When to Seek Help" includes concerns that might be addressed with additional information, as well as concerns that signal the need for further assessments and services.

## Social & Emotional Development in Middle Childhood

AGES 5-10 YEARS

Rochelle Mayer, Ed.D.  
Jeanne Anastas, M.A.  
Eileen M. Clark

# What to Expect & When to Seek Help

 A **Bright Futures** Developmental Tool for Families and Providers

## What Parents Want to Know...

From kindergarten through middle school, every parent asks one question more than any other: *"How is my child doing?"*

All children have different strengths and abilities, and no other child will develop exactly like yours. Health, personality, and early experiences are important to your child's development; family, community, and cultural traditions also play important roles. For example, children have fewer limits and become more independent at earlier ages in some cultures than in others.

Although each child is different, *all* children face social and emotional challenges in middle childhood, including:

- Developing self-esteem and growing more confident
- Making new friends and meeting new challenges at school
- Learning to take reasonable risks, to handle failure, and to "bounce back"

As parents, you are becoming experts at knowing and meeting your growing child's needs. This tool can help by providing:

- A "snapshot" of what to expect as you and your child learn and grow together
- A way to identify your child's strengths and your abilities as parents
- A starting point for talking with others about your child's development
- Tips for when, where, and how to seek help

If you have questions or concerns about your child, "check it out." Ask a trusted friend, family member, or member of your faith or cultural community; talk with your child's health care or after-school care provider; or contact your child's school or your local social service agency. Help is available in your community. See the last page to learn more about services and support for you, your child, and your family. Finding answers to your questions early will help your child develop in the healthiest way possible.





# Topics of Social & Emotional Development

- The Emerging Self (p. 2)
- Growing & Changing (p.2)
- Respecting Self & Others (p. 3)
- Family (p. 3)
- Building Friendships (p. 4)
- School Relationships (p. 5)



## The Emerging Self

### What to Expect

#### Child:

- Initiates own ideas and actions ("self-starter")
- Works hard to learn new skills, feels proud and wants to show what he can do
- Masters skills for success in school (sorting, counting, language skills)
- Expresses own unique personality in relating to others, handling experiences
- Has more internal control over impulses, emotions, and behaviors
- Becomes more independent and responsible in making some choices on her own
- Shows growing awareness of good and bad (conscience)

#### Parents:

- Accept child's unique personality
- Encourage healthy, balanced behavior (e.g., provide social experiences for shy child; calm, structured activities for impulsive or highly active child)
- Support child's interests, ideas, and activities
- Model responsible behavior, help child take on new responsibilities
- Help child balance time for self and time for structured activities
- Are aware of child's activities inside and outside the home
- Teach reasonable risks and safe limits
- Talk with child about the risks of experimenting with tobacco, alcohol, drugs (8-10 years)

### When to Seek Help

#### If your child:

- Is often sad, worried, or afraid
- Clings to you or wants to stay home much of the time
- Seems very worried about failing or making mistakes
- Waits to be told what to do, does not express own interests or ideas
- Avoids new tasks, experiences, and challenges
- Often seems out-of-control, acts on impulse, makes unhealthy choices
- Takes unsafe risks (with bike, traffic, play, sports)
- Shows signs of tobacco, alcohol, or drug use (8-10 years)

#### Or if you, as parents:

- Find it hard to encourage independence yet set safe limits
- Are overly protective and afraid to let your child try new things



- Think your child is either too aggressive or too dependent (does whatever someone wants)
- Need ideas to help your child resist pressures to smoke, drink, or use drugs (8-10 years)

## Growing and Changing

### What to Expect

#### Child:

- Learns to care for her body (bathing, grooming, dressing; healthy foods; physical activity)
- Feels good about how she looks
- Has energy and a sense of well-being
- Takes pride and pleasure in mastering new physical skills
- Develops gender identity (by 5 years)
- Is aware of changes that will take place during puberty (8-10 years)

#### Parents:

- Encourage safe, healthy habits (healthy foods, physical activity, seat belts)
- Talk with child about sexuality and puberty; offer age-appropriate information, answer questions honestly
- Reassure child about the positive changes of puberty
- Talk together about changing body image and how to resist pressures to look "perfect" (shape, weight, height)

*continued*



## •Growing & Changing (p.2)

### Growing and Changing

#### What to Expect

##### Child:

- Learns to care for her body (bathing, grooming, dressing; healthy foods; physical activity)
- Feels good about how she looks
- Has energy and a sense of well-being
- Takes pride and pleasure in mastering new physical skills
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##### Parents:

- Encourage safe, healthy habits (healthy foods, physical activity, seat belts)
- Talk with child about sexuality and puberty; offer age-appropriate information, answer questions honestly
- Reassure child about the positive changes of puberty
- Talk together about changing body image and how to resist pressures to look "perfect" (shape, weight, height)

#### *Growing and Changing Continued*

#### When to Seek Help

##### If your child:

- Wets the bed
- Has trouble sleeping or wants to sleep much of the time
- Lacks basic self-care habits (bathing, brushing teeth, dressing)
- Returns to baby-like or silly behaviors
- Shows signs of early sexual development (before age 9)
- Seems unaware or fearful of puberty and sexuality (ages 9-10)
- Has a distorted body image (thinks she's "fat" when she's not)
- Uses food to self-soothe or escape uncomfortable feelings

##### Or if you, as parents:

- Worry that your child sleeps or eats too much or too little
- Notice that your child can't keep up physically with others the same age
- Are concerned that your child does not speak clearly or communicate well with others
- Need tips for how to talk with your child about sex or puberty
- Think your child is overly concerned with weight or body image



## •Building Friendships (p. 4)

### Building Friendships

#### What to Expect

##### Child:

- Has playmates and friends, feels accepted by peers
- Gets along well with others, enjoys spending time with friends
- Shares well, takes turns
- Brings friends home to play, is invited to friends' homes
- Stands up for self when hurt by peers; copes with teasing or taunting

##### Parents:

- Support healthy friendships (know child's friends and their families, invite friends home)
- Supervise child's activities
- Talk with child about friends, school, interests
- Encourage child's social activities, limit TV time
- Help child find ways to solve conflicts with friends or playmates
- Teach child how to be safe near strangers (home, neighborhood, cars, playgrounds)
- Teach skills to resist peer pressures and to cope with teasing

#### When to Seek Help

##### If your child:

- Does not have playmates or friends
- Is not willing to share or take turns with others
- Seems very nervous or shy with others, chooses to be alone much of the time
- Is aggressive or bullies other children (hits, taunts, calls names)
- Feels pressured by others to do things he does not want to do
- Is easily hurt by peers

##### Or if you, as parents:

- Worry that your child does not get along with others or has trouble keeping friends
- Notice that your child seems withdrawn or alone much of the time
- Get calls from other parents or neighbors about your child's behavior
- Need tips to help your child build good social skills
- Worry about the types of friends and activities your child chooses
- Observe that your child seems fearful with familiar adults, or too friendly with strangers







## Social & Emotional Development

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# Where to Seek Help

 A **Bright Futures** Referral Tool  
for Providers

## Creating a Referral Network

Developmental, behavioral, and family support services are best provided through the coordinated efforts of a variety of professionals, agencies, and other resources.

Many providers find it valuable to identify and develop collaborative relationships with other local providers to create a community-based referral network.



# Creating a Referral Network

- Ask families
- Network with colleagues (within and across service sectors)
- Meet the special education director
- Learn about faith-based organizations
- Contact your local social service agency and police outreach department (domestic violence)
- Ask for help at your local library; government listing in your phone directory



# What Services?

- Education/Special Needs
- Health & Wellness
- Mental Health & Well-Being
- Family Support/Parenting
- Child Care/Early Education
- Financial Support

## Your Referral and Contact List

Your referral and contact list might include the following:

### Education/Special Needs

Special Services/Special Education Director in your local school district

Early Intervention/Child Find Services

### Health and Wellness

Local Health Department

Primary Health Care

Oral Health Care

Genetics Services

Children's Hospitals

Home Health Care

Health Insurance

Poison Control Centers

Professional Associations



How to Use This Site

- For Professionals
- For Families

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- Healthy Start
- MCH Alert

• Healthy People 2010

- MCH Alert Newsletter
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Additional Resources

- Bright Futures
- Healthy Start
- MCH Oral Health Resource Center

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The MCH Library is funded by the Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services.

## Knowledge Path: Locating Community-Based Services to Support Children and Families

June 2005

Most communities have education, mental health, family support, child care, health care, and other services that can help support children and families. However, locating those services or even knowing which services to look for is often difficult. This knowledge path is designed to help service providers and families find available national, state, and local resources that can address child and family needs.

**Education/Special Needs.** Developmental assessment and learning services.

**Health and Wellness.** [Primary health care](#), [oral health care](#), [genetics services](#), [children's hospitals](#), [home health care](#), [health insurance](#), [poison control centers](#), and [professional networks](#).

**Mental Health and Well-Being.** Mental health professionals and mental health services.

**Family Support.** [Family support groups](#), [child abuse prevention and intervention services](#), [community violence prevention and intervention services](#), [domestic violence prevention and intervention services](#), [faith-based support services](#), [marriage and family therapists](#), [services for military personnel and their families](#), and [respite care for caregivers or families of individuals with disabilities or other special needs](#).

**Parenting.** General education and child development resources for parents.

**Child Care/Early Childhood Education.** [High-quality child care](#), [early childhood education](#), and [financial assistance for child care](#).

**Financial Support.** Child support enforcement, employment, financial assistance, food, home energy, housing, legal assistance, and other social services.

After you have read this knowledge path, please take a moment to give us your [feedback](#). Thank you!

### Education/Special Needs

Listed below are tools for identifying developmental assessment and learning services for children at various age levels who may have special education needs. See the [Parenting Section](#) for general education resources for families.

- **Local Public School District.** Contact the special services/special education director in your local public school district if you have concerns about your child's progress and would like to have him or her evaluated. The director is the point person for the child study team, school psychologist, and all of the other special services professionals available through the school district. The phone number for your local public school district is available in the local or county government section (i.e., the blue pages) of your telephone book under the name of your town or county.
- **National Dissemination Center for Children with Disabilities (NICHCY).** Provides a wealth of resources for families, educators, and other professionals on disabilities and disability-related issues that include specific disabilities, early intervention, special education and related services, individual education programs, family issues, education rights, and transition to adult life. Materials are available in English and Spanish. NICHCY is part of the [Department of Education \(ED\)](#). Telephone: (800) 695-0285 (voice or TDD).





**LOGIN** *My Community Connection* **ADVANCED SEARCH**

- Add CC to Your Site
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- What Is CC?
- News & Events
- Need Help?
- Consumer Info
- Text-Only Index

**Your Link to Missouri Resources .... And More!**

Today is Friday, March 31.

[Disaster Relief Services](#)

[Disaster Relief Volunteer Opportunities](#)

[Job Opportunities](#)

## Search for services, organizations, and other resources.

First, please select a resource location . . .  County or

Region



. . . then decide if you wish to search by key word OR search by topic.

**Search by Key Word**

(Please select one.)

- Subjects
- Resource Names

**Search by Topic** (Please select one.)

- Basic Needs
- Business
- Consumer Services
- Criminal Justice/Legal
- Education
- Environmental Quality
- Health Care
- Income Security
- Individual and Family Life
- Mental Health Care and Counseling
- Organizational/Community/International
- Target Populations



# Maternal and Child Health Library

*A virtual guide to MCH information*

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The **Maternal and Child Health Library** at **Georgetown University** provides the MCH community with accurate and timely information. Materials include the weekly newsletter MCH Alert, resource guides, full text publications, databases, and links to quality MCH sites.

## MCH Alert

### Weekly Newsletter

[March 10, 2006](#) »

- Web Site Launched to Raise Awareness of the Increasing Impact of HIV/AIDS Transmission on Women and Girls
- Research Brief Explores Prevalence, Cost, and Treatment of Obesity Among Children and Adolescents
- After Katrina Policy Debuts
- Study Evaluates Feasibility of Screening Adolescents for Suicide Risk in High School Settings

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## Knowledge Paths

### Topical Resource Guides

[See more Resource Guides](#) »

- Adolescent Pregnancy Prevention
- Adolescent Violence Prevention
- Asthma in Children and Adolescents
- Autism Spectrum Disorders
- Child and Adolescent Health Insurance and Access to Care
- Child and Adolescent Nutrition
- Children and Adolescents with Special Health Care Needs
- Diabetes in Children and Adolescents
- Domestic Violence
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services

## Featured Resources



# MCH Library Resources

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MCH Library Annotated Resource Guides and Information Products

MCH librarians have compiled the following information products of recent, high quality resources, tools, and links to other organizations to assist in staying abreast of new developments and conducting further research. [Read more](#) about Knowledge Paths, Annotated Bibliographies, and Organizations Resource Lists.

*If your topic is not here, use our [Search page](#) or see the [A-Z Topic Index page](#).*

Knowledge Paths <i>Web sites, publications, databases, discussion groups, and journal citations. (direction rolling)</i>	Annotated Bibliographies <i>Print, audiovisual, and electronic resources, drawn from MCHLine®.</i>	Organizations Resource Lists <i>Topical contact information and activities, drawn from MCH Organizations database.</i>
<ul style="list-style-type: none"> <li>• Adolescent Pregnancy Prevention</li> <li>• Adolescent Violence Prevention</li> <li>• Asthma in Children and Adolescents</li> <li>• Autism Spectrum Disorders</li> <li>• Child and Adolescent Health Insurance and Access to Care</li> <li>• Child and Adolescent Nutrition</li> <li>• Children and Adolescents with Special Health Care Needs</li> <li>• Diabetes in Children and Adolescents</li> <li>• Domestic Violence</li> <li>• Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services</li> <li>• Infant Mortality</li> <li>• Locating Community-Based Services to Support Children and Families</li> <li>• Mental Health in Children and Adolescents</li> <li>• Oral Health and Children and Adolescents</li> <li>• Overweight in Children and Adolescents</li> <li>• Physical Activity and Children and Adolescents</li> <li>• Postpartum Depression</li> <li>• Preconception and Pregnancy</li> <li>• Racial and Ethnic Disparities in Health</li> <li>• Spanish-Language Health Resources   En Español</li> <li>• Knowledge Path Feedback Form</li> </ul>	<ul style="list-style-type: none"> <li>• Abstinence Education</li> <li>• Adolescent Mental Health</li> <li>• Adolescent Pregnancy Prevention</li> <li>• Adolescent Prenatal Care</li> <li>• Adolescents with Special Health Care Needs</li> <li>• AIDS/HIV in Pregnancy</li> <li>• Breastfeeding and Working Mothers</li> <li>• Breastfeeding: Consumer Education Materials</li> <li>• Breastfeeding Promotion, Support, and Education</li> <li>• Bullying</li> <li>• Child Developmental Screening</li> <li>• Childhood Nutrition</li> <li>• Children's Health Insurance</li> <li>• Children's Mental Health</li> <li>• Children with Special Health Care Needs: Child Care</li> <li>• Children with Special Health Care Needs: Guidelines and Standards</li> <li>• Children with Special Health Care Needs: Managed Care</li> <li>• Cost Effectiveness of MCH Programs</li> <li>• Cost Effectiveness of Prenatal Care</li> <li>• Culturally Competent Services</li> <li>• Early Childhood Development</li> </ul>	<ul style="list-style-type: none"> <li>• Adolescent Pregnancy and Parents</li> <li>• Adolescent Violence Prevention</li> <li>• Adoption and Foster Care</li> <li>• AIDS/HIV</li> <li>• Breastfeeding</li> <li>• Child Abuse</li> <li>• Child, Adolescent, and Maternal Mortality</li> <li>• Child Care</li> <li>• Child Safety</li> <li>• Children with Special Health Care Needs</li> <li>• Consumer Health Materials: Sources</li> <li>• Cultural, Competent Services</li> <li>• Eating Disorders</li> <li>• Effective Community Programs</li> <li>• Environmental Health</li> <li>• Family Resource Centers</li> <li>• Funding Sources</li> <li>• Genetics</li> <li>• Infant Mortality Prevention</li> <li>• Injury Prevention</li> <li>• Maternal Morbidity and Mortality</li> <li>• Non-English Language Materials: Sources</li> <li>• Nutrition</li> <li>• Oral Health</li> <li>• Parenting</li> <li>• Prenatal Care</li> </ul>

- Postpartum Depression: Knowledge Path
- Child Abuse: Annotated List of Organizations
- Reaching Out to Children Following Disasters: Information Review
- Overweight in Children & Adolescents: Knowledge Path





# Missouri Can!

- Promote Resiliency in Children, Families and Communities
- Connect Schools, Public Health and Mental Health
- Build Bright Futures and Systems of Care
- Implement a Public Health Approach to Mental Health