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Promotion and Prevention

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Assess and Commend Family Strengths and Protective Factors

Optimal early childhood development has consistently been linked to Family Strengths and Protective Factors— Parental Resilience, Social Connectedness, Knowledge of Parenting and Child Development, Concrete Support in Times of Need, and Social-Emotional Competence of Children. These factors are known to reduce the negative impact of risk factors or adverse experiences, build resilience, and support environments that allow children to thrive.

[Bright Futures](#) recommends promoting and assessing family strengths during each well-child care visit along with screening for optimal child development.

Learn the Signs. Act Early. [Identifying Risks, Strengths, and Protective Factors](#) - suggested supports and strategies to identify risks, strengths, and protective factors for pediatric clinicians via the developmental surveillance process. Pediatric clinicians can use suggested questions during health supervision visits.

Strength-based, family-centered discussion resources:

- [Effective Family Centered Communication Approaches](#) and [Role Play Handout](#)

- [Documenting ERH in Patient Charts](#) - offers tips on how practices ask and document strengths and protective factors in Epic and Cerner.
- AAP Mental Health [Motivational Interviewing](#)
- [Family-Centered Care Pediatric CARE Podcast](#)
- [Protective Factors and Positive Childhood Experiences Pediatric CARE Podcast](#)

Read more about protective factors:

- [Center for the Study of Social Policies Protective Factors Framework](#)
- [Protective Promotive Factors worksheet](#)
- [Children's Trust Fund Alliance Parent Resources Protective Factors](#)
- [Healthy Outcomes from Positive Experiences \(HOPE\)](#)
- [CAHMI Early Childhood Cycle of Engagement](#)

Promoting Safe, Secure, Nurturing Relationships

Health providers can promote safe, secure, nurturing relationships through their routine interactions with families. Anticipatory guidance about emotional and relational development starts with the first newborn visit to promote sensitive and responsive caregiving and respect for infants' emotional experiences.

Providers can:

- Take time to develop relationships to build a therapeutic alliance with patients and families
- Practice active listening and respond to patients' concerns and questions. See [Common Factors Approach](#) and [AAP Mental Health Leadership Competencies policy statement](#)
- Seek and use authentic feedback from families. Consider adding a [practice family advisor](#)
- Promote nurturing practices like [breastfeeding](#), [skin to skin contact](#), [serve and return](#) and [power of play](#).
- Share and model age-appropriate child development.

Resources

- [Early Relational Health Implementation Guide](#)
- [Evolving Frameworks for Pediatric Health](#)
- [Positive childhood experiences Infographic](#)
- [Documenting Early Relational Health in Patient Charts](#)

Elicit Family Priorities and Address Challenges

- [Bright Futures Implementation Tip Sheet](#) - eliciting youth and parental strengths and needs
- [What Matters to You](#) - making a patient feel part of the process and prioritizing their thoughts, needs, and concerns — is part of the healing process.
- [The “New Mexico Three”](#)
 - Has anything major (traumatic, etc. - use your own terms) happened since the last time we've met?
 - If so, how has it had an impact on you and your family (again, whatever scope is appropriate)?
 - Despite that, what's been going well for you?

Reach Out and Read and Interventions that Promote Parent-Child Interactions

[Reach Out and Read](#) incorporates early literacy and relationships

Family involvement in early literacy supports language development, school readiness, and social emotional development including resilience. Shared book reading offers opportunities for caregivers to model positive interactions and communicate with their child. Visit the AAP early literacy page for strategies for implementing early literacy into practice.

AAP Policy

- [Literacy Promotion: An Essential Component of Primary Care Pediatric Practice: Policy](#)

[Statement](#)

Resources

- [Small Moments, Big Impact](#) helps pediatric providers have a more meaningful conversation with parents
- [Vroom Brain Building](#) free, science-based tips and tools help parents and caregivers give children a great start in life
- [Play Read VIP](#) relationship-based, individualized parent-child intervention
- [Grow Your Kids: Tree](#) designed to help pediatric clinicians promote positive loving connections between parents and their babies
- [Bright Futures: Promoting Mental Health tip sheet](#)

Guidance on Healthy Relationships and Development

Nurturing and Attachment - Attachment is a component of a nurturing relationship between a child and their caregiver(s). Secure attachment forms in an environment that supports the child's sense of security and safety.

Children with secure attachment:

- Trust that their needs will be met by caregivers allowing them to explore their environment and build new skills or relationships.
- Build skills to self-regulate their emotions
- Learn to communicate in more complex and sophisticated ways

Social Connections - Families' support structure including extended family, friends, and community supports are valuable resources for resilience. Asking families questions like "How are you coping?" and "Who supports you?" can help assess strengths of family networks and areas that may require additional support.

Parental Resilience - A parent's resilience can affect how they manage stress. Resilience is the ability to manage stress and function well even when faced with challenges, adversity, and trauma. Families are more likely to achieve healthy outcomes and maintain healthy

relationships if they are resilient.

Concrete Support in Times of Need - Bright Futures recommends [integrating social drivers of health into primary care](#) to assess family's connections and access to resources necessary for optimal child development. Social drivers of health (SDOH), according to the World Health Organization, are "the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life."

Learn more about connecting families to SDOH [Interventions and Referrals](#).

AAP Policy

- [AAP Policy Statement: The Power of Play: A Pediatric Role in Enhancing Development in Young Children](#)

Education

- [Center for Developing Child, Harvard Enhancing and Practicing Executive Function Skills with Children from Infancy to Adolescence](#)

Resources

- [Triple_P Parenting](#)
- [Circles of Security](#)
- [Attachment Vitamins](#)
- [Mt. Sinai Parenting Center](#)
- [Resilience University](#)
- [Mt. Sinai Sparks Parenting A video for every well-child check](#)
- [Promoting First Relationships in Pediatrics training on framework to support stable and secure early caregiver-child relationships](#)
- [Keystones of Child Development resident curriculum to promote brain development and help strengthen parent-child relationships](#)
- [Media and Children](#)

Reflective Practice (e.g., Modeling)

Attuned Interactions

Attunement is the feeling of being seen and heard. "When someone feels truly understood, or "known," the attunement that occurs creates a space where it is possible to try new ways of interacting." - Siegel & Hartzell, 2003. 35 "To share in another's experience with no attempt to change what the person is doing or believing

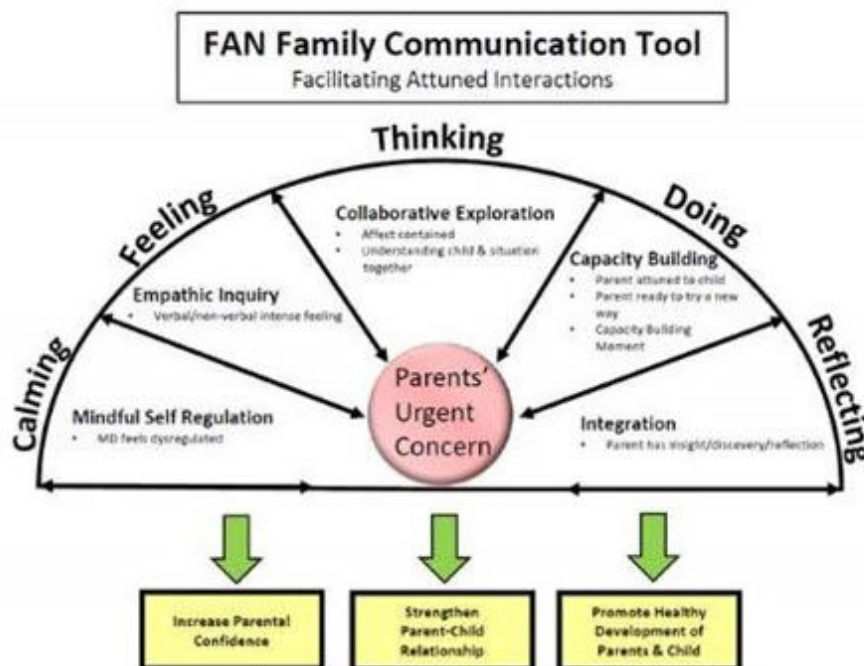
Before entering the room, you can do a self- check on any biases or judgments that may arise by asking yourself two questions:

- Who are we to each other? This question allows you to do a quick check on any parts of your or patients' social identities; such as race, gender, age, ethnicity, social class, that might be activated in this encounter. Self-awareness is an essential part of anti-racist practice.
- What am I expecting? This question let's you check in on any automatic assumptions or judgments or information you have been told that may have shaped how you see the encounter even before you met the patient.

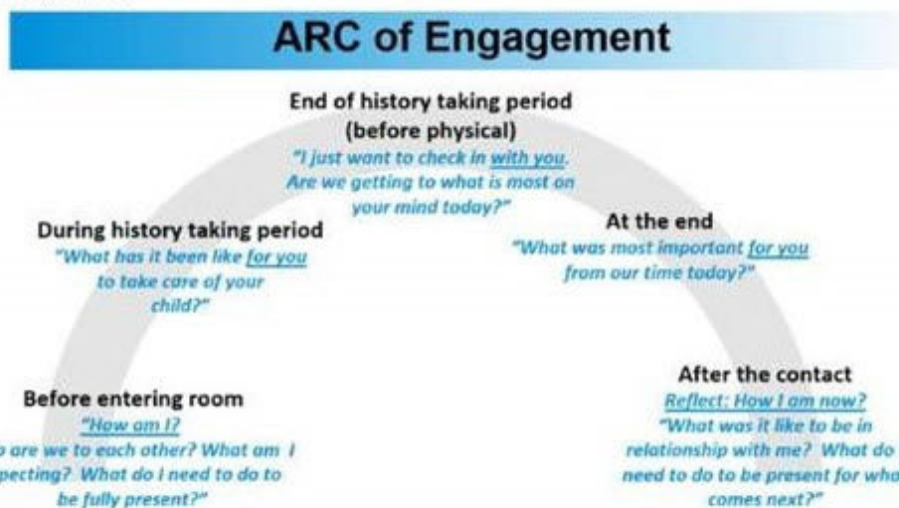
After the encounter, either quickly as you reset before the next visit or later after you have had time to reflect, you can think "What was it like for them to be in relationship with me? What did I do that was respectful of who they are? and Were there any mismatches that might need repair?"

Remembering self-compassion you may need first to repair with yourself and then reach out to your patient.

The FAN Communication Tool has helped pediatricians strengthen their relationships with families while being more effective and efficient in their practice and more satisfied in their work. The ARC of Engagement helps you structure your contacts for connection and collaboration.



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Wondering and Being Curious Collaborative Exploration

"I invite caregivers to wonder why with me which invites them into the clinical decision-making process. I ask questions like "Why do you think this is happening? What are you seeing at home? What have you heard from their teacher? How have things changed?"

Common-Factors Approach: HELP to Build a Therapeutic Alliance "Common Factors"

communication skills, so named because they are components of effective interventions common to diverse therapies across multiple diagnoses, are foundational among the proposed pediatric mental health competencies. These communication techniques include clinician interpersonal skills that help to build a therapeutic alliance—the felt bond between the clinician and patient and/or family, a powerful factor in facilitating emotional and

psychological healing—which, in turn, increases the patient and/or family’s optimism, feelings of well-being, and willingness to work toward improved health. The mnemonic HEL2P3 summarizes components of the common-factors approach.

H= Hope E= Empathy L2= Language, Loyalty P3= Permission, Partnership, Plan

Sources: [AAP Mental Health Competencies for Pediatric Practice](#) and [Common Factors](#) from AAP Mental Health Toolkit

Reflective Practice

Reflective support for all staff is essential to effectively engage with families, work together as a team, and have a presence in the community that models kindness, empathy, compassion and promotes staff retention. It can take many forms, including:

- Value and encourage ‘wondering’ or ‘being curious’ as an approach to problem-solving before making decisions.
- Opening meetings with a moment to pause and together focus on breathing, the presence in the room, sounds, temperature in the meeting space.
- Create confidential channels of communication for reporting witnessed or suspected racist behaviors or interactions and protocols for responding.
- Provide formal, dedicated time for reflective supervision either in a small group or embedded in administrative supervision.
- Understand the importance of being sensitive to patients’ cultural and racial backgrounds and its importance to lifelong health.
- Improve self-awareness (body language, greetings, feeling rushed).
- Staff Self-Care. “If your compassion does not include you, it is incomplete. - Guatam Buddha
- Because we are human, there may be moments of mismatch. Often the first repair is repair with ourselves.
- “Self-compassion is not having good feelings. It’s having good will toward ourselves when we have not good feelings.” - Kristen Neff

Last Updated 04/07/2025

Source American Academy of Pediatrics

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