

User Guide

spark



Supplementary Resource for Preceptors

AUTHORS

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The Sparks Video Series was created by the Mount Sinai Parenting Center in collaboration with ZERO TO THREE and the Brazelton Touchpoints Center with the help of experts across the country. We are a diverse group of pediatric providers dedicated to the health and wellness of the entire family.

For additional information and access to the complete series, visit www.sparksvideoseries.com.



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WHAT:

The *Sparks* video series is a set of 14 videos that illustrate child development, explore parenting challenges from birth to age five years, and spark discussion and collaboration between parents and pediatric primary care providers. The 14 videos can be paired with each well-child visit, birth to five years.

THE USER GUIDE:

This User Guide includes a synopsis of each video, a spotlight providing deeper learning on a child or family issue common to that age range, and reflective and discussion questions for resident and preceptor use. Each section also includes links to background information, should you want to know more about a particular topic. For the purposes of this user guide, we've used the term 'parent' throughout this guide, but we acknowledge that there are many other caregivers (for example, grandparents) who fulfill this role.

WHY:

Well child visits are an opportunity to promote healthy child development and preventative care, but providers often feel they have little time to cover any topic fully. Through an engaging format that includes parents' perspectives and parent-child interactions, the *Sparks* videos help fill that gap.

TO NOTE: They are **not intended** to take the place of important discussions with professionals, but can assist you in your practice to:

- Illustrate typical stages of development;
- Deliver evidence-based anticipatory guidance;
- Validate parents' experiences and feelings;
- Engage parents as partners in their child's care and development; and
- Prime parents for common topics covered in well-child visits or other settings.

Because each video describes *typical* development, the series may not be appropriate for all families, especially those in which children are experiencing significant developmental delays. Based on your knowledge of the family, you may choose not to offer the video or suggest that parents watch only a particular segment (e.g., on learning through play or baby-proofing) rather than the entire video. A list of topics covered in each video is found on each episode's summary page.

WHERE:

Pediatric Primary Care

Each 8-minute video can be shared with families at health appointments:

- In the waiting room, prior to the visit;
- In the exam room, while waiting for the provider; or
- At home, on their phone or tablet before or after the visit.

The videos can be delivered to parents in a range of ways, depending on your office flow and current practices. Delivery modes include:

- Video link texted directly to parent phone
- Video link sent with automated appointment reminder
- Video downloaded onto parents'/caregivers' device by QR code while in the waiting room or exam room
- Video made available via tablets/tv in the office waiting room or exam room

Pediatric Resident Education

The videos can be shared with residents to:

- Deepen their knowledge of early child development from birth to five;
- Provide them with insight into parents' joys, concerns, and questions in the early years;
- Model relationship-building messages that can be used in parent discussions during well-child visits;
- **And make them aware of the content that they'll be recommending that families watch**

To enrich the learning for residents, there are reflective questions in the User Guide for each episode (find these in the *User Guide for Residents*). There are also prompts for faculty to help weave the concepts of the video into residents' clinical practice and to deepen their learning (in the *User Guide for Preceptors*). These questions can be used to spark additional learning and to shine a spotlight on topics where residents may benefit from more information and support.



The First Week Visit: Nice to Meet You

Video Synopsis: What Parents Will Hear

Sleep/Feeding

Babies sleep a lot. Many babies have their days and nights mixed up—they'll adjust with time. To make sure they're getting enough to eat, wake them every 3 hours for a feeding if they don't wake up on their own. Newborns should have 8-12 feedings and 4-8 wet diapers per 24 hours.

Connecting with your Newborn

Your newborn will look at your face when you speak and is beginning to recognize familiar voices. Observing and responding to your baby's cues, skin-to-skin contact, and snuggling with your baby are great ways to build your relationship. Singing, reading, and talking to your baby build language skills as well.

Taking Care of You is Taking Care of Your Baby

Many new parents experience "baby blues," and the adjustment to a new baby can cause complex emotions for any caregiver. If these feelings last for several days or more than two weeks without a break, you may be experiencing postpartum depression or postpartum anxiety. Talk to your doctor to get the help you need.

Safety: Safe Sleep

The safest place for your baby to sleep is in their own space on a firm, flat surface. No toys, pillows, blankets, or bumpers in the bassinet or crib. Babies should always be put to sleep on their backs. Car seats, swings, and bouncers are not safe places for babies to sleep unattended.

Spotlight on: The Transition to Parenthood

Some parents report feeling a rush of love from the moment they first set eyes on their baby. For others, this connection takes time. You can help parents recognize that both reactions—and all points in between—are totally normal. Parents may feel a roller-coaster of emotions in the first days and weeks after the birth of their baby, including those below.



Joy and delight: Recognizing and savoring early connections with their baby strengthens parents' early bonds with their infant.

Overwhelm: Almost all parents report feeling sleep-deprived and uncertain about their child's cues, needs, and caregiving. Some may feel unsure about their own capacity to be a good parent. If parents experienced abuse or neglect as a child, welcoming their infant will likely raise a range of hopes and fears. In addition, families may be struggling with food or housing insecurity, or other social determinants of health and may need additional support. **Probe** for family needs and provide referrals if needed.

Loss and Guilt: While a baby is a joyful addition, they also represent a major life change for parents. Social events, travel, and even career opportunities may be paused or curtailed for a period of time. It is also documented that couples experience greater stress and dissatisfaction in their adult romantic relationship following the birth of a child, as they adjust to meeting the needs of their infant and attend to their own evolving identities as parents. Simultaneously, parents may feel guilty for wanting time to themselves or a break from parenting. Or they may feel guilty for neglecting tasks they were able to manage easily prior to the birth of their child.

Anger in response to infant crying: Sleep deprivation + emotional overwhelm + the stress engendered by a crying baby can lead to parents feeling angry at their infant. Feelings of anger can be especially common when a parent has done everything in their power to address what might be causing the baby's distress. Often underneath this anger are feelings of incompetence or a sense that the baby "doesn't like them" or is

not attached to them. If parents disclose these emotions, it is important to reinforce several key messages:

- **Gratefulness.** Let parents know you are grateful they shared these feelings with you and reinforce that many parents feel this way at times. It doesn't mean they are a "bad parent"—these feelings are quite common. Parents may not realize this, but part of your role is to support parents as they care for their newborn. **Probe** for the supports/services that may benefit this new family.
- **Babies have a limited repertoire of communication.** In infancy, crying is the main way babies can get their needs met. In addition to periods of distress and crying, parents may *begin* to see babies in the "quiet-alert" state (calm, engaged, and ready for interaction). *The level of crying parents consider problematic may also be a reflection of their own knowledge and personal history.* **Probe** for parents' expectations about infant crying and past experiences (if any) with newborn care. **Probe** for what this crying represents for parents (e.g., "my baby doesn't like me" or "my baby is trouble").
- **Crying doesn't reflect the baby's feelings about the parent.** Babies are born wired to love their primary caregivers. In the newborn period, crying is a **reflexive** (automatic) response to experiencing some type of distress. By providing timely, nurturing responses to baby's crying, parents build a strong relationship with their infant. **Probe** for signs of postpartum depression. Infant crying is positively correlated with bonding issues, maternal anxiety and maternal depression.
- **Crying doesn't hurt the baby. But a parent's response to crying *can* hurt the baby.** If parents feel they may shake or hurt their crying baby, it's best to put the baby down in a safe place and walk away for 5-10 minutes until parents feel calmer and ready to respond to their infants. **Probe:** Do parents have people in their family or community who can support them and give them short breaks from baby during the newborn period?
- **There can be many reasons for crying.** Parents can think of themselves as a kind of detective to imagine what baby might need. Often parents immediately assume their baby is hungry. Together with parents, explore other possible reasons for crying: Overstimulated/overtired? Too warm/cold? Wet or dirty diaper? Wants attention or interaction? Prefers another position? Needs cuddling or comfort? **Probe** for what soothing practices have worked with babies so far, and what hasn't worked.
- **Research has found that crying tends to peak at about 6 weeks.** It is important to emphasize, though, that babies continue to cry to have their needs met for many more weeks, months, and years.



Suggestions for Residents

- **Listen to and validate parents' emotions.** A range of feelings are normal during this period.
- **Be alert to parents reporting or displaying consistent, persistent feelings of being overwhelmed or depressed.** Up to 20% of new parents struggle with postpartum anxiety or depression, and intervention can help. See the resource list at the end of this section for guidance.
- **Suggest simple mindfulness strategies** to help parents calm during stressful moments with baby. See the resource list at the end of this section for family-friendly mindfulness activities.
- **Suggest caregiving practices that promote strong parent-child relationships:** skin-to-skin contact, snuggling, carrying babies frequently (vs. keeping babies in infant seats or swings), experimenting with a variety of soothing strategies, observing and responding to baby's cues, and reading/singing to baby.
- **Help parents to allow themselves some grace** and remind them that it takes time to learn their baby's cues, communications, and preferences.



Prompts for Preceptors

- **Discuss the importance of the first well-child visit.** This is an important milestone for families and an important opportunity for connection and relationship-building. **Probe:** What actions did residents take to connect with families and get to know them?
- **Explore the connection between parental mental health and infant well-being.** Did residents observe/screen for signs of postpartum depression or the “baby blues” in both mothers and fathers? Did residents observe and note moments of connection/warmth between parents and infants? Sharing these observations with parents can be a powerful tool for relationship-building: “I saw how your baby relaxed into your arms when you picked her up. She looks so calm and comfortable.”
- **Probe for behavioral, developmental, or parenting topics where residents need more information.** Were there questions that came up in the visits that residents didn’t feel prepared to answer? What resources might be available to them to build this content knowledge?
- **Use reflection as a tool for learning about promoting parent-child relationships.** Consider questions like: As you think back over the visit, what went well? Is there anything that you felt didn’t go so well? What might you say or do differently the next time?

Additional Resources:

Child Development

- [Mount Sinai Parenting Center – Newborn Parent Guide](#)
- [CDC – Milestones](#)
- [Healthy Children – Ages & Stages: Baby](#)

Mindfulness

- [Zero to Three – Mindfulness Practices for Families](#)
- [Zero to Three – Mindfulness is a Parent Superpower](#)
- [Zero to Three – Mindfulness for Parents](#)
- [Zero to Three – It's Time for Some Self Care](#)

Perinatal Depression

- [Healthy Children – Depression During & After Pregnancy: You Are Not Alone](#)
- [Zero to Three – Perinatal Depression: More than the Baby Blues](#)

Coparenting

- [Zero to Three – Baby Makes Three: But What About Your Twosome?](#)



[Watch the Video >](#)





The One-Month Visit: Small Moments, Big Connections

Video Synopsis: What Parents Will Hear

Soothing Your Baby

Most babies cry a lot at this age. Techniques that might help soothe your crying baby include rocking, swaddling, whispering, and rubbing their backs. Responding to your baby will not spoil them—it teaches them they can count on you to be there when they need you. If your baby's crying gets to be too much, you can put your baby in a safe place and take a moment to calm yourself before responding. Never shake or hit your baby.

Feeding

Just as you're beginning to know the signs that your baby is hungry, you may also be learning to recognize the signs that they're full—slowing down or stopping, turning away, relaxing, or dropping off to sleep. Spitting up is common, and milk-colored spit-up is usually totally fine (not a sign that something is wrong). Burping part-way through a feeding might help reduce spitting up. Use feeding as a time to connect with your baby.

Sleep

Your baby needs a chance to sleep after 1.5-2 hours of being awake throughout the day. When a baby gets overtired, their body releases hormones to keep them awake; this can lead to fussiness in the late afternoon or evening. Watch for these cues that your baby is sleepy: looking away or staring off into space, decreased movement, glazed eyes, yawning, and relaxed muscles. It's important that baby's longest stretch of sleep is overnight, so wake them from a daytime nap if it lasts more than 3 hours.

Say it Out Loud

Babies are learning from back-and-forth conversations with you even though they can't speak yet. As you talk, pause and give them a chance to respond with sounds or movements. Get into the habit of labeling feelings. Over time, this will help them understand their own emotions and the emotions of others. Feel free to speak in the language you are most comfortable with--having more than one language spoken in the home is very helpful to babies' brains.

Tummy Time

Babies need to spend a few minutes on their stomach a few times a day to help them develop their arm, shoulder, and trunk strength so they can roll over, crawl, and eventually walk. There are lots of ways to do tummy time – on your chest, on the floor, or using toys or books to make it more fun.

Safety: Smoking

Secondhand smoke contributes to childhood illnesses like ear infections, wheezing, and even crib death. If you choose to smoke, change your clothes and take a shower before holding your child. Call 1-800-QUIT-NOW for help quitting.



Spotlight on: Reading Baby's Cues

In the first month of life, the most potent cue for many new parents is crying. A crying baby can be one of nature's most distressing sounds, and with good reason. Babies are totally dependent on their adults for survival, and crying is their only means of communication. Babies cry between 1 and 5 hours a day, and crying can signal hunger, discomfort/distress (wet diaper, gas, overstimulated/tired, illness, hair wrapped tightly around a toe), or something else. Sometimes babies cry for no apparent reason, especially in the late afternoon or early evening. This seems to be a response to overstimulation at the end of the day.

The good news for parents is crying is a normal part of human development: *Crying doesn't mean they are doing something wrong.* As babies get older, crying becomes less frequent. Some data indicates that infant crying peaks at about 2 months of age, though this varies for every child. Once children pass the crying peak, however, that doesn't mean crying as a form of communication has ended. Children continue to use crying as a cue to have their needs met across their childhood.

As babies begin to mature, they show a wider repertoire of cues. Here's a list of baby behaviors and what they may communicate:



Ready to Play

- Gaze at caregiver's face, making eye contact
- Have a bright, calm expression
- Turn their head or eyes toward caregiver
- Become more still; arm and leg movements are fluid, not jerky
- Reach out to caregiver, or stretch fingers or toes toward them
- Slow or stop sucking
- Smile
- Coo or babble

Hungry

- Keep hands/fists near their mouth, suck hands
- Make sucking or lip-smacking noises
- Pucker their lips
- Search or root for the nipple
- Clench their fists
- May use a distinct hunger cry

Full/Satiated

- Suck more slowly or stop sucking
- Play with or turn away from the nipple
- Relax/open their hands
- Look drowsy or fall asleep

Needs a break from interaction/ Needs a nap

- Turn their head/eyes away from caregiver
- Have a dull/glazed expression
- Cry, become fussy
- Arch their back
- Wrinkle their forehead
- Grimace or frown
- Close eyes, or eyes become droopy
- Yawn or fall asleep
- Squirm or kick
- Put their hand in their mouth
- Movements become jerky
- Engage in self-soothing behaviors—sucking on a pacifier or finger, pulling on their ears or hair, etc.

Many parents are so overjoyed now that their baby is engaging in back and forth interactions, they can sometimes miss cues of when this interaction has become “too much” for babies and they need a break. At this point, many parents will *work even harder* to re-establish contact, inadvertently intensifying their baby’s overwhelm. Following are some suggestions to help parents become more aware of their babies’ unique cues and communications:

- **Discuss** how social interaction for young babies takes a lot of energy. Pausing interaction when babies look away or show they need a break gives them a chance to rest and regroup. This behavior *doesn’t* mean that babies don’t like or enjoy interacting with their parents. Rest assured, they will turn back and re-engage when they are ready.
- **Ask parents** if they’ve noticed specific behaviors or sounds their babies use to communicate hunger, fullness, or a desire to play/interact. Use this as an opportunity to point out parents’ strengths in learning about and responding to their baby.
- **Encourage parents** to label the feelings or desires they *think* their baby might be trying to express: *I see you’re tired. You’re looking for a little cuddle time. Or, Look at that big smile! You like that song I’m singing, don’t you?* You can model this technique yourself during the exam.



Suggestions for Residents

- **Encourage parents to respond with curiosity** rather than judgment. “I wonder what my child is trying to say?” rather than “They never stop crying.” Or “I’m a bad parent.”
- **Observe and point out parents’ successful attempts** to interpret their baby’s cues during their visit, for example, “I see you noticed she was getting uncomfortable on her belly. She settled down nicely when you picked her up and rocked her.”
- **Listen for how parents represent their baby’s behavior.** Babies thrive when their parents imagine what they might be feeling or experiencing and accurately communicate these emotional states. For example, a parent might say, “Oh baby, you didn’t like that cold stethoscope, did you?” which is likely an accurate imagining of what the baby is experiencing in that moment. Another parent might observe, “You’re mad at mommy because she let the doctor touch you with that stethoscope!” which is likely an inaccurate interpretation of the baby’s experience. Some research has found a relationship between a parent’s ability to make appropriate, accurate observations of a baby’s emotional states and later attachment security. Use the visit as an opportunity to discuss normative infant behavior, infant emotional states, and reframe (when possible) parent interpretations that may be inaccurate.
- **Ask what strategies parents use when they need a break.** Who supports them – in person, by text, by phone? Where do they seek advice when they have questions?
- **Reassure parents** that they are still early in the process of getting to know their baby. Crying usually peaks around 6 weeks of age, but having coping mechanisms to respond in a nurturing manner to babies (while engaging in necessary self-care) will continue to be important over the first year.
- **Validate that sometimes nothing will soothe a crying baby.** Parents often feel they’ve failed if they cannot identify the source of crying or the need their baby is expressing. But babies have few ways of “letting off steam”—and crying is one of them. Some days are just hard. Reassure parents that by being there, offering love and affection, they are giving their baby exactly what they need.
- **Discuss how a baby’s cues will change over time.** Nothing stays the same with a young baby! What worked to soothe them yesterday may not work today—but perhaps something new will. As they grow and change, their cues and communications will change too.



Prompts for Preceptors

- **What cues have residents noticed in babies they've examined (or know in their own lives)? What cues did they notice babies display in exams?** Many residents may not have had an opportunity yet to get to know the unique cues of infants so reflecting on their own experiences is a good opportunity for learning
- **What happened in this visit that showcased a parent or family's strengths?** Pointing out strengths and capacities that residents observe is an excellent way to build a relationship with families at these early visits.
- **Discuss strategies residents might suggest to families who are struggling with infant crying.** See resources below for more information. Reinforce the importance of suggesting parents take a break from baby (after putting baby in a safe place, like the crib) if crying becomes overwhelming. Babies are at greatest risk for Shaken Baby Syndrome in the first year of life, with the highest risk period at 2 to 4 months of age. Biological fathers, stepfathers and mother's boyfriends are responsible for shaking in the majority of cases (followed by mothers), so it is important to talk to all of a baby's caregivers about strategies to respond to persistent/inconsolable crying.
<https://www.cdc.gov/violenceprevention/pdf/SBSMediaGuide.pdf>.
- **What parenting topics (for example, smoking) are tricky to discuss?** How might residents approach these topics without making parents feel defensive? One approach is to first ask permission ("Can we talk about second-hand smoke?"), then share information in a nonjudgmental way ("What we know from looking at many babies over time..."), and offer parents a choice to access more information ("If you want to learn more about quitting, we can help with that...").
- **Did residents administer a social determinants of health assessment or a specific screening for postpartum depression?** If so, discuss family needs that may have been identified. Do residents feel they have a strong grasp on the community services available to children and families in the practice? If not, consider inviting guest speakers to provide a short introduction to family-serving programs in the community.
- **Probe for behavioral, developmental, or parenting topics where residents need more information.** Were there questions that came up in the visits that residents didn't feel prepared to answer? What resources might be available to them to build this content knowledge?
- **Use reflection as a tool for learning about promoting parent-child relationships.** Consider questions like: As you think back over the visit, what went well? Is there anything that you felt didn't go so well? What might you say or do differently the next time?

Additional Resources:

Crying and Other Cues

- [Zero to Three – What is Baby Saying?](#)
- [Mount Sinai Parenting Center – Understanding Your Infant's Cues](#)
- [Zero to Three – How to Stay Calm When Baby Won't Stop Crying](#)
- [CDC – Shaken Baby Syndrome](#)
- [The Period of Purple Crying](#)

Soothing

- [Mount Sinai Parenting Center – How to Soothe a Baby](#)
- [Nationwide Children's – Calming a Fussy Baby](#)

Communication

- [Mount Sinai Parenting Center – Parentese and Sportscasting](#)
- [California Baby Behavior Campaign – Getting to Know Your Baby \(English\)](#)
- [California Baby Behavior Campaign – Getting to Know Your Baby \(Spanish\)](#)

Feeding

- [Mount Sinai Parenting Center – How Do You Burp a Baby?](#)

Sleep

- [Mount Sinai Parenting Center – Making Sure Your Infant is Getting Enough Sleep](#)

Tummy Time

- [Zero to Three – Top 5: What You Need to Know About Tummy Time](#)

Second-hand Smoke

- [Healthy Children – Dangers of Secondhand Smoke](#)



[Watch the Video >](#)





The Two-Month Visit: Getting to Know Your Baby

Video Synopsis: What Parents Will Hear

The Power of Routines

One of the most important things you can do for your baby is offer them consistent routines, including a bedtime routine, each day. Two-month-olds are too young for sleep training. They need your help to settle down when they're upset.

How Your Baby Communicates

When your baby coos or gurgles, try copying the noise they make or answering them as if you were talking to an adult—maybe by saying out loud what you think they might be trying to communicate. Your baby may not know what you are saying yet, but they are already watching your mouth and listening to the different sounds that make up words. They're learning how conversations go. Reading aloud helps with language development, too.

Returning to Work

Parents may have mixed emotions about returning to work. Babies can feel safe and secure with more than one person.

Vaccines

Vaccines are effective in preventing a wide range of serious diseases. It's common for babies to cry during vaccines, and they may be fussy or have a mild fever afterwards. Your soothing can help your baby take on this challenge. When you stay calm, your baby will become calm too.

Safety: Car Seats

Put your baby in a rear-facing car seat in the backseat of the vehicle on every ride no matter how short. Make sure your car seat is properly installed – consult a certified car seat technician if you have questions. Take your baby with you when you leave the car. It's never okay to leave a baby unattended in a car, even for a minute.



Spotlight on: Serve and Return Interactions

Young children experience their world as an environment of relationships, and these relationships affect virtually all aspects of their development – intellectual, social, emotional, physical, behavioral, and moral.

National Scientific Council on the Developing Child, 2004



What is serve and return?

Babies instinctively seek interaction with their caregivers—smiling, reaching out, cooing. That’s the “serve” of serve-and-return. The adult responds (“returns” the communication) by echoing the child’s sounds and smiles, noticing what they’re noticing, and giving words to what the child might be seeing or feeling. These responsive interactions, noticing and taking turns, build the brain architecture essential to every aspect of development.

One important element of serve and return interactions is that the baby is an active partner! Rather than the adult engaging in a monologue, ideally, adult and baby are taking turns—going back and forth—sharing sounds, words, gestures, and gazes. These early interactions strengthen the parent-child relationship, help infants lay the groundwork for emerging communication skills, and give parents insight into their baby’s cues and interests.

The Center on the Developing Child at Harvard University offers the following [five steps](#) for serve and return interactions:

- **Notice the “serve” and pay attention to what the child is focused on.** You won’t be able to spend every moment doing this, so look for opportunities throughout the day. “I see you don’t love having your diaper changed. Hang on, we’ll have you all bundled up and cozy in no time.”

- **Return the serve with support and encouragement.** “Oh, you like the rattle. Would you like to take a closer look?”
- **Name the person, thing, action, or feeling.** This builds connection and exposes babies to rich vocabulary. “Yes, the dog is very big and noisy!”
- **Wait for your child to respond.** Keep the conversation going back and forth.
- **Practice beginnings and endings.** Notice when your child is ready to move on to something else. This is okay! Serve and return interactions will unfold in spurts across the day.



What happens when babies serve—but don't receive a return?

Because babies are wired to expect responsive care from trusted caregivers—and because this care is also essential to healthy brain architecture—its absence can have short- and long-term negative impacts on children's development and well-being. The Center for the Developing Child explains it this way: “The persistent absence of serve and return interaction acts as a “double whammy” for healthy development: not only does the brain not receive the positive stimulation it needs, but the body's [stress response](#) is activated, flooding the developing brain with potentially harmful stress hormones.”

Parental depression or other mental health challenges can make it difficult for young families to establish nurturing serve and return sequences. High family stress levels are also a risk factor associated with less responsive parenting. The well-child visit can be a supportive, non-stigmatizing environment to explore family strengths and potential risk factors through the use of parental depression screeners, family resource screeners, social determinants of health (SDOH) screeners, and/or adverse childhood experiences (ACES) screeners to identify family capacities, challenges, and connections to appropriate community services.



Suggestions for Residents

- **Ask about parents' experiences with daily routines.** It can be very difficult for parents of two-month olds to consider *any* day routine, but this is actually the perfect time to begin establishing bedtime, naptime, and feeding routines that work for the family. Ask families about their interest in establishing routines, what has worked/not worked in terms of routines, and where they'd like to start (bedtime is often a great place to begin). Discuss with parents what steps feel doable to them in terms of setting up a daily routine. Consider steps like: bath, PJs, story, lullaby, and bed. Encourage parents to try it for a week or two and see how it goes, making adjustments as needed.
- **Point out examples of responsive parenting** as you see them unfold during the office visit. "Her whole face lights up when you talk to her. She recognizes your voice and knows you're interested in her." If parents are not responding to their babies' bids for interaction, model serve-and-return behavior yourself and point out the baby's response. Ask parents when they think their baby is most interested in interacting and suggest they use those moments to practice serve and return.
- **Share the benefits of talking to young babies** (they are building a listening vocabulary, they are learning the sounds and rhythm of language, it is a way to connect and comfort them). Acknowledge that many parents feel a little silly talking to a tiny baby, but that back-and-forth interactions across the day are building their baby's brain and laying the groundwork for their first word (at approximately one year of age).

Monitor your own responses to families. Let curiosity, not judgment, drive your approach. You may encounter situations in which parents are not responding to their child's cues; these moments may elicit strong feelings in you. It's important to acknowledge these responses so that they don't impact your relationship with parents.

- **Consider potential barriers** to responsive parenting, such as parental depression or other social determinants of health such as family stress, food insecurity or housing issues. Make referrals as needed.



Prompts for Preceptors

- **Ask about informal observations residents have made concerning parent-child interaction in the exam room.** Were they comfortable in affirming parents' interactions with their child? Did they notice a serve and return interaction during the visit? If so, what happened? Do they feel they have the knowledge base necessary to provide suggestions for supporting positive parent-child interactions?
- **Are residents familiar with how to discuss findings from SDOH (or other similar) screeners with families?** Together, explore how they can acknowledge both family capacities and needs in a strengths-based and culturally-competent fashion.
- **Explore the process of making community referrals.** Some families are quite welcoming to outside supports while others may not be as open. (This may be particularly true of services such as early intervention.) Have residents ever referred parents to community services? What was the family's response? What went well/not so well? On reflection, would they approach this conversation in the same way or differently?
- **Probe for behavioral, developmental, or parenting topics where residents need more information.** Were there questions that came up in the visits that residents didn't feel prepared to answer? What resources might be available to them to build this content knowledge?
- **Use reflection as a tool for learning about promoting parent-child relationships.** Consider questions like: As you think back over the visit, what went well? Is there anything that you felt didn't go so well? What might you say or do differently the next time?

Additional Resources:

Serve and Return

- [Harvard Center on the Developing Child – A Guide to Serve and Return: How Your Interaction with Children Can Build Brains](#)
- [Harvard Center on the Developing Child – Young Children Develop in an Environment of Relationships](#)
- [Zero to Three – Safe Babies Court Team: Building Strong Families and Healthy Communities](#)
- [Zero to Three – From Cries to Conversations: The Development of Communication Skills from Birth to 3](#)

Routines

- [Zero to Three – The Practical Magic of Daily Routines](#)

Returning to Work

- [Child Care Aware – Choosing Quality Child Care](#)
- [National Association for the Education of Young Children – What Does a High-Quality Program for Infants Look Like?](#)
- [Zero to Three – Matching Your Infant's or Toddler's Style to the Right Child Care Setting](#)
- [Zero to Three – Mama's First Day: Returning to Work After Maternity Leave](#)

Vaccines

- [Healthy Children – Vaccine Safety: Get the Facts](#)

Car Seats

- [Healthy Children – Car Seats: Information for Families](#)



[Watch the Video >](#)





The Four-Month Visit: On A Roll

Video Synopsis: What Parents Will Hear

Starting Solids

Introducing solid foods is about getting your baby familiar with new tastes and textures. (At this age, solid means liquid-y or squishy food.) Breastmilk or formula will continue to be your child's main food source. Your baby may be ready to try solid foods when they show an interest in food and can hold their head up while sitting in a high chair.

Choking Hazards and Poisons

As your child becomes mobile, watch out for objects small enough to fit into a toilet paper roll, as these pose a choking hazard. Keep poisonous household objects out of reach and in a secure location.

Falling Asleep

Most 4- to 6-month-old babies need 12-15 hours of sleep in a 24 hour period. They should be drowsy, but awake, to help them learn to fall asleep on their own. Babies still need to nap frequently, so give them a chance to do so after every 2 hours of being awake. Getting enough sleep during the day will help them sleep longer at night.

Your Baby's Temperament

Temperament is the way we relate to the world. It influences how babies will react to different situations. No one temperament is better than another. You will begin to see elements of your baby's temperament emerge starting at about 4 months of age.

Baby Play

Play is a child's way of learning. Children learn best when they are having fun and are free to explore and make choices. Create safe play environments and encourage activities that prompt your baby to stretch and move. Expensive toys are not necessary—anything that's child-safe (like a set of measuring spoons) can be used as a toy. Put something just out of your baby's reach and let them work to get it. A little frustration is a good thing.

Safety: Avoiding Falls

Always keep one hand in contact with your baby when they're on a high surface like a bed or changing table. Never leave babies unattended at these times. Make sure babies are securely strapped into car seats, bouncers, high chairs, or strollers when in use.



Spotlight on: Temperament

What Parents Experience:

Temperament is a set of traits that influences the way we approach and experience the world around us. Parents with more than one child may notice that each responds differently to the world from the moment they're born. It's helpful for parents to understand their child's temperament so they can use this information as they make caregiving decisions.

In 1956, psychologists Alexander Thomas and Stella Chess described 9 aspects of temperament, each existing along a continuum, as follows:

- **Activity level:** how active a child is generally, from constant motion to more sedentary/less active.
- **Distractibility:** This trait describes how easily a child's attention is drawn away from a task. For example, some children might get distracted by sounds or movements near them while others can maintain their focus on play or a task, even in the face of distractions.
- **Intensity** describes the size of a child's reactions. A child who is an intense reactor may be all hugs and smiles at the beginning of a visit to a friend's house and have an enormous tantrum when you tell them it's time to go home—with no middle ground.
- **Regularity:** how predictable a child's biological functions are, like waking, eating, or using the bathroom. Children who are high in regularity operate on a fairly predictable schedule, while other children may be "all over the place" in terms of their sleeping, waking, and eating.
- **Sensory threshold:** how sensitive a child is to sensory information. Children who have a very low sensory threshold only need a little bit of sensory stimulation to have a strong response, for example, a child who is upset by the seam on their socks or the tag on their shirt. A child with a high sensory threshold can tolerate much more stimulation and may even crave stimulation, for example, a child who loves sitting in the stands of a loud, crowded sporting event.
- **Approach/Withdrawal:** This trait describes how a child reacts to new situations or people—eager for new experiences or slow-to-warm-up and cautious.
- **Adaptability** is about how easily a child adapts to transitions and changes.
- **Persistence** is how frustrated a child becomes when faced with a challenging task. Does he power through and try again and again, or does he give up more easily?
- **Mood:** describes whether a child has a primarily positive or negative outlook.

Parents may start to notice their baby begin to display behaviors within these different categories in infancy, but by toddlerhood, will be able to describe their child's temperament in more detail.

Thinking about a child's temperament can guide parents in providing responsive care and can also prevent challenging behavior as children grow. For example, if a baby is slow-to-warm up to new people and has difficulty with unexpected changes to routines, a substitute caregiver at child care or preschool may call for additional support and soothing. If a child has a low sensory threshold (making a visit to a noisy shopping mall overwhelming), parents may plan their trip during the least-busy part of the day or prepare their child in advance and offer a coping strategy—a stop in a quiet spot for a snack or cold drink.



What parents should know:

- **Children can adapt.** Temperament is not destiny. Children's behavior is shaped by their experiences, especially those with their primary caregivers. For example, children who are very intense reactors can learn strategies for managing their strong emotions and expressing their feelings appropriately when they receive support and guidance from the adults in their lives. Children who are slow to warm up (more introverted) can develop skills to feel more comfortable joining groups of children at play with adult support and modeling.
- **Avoid labeling your child.** For example, when we say that a child is "dramatic" or "shy," it can be hard for them to grow out of that label, even as they grow and change.
- **It is very important for children to be accepted for who they are.** Children thrive when they receive unconditional love and when they know they can be their "real selves" with their parents. This acceptance forms the foundation of a secure attachment (a trusting, nurturing parent-child relationship).



Suggestions for Residents

- **It is okay to validate that some temperament characteristics are certainly easier to handle than others.** For example, a child who is more flexible and adaptable by nature is likely to be “easier” to parent than an intense, reactive child. When parents are aware of what aspects of temperament they find challenging (as well as pleasurable) in their children, they can find ways to manage their reactions and support their children’s healthy development.
- **Look for ways to re-frame aspects of temperament that parents find challenging.** For example, a child who is slow-to-warm-up may also be described as cautious and thoughtful—two qualities that will serve them well as they grow.
- **Notice how parents represent their child’s temperament.** Parents may understand a child’s temperament through the lens of their own past experience—for example, a child’s tendency to be a “big reactor” may remind a father of his own parent, co-parent, or another person from his past. The quality of the relationship the parent had with this person may influence whether he sees this behavior positively or negatively, and how he responds to his child.
- **Reinforce that temperament is part of how a child is wired to experience the world and is independent of gender.** Parents may also view aspects of temperament through the lens of gender-based expectations. For example, a parent may view a boy’s tendency to be less active or interested in physical play as problematic, but may view this trait as more acceptable in a girl.



Prompts for Preceptors

- **Ask residents to reflect on their own temperaments: Where do they fall in the continuum (high to low) of these various traits?** Ask residents to imagine how their temperament may have influenced their learning experiences, or other experiences in the world.
- **Pose common child-rearing scenarios (or ask residents for examples) and prompt residents to consider how temperament may play a part.** For example, if a child has a very high sensory threshold (it takes a lot of sensory input for the child to notice), might this be a contributing reason why toilet learning is taking longer? If a baby is more slow-to-warm-up, might this be a reason why the transition to child care has been so difficult?
- **Ask if residents have heard parents describe their child's temperament in negative ways** (e.g., "he's always looking for attention, like my brother did" or "she is high drama all the time"). Encourage residents to reflect on these moments and craft alternate ways to frame these temperament traits for parents. Point out that residents may want to monitor the parent-child relationship over time if the parent's characterization of their child's temperament was particularly negative.
- **Probe for behavioral, developmental, or parenting topics where residents need more information.** Were there questions that came up in the visits that residents didn't feel prepared to answer? What resources might be available to them to build this content knowledge?
- **Use reflection as a tool for learning about promoting parent-child relationships.** Consider questions like: As you think back over the visit, what went well? Is there anything that you felt didn't go so well? What might you say or do differently the next time?

Additional Resources:

Starting Solids

- [Healthy Children – Starting Solid Foods](#)
- [Mount Sinai Parenting Center – Introducing Solid Foods](#)

Choking Hazards and Poisons

- [Healthy Children – Choking Hazards Parents of Young Children Should Know About](#)
- [Healthy Children – At Home](#)

Falling Asleep

- [Mount Sinai Parenting Center – Learning to Sleep](#)

Your Baby's Temperament

- [National Association for the Education of Young Children – Rocking and Rolling – It Takes Two: The Role of Co-Regulation in Building Self-Regulation Skills](#)
- [Mount Sinai Parenting Center – Figuring Out Your Baby's Temperament](#)

Baby Play

- [Zero to Three – Stages of Play from Birth to 6 Months: A Full-Body Experience!](#)
- [Mount Sinai Parenting Center – First Toys](#)

Safety: Avoiding Falls

- [Healthy Children – At Home](#)



[Watch the Video >](#)





The Six-Month Visit: Everything is New

Video Synopsis: What Parents Will Hear

Everyday Play

Games like peek-a-boo help your baby develop a sense of object permanence, or the understanding that even if you disappear from view, you're still there and will return. Playing peek-a-boo is a simple way to help your baby learn that while you may leave for periods of time, it doesn't mean that you won't come back to them.

Babies understand words long before they can say them. Try to find ways to fill your baby's day with words. Looking at and describing pictures in books and talking about what they see in the world around them are great activities to try at this age. Babies can learn multiple languages at one time, so speak in the language(s) you are most comfortable with.

What Are Milestones?

Babies usually develop skills in a particular order, which we call milestones. Children may reach milestones at different ages. If you're worried that your child is delayed in reaching a milestone, bring it up to your provider.

Eating & Teething

If you wish, let your baby try feeding themselves, which helps develop fine motor skills in their hands and fingers. Be careful about choking –offer soft, small bites of food and

watch your child closely when eating. Finally, monitor your baby's sugar intake – too much sugar can lead to tooth decay.

Babies typically get their first tooth sometime between 6 and 12 months. Signs of teething might appear months before teeth do. Teething does not cause a fever, but it can cause fussiness or make it uncomfortable to eat and drink. A cold washcloth or safe teething toy can be helpful, but avoid medications or over the counter remedies. Once babies have their first tooth, they benefit from teeth brushing at least once a day.

Sleeping Through the Night

Now may be the time to help your baby learn how to soothe themselves back to sleep. Families may use different strategies to help reach this goal. Talk to your provider about strategies for helping your baby learn to sleep for longer stretches. Consistency is important, so find a strategy you're comfortable with and stick with it.

Safety: Babyproofing

Creating a safe space for your baby to explore without having to say no all the time helps make playtime fun, keeps your baby safe, and gives them the freedom to grow and develop. Get down on your baby's level to identify potential risks and babyproof your home to make sure it is a safe space for your child.



Spotlight on: Milestones and Early Intervention

What Parents Experience:

For parents, particularly those whose children were born prematurely or diagnosed with a disability or developmental delay, milestones can be a source of high anxiety. Their pediatrician is often the first professional parents turn to for reassurance that all is well or for confirmation that there is an issue in need of further investigation.

The Centers for Disease Control and Prevention (CDC) provides a developmental checklist for milestones parents might expect to see at each of the well-child visits. In early 2022, these milestones were revised for the first time in 18 years, eliminating redundancy and adding new social-emotional benchmarks such as displaying a social smile or responding to one's own name. Most importantly, the milestones were recalibrated to reflect the age at which 75% of children can be expected to reach them. This change was intended to remedy the ambiguity of the former 50% benchmark, which contributed to a delay in referrals to early intervention as parents were often counseled to "wait and see."

What Parents Should Know:

What is "early intervention"?

Developmental delays can be addressed best when they are discovered early. Federal legislation called the Individual with Disabilities in Education Act (IDEA) provides children—starting at birth—with access to therapeutic and educational services they need to grow and thrive. The Early Intervention Program for Infants and Toddlers with Disabilities (also known as Part C of IDEA) is a federal program that provides for services and supports to infants and toddlers from birth to age three diagnosed with or at risk for developmental delays or disabilities. These services can include educational services, speech–language therapy, occupational therapy, physical therapy, assistive technology, and more. Starting at age 3 (through age 21 if needed), children access special education services through the local school system under Part B of IDEA, if they continue to require support around learning goals.

How do families contact early intervention?

Parents can request an early intervention evaluation for their baby or toddler to find out if they qualify for services. To find the right agency in their community, parents can consult the [Centers for Disease Control and Prevention online list](#) or use a local contact provided by their pediatrician.

When they reach out, parents should explain that they are concerned about their child's development and are requesting a developmental evaluation for early intervention services.

Each state chooses how it determines eligibility for early intervention services. Most states require that children show a certain level of developmental delay to qualify. The

evaluation will determine whether a child is eligible for services. For infants and toddlers, the evaluation should take place at home with parent(s)/guardian(s) present.

Some children are automatically eligible for early intervention services—for example, when children are born prematurely or diagnosed with a genetic syndrome associated with developmental delay.

Is there a cost?

There is **no charge** for an early intervention evaluation to determine if a child is eligible for services.

Depending on the state in which the family resides, there **may** be a charge on a sliding scale for services such as speech–language therapy, occupational therapy, or physical therapy. However, children cannot be denied services because their families are unable to pay.

What services can children and families receive?

If the evaluation shows that a child qualifies for services, then parents and their child's early intervention service coordinator will develop a plan for services. This plan is called the Individualized Family Service Plan (IFSP).

The IFSP will include important information such as:

- the child's current levels of development
- developmental goals for the child, which parents help identify
- the services the child and family will receive—such as home visits from a special educator, speech–language therapy, occupational therapy, and physical therapy
- when and how frequently the child will receive each service
- where the child will receive these services. Services are often provided in a child's "natural environment"—such as at home or a child's care setting

The service coordinator will explain the IFSP to the family, and they should ask any questions they might have. This meeting is also the time for parents to ask for additional services that they believe may benefit the child and family. A parent must sign a form giving consent for each service their child receives. A child cannot receive services without consent. The state has 45 days to complete the evaluation and IFSP process. This deadline means that a child will receive the services they need as soon as possible.

The IFSP is a plan for the child's learning while in the early intervention program. Parents and the service coordinator will review the IFSP every 6 months and update it each year




Suggestions for Residents

- **Think about your own experiences with and perceptions of special education, disability and developmental delay.** Our culture tends to be very “ability-centered.” Taking a moment to reflect on the representations that you may carry of special education and the disability community is a critical part of building strong working partnerships with families.
- **As you gain exposure to multiple babies within the same age range, reflect on the developmental differences you observe.** Talk to a mentor or other providers at your practice to ask how they determine referrals to early intervention.
- **If the practice you are in administers child development screeners at well-child visits,** read and review the results prior to seeing the family. Consider strengths of the child that you might highlight, as well as any concerns you want to address. In your conversations with families, include a discussion of both strengths *and* needs. Ask families to tell you about their baby or toddler; remember that a child is more than a delay or diagnosis. Try to get a sense of the whole child. They may also be funny, determined, silly, stubborn, and more.
- **Families may display a range of responses to your suggestion of an early intervention evaluation—**ranging from anger to tears to relief. Let parents experience and express their feelings in the safe context of the exam room: “I hear your concern and worry.” Or, “I hear that you’re unsure about this recommendation. That’s okay. You don’t have to decide right now.” Remain open to questions. Reassure parents that an early intervention evaluation is *optional*, but recommended. Their child will not be “reported” to a government agency, which some families may worry about. Offer to follow up by phone or text in the next few days to check-in.
- **Be prepared for a common question: Does early intervention now mean special education later?** In many communities, there was (or is) a stigma around special education services. While some children remain eligible for services at age three and beyond, many children “graduate” from early intervention. Two important messages for parents are: (1) Research shows that intervention is likely to be more effective when it is provided *earlier* in life rather than later, and (2) participation in early intervention and, later, special education services are always voluntary and provided only when parents give permission.



Prompts for Preceptors

- **Determine if residents understand how early intervention services work.** If time allows, invite a guest speaker from your local early intervention agency to share how the process unfolds for infants and toddlers. Basic information about this program is available [here](#).
- **Provide copies of common developmental assessment(s) used in pediatric primary care settings and review what information providers/parents can glean from each.** Discuss scoring and how to share findings with the family. Troubleshoot how residents might handle implementation issues like a parent with low-literacy levels or a parent who needs the assessment in a language other than those available.
- **Ask residents to roleplay delivering developmental assessment results to a peer.** Instruct the peer to provide feedback on tone, clarity and information.
- **Design simple case studies** based on the assessments (e.g., *you see that this 9 month old's fine motor skills are at the 45th percentile*) and ask residents (1) whether this would trigger a referral to early intervention, and (2) what parent-child activities they may suggest to the family to support this domain of development at home.
- **Discuss the disproportionalities inherent in early intervention (Part C) services.** Use this discussion as an opportunity to reinforce a professional commitment to improving developmental surveillance and access to early intervention services. Research shows that intervention is likely to be more effective when it is provided *earlier* in life rather than later. For children with developmental delay(s), early intervention can provide them with a range of supports to maximize the likelihood of their healthy development and success at school entry. However, data indicates that children from low SES households and children being raised in households where a language other than English is primarily spoken are less likely to be represented in early intervention, and children who are Black or Asian are also disproportionately under-represented in Early Intervention programs. Another study found that White children were more likely to be referred for early intervention *prior* to developmental screening, while Black children were more likely to be referred *after* a positive developmental screen suggested the need. Given that later access to services for non-White children may increase the risk of long-term impairment, these findings serve as a call for better universal surveillance for developmental delays and increased access to early intervention.

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- **Probe for behavioral, developmental, or parenting topics where residents need more information.** Were there questions that came up in the visits that residents didn't feel prepared to answer? What resources might be available to them to build this content knowledge?
 - **Use reflection as a tool for learning about promoting parent-child relationships.** Consider questions like: As you think back over the visit, what went well? Is there anything that you felt didn't go so well? What might you say or do differently the next time?

Additional Resources:

Everyday Play

- [Mount Sinai Parenting Center - Age Appropriate Toys and Play](#)
- [Zero to Three – Let's Play: How Your Child Learns and Grows Through Play from Birth to Three](#)
- [Zero to Three – Stages of Play From 6-12 Months: Discovering Connections](#)

What Are Milestones?

- [CDC – Milestones](#)
- [Healthy Children – Ages and Stages](#)
- [Zero to Three – What You Need to Know: Early Intervention](#)

Eating & Teething

- [Healthy Children – Starting Solid Foods](#)
- [Healthy Children – Baby's First Tooth: 7 Facts Parents Should Know](#)

Sleeping Through the Night

- [Mount Sinai Parenting Center – Learning to Sleep](#)

Safety: Babyproofing

- [Healthy Children – Easy-to-Read Topical Articles for Caregivers \(Babyproofing\)](#)



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The Nine-Month Visit: Increasing Independence

Video Synopsis: What Parents Will Hear

Separation and Stranger Anxiety

Your baby may cry or get upset when a stranger enters their space. This is a normal part of development and can happen even with people your child used to be comfortable with, like their grandparents. You also may have noticed that your baby becomes more upset when you leave them than they did before. That's because your baby remembers that you exist, even when you're out of sight.

Stranger and separation anxiety tend to begin at 8 to 10 months. A goodbye routine can ease the separation and help you and your baby know what to expect. Your baby learns that though you leave temporarily, they're okay, and you always come back.

Feeding Themselves

Babies start feeding themselves by using their whole hand to palm a piece of food, known as raking. By 9 months, they are probably on the way to developing a pincer grasp—or the ability to use thumb and forefinger to pick up a small bite. This new skill will allow them to do all sorts of things by themselves. Another self-care milestone—drinking from a straw cup or an open cup—helps build strong mouth muscles that are needed for speech. Feeding time is also a time to learn about communication as babies point, nod, reach, and parents respond.

Babies may need to taste a new food 10-15 times before they accept it. However, there are some foods to completely avoid at this age: popcorn, hot dogs, nuts, hard candies, and raw carrots. For other foods, choking risk is about size, shape, and texture. Foods should be soft enough that you can easily smooch them between your fingers.

Sleeping

Daytime sleep continues to be important to good night-time sleep. Maintain the same sleep routines when possible. These routines will help add to your baby's sense of security as they are able to anticipate what will happen next, and learn that the world is a predictable place. It is very common for babies who were sleeping through the night to start waking up again as they learn new skills. This type of night-waking is usually temporary.

Sharing Feelings

Labeling your own emotions helps your child learn how people think and feel. Babies now understand that pointing is calling attention to the thing you were thinking about. If they point at something, you can comment on it.

Safety: Babyproofing

Your baby will continue to put things into their mouths. Store dangerous substances in locked cabinets. Keep hot food and drinks out of reach, and make sure the handles of pots and pans are turned toward the back of the stove. Strap baby into a highchair or other secure space if they want to be with you while you cook.



Spotlight on: Naming Emotions and Co-Regulation

What Parents Experience:

Self-regulation refers to a person's ability to manage attention and emotions well enough to complete tasks, organize behavior, control impulses, and solve problems constructively.¹ Children's capacity for self-regulation is very limited in the early years. This is because the part of the brain responsible for self-regulation is quite immature at birth (and continues to develop well into one's twenties). The early years of life are the period in which children are laying the neural groundwork for developing self-regulatory skills by the time they enter kindergarten.

Parents often have unrealistic expectations of how easily young children are able to resist an impulse (like reaching for an object after they've been told no) or refrain from reacting to a disappointment with a tantrum, with almost one-quarter of respondents in a national survey believing children are able to control their emotions at one year or younger.² In fact, research shows these skills are just starting to develop from ages 3 ½ to 4.

What Parents Should Know:

When faced with a stressful situation, babies and toddlers need adult help to calm down. Stressful situations might include being hungry or tired, overstimulated (bright lights or lots of new people), or frustrated at having to stop a fun activity and switch to something else.

Children learn what being calm feels like when they have a loving caregiver in their lives who helps to soothe and comfort them when they are overwhelmed. This process is called co-regulation. Co-regulation describes the warm, responsive adult-child interactions that give children a model for understanding, expressing, and coping with their feelings. Through experiences with co-regulation in the early years, children learn to manage their feelings as they grow.

For young children, the first step toward being able to regulate and manage their emotions is being able to name their feelings. It's helpful to use feeling words to describe what children are experiencing and even how adults are feeling in different situations:

- "Oh, you are feeling frustrated that you have to wait for your bottle. I get it! I'm going as quickly as I can!"
- "I am so frustrated that I can't get the remote to work. Maybe I'll take a break and then see if it needs new batteries."

¹ Murray, D.W., K. Rosanbalm, C. Chrisopoulos, & A. Hamoudi. 2015. Self-Regulation and Toxic Stress: Foundations for Understanding Self-Regulation From an Applied Developmental Perspective. OPRE Report #2015-21. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, US Department of Health and Human Services.

² ZERO TO THREE, 2016. *Tuning In: National Parent Survey*. Retrieved from <https://www.zerotothree.org/resources/1601-tuning-in-self-control>



Suggestions for Residents

- **Observe the parent-child interaction in the exam room.** Does the parent support the child, comforting them if they're frightened, explaining what will happen next? If so, point this out and make the connection to co-regulation: "I see that your child is settling down when you rock and sing to them. This is helping to wire your child's brain to understand and cope with big feelings." If not, you might try modeling how to do this yourself: "I see that you are feeling worried about laying on the scale. I will be gentle and it just takes a minute."
- **Consider prompting parents to prepare children for aspects of the exam.** For example, as you prepare to vaccinate a baby, you can suggest that parents tell the baby what's about to happen. Allow parents to hold their baby securely but lovingly (avoiding the "death squeeze" that conveys fear or danger) and suggest that parents try to take deep, even breaths during the procedure to "share their calm" with babies.
- **Ask parents what situations tend to elicit big reactions from their babies** (like separations, transitions between activities, loud noises, etc.). Ask parents what tends to soothe their child in these moments. If needed, reframe parent expectations to align with typical milestones: "It can be frustrating when children keep reaching for something when we've told them several times they can't have it. But their brains aren't good at remembering and following rules yet. They may need hundreds of reminders and several years before they can follow rules consistently. At this age, offer a distraction to help them focus on something that is acceptable, rather than what's not."
- **Ask parents what strategies they use to stay calm when babies get upset.** Validate that it's normal to feel frustrated, powerless, overwhelmed or even angry at times when caring for an inconsolable baby. Ask if parents would like to hear about some additional strategies for self-care in these moments; if so, share practices like the short mindfulness activities listed in the Resources section.
- **Emphasize that babies—especially at this age—are rapidly developing a listening vocabulary** (words they understand but can't yet say). This is the perfect time for parents to get into the habit of labeling feelings in the baby and themselves to help babies learn these emotional states over time. It's also an ideal time to share books about feelings with young children.



Prompts for Preceptors

- **Ask residents how their extended family (or culture) responds to (age-appropriate) lack of impulse control/tantrums in young children.** What does their home culture expect of children in terms of behavior? How might this cultural stance influence the guidance they provide to parents?
- **Ask residents to reflect on a recent office visit that included a procedure (like a vaccination) that causes some distress for children.** What did they observe the baby do? How did the parent respond? What, if any, co-regulation behaviors were present in this interaction?
- **Ask if residents have encountered parents who held expectations about young children that were not developmentally appropriate.** Looking back, how did they respond? If they had a do-over, would they respond differently? In what way(s)? If residents have not yet had this experience, offer a scenario and prompt them to craft a response to help the parent reframe their expectation.
- **Validate that residents, like parents, are experiencing quite a bit of stress.** It is very challenging to leave a difficult or upsetting visit with a family and immediately transition to the parent and child in the next room. Learning to manage the deep emotions that arise when working with children and families helps physicians offer their full attention to each individual patient and also helps to reduce physician burnout. Take a few moments to review the mindfulness practices for primary care providers in the Resources section below; these practices were designed to assist providers in reducing stress levels and making mindful transitions between patients.
- **Probe for behavioral, developmental, or parenting topics where residents need more information.** Were there questions that came up in the visits that residents didn't feel prepared to answer? What resources might be available to them to build this content knowledge?
- **Use reflection as a tool for learning about promoting parent-child relationships.** Consider questions like: As you think back over the visit, what went well? Is there anything that you felt didn't go so well? What might you say or do differently the next time?

Additional Resources:

Separation and Stranger Anxiety

- [Zero to Three – Separation Anxiety](#)
- [Mount Sinai Parenting Center – Understanding Issues with Separation Anxiety](#)

Feeding Themselves

- [Zero to Three – Healthy from the Start](#)

Sleeping

- [Healthy Children – Brush, Book, Bed: How to Structure Your Child's Nighttime Routine](#)
- [Healthy Children – Healthy Sleep Habits: How Many Hours Does Your Child Need?](#)

Sharing Feelings

- [National Association for the Education of Young Children – Rocking and Rolling – It Takes Two: The Role of Co-Regulation in Building Self-Regulation Skills](#)
- [Zero to Three – Books About Feelings for Babies and Toddlers](#)

Mindfulness

- [Zero to Three - Self-Care For You & Quality Care For Your Patients](#)
- [Zero to Three – Mindfulness for Parents](#)

Safety: Babyproofing

- [Healthy Children – At Home](#)



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The 12-Month Visit: Stepping Into Toddlerhood

Video Synopsis: What Parents Will Hear

Learning From Playtime

Talk with your child throughout the day, leaving room for them to chat back while you listen. Use full sentences to describe and label places, things, actions, and feelings. Try adding gestures to common words to help your child communicate, like signs for “more” or “all done.” You can also add gestures to songs and nursery rhymes. Join your child in their play, allowing them to take the lead as long as they’re safe.

Eating The Rainbow

Most of your baby’s nutrition is now coming from what they eat. To make sure they get the vitamins and minerals they need, encourage your child to eat a variety of fruits and vegetables. Some call this “eating the rainbow” as a reminder to provide children with fruit/vegetable options in many colors. Regularly introduce new foods, tastes, and textures. Let your child decide whether to try new foods without pressure, and be a good role model by letting them see you eating a wide variety of healthy foods.

Your baby can now begin to drink whole milk, limited to 24 ounces or less each day. Offer water throughout the day to help them stay hydrated.

Hold Off On Screentime

Hold off on screentime until your child is 18 months old. Young children need the back and forth of real-life conversation to help them learn to speak, which is why learning

from screens is not effective. Video chat is okay because it's interactive and gives children a chance to connect with friends and family who live far away.

Challenging Behavior

Meltdowns are very common at this age as your child develops their own opinions and wants but has almost no control over their world. Tips:

- Acknowledge their big feelings, then move their attention to something else.
- Use positive opposites, telling them what you want them to do—rather than what they're not allowed to do.
- Offer two simple choices to give them a sense of control: "Do you want the red plate or the blue plate?"

Safety: Toddlerproofing

Toddlerproof in these ways:

- Make sure dressers, bookshelves, and televisions are attached to the wall with wall anchors.
- Tie cords from window shades and blinds out of reach to prevent accidents.
- Use window stops or guards to prevent falls.
- Use stair guards at the top and bottom of stairs.
- Secure toilet by closing the lid or using a safety lock.

Even after toddlerproofing, your toddler still needs your supervision to help them explore safely.



Spotlight on: Learning Through Play

What Parents Experience:

Parents may wonder how to ensure their child is learning what they need to know in order to be ready for preschool or kindergarten. They may ask whether toys or electronics marketed to “build baby’s brain” are necessary or effective. They may have questions or concerns about their child’s mastery of specific academic skills, like recognizing letters or counting. On the other hand, many parents may not be aware that what looks like “just” playing is actually an important form of learning and exploration in the early years. In truth, play is a primary pathway for learning in the period from birth to age five years.

What parents should know:

Children learn through play. Play gives children a chance to discover how objects in the world work; how people think, feel, and act; and how to problem-solve. Play creates natural opportunities to practice and build important skills like communication, self-control and self-regulation, friendship building, and critical thinking. When children attempt and master new skills through play, it also builds their self-confidence and resilience.

- Young children don’t need flashcards or other school-like activities (like workbooks/worksheets) in order to learn. They learn all they need to be ready for school through playing and interacting with peers, parents, and other adults.
- When parents participate in their children’s play, it strengthens the parent-child relationship. Research also shows that when parents play with their children—talking with them, asking questions, and making it a back-and-forth experience—it benefits children’s thinking, language, and social skills
- Research also suggests:
 - **Basic is better.** The best toys are quite simple, like blocks, a set of vehicles and road signs, and classic pretend play toys (like kitchen sets, dress-up clothing, etc.). Remember that the more the toy is doing on its own (lights, sounds, movement), the less the child is learning.
 - **Less is more.** Parents may believe that the more toys they provide, the better. But one research study found that when toddlers had access to fewer toys, they played twice as long with the toys they had and in more sophisticated ways. Fewer toys seemed to support longer attention spans and deeper play.

Tips for Parents:

Follow your child's lead: Provide an object, toy, or activity for your baby or toddler and then see what they do with it. It's okay if it's not the "right" way—let them show you a "new way." Exploration is a form of learning.

Evaluate your child's play space: Think about whether your child has some space in your home (even if it is small) that is child-friendly and child-safe to explore—or whether you will spend all your time saying "no, don't touch" or "be careful." Choosing a child-safe space beforehand can prevent a tantrum, an accident, or a broken lamp later.

Remember that the best toys don't have to be bought. Some of the best toys for babies and toddlers are child-safe items around your home: cardboard boxes or laundry baskets to climb into; plastic containers to stack, fill and dump; old clothes to use as dress-up; or measuring spoons and pots to "cook" with.

It's never too early to play with peers. Look for opportunities for your child to play with other children, such as at the park or during a library story hour. Having fun with peers is an important way that children learn social skills like sharing, conflict resolution, and empathy.

Children from birth to two years typically play alone but may enjoy watching other children. Remember that young children have very little ability to manage peer conflicts so adults will still need to step in and gently help children share, take turns, and resolve disagreements.

Build in time for free play. Playing without adult participation lets children make their own discoveries, develop persistence, and build problem-solving skills.





Suggestions for Residents

- **Reflect on your own experiences with play as a child.** What do you remember learning through play? What feelings come up for you as you think about your own childhood play experiences? Who were your childhood playmates? Did your parents play with you?
- **Consider that parent-child play is a new idea in many cultures.** Parents may have different levels of comfort with the idea of playing with their young child and/or may not see the value in playing together. Keep in mind that everyday routines (like bath-time or bedtime) can include playful elements—like songs, rhymes or stories—that may feel more natural and comfortable to parents.
- **Model ways to make interactions playful.** Look for opportunities to make well-child visits more fun—like asking children to take “big dinosaur steps” over to the scale or playing a quick game of peek-a-boo with babies when you’re done with the exam. Use these moments as a chance to talk about how everyday routines offer many opportunities for parent-child connection.
- **Ask parents what activities their children enjoy right now.** Talking about play often gives parents an opportunity to point out the pleasurable moments they have observed or shared with their child.
- **Link play to development.** Explain that children use playtime to build new skills and abilities. Suggest some play activities that children might begin to enjoy over the next 2-3 months. (The resources at the end of this section provide some ideas.)
- **Let parents know that electronic/expensive toys are not necessary.** Remind parents that the best toys are safe objects that children can use in a variety of ways—like blocks, stacking cups, or pretend play items. Electronic toys have not been shown to help children learn.



Prompts for Preceptors

- Consider using [this brief article](#) to begin a discussion with residents about **cultural perceptions of play**. Explore residents' own experiences with and beliefs about the value of play.
- Challenge residents to reflect on the question, "Why should pediatricians talk about play with families?" What are the benefits to child health and well-being when parents understand the benefits of play, and know what types of play is best for different ages? You may want to refer to [this Pediatrics article](#) that discusses the AAP suggestion of writing a "prescription for play" during visits.
- Use case examples to promote residents' understanding of what toys/play activities are best for different age groups. For example, you might have residents choose a card with scenarios like "a one-year-old who has just started walking" and ask them to recommend a play activity. See the resource links below in the *Learning Through Play* section for play suggestions for each age.
- Probe for behavioral, developmental, or parenting topics where residents need more information. Were there questions that came up in the visits that residents didn't feel prepared to answer? What resources might be available to them to build this content knowledge?
- Use reflection as a tool for learning about promoting parent-child relationships. Consider questions like: As you think back over the visit, what went well? Is there anything that you felt didn't go so well? What might you say or do differently the next time?

Additional Resources:

Learning From Playtime

- [Zero to Three – Tips for Choosing Toys for Toddlers](#)
- [Zero to Three – Learning Through Play: 12 to 24 Months](#)
- [Zero to Three – Play Activities for 12 to 24 Months](#)
- [Mount Sinai Parenting Center – Learning Through Play](#)
- [Healthy Children – The Power of Play – How Fun and Games Help Children Thrive](#)
- [National Association for the Education of Young Children – Good Toys for Young Children by Age and Stage](#)

Eating the Rainbow

- [Mount Sinai Parenting Center – Encouraging Healthy Eating](#)
- [Healthy Children – Sample Menu for a Baby 8 to 12 Months Old](#)
- [Healthy Children – Sample Menu for a One-Year-Old](#)

Hold Off On Screentime

- [Healthy Children – Where We Stand: Screen Time](#)

Challenging Behavior

- [Mount Sinai Parenting Center – Helping to Teach Appropriate Behavior](#)
- [Mount Sinai Parenting Center – Addressing Children’s Behavior](#)

Safety: Toddlerproofing

- [Healthy Children – At Home](#)



[Watch the Video >](#)



A photograph of a man with a beard, wearing a peach-colored shirt, sitting and talking to a baby. The baby is wearing a white shirt and is looking up at the man with an open mouth, appearing to be in the middle of a conversation. The background is a plain, light-colored wall with a red decorative fan-like object hanging from the top.

The 15-Month Visit: Fun & Frustrating

Video Synopsis: What Parents Will Hear

Learning New Words

Your child understands more than they can actually say. Speak in full sentences and expand on words they already know: *It is a dog. It's a brown, furry dog.* If your child is not yet saying a few words that you understand, making eye contact, or pointing as a way of communicating, make sure to discuss it with your doctor.

Messy Eaters

It's normal for babies to experiment with food at this age. Food costs money and takes time to prepare; if you are concerned about your child wasting food, offer small portions and let your child ask for more until they are full. Talk to your provider if you have concerns about how to pay for or get food for your family.

Setting Limits

Setting a limit means saying what your child can and cannot do. Setting a limit doesn't mean a young child will be able to follow it consistently, at least not yet. When you respond to behaviors the same way every time, it helps children learn the limits you've set. Limits are meant to provide structure, not punishment. Yelling at and spanking a child do not change behavior in the long run.

How to set limits: Start by acknowledging your child's feelings. Then state the rule and offer behavior they can do instead.

Take A Breath

When you take a deep breath during stressful moments, you trick your brain into switching from “fight or flight” to “rest and relax”. This helps you deal calmly with your toddler’s outbursts, tantrums, or any other challenges you may be facing.

Safety: Water

Drowning is a leading cause of death for kids aged 1-4 years. Any time your child is in or around water, make sure they are wearing a US Coast Guard-approved flotation device. Remain within arm’s reach and make sure that one adult is actively watching them. Pools, buckets, or bowls of water should be emptied as soon as they are not being used. It’s never safe to leave your baby alone in the bathtub or even in the bathroom while the tub is filling.



Spotlight on: Setting Limits

What Parents Experience:

Parents often find themselves surprised by the need to set limits as their child becomes more curious and competent. As children act on their own goals and desires, parents often need to step in to set limits, teach appropriate behavior, and introduce “good manners”—accepted community and cultural practices. Limit-setting is rarely “fun” for parents and children rarely (if ever!) thank parents for setting limits. Limit-setting remains, however, one of the most important parts of parenting as children grow.

What parents should know:

Limits help children learn to function successfully at home, at school, and in the world. Parents are setting limits even in the first year of life: picking up an 8-month-old who is trying to pull the dog’s tail or giving a baby something to grab other than a parent’s earrings or glasses.

The part of the brain that helps us consider consequences before taking an action is still developing, and children under three aren’t able to remember and follow rules. Young children need many—hundreds of—reminders before they can learn limits, remember them, and stop themselves from acting on their impulses. This means parents must be patient and consistent about limit-setting over several years. By 3 ½ to 4 years of age, children begin to develop greater self-regulation as well as more reliable long-term memory, and are thus able to follow rules and limits more consistently.

It’s also important to remember that many times, behavior is a communication. If parents consider what happened right before the behavior; when the behavior is happening; or where the behavior is happening, they may gain insight into what the child needs, is struggling with, or is trying to communicate.

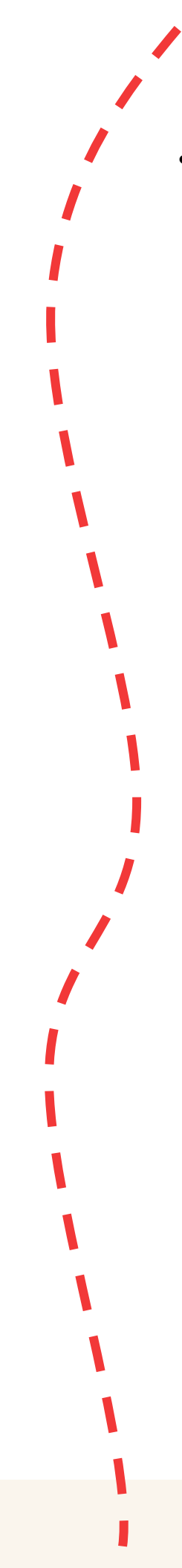
While setting a limit, it’s ideal if the adult can stay calm—taking a few deep breaths if needed—before reacting to their child’s distress. The following steps may help a child get back on track.

- **Empathize. Let your child know you understand their feelings.** A parent might say, *“I know you are mad that I took the block out of your hand. You love playing with blocks.”*
- **Calmly state the limit.** *“But the family rule is: No throwing blocks. Someone will get hurt.”*
- **Redirect or offer a choice.** Offering choices is a good strategy because it gives your toddler a sense of control. *“You can throw your blocks into this basket or throw this soft ball instead.”*
- If needed, **give appropriate consequences**—calmly and without anger or harshness: *“I see that your body really wants to throw the blocks today. I am going to put them away until after lunch and then you can try again.”*



Suggestions for Residents

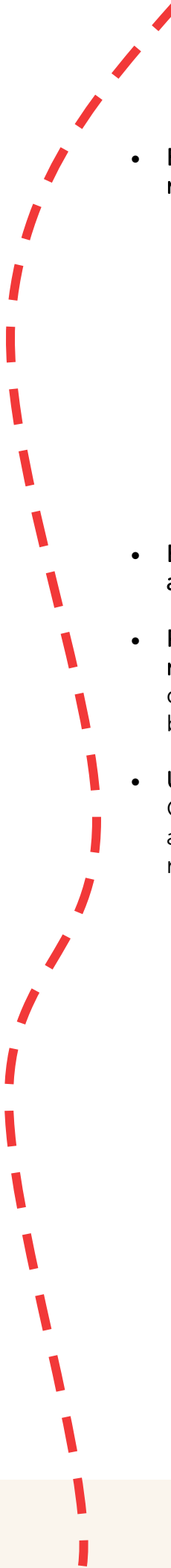
- **Reflect on your own experience with limit-setting.** How did your family of origin set and enforce rules and limits? How did their approach to discipline make you feel? If you have your own children, what approach to discipline have you taken? How do you want your children to feel as a result of your limit-setting?
- **Think about a time when you saw a parent set a limit with a young child in clinic or elsewhere.** What worked about their approach? What wasn't effective about their approach? What information do you think would help this parent understand age-appropriate limit-setting?
- **The research is clear on spanking:** spanking is not effective, can be harmful for children's development and increases the chance of mental health issues later in life. In addition, research has long established the negative effects of spanking on children's social-emotional development, self-regulation, and cognitive development. Spanking also increases the risk of parents engaging in maltreatment or abuse if they are disciplining while angry themselves. Yet, many parents continue to spank. Maintaining a collaborative relationship with families while not supporting spanking can be a fine line to walk. Take a moment to talk with a mentor or experienced provider about how they raise these issues with families and how they frame messages about limit-setting and discipline.
- **Learn the milestones for self-regulation from birth to five years, and become familiar with limit-setting strategies that are appropriate for this age range.** See the resources at the bottom of this page for ideas and information. Consider beginning conversations with parents by asking questions like, "Are you encountering any challenging behavior? Would you like to talk about limit-setting strategies for toddlers/preschoolers?"
- **Read up on time-out.** (See resource below.) Time-out, a short period when a child is separated from their caregiving adult until they have calmed down, is often ineffective for young children. This is because the part of their brains responsible for self-regulation is not fully developed and, as a result, young children require co-regulation support (the support of parents/nurturing adults to help them calm down when overwhelmed). For many children, time-out can deepen their distress and overwhelm. Instead, parents might consider staying nearby ("I'll be right here on the couch if you need me") and re-focus on the rule/limit once the child has calmed.

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- **Remind parents that when children are at the peak of a tantrum, they are unable to calm themselves and they cannot pay attention to parent explanations.** The point of overwhelm—the peak of a tantrum—is not the time to explain rules or expect children to do anything that requires higher-order thinking (like asking them to explain what they think they did wrong). When children are extremely upset, parents simply need to be present (“I am going to be right here while you work through your big feelings”), offer comfort (“If you want a hug, I’m here”), ensure children cannot hurt themselves or others, and wait for the storm to pass—re-connecting when it’s through.



Prompts for Preceptors

- **Acknowledge that limit-setting is an issue that elicits strong feelings in families and residents.** Cultural background or religious beliefs may influence one's experience with, and perceptions of, discipline approaches. In addition, harsh discipline often crosses the line into abuse/neglect. According to the Centers for Disease Control and Prevention, approximately 1 in 7 children have experienced abuse or neglect—and it's quite possible one or more of the residents in your cohort has had this experience as a child. Validate that work with children and families will sometimes elicit strong feelings and reactions in the provider. Discuss strategies for managing these (quite natural) feelings so they do not interfere with relationship-building or providing optimal care.
- **Review common challenging behaviors encountered by families in the early years.** Engage residents in a discussion about what limit-setting approaches they might recommend to families who raise these issues. Remind residents that, in the early years, limit-setting is about prevention and repetition: setting up safe environments, setting and maintaining routines, and prompting children with positive prompts that teach children acceptable behavior ("we'll walk down the hall") rather than negative statements ("don't run"). Parents will need to repeatedly set the same limits many times before children can consistently follow rules, so patience is needed.
- **Remind residents that parents learn limit-setting "on the fly."** Few parents have received training on age-appropriate discipline strategies. As a result, parents most often turn to the strategies that they experienced as children. Suggest that residents use approaches like ones outlined below to open a discussion with parents about discipline:
 - Validate parents' experience: "It's true. Limit-setting can be the toughest part of parenting."
 - Ask permission: "Would you like to talk about limit-setting strategies for young children?"
 - Explore expectations: "Can you tell me more about some of the rules you find are most challenging for your child to follow?" (This gives the provider an opportunity to talk with the parent about typical development and what they can reasonably expect from a young child.)
 - Probe for parent observations: "What do you think your child's behavior might be telling you?" (This helps the parent make the link: Behavior is a communication.)
 - Ask about parent goals: "What do you want your child to learn from your limit-setting?"

- 
- **Ensure residents understand the responsibilities involved in being a mandated reporter.** This role is integral to ensuring child safety. Key messages to share:
 - The circumstances under which a mandated reporter must make a report vary from state to state; clearly explain the guidelines for your state. Most often, a report must be made when the reporter (such as a physician or teacher) suspects or has reason to believe that a child has been abused or neglected.
 - Reassure residents that mandated reporters do not have the burden of providing proof that abuse or neglect has occurred. Establishing proof is the purpose of the child welfare investigation. However, mandated reporters are required to report the facts and circumstances that led them to suspect a child has been abused or neglected. (See the resource below for more information.)
 - **Explain the steps the resident should take in the clinic/office setting if abuse/neglect is suspected.**
 - **Probe for behavioral, developmental, or parenting topics where residents need more information.** Were there questions that came up in the visits that residents didn't feel prepared to answer? What resources might be available to them to build this content knowledge?
 - **Use reflection as a tool for learning about promoting parent-child relationships.** Consider questions like: As you think back over the visit, what went well? Is there anything that you felt didn't go so well? What might you say or do differently the next time?

Additional Resources:

Learning New Words

- [Talking Is Teaching – Resources](#)
- [Zero to Three – Supporting Language and Literacy Skills from 12-24 Months](#)

Messy Eaters

- [Healthy Children – Self-Feeding](#)
- [Mount Sinai Parenting Center – Encouraging Healthy Eating](#)

Setting Limits

- [HealthySteps – Easy-to-Read Topical Articles for Caregivers \(Setting Limits\)](#)
- [CDC – Child Abuse and Neglect](#)
- [Child Welfare – Mandatory Reporters of Child Abuse and Neglect](#)
- [CDC – Milestones](#)
- [Zero to Three – Limits for Little Ones](#)
- [Zero to Three – Sharing Your Calm](#)
- [Zero to Three – Are Time-Outs Helpful or Harmful to Young Children?](#)

Take A Breath

- [Zero to Three – Mindfulness for Parents](#)
- [Zero to Three – Mindfulness is a Parent Superpower](#)
- [Zero to Three – Mindfulness Practices for Families](#)

Safety: Water

- [Zero to Three – Water Safety for Children](#)



[Watch the Video >](#)





The 18-Month Visit: Curiosity & Persistence

Video Synopsis: What Parents Will Hear

Mistakes Are Opportunities

It can be hard to watch your child struggle to figure out how to do things, however, letting them try to work through the problem themselves helps them learn. Focusing on the effort, rather than the result, is important to keep your child motivated.

Reading Together

Your toddler may not be able to sit still for a whole book or may want to hear the same story over and over. Talk about how the characters are feeling and what they're doing.

Surviving Tantrums

If your toddler is in the middle of a tantrum, they won't be able to take in or make sense of anything you are saying. During a tantrum, they need your physical presence and calm to help them regain their calm. After the tantrum is over, you and your child can discuss ways to prevent them in the future.

Watching Together

The American Academy of Pediatrics recommends no more than one hour of screens (TV, phone, tablet) a day from 18 months to two years of age. Watch together and talk about what you are seeing—your interactions with your child are much more important than anything they'll get from a screen. You can help them make the connection between what's on a screen and their real life.

Mealtime Choices

Toddlers often want to choose their own food so let them decide what and how much to eat (from a set of healthy choices at mealtimes). Avoid power struggles and don't insist on a clean plate, which can lead to overeating. Your toddler should eat at regular mealtimes with three meals and up to 2 healthy snacks a day. They are growing more slowly and may eat less than they did before. A toddler's portion size is about $\frac{1}{4}$ of what an adult eats.

Keep Up the Nap

Toddlers still need naps. If they've not already done so, they may soon move from two naps per day to one nap, usually after lunch and lasting 1-3 hours. Afternoon naps will continue until they are at least 3 years of age.

Safety: Playing Safely Outdoors

Toddlerproofing is harder outside. Make sure all outdoor play is supervised closely. Use sunscreen and reapply it every 1 $\frac{1}{2}$ to 2 hours, regardless of your child's skin color. Have them wear hats with a wide brim and sun-protective clothing and make sure they drink plenty of water as well. Continue to hold their hand near streets or driveways with moving cars or bikes.



Spotlight on: Screens and Co-Viewing

What Parents Experience:

Parents may find it difficult to limit screen use—their own as well as their children’s. Screens are often a welcome distraction when parents need time to cook a meal or have an uninterrupted adult conversation.

What Parents Should Know:

The American Academy of Pediatrics³ recommends the following:

Birth through 18 months

Avoid all screen media—phones, tablets, TVs and computers. Video chat is acceptable since it is live, responsive, and interactive.

18 months to 5 years

If parents wish, they may introduce young children to high-quality children’s media. Parents should watch along with children, explain what they’re seeing, and make connections between the program and children’s “real world.” Limit screen use to one hour or less a day.

Research shows that video chat is fine for children of any age, precisely because it includes adults who provide interactive, responsive, and relationship-building experiences.

Adult use of screens can also have a negative impact on a child’s development and behavior, as heavy screen use by parents may be associated with lower-quality parent-child interactions^{4,5}.



³ The American Academy of Pediatrics. (2016). *Where We Stand: Screen Time*. Retrieved from:

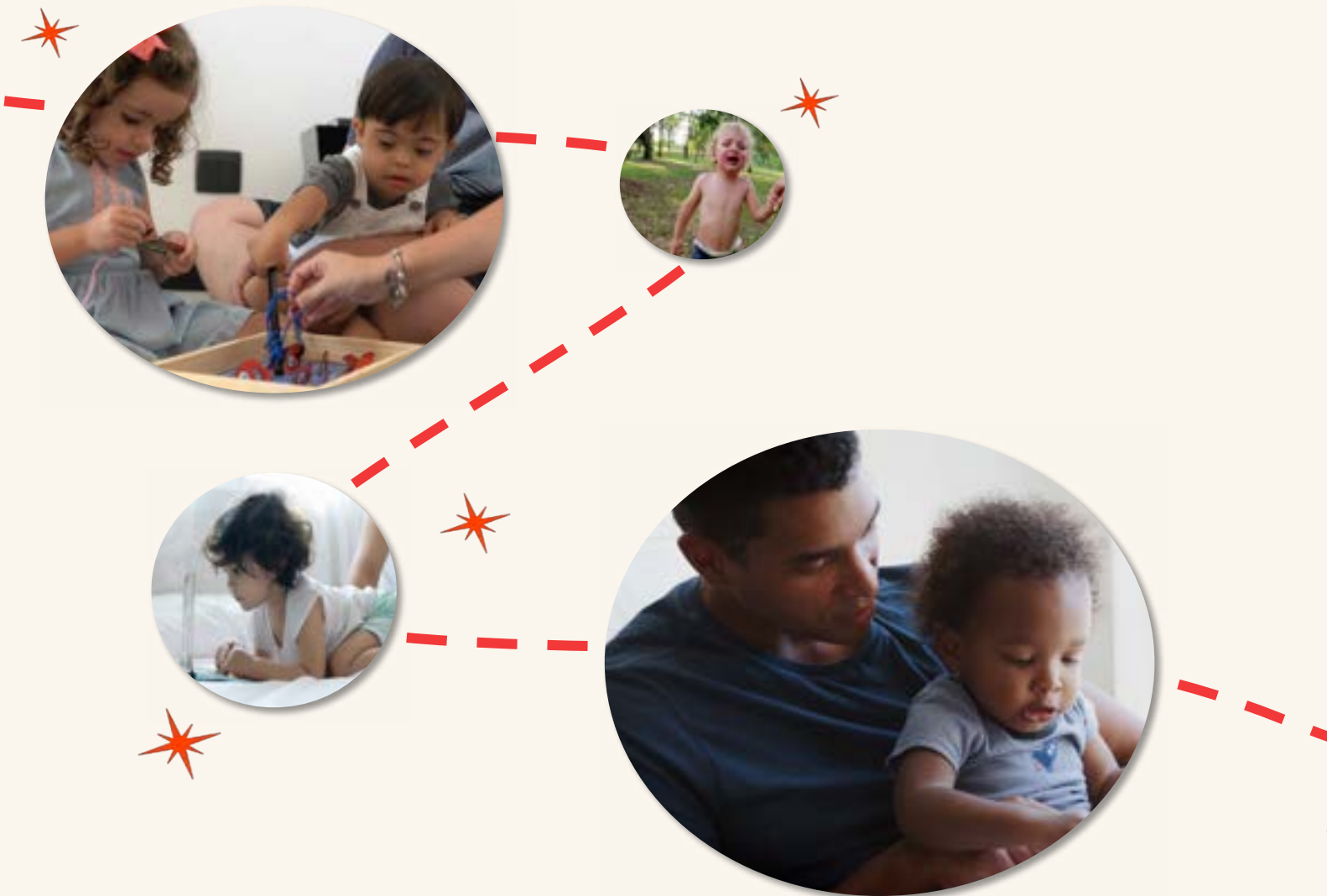
<https://www.healthychildren.org/English/family-life/Media/Pages/Where-We-Stand-TV-Viewing-Time.aspx>

⁴ Infant Mental Health Journal, Volume 42, Issue 2. (2021). *Smartphones in the nursery: Parental smartphone use and parental sensitivity and responsiveness within parent-child interaction in early childhood (0-5 years): a scoping review*. Retrieved from: <https://onlinelibrary.wiley.com/doi/full/10.1002/imhj.21908>

⁵ Computers in Human Behavior, Volume 75. (2017). *Impact of parents mobile device use on parent-child interaction: A literature review*. Retrieved from: <https://www.sciencedirect.com/science/article/pii/S0747563217303722>

It can be difficult to select appropriate screen media for young children. The best and easiest way to choose high-quality screen experiences is to rely on public television (like PBS) offerings. Public television programs, games, and apps are designed with the help of educators and curriculum specialists and take into account children's development and skills. Keep in mind that there are no government requirements for labeling media as "educational." Because of this, parents should be very cautious about selecting any program, app or game that makes claims about supporting child learning or education. Parents can also find helpful recommendations from organizations such as commonsensemedia.org.

Finally, families should avoid screen use near bedtime. Children exposed to screens before bed typically wake more, sleep less, and are more tired the next day⁶. Use the time before bed as an opportunity to wind down and relax—sharing stories, songs, and other relaxing activities.

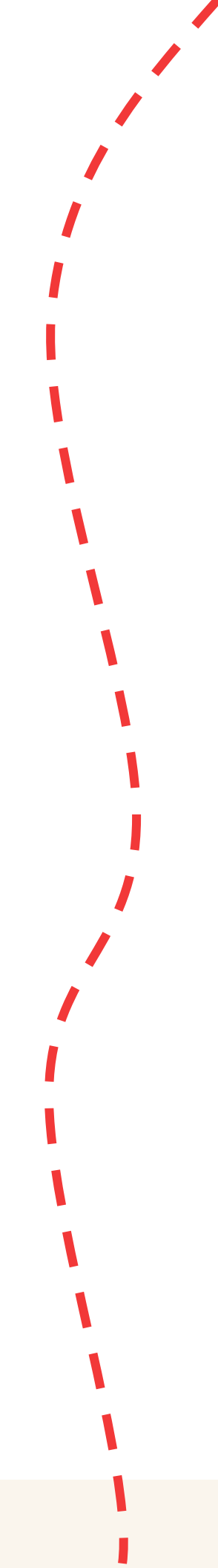


⁶ Child and Adolescent Psychiatric Clinics of North America. (2018). *Youth screen media habits and sleep: sleep-friendly screen-behavior recommendations for clinicians, educators, and parents*. Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5839336/>



Suggestions for Residents

- **Reflect on your own relationship with screen media.** Current guidance for adults is to spend at least three to four hours each day completely detached from screens. Does this feel realistic to you? How do you feel when you do not have access to your phone or other screen device?
- **Explore parents' current beliefs and practices about screen use for children.** Research indicates that parents' own screen time is strongly associated with child screen time, and parental attitudes about screen media use are associated with child screen media use. Key messages for parents:
 - Young children learn best from play and experiences in the "real" world.
 - If parents choose to offer screen media as a choice for children, try to co-view. Talking about the program, describing the characters and their feelings, and making connections between the program and the child's everyday life also helps with learning.
 - Children thrive when they engage in a variety of activities each day. Offering children a balanced "diet" of activities – including active play – is a good approach. Taking care that screen time doesn't crowd out other experiences ensures children learn and grow up healthy.
- **Recognize that limit-setting around screens is often challenging for parents.** Children tend to strongly protest limits on screen time. Tips for parents include:
 - Set expectations from the outset: "We will watch one show and then turn it off."
 - When the show is over, remind children: "The show is over and screen time is done."
 - Offer a preferred activity to help children transition: "Would you like to read a story with me or draw with crayons?"
 - Disable the auto-play option (when the next episode automatically plays) on apps (like YouTube) and televisions/tablets when possible.
- Share information with parents about adult screen use in open, nonjudgmental ways:
 - Validate: "We all spend a lot of time on screens."
 - Explain: "But more and more research suggests that when we're on our phones, it interrupts our connections and interactions with our kids."
 - Suggest: "This doesn't mean we stop using our phones. But it's important to share some screen-free time with our kids each day--during mealtimes, bedtime routines, or play times. When they're trying to connect or talk



with us, it's important to put down our phones—so they see and feel that they are important to us.”

- Ask: “Is there anything you’d like to change about your screen use?”



Prompts for Preceptors

- **Share the American Academy of Pediatrics screen media guidelines with residents.** Facilitate a discussion around their experiences with children's screen use and parents' questions about screen use. Point out that [a meta-analysis](#) found that more than 75% of children under age 2 and 64% of children between the ages of 2 and 5 were exceeding AAP screen time guidelines of one hour per day.
- **Encourage pairs of residents to role-play introducing these guidelines,** with one resident responding as the parent and the other as the pediatrician. What did they find challenging/insightful about these discussions?
- **Create space for compassion.** Judging parents for providing children with screen time (or using screens themselves) does not lead to collaborative relationships. Encourage residents to consider the reasons why parents may choose to offer young children with screen time (e.g., they believe children learn from media; they need time/space to complete other tasks; they believe screen media is fun for children; they believe screen media helps their child regulate or calm down after a tantrum, etc.) Engaging as a partner, keeping parents' goals and beliefs in mind, often leads to more constructive conversations.
- **Raise the issue of parental screen use during child visits.** Do residents ask parents to put phones down? Facilitate a conversation about what residents do (or plan to do) in these moments. Explore scripting they might use when this issue comes up.
- **Probe for behavioral, developmental, or parenting topics where residents need more information.** Were there questions that came up in the visits that residents didn't feel prepared to answer? What resources might be available to them to build this content knowledge?
- **Use reflection as a tool for learning about promoting parent-child relationships.** Consider questions like: As you think back over the visit, what went well? Is there anything that you felt didn't go so well? What might you say or do differently the next time?

Additional Resources:

Mistakes Are Opportunities

- [Zero To Three – Celebrate Your Child’s Strengths](#)

Reading Together

- [Zero to Three – Read Early and Often](#)
- [Zero to Three – Five Fast Facts: Reading with Under-Threes](#)

Surviving Tantrums

- [HealthySteps – Easy-to-Read Topical Articles for Caregivers \(Temper Tantrums\)](#)

Watching Together

- [Zero to Three - Screen Sense](#)
- [Zero to Three – Screen-Use Tips for Parents of Children Under Three](#)
- [Zero to Three – Five Tips to Make the Most of Video Chats](#)
- [Healthy Children – Where We Stand: Screen Time](#)
- [Healthy Children – Family Media Plan](#)
- [Mount Sinai Parenting Center – TV Choices](#)
- [Common Sense Media – Screen Time](#)

Mealtime Choices

- [Zero to Three – Healthy from the Start](#)
- [Zero to Three – How to Handle Picky Eaters](#)

Keep Up the Nap

- [Mount Sinai Parenting Center – Learning to Sleep](#)

Safety: Playing Safely Outdoors

- [Healthy Children – Sun Safety and Protection Tips](#)
- [National Association for the Education of Young Children – Rocking and Rolling. Fresh Air, Fun, and Exploration: Why Outdoor Play is Essential for Healthy Development](#)



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The 2 Year Visit: All By Themselves

Video Synopsis: What Parents Will Hear

Discovering Numbers and Letters

Children learn through play. You can help your child learn by encouraging them to (safely) explore what interests them. Reading with your child is a great way to connect and also helps to build their vocabulary and listening skills. You can talk about what's happening in the story, ask them questions, and let them take over some of the storytelling.

Challenging Behavior

Toddlers are easily frustrated and overwhelmed by all the things they *want* to do but aren't yet *able* to do. Let them take on self-care tasks they're able to do independently and provide support for those tasks that they can almost do on their own. When they get frustrated, offer your child new ways for managing those big feelings.

Talking About Bodies

When possible, give your child choices around their own body—for example, don't force them to give hugs or kisses to friends or family members. Help them learn the real names of all body parts.

Healthy Teeth

Make sure to brush your child's teeth at least twice a day with a soft toothbrush and a tiny amount of fluoride toothpaste. Sticky foods and fruit snacks are bad for children's teeth. Sugary drinks, including 100% fruit juice, can also cause tooth decay and cavities.

Toilet Learning

You may begin to see signs that your child is ready to learn to use the toilet—for example, noticing cues for when they have to “go.” Forcing a child to potty train before they're ready can lead to struggles and make the process take longer. Establishing routines (for example, sitting on the potty after a nap or meal) is a great way to get your child comfortable with the toilet. Accidents happen!

Safety: Car Seats

Your child should continue to ride in a rear-facing car seat until they reach the seat's maximum recommended height or weight limit. Always use a car seat, even for short trips. Never leave a child alone in the car.



Spotlight on: Discussing How to Manage Challenging Behavior

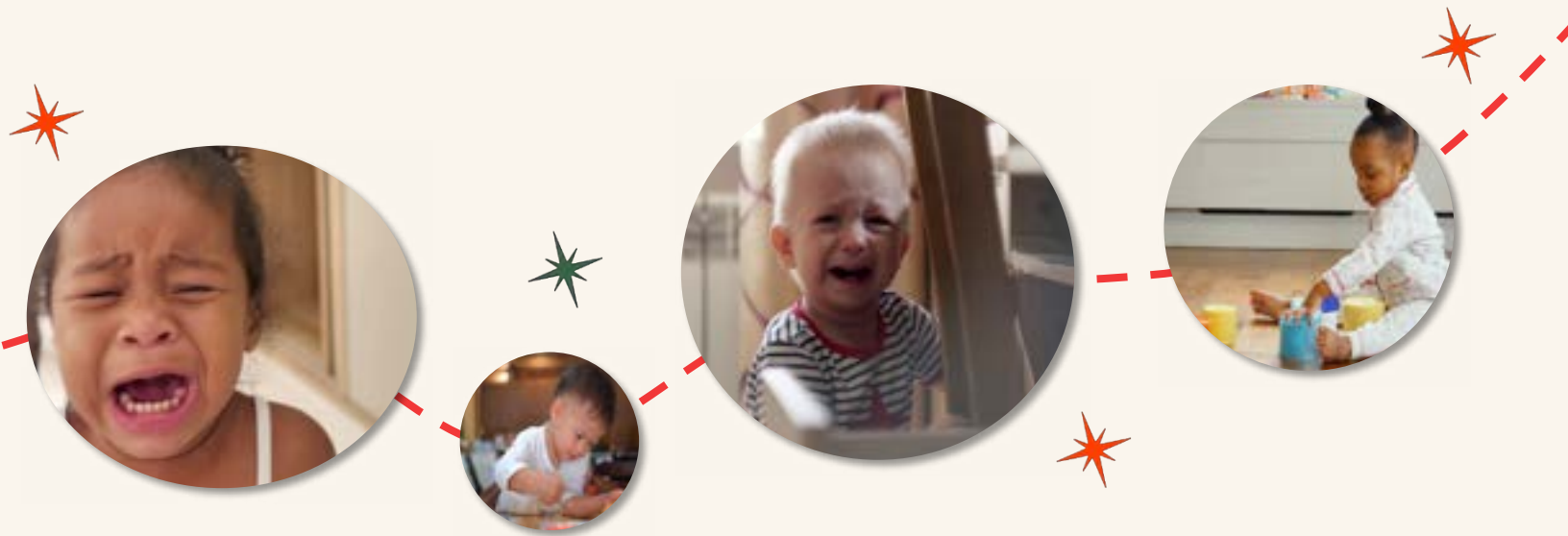
What Parents Experience:

Tantrums are common and developmentally appropriate at this age, as toddlers are easily frustrated and overwhelmed by all the things they want to accomplish but are not yet able to do. As the Sparks video says, "Can't reach. Can't zip. Can't button. Can't tie. Can't say what I'm feeling or thinking or what I want."

At the same time, toddlers are driven to seek independence as they discover all they *can* do (climb, reach, pour, open doors and drawers, etc.). Seeking independence is a natural, normal and desired milestone for young children.

In a world that sometimes feels overwhelming, toddlers may also seek some level of control in the form of making demands: for a special cup or plate, a favorite pair of pajamas, or to be able to push the grocery cart. Having control over aspects of our world offers a sense of safety and security.

While this developmental context doesn't excuse challenging behavior, understanding the *why* behind behavior can often help parents reframe these moments in a more compassionate, normative, and loving way. This is important because challenging behavior can tap into a parent's last reserves of patience, especially when meltdowns happen in a public place.



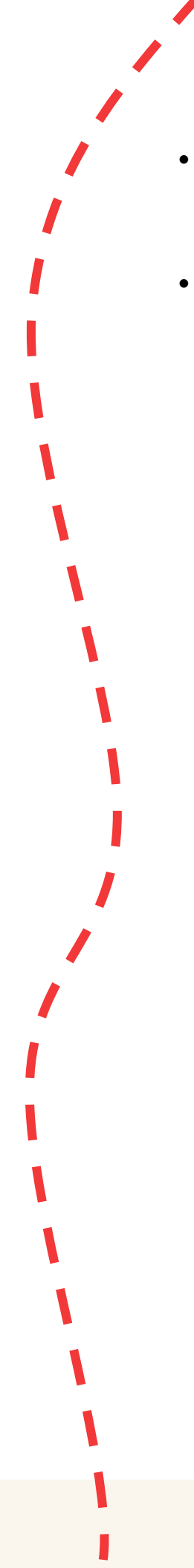
Some key messages to introduce regarding challenging behavior include the following:

- **Challenging behavior is normal.** It doesn't mean a child is bad or trying to intentionally aggravate their parent. Because the part of a child's brain responsible for self-control and memory is still immature, parents will probably have to set the same rule or limit hundreds of times before a child has the ability to follow the rule all on their own. **Probe** to explore how parents experience their child's challenging behavior.
- **Learning to set age-appropriate limits is a normal part of being a parent.** It doesn't mean they are "bad parents" for "having" to set a limit. Parents set many, many limits everyday—from making sure children take necessary medication to stepping in if their toddler pulls the cat's tail. Limits are part of everyday life and help children learn the expectations of their family, community, and culture. **Probe** to explore how parents feel about limit-setting (comfort, discomfort, avoidance, etc.).
- **Many parents did not experience compassionate limit-setting as children themselves.** This history can affect parents in different ways—from consciously or unconsciously repeating those patterns, to avoiding limit-setting altogether. This history may also mean parents lack knowledge about other ways to discipline. **Probe** to ask how parents are managing challenging behavior. **Ask** if they'd like to learn more about age-appropriate limit-setting for toddlers.
- **It's important to set limits that help children learn what they *should* do,** and not just what they shouldn't. For example, telling a child not to hit or having them sit on a chair for hitting does not teach a child *what to do instead* when they are angry or overwhelmed. **Ask** about common behavior challenges parents are encountering. **Explore** ways of teaching the child a more appropriate replacement behavior. **Behavior is often a communication.** The behavior a child is using may be challenging, but helping parents wonder what the meaning is (what the child may be asking for or trying to avoid) can guide them to the best response. **Ask** parents to share a recent tantrum and talk through what happened before, during, and after. **Explore:** What might the child have been communicating through that behavior?



Suggestions for Residents

- **Discussing discipline and limit-setting can be a hot button topic for families.** Try some of the question types below (from the field of motivational interviewing) to begin a discussion:
 - Would you be open to discussing limit-setting and discipline strategies?
 - On a scale from 1 to 10, with 1 being not very confident and 10 being very confident, how would you rate your confidence in responding to challenging behavior? Tell me more about how you chose that number.
 - What questions do you have about responding to challenging behavior?
 - What are you hoping your child will learn from your approach to limit-setting?
 - When you think about your child's future, what social and emotional skills do you want to see in your child? How does your current approach to challenging behavior support this goal? Would you like to hear some other ideas about responding to challenging behavior?
 - What is the benefit of trying a new approach to discipline? What do you see as some of the risks of trying something new?
- **Affirm parents' decision to avoid spanking.** (Research shows it can have long-term negative consequences for children.)
- **Acknowledge that toddlers still need a calm adult nearby to help them calm down.** For this reason, time-out is not recommended for children under three.
- **Suggest alternatives to spanking and time-out:**
 - Use positive opposites – Tell your child what you want them to do (Please walk) rather than what you don't want them to do (No running in the house).
 - Give attention to behaviors you like and ignore the behaviors you can live with.
 - Pause/take a short break before responding to a child's behavior if you are very angry yourself. When you are calm, you make more thoughtful parenting decisions and can better help your child calm.
 - Enforce limits – Choose age-appropriate consequences you can follow through on. If a child is throwing a toy car after being asked not to, put it on a shelf for an hour as a natural consequence.
- **Ask what parents do to stay calm in the face of a tantrum.** Even a few deep breaths can give them space to consider how they want to react. Suggest mindfulness strategies.

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- **Remind parents that it's ok to say no.** Giving in to a child's demands in order to avoid a tantrum teaches them that tantrums are an effective way to get what they want.
 - **Observe the child's behavior during the office visit** as well as consider what's shared by parents. If parents express concern about the child's behavior, share resources like referrals to: early intervention, a community early childhood mental health services, and/or a parenting group as needed.



Prompts for Preceptors

- **Discuss the major shift in the parent's role as toddlers assert their independence.** Becoming a discipline figure/limit-setter, and feeling confident in this role, will be a steep learning curve for many parents. **Probe:** Do residents feel confident discussing child-rearing issues like challenging behavior and limit-setting with parents? What questions or concerns arise for them when discussing spanking and discipline?
- **Explore the connection between parental self-regulation and discipline.** One way to keep young children safe is helping parents recognize that staying calm while limit-setting is a critical part of their parenting role. What may be intended to be a mild correction can intensify into maltreatment or abuse if the parent is dysregulated/enraged while limit-setting. **Suggest** that residents review simple mindfulness strategies parents can use "in the moment" before responding to their children's behavior. **Encourage** residents to point out when they see parents responding to challenging behavior in appropriate ways: "The way you distracted him with the toy car is such a great strategy to shift them away from unwanted behaviors at this age." **Ask** residents if they observed any challenging behavior during the visit and have them **reflect** on the parent(s)' response.
- **Probe for behavioral, developmental, or parenting topics where residents need more information.** Were there questions that came up in the visits that residents didn't feel prepared to answer? What resources might be available to them to build this content knowledge?
- **Use reflection as a tool for learning about promoting parent-child relationships.** Consider questions like: As you think back over the visit, what went well? Is there anything that you felt didn't go so well? What might you say or do differently the next time?

Additional Resources:

Milestones

- [CDC – Milestones: 2 Years](#)
- [Healthy Children – Ages & Stages: Toddler](#)

Early Learning

- [Mount Sinai Parenting Center – Learning Through Play](#)

Behavior

- [Zero to Three – Toddlers and Challenging Behavior: Why They Do It and How to Respond](#)

Bodies

- [Zero to Three – Sexual Health and Safety](#)

Toothbrushing

- [Healthy Children – Let the Brushing Games Begin](#)

Toilet Learning

- [Zero to Three – Toileting Readiness](#)
- [Zero to Three – Toilet Learning](#)

Safety: Car Seats

- [Healthy Children – Car Seats: Information for Families](#)



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The 2 ½ Year Visit: Out & About

Video Synopsis: What Parents Will Hear

Transitions

Your toddler has their own ideas about time and schedule. Moving from one activity to another may be increasingly difficult and can be even harder for children with less flexible temperaments. You can involve children in simple decisions and plans, like how they prefer to be reminded when time is up or the order in which they do things (is tooth-brushing or hand-washing first?). When possible, offer choices to give toddlers a sense of control: train t-shirt or dinosaur t-shirt? Use reminders, timers, songs, or a chart to help ease transitions.

Practicing Empathy

Empathy is the ability to imagine how someone else is feeling and respond with care. When you show empathy to your child, you help them learn how to show empathy towards others. To nurture this quality in your child, ask them what they might do to help someone in distress. It takes time and experience for a child to realize that others have different thoughts and feelings than they do.

Social-Emotional Skills

Getting ready for school includes getting along with others, being persistent, taking turns, and managing big emotions – in short, social-emotional skills. Pretend play builds social-emotional skills as it helps children understand how other people think and feel.

Pretend play can also offer your child practice in self-control and persistence, and builds language skills and logical thinking.

Eating Together

Regular family meals can promote connection, healthier eating habits, better academic performance, and higher self-esteem for children. The family meal doesn't need to be dinner. Even sitting together for a quick snack or conversation can be a great routine if you get home too late to have dinner with your child.

Physical Activity

Physical activity is so important for your child's body and brain – it helps them develop strong muscles, improves coordination and balance, and increases their attention span.

Safety: Helmets

Make sure to wear a helmet when riding anything on wheels or snow. Look for a helmet that is approved by the Consumer Product Safety Commission and make sure it fits appropriately—with room for only one finger between your child's chin and the helmet strap. Replace a helmet immediately if it becomes damaged. Wear your own helmet to protect yourself and be a good role model.



Spotlight on: Pretend Play

What Parents Experience:⁷

Pretend play begins to emerge around 18 months, when children start imitating everyday actions like sweeping the floor, stirring a pot, saying “choo choo” while pushing a toy train, or talking on a toy phone. Some time between 2 and 3 years of age, children begin to use one object to represent something else. A block can be a phone, a car, or a hamburger. This is called “symbolic thinking” and it represents a big leap in children’s thinking skills.

What parents should know:⁸

- **Pretend play is more than just fun.** Pretend play can help a child deal with life changes or difficult situations, like saying goodbye to a parent at child care, or adjusting to a new baby in the family. Children work through these big feelings by exploring and expressing them through play, especially when parents join them.
- **Pretend play begins at age two but grows for years.** At age two, toddlers are transitioning from parallel play (peers playing separately, but side-by-side) to occasional pretend play with a peer: “Let’s be dogs and run over there!” By age three, however, children will consistently engage their peers in play, negotiate who will take on which roles, agree on a narrative, and act these stories out with gusto. If a toddler consistently avoids pretend play or does not seem to engage with peers other than through imitation (verbal or gestural), consider referring the child to early intervention and/or a developmental pediatrician for a developmental assessment
- **Parents can participate.** When parents encourage and join in a child’s pretend play, they can increase the learning that’s happening in these moments and also strengthen the relationship they share with their child. Parents can:
 - Enter their child’s pretend world and follow their lead. Ask questions like “Who should I be?” and “What should I do next?”
 - Observe carefully for a window into their child’s thoughts and feelings. What is their child thinking about right now? What are they interested in?
 - Create pretend scenarios to help their child prepare for upcoming situations that may be challenging. For example, the parent may suggest they play “dentist” or “babysitter.” By giving children a picture of what this experience will be like during play, they may have an easier time when they have the experience in “real life.”

⁷ Kinsner, K. (2019.) *The Pretenders*. Retrieved from <https://www.zerotothree.org/resources/2959-the-pretenders>

⁸ Lerner, C., Dombro, A., and Levine, K. (2000.) *The Magic of Everyday Moments: 24-36 Months*. Retrieved from <https://www.zerotothree.org/resources/194-development-from-24-to-36-months-old-new-skills-develop-through-play-routines-and-relationships>



Suggestions for Residents

- **Think of play as a window into development.** Consider asking parents about their child's favorite ways of playing right now. Listen for (1) skills the child has mastered; (2) skills the child is working on; (3) interests the child might have (animals, superheroes) that you can use to connect with them; and (4) possible areas of concern.
- **Use play as a strategy to engage with a child.** Is a child reluctant or afraid of you or a procedure? Is there a way to make the moment playful—for example, can the child weigh a toy car on the scale or look in the ears of a stuffed animal you might have?
- **Let parents know that simple, open-ended toys are often the most fun for children.** A laundry basket can be a boat, a race car, or a bear's den. Also, you can debunk the myth that more toys are better. In fact, more toys in a play setting can be overwhelming to children and actually reduce the time they spend with each. Fewer toys lead to longer play spans and more complex play. Suggest parents rotate toys in and out of the child's setting to promote greater exploration and play with each.
- **Reinforce the importance of free play.** Free play means that parents aren't leading the play. Children are deciding what and how to play. This type of play is relaxing to children and by its very nature, meets their developmental needs. Parents don't always have to play "with" children. They can be loving observers, nearby and available, but not directly involved.
- **Ground parents in what to expect from toddlers during pretend play with peers:** difficulties with turn-taking, struggles with sharing, possibly some aggression, and certainly some disagreements. Parents need not become involved in negotiating every dispute. In fact, giving toddlers time to figure out conflicts on their own is a great skill they practice during peer play. However, some disagreements will certainly need adult intervention and toddlers will always need adult supervision. Suggest parents try to have a "toddler-friendly" play activity available if needed—like art materials, music-making, or outdoor play – none of which require sharing or turn-taking.



Prompts for Preceptors

- **Check in with residents to confirm they understand what “pretend play” is.** Discuss the developmental emergence of play skills as another way to conceptualize how early development influences the ways in which children engage with the world. See the Zero to Three resource below for more information on the stages of play.
- **Explore how a child’s disability or delay may impact their play skills and, by extension, their ability to learn and build connections with peers.** What resources exist in your community to support children and families in the domain of play (e.g., social skills play groups)?
- **Lift up parent anecdotes as powerful sources of data.** Imagine a parent of a 2 year old shares a story of their child who tends to avoid peer interactions and plays on their own most of the time in repetitive activities (flicking at the wheels of a toy car or placing figures/props in precise places in a dollhouse). The parent asks, “Is this normal?” Discuss with residents: As you listened to this parent, does their story raise a concern for you? Why/why not? What might you do or say next with this family in response to their question?
- **Probe for behavioral, developmental, or parenting topics where residents need more information.** Were there questions that came up in the visits that residents didn’t feel prepared to answer? What resources might be available to them to build this content knowledge?
- **Use reflection as a tool for learning about promoting parent-child relationships.** Consider questions like: As you think back over the visit, what went well? Is there anything that you felt didn’t go so well? What might you say or do differently the next time?

Additional Resources:

Play

- [Zero to Three – The Development of Play Skills from Birth to 3](#)
- [AAP – The Power of Play: A Pediatric Role in Enhancing Development in Young Children](#)
- [Zero to Three – Aggressive Behavior in Toddlers](#)
- [Zero to Three – Helping Young Children Channel Their Aggression](#)
- [Zero to Three – Coping with Aggression and Teaching Self-Control](#)

Transitions

- [Mount Sinai Parenting Center – Handling Transitions](#)
- [HealthySteps – Easy-to-Read Topical Articles for Caregivers \(Transitions\)](#)

Practicing Empathy

- [Mount Sinai Parenting Center – Encouraging Empathy](#)
- [Zero to Three – How to Help Your Child Develop Empathy](#)

Social-Emotional Skills

- [Zero to Three – 24-36 Months: Social-Emotional Development](#)
- [Zero to Three – The Pretenders](#)
- [Zero to Three – 5 Ways to Play...](#)

Eating Together

- [HealthySteps – Easy-to-Read Topical Articles for Caregivers \(Feeding Your Toddler\)](#)

Physical Activity

- [Nemours Health & Prevention Services – Best Practices for Physical Activity](#)



Safety: Helmets

- [Healthy Children – How To Get Your Child To Wear a Bicycle Helmet](#)
- [Healthy Children – Bicycle Helmets: What Every Parent Should Know](#)

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The 3 Year Visit: Independence & Imagination

Video Synopsis: What Parents Will Hear

Toddler Fears

Children at this age may have many new fears or worries. They may have fear grounded in the new or unknown – like going to the doctor – or fears of imaginary things like monsters. Preschoolers cannot yet tell the difference between fantasy or reality and may have fears about both. The relationship you build with your child helps them feel safe in these moments.

Take children's fears seriously. You can help your toddler overcome their fears by coming up with solutions or coping strategies, like offering a night light, leaving the door open, or providing a favorite stuffed animal or blanket.

Trying New Foods

Give your child many opportunities to try a wide range of foods, especially fruits and vegetables. What you eat has a big influence on what your child will eat. Make sure you're eating the same foods that you want them to try.

Changes in Sleep

Your child may be less willing to take an afternoon nap. Keep offering it and let them sleep when they can. When they can't sleep, let them have quiet time in their crib or bed.

If your child is no longer napping and is cranky in the afternoon, try making bedtime an hour earlier. Use your child's mood to help you understand how much sleep they need.

Why So Many Whys?

Your child may be asking a lot of questions. This reflects their growing understanding of the world around them. They are also noticing similarities and differences. Make sure you're open to discovering and talking about the differences and beauty of other cultures and people—your child is looking to you as the model for how to treat others.

Finding the Calm

Tantrums can be at their worst at age three. One of the best ways to teach children how to manage their big emotions is to show them how you handle yours.

Whenever possible, pause before acting on your emotions. All parents lose their temper sometimes. When you do, own the fact that you overreacted and apologize.

Safety: Emergency Preparedness

Help your child learn important information in case of emergencies. Start with their full name, your full name, and your cell phone number. Remembering nine digits can be a challenge, so try making a game or a song out of it. Put your contact information inside your child's clothing or on a bracelet. If they are lost, they should find another parent with a child to ask for help.



Spotlight on: Fears

What Parents Experience:

Fear is a typical part of a child's development during their first five years. Preschool children may develop and express new fears—of the dark, of strangers, of monsters, of going to the doctor, of dogs or other animals, and more. As children get older, these fears can fade or children may respond more consistently to logic ("you're right - the thunder is really loud, but it is just a sound and sounds cannot touch us, so you are safe."). Some fears, especially those based in a child's experience (like being barked at by a dog), may continue. Providing new, positive experiences (such as a friendly dog), not forcing children to "face their fears" (e.g., forcing a child to pet a dog), and modeling coping strategies (such as watching dogs play from a distance and then slowly moving closer) can help children work through their fears.⁹

What Parents Can Do:¹⁰

- **Help their child put fears into words.** If a child expresses a fear of automatic flush public toilets (more common than you might think!), parents can say something like, "The flushing sound is make you feel a little unsure. You don't like when the water makes a lot of noise. I'm going to hold you in my arms until it's done flushing."
- **Help them feel secure.** Parents can make it clear that they're protecting their child: "I know you worry about bees. I'll let you know if I see one when we go out in the garden. Remember, bees are interested in the flowers and not in people."
- **Move on with life.** Making too big a deal out of a child's fear risks giving that fear more power. For example, if a three-year-old says they are afraid of their dark bedroom at bedtime and parents allow the child to join them in their bed, the child is learning that their bedroom is actually a pretty scary place to sleep!
- **Suggest age-appropriate fear-busting strategies.** A parent might offer choices such as these: "The night-time shadows can be a little spooky. Would you like me to turn on the night-light? Would you like to choose a special stuffed animal to cuddle? I will sit with you for a few minutes while you get cozy again."
- **Offer encouragement and be patient.** Working through fears takes time, especially for toddlers and preschoolers who still believe in monsters and all the creatures that live in their imaginations. Parents can offer a consistent, caring response and notice when their child makes progress: "It was so brave of you to pet Maddie. She is a sweet dog."

⁹ Parlakian, Rebecca. (2019). *Childhood Fears*. Retrieved from <https://www.zerotothree.org/resources/2953-childhood-fears>.

¹⁰ Parlakian, Rebecca. (2019). *Nothing to Fear But Fear Itself: Responding to Toddlers' Fears*. Retrieved from <https://www.zerotothree.org/resources/2952-nothing-to-fear-but-fear-itself-responding-to-toddlers-fears>

What Parents Should Avoid:

- **Don't tease toddlers about their fears** (even in good humor) or try to talk them out of it. Teasing can prolong the fear as well as erode a toddler's trust in their parents.

Managing Fears About a Doctor's Visit:¹¹

Toddlers can remember the doctor's office and anticipate what might happen there—like getting a shot or finger prick. Parents can build on their child's growing language and pretend play skills to help them through their fears:

- **Validate and label feelings.** "I know, the stethoscope looks scary. But it is only for listening and won't hurt (but it might be cold!)" If the child is interested and it's safe, allow the child to touch the instrument.
- **Be honest about what will happen.** Don't tell a child something won't hurt if it will. But let them know it won't last long: "The shot will feel like a pinch that will hurt for one second."
- **Read stories about going to the doctor.**
- **Play a pretend game of going to the doctor.** Be sure to give your child a chance to be the doctor and you or a stuffed animal can be the patient.
- **Let the child know about the appointment a few hours in advance.** This allows time for strategizing together on what to do if a child is feeling scared—for example, bringing along a favorite stuffed animal or a favorite book to read.



¹¹ ZERO TO THREE. (2010). *I'm Scared: Responding to Your Toddler's Fears*. Retrieved from <https://www.zerotothree.org/resources/234-i-m-scared-responding-to-your-toddlers-fears>



Suggestions for Residents

- **Reflect on your own childhood (or current) fears.** What were you afraid of as a child or young adult? How did your own caregivers respond? How did that response make you feel? Tapping into these early experiences can guide you to help parents empathize with what may seem like an irrational fear and identify a compassionate response.
- **Think back to a visit where a toddler/preschooler expressed fear or reluctance.** How did you respond? Might you have tried a playful approach to increase their comfort level? What could you have done?
- **Consider your experience with well-child visits.** What part of the well-child visit do toddlers/preschoolers tend to fear or protest the most? Is there a way to involve them in the procedure or routine in some way to de-mystify it and reduce their fear?
- **What is your typical guidance to parents if they share their child is experiencing a fear?** How might that guidance change based on the information above?
- **Understand when a child's fear may require referral to colleagues in mental health.** Generally, if a child's fears or anxieties persist and interfere with their enjoyment of day-to-day life (e.g., if a toddler's fear of dogs is so intense that they refuse to play outside), it is time to refer to a therapist or counselor skilled in working with young children and families.



Prompts for Preceptors

- **Ask residents if parents have reported fears their child is experiencing.** Sometimes parents even put off needed procedures (like vaccinations because of their child's fears. Do residents feel comfortable offering guidance on fears? Discuss the developmental foundations of childhood fears (see resources) and suggest guidelines for parent responses (also in resources).
- **Discuss when residents should refer a child/family for additional support.** If a child's fears or anxieties are interfering with their participation in everyday activities, then it may be time to suggest a referral to a counselor/mental health provider with experience working with very young children and families. Consider inviting a colleague from child psychiatry or a local infant-early childhood mental health therapist to discuss guidelines for referring children for fears or anxieties and typical treatment.
- **Discuss child fears that residents have observed in the well-child visits.** Facilitate a discussion around strategies residents do, or can, use to mitigate child fear and distress during procedures. The resources below, though written for a parent audience, may provide ideas and suggestions.
- **Probe for behavioral, developmental, or parenting topics where residents need more information.** Were there questions that came up in the visits that residents didn't feel prepared to answer? What resources might be available to them to build this content knowledge?
- **Use reflection as a tool for learning about promoting parent-child relationships.** Consider questions like: As you think back over the visit, what went well? Is there anything that you felt didn't go so well? What might you say or do differently the next time?

Additional Resources:

Toddler Fears

- [Mount Sinai Parenting Center – Understanding and Responding to Fear](#)
- [HealthySteps – Easy-to-Read Topical Articles for Caregivers \(Managing Toddler Fears\)](#)
- [Healthy Children – Understanding Childhood Fears and Anxieties](#)
- [Zero to Three – Childhood Fears](#)
- [Zero to Three – Responding to Toddlers’ Fears](#)
- [Zero to Three – I’m Scared: Responding to Your Toddlers’ Fears](#)
- [NPR – How to Help Kids Overcome Their Fear of Doctors and Shots](#)
- [Michigan Health – 6 Simple Ways to Ease Children’s Fears at the Doctor](#)
- [Child Mind– Helping Kids Who Are Scared of Going to the Doctor](#)

Trying New Foods

- [Healthy Children - Feeding & Nutrition Tips: Your 3-Year-Old](#)

Changes in Sleep

- [The Washington Post – Should Your Child be Napping?](#)

Why So Many Whys

- [Zero to Three – Tips on Nurturing Your Child’s Curiosity](#)
- [Mount Sinai Parenting Center – Why all the Whys?](#)

Finding the Calm

- [Zero to Three – Mindfulness Practices for Families](#)
- [Zero to Three – Mindfulness for Parents](#)

Safety: Emergency Preparedness

- [Mount Sinai Parenting Center – Talking to Your Child About Staying Safe](#)



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The 4 Year Visit: On Their Way

Video Synopsis: What Parents Will Hear

Self-Control and Attention

We are all unique and respond differently to our environment. Our temperaments can impact our self-control and attention. It's not realistic to expect four-year-olds to sit still for long periods of time, and they should be physically active for at least 2 hours each day. Having kids play games that require them to start and stop (like Freeze Dance and Red Light/Green Light) help them learn how to listen and pay attention even while in action.

Responding to Lies

Children this age can't always tell the difference between fantasy and reality, or truth and lies. Four-year-olds may lie to avoid punishment or feelings of shame. You want to honor the feeling and the wish that motivated the lie, but then state what actually happened and move on to a solution together.

Your Child's Inner Voice

The way you talk to your child will shape the way they talk to themselves. When you forgive your child, they learn to forgive themselves. When you celebrate their strengths, they learn that they are capable people. Negative labels can really affect how a child feels about themselves and can often worsen a child's behavior.

Managing Behavior

Many of the same techniques for managing behavior that worked at 2 years of age will work at age 4 and beyond—these include:

- Listen to a child’s feelings, goals, etc.
- Stay Calm
- Be Specific about instructions
- Give a Heads Up to prepare for transitions
- Celebrate Wins

Safety: Firearms

A child as young as 3 can pull a trigger. No child should be able to get to a firearm. Make sure all firearms are locked in a gun safe or lockbox, or secured with a cable lock or trigger lock. Firearms should always be stored **unloaded** with ammunition locked away separately. Before your child visits other homes, ask about the presence of firearms and how they are stored.



Spotlight on: Social-Emotional Development

What Parents Experience:

When children reach the age of 3 ½ to 4, parents may begin to notice that their limit-setting in earlier years is beginning to pay off. As children's brains develop, they can remember rules (sometimes) and even resist the impulse to break the rules (sometimes).

We now know that the prefrontal cortex (the part of the brain responsible for self-control, attention, and other facets of executive function) continues to develop well into a person's twenties. Preschoolers still need parental support to remember and follow rules.

What parents should know:

Social-emotional skills are just as important to school readiness as letter and number recognition. By the time they enter kindergarten, children have a growing ability to:¹²

- focus and pay attention
- control impulses and emotions
- take turns
- cooperate and follow directions
- make friends
- empathize with others
- control and communicate emotions
- limit aggressive behaviors



¹² The American Academy of Pediatrics. *Is Your Preschooler Ready for Kindergarten?* Retrieved from <https://www.healthychildren.org/English/ages-stages/preschool/Pages/Is-Your-Child-Ready-for-School.aspx?>

Here's how parents can help their child practice these skills and prepare for school:¹³

- **Suggest ways to manage strong emotions.** Parents can teach that there are many healthy, non-hurtful ways to express strong feelings such as using words, taking a break, ripping paper, painting an angry picture, or cuddling up in a cozy area for alone time.
- **Look for ways to practice self-control.** Turn-taking games such as Red Light/Green Light, Freeze Dance, or Simon Says can help. Parents can try playing "sharing music" where each person chooses an instrument to play. Set an egg-timer for 1 minute. When the timer goes off, switch instruments and set the timer again.
- **Promote persistence.** When children encounter obstacles and are becoming frustrated—for example, the pieces they are gluing for an art project keep falling off—you might first ask: "Would you like some help?" Then suggest coping strategies: "Sometimes it helps to take a break and come back to it." Or, "Would you like to try using more glue?"
- **Engage children in problem-solving.** For example, when a child is having trouble sharing a toy, they might say, "We have two kids, but only one bike. What can we do?" Note the best time for teaching is before a meltdown happens, or after a child has had a chance to clam down.
- **Avoid intervening in every peer conflict.** By age four, children are ready to practice resolving peer disagreements on their own. Step in if children are unable to resolve the issue or a child is aggressive or unkind.
- **Offer alternatives.** Offering an alternative (for example, to playing baseball in the house) is important because preschoolers may still need help identifying appropriate activities.
- **Be consistent.** Consistency with rules is key to helping children learn to make good choices. If every time a child throws a toy it gets taken away, they quickly learn not to throw toys. But when the rules keep changing, it is hard for young children to understand which rules are "for real."
- **Give children a visual to help them cope with waiting.** For example, parents can use a two-minute egg timer to time for toothbrushing, so kids know when they're done. If a parent needs 10 minutes to make a phone call or finish a household task, they could set a timer on their phone so their child has a concrete way of understanding how long they have to wait.

¹³ ZERO TO THREE. (2016). *How Toddlers Learn Self-Control from 24-36 Months*. Retrieved from <https://www.zerotothree.org/resources/97-how-toddlers-learn-self-control-from-24-36-months>



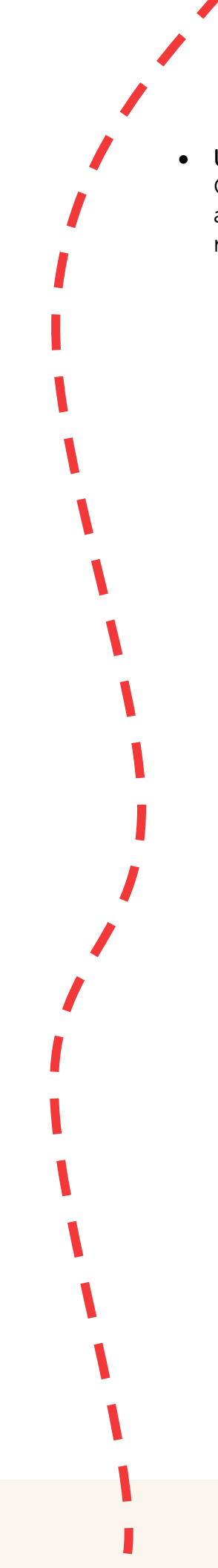
Suggestions for Residents

- **Review screener questions (if used) for social-emotional skills at different ages.** Are you familiar with the screening questions your practice uses for the social-emotional domain? Do you understand how to interpret results.
- **Listen while a colleague or mentor discusses social-emotional screening results with parents.** What components of this discussion would you want to emulate? Are there any messages you might deliver differently?
- **Create short, simple messaging to explain why social skills are as important as academic skills.** You can use this messaging as a way to frame the importance of the social-emotional screener or to open a discussion about this topic. For example: “Academic skills like learning letters and counting are important for school readiness. But getting along with peers, self-control, being able to follow directions, manage big feelings, and participate in group activities are social skills that also help children succeed in the classroom. I wanted to check-in: Do you have any questions or concerns about your child’s social-emotional skills?”
- **Understand what resources are available to children struggling with social-emotional skills.** Talk to others at your practice to develop a list of community resources appropriate for preschoolers with social-emotional skills support. This list might include Child Find, social skills groups, therapeutic play groups and more.
- **Develop a list of go-to activities and strategies parents can use to nurture their child’s social-emotional skills.** See the resources below for ideas. Talk to colleagues to ask what they suggest to families.



Prompts for Preceptors

- **Ensure residents understand the arc of social-emotional development and “what to expect” from four year olds as they are about to enter kindergarten.** Pair residents up to deliver messaging on social-emotional development to their partner (playing a parent role) or provide case studies that challenge residents to respond to common parent concerns about social-emotional development at this age, e.g., child aggression, introversion, perceived low attention span, lack of persistence/“gives up” when faced with a challenge, etc. Discuss the *British Medical Journal* (BMJ) article below which outlines strategies that can be used to promote social-emotional development in pediatric primary care settings.
- **Ensure residents are able to sensitively and accurately deliver the results of social-emotional screeners.** Providing residents with sample results and asking them to review the findings with a partner can provide necessary practice. Help residents identify resources/services in the community for children who require support or intervention in this domain.
- **Review the research-based actions primary care can take to promote the social and emotional health of children and families,** including: nurturing parents’ competence and confidence; connecting families to additional supports to promote healthy social and emotional development and address stressors; and developing the care team and clinic infrastructure (see resource from Center for the Study of Social Policy (CSSP) for more information). Facilitate a discussion with residents about how their settings have implemented these actions (or not) and what changes they would suggest for focusing attention more intentionally on the social-emotional domain.
- **Explore disproportionalities in terms of preschool suspension.** African-American preschoolers, particularly boys, are more likely to be suspended or expelled than their White peers (see resources below to inform the discussion). How do disproportionalities like these in early education mirror what families of color may experience in other systems (such as primary care)? What might be the role of pediatric primary care in building community partnerships or participating in other efforts to support the health and thriving of preschoolers of color?
- **Probe for behavioral, developmental, or parenting topics where residents need more information.** Were there questions that came up in the visits that residents didn’t feel prepared to answer? What resources might be available to them to build this content knowledge?

- 
- **Use reflection as a tool for learning about promoting parent-child relationships.** Consider questions like: As you think back over the visit, what went well? Is there anything that you felt didn't go so well? What might you say or do differently the next time?

Additional Resources:

Social Emotional Development

- [CDC – Milestones: 4 Years](#)
- [National Library of Medicine – Developmental Stages of Social Emotional Development in Children](#)
- [National Association for the Education of Young Children – Promoting Young Children’s Social and Emotional Health](#)
- [National Association for the Education of Young Children – Building Social and Emotional Skills at Home](#)
- [AAP – Reading Aloud, Play, and Social-Emotional Development](#)
- [BMJ – Promoting Social Emotional Development During the Paediatric well-child visit: A Demonstration Project](#)
- [CSSP – Pediatrics Supporting Parents](#)
- [Head Start – Preschool Expulsions and Suspensions, and Why We Should Care](#)
- [Yale Child Study Center – Do Early Educators’ Implicit Biases Regarding Sex and Race Relate to Behavior Expectations and Recommendations of Preschool Expulsions and Suspensions?](#)
- [Children’s Equity Project – From the Early Years to the Early Grades](#)
- [U.S. Department of Education – Key Data Highlights on Equity and Opportunity Gaps in Our Nation’s Public Schools](#)
- [HealthySteps – Easy-to-Read Topical Articles for Caregivers \(Self-Regulation\)](#)
- [Zero to Three – How Toddlers Learn Self-Control from 24-36 Months](#)
- [Zero to Three – Developing Self-Control from 24-36 Months](#)



Responding to Lies

- [Healthy Children – Emotional Development in Preschoolers](#)
- [HealthySteps – Easy-to-Read Topical Articles for Caregivers \(Lying\)](#)

Your Child’s Inner Voice

- [Child’s Play in Action – Alternatives to Good Job](#)
- [Mount Sinai Parenting center – Strengthening Self Esteem](#)

Managing Behavior

- [Mount Sinai Parenting Center – Understanding Tantrums](#)

Safety: Firearms

- [Healthy Children – Handguns in the Home](#)

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The 5 Year Visit: A Great Big World

Video Synopsis: What Parents Will Hear

Kindergarten

Being involved in school and schoolwork can help you understand how best to support your child's learning. Having consistent routines can set your child up well for the day. You may find that they are exhausted after a full day of school. Many children have to work hard to follow the rules at school all day and may have more meltdowns at home in the evenings.

Healthy Habits

Children at this age need at least 10-11 hours of good quality sleep a night. Keep screens (including video games) out of the room where your child sleeps. These devices can make it much harder for your child to calm down and fall asleep, so put them away at least an hour before bedtime.

Physical activity builds strength, improves focus, and helps children sleep better at night. Make sure your child gets 2 or more hours of physical activity each day.

Taking on Responsibility

Giving your child responsibilities helps them feel capable and independent and promotes a sense of belonging. Children can do simple chores and join you in helping your community. Your child learns how to care about others by watching you do it.

Confidence in Their Abilities

Your child is going to try many new things, and they won't always be successful the first time. Helping your child understand that you become better at something by practicing is called a "growth mindset." We want children to know that they can get better at something with practice and hard work. They need to be comfortable with failing and trying again. To promote a growth mindset:

- Celebrate effort
- Notice hard work
- Practice bouncing back

Safety: Crossing the Street

Teach children to look both ways for oncoming traffic, walk (not run) when crossing, and only cross at a crosswalk. Have your child ride their bike or scooter on the sidewalk or bike lane, and always have an adult retrieve toys that go into the street.



Spotlight on: Raising a Capable Child with a Growth Mindset

What Parents Experience:

Parents are eager to raise confident, competent children, but the path to that goal isn't always clear. Psychologist Carol Dweck argues that many of us follow either a "fixed mindset" or a "growth mindset," and her research shows the latter is more likely to lead to success. People with a fixed mindset believe that they possess certain traits (or don't) and that nothing can be done to change that. For example, a person might believe, "I'm good at math" and because of that, think that additional studying will not make a difference in their grade. It's easy to see how a fixed mindset might harm those who believe they'll never be good at something—they don't believe they can do anything to improve. But a fixed mindset can also have a negative impact on those who've been told that they're naturally smart or athletic. When these individuals (inevitably) face a challenge, they often lack the coping skills to be resilient because they have believed their ability was a "given."

On the other hand, people with a growth mindset believe that abilities can be developed. Dweck characterizes a growth mindset as embracing challenge, persisting in the face of setbacks, seeing effort as the path to mastery, learning from criticism, and finding lessons and inspiration in the success of others.¹⁴ These skills position children to master skills and content, even when it's challenging or they face obstacles.

Classic growth mindset: Michael Jordan, one of the NBA's Greatest of All Time, didn't even make the varsity team in his sophomore year of high school. He responded by showing up at the gym every morning at 7 to hone his skills. And we know how that turned out.¹⁵



¹⁴ Ibid

¹⁵ Schwartz, Larry. Michael Jordan transcends hoops. Retrieved from http://www.espn.com/classic/biography/s/Jordan_Michael.html

What parents can do:¹⁶

- **Praise effort, not outcome or ability.** Praising *effort* teaches children that approval is tied to how hard they try, which is something they can control. For example: "You are working so hard at that puzzle. I saw how you tried that piece in four different places!" Praising effort helps children learn that they can always get better at something.
- **Model effort and persistence.** Parents can point out moments when they're feeling challenged or frustrated and talk about things they do to calm down and push forward.
- **Children learn from making mistakes, so parents should resist the urge to rescue and fix.** Figuring things out on their own builds children's confidence and motivation. Letting children struggle a bit helps them develop persistence and gives them space to try figure out solutions.
- **Acknowledge setbacks and struggles.** "That must be really frustrating. You keep trying to find the place for that piece in the puzzle and it's just not fitting."
- **As children enter the world of team sports, talk about how everybody loses sometimes.** Failure and disappointment can help make children more prepared the next time. Validate that it's okay to feel sad or frustrated with a loss. At the same time, set expectations about how to be a gracious winner and loser. When your child joins organized sports teams, ensure there are policies in place that require adult spectators to also model good sportsmanship.

Finally, girls are more likely than boys to have a fixed mindset and believe that others' opinions are a good way to judge their abilities. Parents of girls, children of color, and children from other marginalized groups have an especially powerful role to play in telling their children they can, and can grow and improve, when others around them say they can't.

¹⁶ Mount Sinai Parenting Center. Supporting a Growth Mindset. Retrieved from <https://parenting.mountsinai.org/parent-guides/supporting-a-growth-mindset-2/?age=5-years>



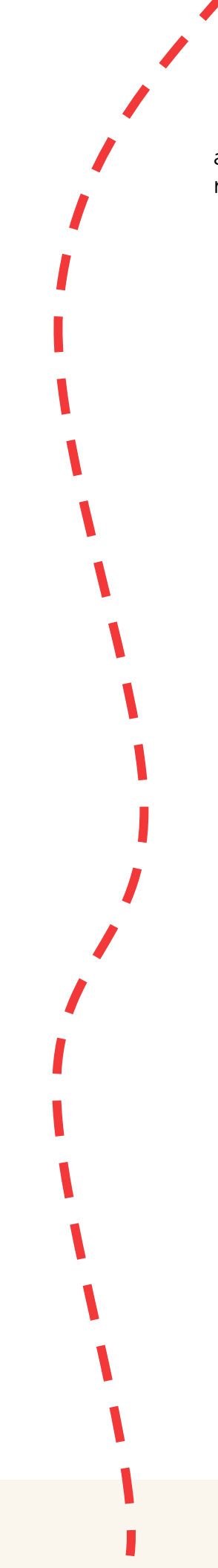
Suggestions for Residents

- **Consider discussing the growth mindset with parents as a strategy to support school success.** As five year olds prepare to enter kindergarten, new challenges await. Framing academic skills as skills that can be improved over time (rather than fixed qualities) is a powerful parenting strategy that promotes school success.
- **Check-in with parents to learn how children manage challenges and obstacles.** Remember that persistence is a component of temperament: some children are wired to more easily stick with a challenge, while others will tend to give up more easily and more quickly. Brainstorm with parents some activities and approaches that may help a child with lower persistence begin to build this ability over time. (See resources for ideas.)
- **Remind parents that social-emotional supports can be part of their child's Individualized Education Plan (IEP).** If children are receiving or eligible for special education services, social-emotional supports can be included in their IEP. Encourage parents to ask about these services in their child's kindergarten IEP planning meeting. If you think a special education evaluation may be useful for this child, raise this with parents and, if they are open, talk them through the process of requesting an evaluation. (See resources for more information.)
- **Ask parents how children handle winning and losing.** Five year olds often have very strong feelings about games, and express sadness over losing and the glory of winning in ways that may or may not be socially acceptable. Consider what guidance you might offer parents whose children are struggling with this issue.
- **Be aware of disproportionalities as children of color enter school.** For example, recent survey research found that White and other non-black teachers were 12 percentage points more likely than black teachers to predict black students would not finish school (Education Week, 2016). Bias in the classroom affects children starting their first day of school. While a growth mindset is important, addressing disproportionalities in child-serving systems is also critical to children's health and well-being.



Prompts for Preceptors

- **Encourage residents to reflect on their own beliefs: Do they take more of a fixed mindset or growth mindset?** How has their approach impacted their own learning and academic experiences? What benefits/drawbacks do they see to a growth mindset approach?
- **Discuss how to suggest that families seek a special education evaluation for their child.** Key messages to introduce: (1) This evaluation is the parent's decision; the provider will not refer or "send the child's name" to the local school; (2) Special education services are designed to ensure that every child receives the supports they need to learn in school; (3) Parents are partners in both the evaluation and in deciding what (if any) services the child receives; and (4) Once a child is enrolled in special education, that doesn't mean they stay enrolled forever. Many children "graduate" from special education services.
- **Consider inviting a special educator from your local school district to discuss the evaluation process and the types of social-emotional (and other) supports available to students.** Special education is a system and process with which many residents are completely unfamiliar. Yet, the pediatric primary care provider's ability to reframe myths about special education and point out its benefits can lead to more children receiving the supports they need to succeed in the classroom.
- **Discuss the Pediatrics article titled School Readiness with residents** (see resources link). Focus the discussion on this quote from lead author Dr. P. Gail Williams: "It's not just about pre-academic skills. It's a combination of physical well-being, social emotional abilities, being able to self-regulate, as well as language skills and cognitive skills. And that starts right from birth." What is the role of pediatric primary care providers in supporting school readiness in the first five years?
- **Probe for behavioral, developmental, or parenting topics where residents need more information.** Were there questions that came up in the visits that residents didn't feel prepared to answer? What resources might be available to them to build this content knowledge?
- **Use reflection as a tool for learning about promoting parent-child relationships.** Consider questions like: As you think back over the visit, what went well? Is there



anything that you felt didn't go so well? What might you say or do differently the next time?

Additional Resources:

Kindergarten and Growth Mindset

- [Healthy Children – Is Your Preschooler Ready for Kindergarten?](#)
- [AAP – School Readiness](#)
- [National Association for the Education of Young Children – Ready or Not Kindergarten, Here We Come!](#)
- [Harvard Business Review – What Having a “Growth Mindset” Actually Means](#)
- [What We Know About Growth Mindset from Scientific Research](#)
- [EducationWeek – Study Finds More Evidence of Racial Bias in Teachers’ Expectations for Students](#)
- [Johns Hopkins University – Race Biases Teachers’ Expectations for Students](#)
- [Zero to Three – Frustration Tolerance](#)
- [Zero to Three – Parenting Strategies for a Persistent Child](#)
- [Evaluating School-Aged Children for Disability](#)
- [Requesting an Initial Evaluation for Special Education Services](#)

Healthy Habits

- [Nemours – Best Practices for Physical Activity](#)

Taking on Responsibility

- [Mount Sinai Parenting Center – Encouraging Independence](#)

Confidence in Their Abilities

- [Mount Sinai Parenting Center – Supporting a Growth Mindset](#)
- [Mount Sinai Parenting Center – How to Be A Good Sport](#)
- [Healthy Children – From Motor Skills to Sports Skills](#)
- [Carol Dweck: A Summary of Growth and Fixed Mindsets](#)



Safety: Crossing the Street

- [Healthy Children – Safety for Your Child: 5 Years](#)

[Watch the Video >](#)

