



Suzanne D. Dixon ■ Martin T. Stein

ENCOUNTERS WITH CHILDREN

**Pediatric Behavior
and Development**

F O U R T H E D I T I O N

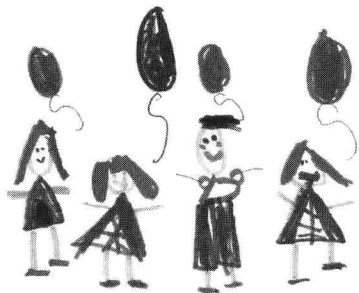
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Pediatric Behavior and Development

FOURTH EDITION

Suzanne D. Dixon, MD, MPH

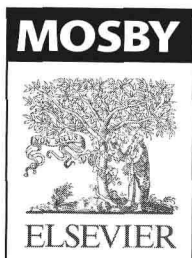
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ENCOUNTERS WITH CHILDREN: PEDIATRIC BEHAVIOR AND DEVELOPMENT

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ENCOUNTERS WITH CHILDREN

Pediatric Behavior and Development

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Foreword to the First Edition

This is a wonderful, timely book. Written for primary care practitioners who care for children and their families, it will meet an increasing need in pediatric care. At a time when the Task Force of the American Academy of Pediatrics has recommended a knowledge of child development for all pediatricians, when the American Nursing Association has developed a career for graduate nurses in primary care (the Pediatric Nurse Practitioner), and at a time when the public is for more support and guidance in parenting roles, the Committee on Psychosocial Development of Children and Families of the Academy of Pediatrics has published a series of guidelines for primary care physicians to enhance their attention to child and family development on routine visits to their caregiver. These guidelines are a help, but they need just such a volume as this to enhance their meaning and their value. The “lists” of items to be identified at these routine visits will be of no value to either pediatrician or targeted family unless they form a bridge for communication between the physician and parents and child. If the questions are asked simply as questions, the parents will feel bombarded by a new set of demands to answer in a relatively meaningless fashion. The already-too-pathological model of looking for and identifying failures in the parent will be made into a longer list by developmental questions aimed at looking for failure in the child and in the parent. If, on the other hand, with this textbook as a backdrop, the primary caregiver can participate in the enormous richness of the child’s and parent’s development as his or her area to share with families, he or she will feel the excitement of the developing child and family. If he or she can understand and participate in the emotional and cognitive development of the child as well as in his* physical development, the caregiver will feel the rewards of a deepening relationship with the parents in his or her care, for the child’s development is the language of the parent. If the caregiver demonstrates a real understanding and gives a sense of caring for these aspects of the child’s development, every parent will feel supported and cared for. In these days, new parents are no longer backed up by extended families, by strong cultural belief systems, or by support systems which are meaningful in the area about which they care the most—becoming a successful parent. As women must go to work (and over half of mothers of young children are in the work force now), their need for backup, for information, and for guidance in their precious job of childrearing is even greater. It is a time when we, as caring physicians and PNP’s, can play a vital role in advocacy for the child and in enhancing the joy and assurance of the parenting role. Our opportunity to play a vital role in the family with attention to anticipatory guidance is out of proportion to the time and effort it will take from us. Each routine visit will become valued and valuable to us, as well as to parents. If we indeed transmit a sense of caring, of joining in each parent’s job of parenting, we can establish rewarding roles for ourselves.

Having been in pediatric practice for 35 years now, I know that I personally would have “burned out” 25 years ago if I had not shared the child’s development as a mutual goal with parents in my care. The quest for physical disease and for physical milestones is too sparse and unrewarding for most active minds at routine visits. They all too quickly become “routine.” But the kind of shared knowledge and the kind of relationships with each family which this book will enhance at each visit can make the practice of primary care an act and a pleasure.

In Stein's chapter on interviewing, he displays the respect for children which underlies each subsequent chapter. He and Dixon give one a real sense of "how" to make and keep a working relationship with each set of parents at each visit. For it is within the context of relationships that a caregiver can be of any meaningful help to parents. Also, as the relationship deepens over time, the shared values deepen. I find that I no longer need to search for meaningful questions with the patients with whom I have developed a relationship. They bring me the important questions all too readily. Hence, each visit should be seen as an opportunity to strengthen and deepen the relationship between you and the parents. This is the reason why the child's development is such a critical ground for shared understanding.

Enhancing your relationship is also a reason for being sure that you hit "paydirt" in at least one area at each visit. You can recognize "paydirt," for the parent will lean forward, her face will become intense as her involvement with what you are saying becomes more and more obvious. I always try to be sure that I touch on one meaningful area for each parent and that I provide an opportunity for her (and him) to share the intensity of her own feelings as we approach such an area. With this concept of paydirt in mind, the concept of anticipatory guidance is a powerful one, because every parent will recognize her need for information and support you are offering as she approaches a new developmental phase in her child. If she can share her own feelings and anxiety with you as you share your developmental knowledge with her, you will be of real value to her.

Coincident with our capacity for conquering and preventing physical disease, we are becoming more sensitized to our capacity for the prevention of psychological disorders and for improving the quality of life for the children in our care. Prevention, intervention, and quality of life are becoming catchwords in pediatrics. Plasticity, the capacity of a developing organism to find pathways around a deficit or to recover from an insult, is a concept we can all utilize in pediatrics if we are aware of its forces and have a deeper understanding of its mechanisms in development. This book can provide such an understanding for pediatricians and for nurse practitioners.

The format of each chapter is economical and helpful. The theoretical base for the developmental processes which can be profitably addressed at each stage of development is excellent. The attention to deepening the relationship with parents and child is accompanied by specific questions which will help the practitioner. The section on what to observe, how to observe is followed by specific suggestions of how to share this with parents at each visit in infancy and toddlerhood. Sharing the developmental exam with parents is the most powerful way of achieving an effective working relationship to improve the child's outcome that I have found. I can then couch advice and anticipatory guidance without threat to our relationship or to the parent's feeling of competence because we have shared this mutually satisfying observation. I need this kind of communication at each visit. These chapters by Dixon, Stein, and Kaiser are rich in these values for all those involved in primary care.

Stein prepares us in the perinatal period for preventing the "vulnerable child syndrome." Dixon says "parents of premature infants are premature, too." Kaiser addresses the important issue of mothers dealing with sibling rivalry in the postpartum period. Each chapter addresses the cognitive and social progress of the child and the appropriate parental responses, which one can elicit at each well baby visit. The meaning and use of stranger anxiety at 8 months, of magic and fantasies in the third and fourth years are beautiful essays and should be read by all who are interested in small children.

Putnam and Nader address the issues of the preschool and school-aged child in the same valuable format. Pediatric practitioners will not only better understand the developmental issues, but the practical questions and observations of each area which should be addressed are clear and helpful.

Marianne Felice outlines the issues of preadolescence and adolescence for practitioners in a sympathetic way which will allow us to respect the adolescent's turmoil and need for privacy, but which will also help us to enhance our relationship with him and to address his issues in a straightforward, helpful manner. I find that adolescents with whom I've grown up are extremely grateful for my continued deep involvement with them. Although they may guard themselves from me from time to time, they use me in crises—drugs, sex, and other acting out periods—and remember my caring relationship later by bringing their own children to me. I now have more grandchildren than children in my practice. A real reward for all these years!

The last two chapters are as helpful as any in the book. The chapter on which books to have available by Felice, Caffery and Kaiser is very good. The marvelous chapter on children's drawings—their meaning and their use in enhancing a pediatrician's relationship with the parents—is by John Welsh, a pediatrician practicing for 35 years, and Susan Instone and Martin Stein. It is not only delightful but also insightful and wonderful in presenting a whole new system for communication for diagnostic work with children.

I wish I'd written this book, for it is sure to be a classic for pediatric practitioners. In their famous longitudinal study of the development of temperament, Thomas and colleagues found that the relationships of families with the observer pediatricians proved to be amazingly effective in alleviating potential psychological problems: 68% of the patients with mild or moderate symptoms improved markedly and 50% with real psychopathology improved with their team's preventive approach. I believe that pediatricians and pediatric nurse practitioners are in a unique position to provide the kind of relationship, insight, and therapeutic support which most parents will utilize to prevent disorders in their children. But pediatricians will need an understanding of normal development and of establishing supportive relationships in working with families to do that. This volume will go a long way toward providing that for primary caregivers.

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Preface

As much as things change, the more they stay the same.

The 4th edition of ***Encounters with Children: Pediatric Behavior and Development*** does bring much that is new. The developmental course of this text reflects the growth of this area of pediatric health care over the last quarter century. And that growth has been phenomenal. The scientific world of developmental psychology continues to flood us with new insights into infants, children and adolescents and we have been pleased to add these to all chapters as modifications and updates. The theoretical thinking from that core discipline has called for an expansion of the chapter dealing with theories and perspectives. These new insights give us an even broader understanding of the ways that children develop, strengthening our professional lives and our care of children.

The neurosciences have made major advances in helping us understand the brain/behavior interface so the reader will find much more from neurology in this edition, probably just the leading edge of all that will become known in the 21st century. We see a trend toward closer alignment between the behavioral and neurologic sciences and this volume moves in that direction.

We have responded to another trend as well: the populations we serve have become more culturally diverse and are likely to become even more so. One cannot be a good health care provider without a strong sense of culture and have considerable cultural competency. Our colleagues in anthropology, sociology and comparative psychology have given us more understanding of these core psychological dimensions that are at the heart of all children and families. This edition includes a whole chapter devoted to culture. This should add sparkle to practice by giving a framework in understanding this important aspect of families. It should add practice skills through providing both insights and management approaches to the challenges that culture adds to our lives. Child health professionals who work with diverse populations will find new insights about those families and about themselves—we all have a cultural dimension that shapes every action and interaction.

In addition, contemporary health issues that are mediated by behavioral issues are presented for all developmental ages. Exposure to violence, the omnipresence of media in children's lives and even the catastrophic events of 9/11/2001 have affected the life course for all. We have tried to give child health professionals ways to handle these issues as they present in practice, infused in several chapters and prominently in the chapter on stress and loss. We have also provided more direction on how to give parents resources, on the bookshelf, on the web and in the community. A health care office has become a community center of sorts, a place where parents go for direction. More is asked and more is expected of child health professionals these days. We have tried to help with that task by suggesting how to set up the office (See Chapter 3), what ideas to have available (See Chapter 28) and in all we do, how to be a source of guidance and direction.

Each chapter has two new features in this edition. Reflecting the suggestions of the residents, community pediatricians and academic faculty, we have added a "Quick Check" feature that is a brief listing of the main developmental milestones for the age in each chapter.

We have always resisted making professionals into check list technicians; we have always believed that professionals should have a professional level of knowledge and background on child development so that they can actually understand what they see in children every day. When we started writing this text (and perhaps even more today) there were too many stand alone check lists. We hope that the “Quick Check” provides a convenient review for the educated professional who still wants to understand in depth the main developmental processes of a given age, as presented in the main body of each chapter.

The other new feature is called “Heads Up”. This helps the reader identify problems or high risk situations as they might present themselves at a given age. This is not meant to be a comprehensive presentation of developmental disability, behavioral pathology or mental health conditions; readers will need to look elsewhere to get that. This book remains an in-depth discussion of *normal child development*. However, this feature alerts the practitioner to concerns that require another look, another professional’s input or further evaluation. Likened it to the shoulder bumps on a freeway that tell you that you are getting close to the edge, that you are off track.

But much has remained the same...

This is a book that teaches normal child development to the health care professional. The topics are not arranged with a theoretical, topical or historical point of view. Rather they have been shuffled to come out as they commonly occur during health supervision for children and adolescents. *When taken in its entirety, this is a full course in child development.* This volume allows our patients and our encounters with them to teach us what we as professionals need to know about those children, families, cultures and other influences on the lives of young people. This book allows the professional to set the stage to allow children to tell us what they are about, to prompt families to bring forward the issues and concerns they have, to get at the things that really matter to them. It allows the child health care professional to bring her knowledge in this area on a par with the other core sciences that touch pediatric practice.

If anything, the mandate to address issues of child development and mental health broadly has been strengthened significantly since the first edition of this book eighteen years ago. And the education of child health professionals in child development and behavior during residency training, in subspecialty fellowship and in continuing medical education courses has been increased over this interval. The first edition of *Encounters With Children; Pediatric Behavior and Development* required a big justification for the presentation of this material to clinicians; we had to do a lot of dancing to make the case for its publication. That is no longer the situation; no dancing was done for the 4th edition. Educational programs at all levels require inclusion of behavioral material and continuing education courses are oversubscribed. The hunger for more relevant material on child development is there; we hope this work satisfies that appetite. So the core ideas are here, pretty much unchanged from the 1st edition.

The target for this work is primarily the professional, in training and in clinical practice, in need of additional knowledge and skills in this area of pediatrics. Since adult learners, particularly clinicians, learn best from case examples, we have tried to strengthen this component of our work, with examples as they present in real clinical settings. With age comes experience so this was not hard to do for this edition. Some of these cases nail down a point of development, some illustrate the theme of the chapter and some highlight the complex

crossroads of behavioral normalcy and pathology. We hope these clinical inserts will sustain and provide relevance for the reader through the text material that is the heart of the developmental discussion.

The children's drawings remain as a key element of this book. The children tell us what is on their minds through these drawings so we use them to reveal those thoughts and feelings throughout this book. We hope that readers will be enticed to use drawings in the same way in practice. The use of drawings sets up a wholly different dynamic—where children become important contributors to the visit, where psychological issues are clearly part of the territory of concern and where the clinician allows the issues to come from children and families. The chapter on the drawings has been moved forward as so many clinicians have found their use to be so valuable. The drawings have always served to illustrate the main developmental point of a chapter and they continue to do so. Readers have informed us that they remember a major theme or issue because they can recall the drawing that went with it. It was a struggle to get the drawings even included in the first edition (What kind of medical text has children's drawings?); now they are regarded as essential. Although the drawings do give this volume a lightness and, we hope, a sense of accessibility, we also hope that readers will see beyond the scribbles to the core of what children are about as they grow and develop.

Work with children and families should be fun and we hope that this book adds to a sense of delight, mystery and curiosity that that work brings to the child health professional. And that wish is the same as it always has been. We have been pleased to see this work grow and mature with time. This is the best edition ever.

Suzanne Dixon

Martin Stein

Acknowledgments

Many people have contributed to this work over the last 22 years and we are indebted to them and their contributions along the way. We are enriched by the insights they have given us. For this 4th edition we want to especially thank our wonderful colleagues, Drs. Lane Tanner and Pamela High. These two experienced teachers and scholars in this field gave us fresh insights and new ideas for this revision. We would also like to thank the anonymous residents and fellows who reviewed this work and gave us good direction for revision while providing us reassurance that this work is still helpful, easy to read and covers most bases for child health care professionals in training. We hope we have lived up to their expectations with this edition. We also appreciate the help of fellows—Drs. Eustratia Hubbard, Nerissa San Luis Bauer, and Yi Hui Liu—who assisted with the literature review, to be sure we are as up to date now as when we started lo these many years ago. Laura Lartch and Andi Baur assisted with manuscript preparation—we could not do without them. We appreciate the continuing support of Mary Caffery and Mike Hennessy. Finally to all the patients who have crossed our paths and taught us what child development is really all about—thanks. These encounters continue to intrigue, amaze and delight us.

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Martin Stein

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