

Building the foundations of health in conflict and displacement: What's a pediatrician to do?

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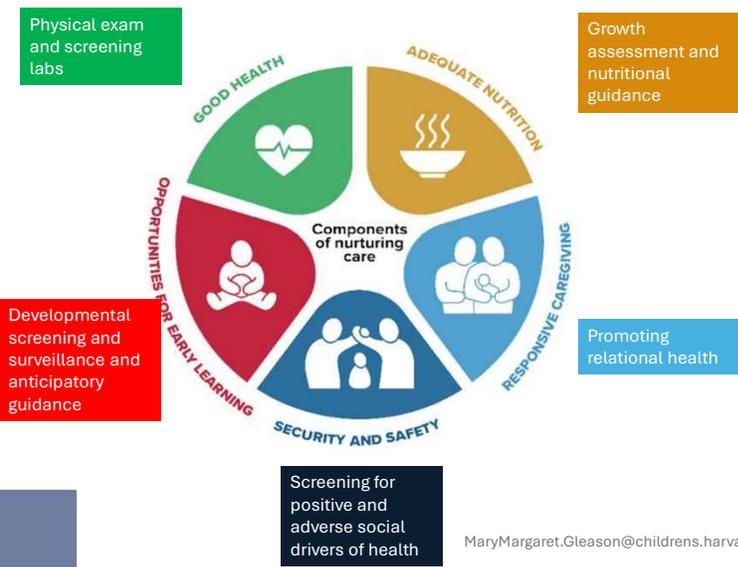
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What do young children and their families need?



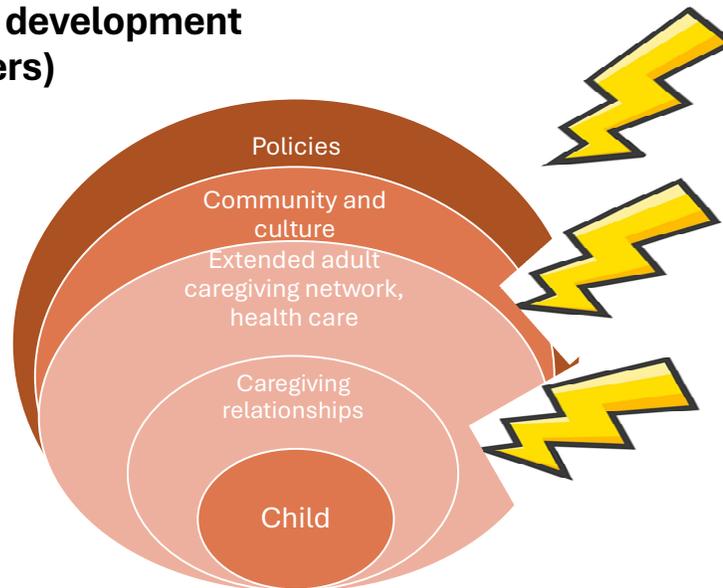
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What's in the focus of a pediatric visit?



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Contexts of child development (everything matters)



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Safety

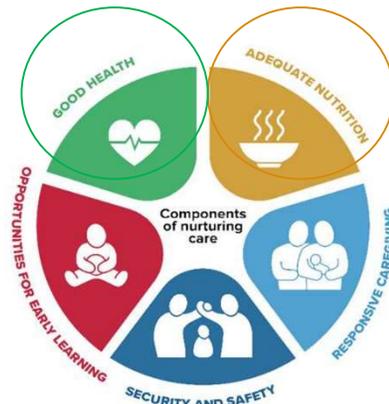
- Assess for current safety and protections
 - What are current risks to child and/or family?
 - Who/what contributes to child and/or family's physical safety? Emotional safety?
 - Assess familial violence including child maltreatment
- Identify child and family's relevant experiences
 - *"What do you think is important for me to know about your child's life experiences? Is there anything you want to tell me alone"*



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Good Health and Adequate Nutrition

- Physical exam
 - Growth
 - Consider supplementation needs (Fe) and food access
 - Unmet or under-controlled physical health conditions
 - Congenital conditions
 - Wheezing
 - Infectious diseases
 - Identify and address physical injuries (often linked to emotional needs)
 - Related to adverse experiences
 - Related to child maltreatment



Development

- Assess development
 - Celebrate on-track development (outloud)
 - Assess for signs of social reciprocity
 - If delays identified
 - Consider hearing/vision screening
 - Dual language learning does NOT contribute to language delays
- Encourage verbal interactions
 - Narrating the normal day-day experiences
 - Singing
 - Labeling emotions
- Encourage exploration and safe play
 - Brain development
 - Physical and fine motor development
 - Social skills



Recommendations for Care for Child Development

NEWBORNS, BIRTH UP TO 1 WEEK	1 WEEK UP TO 6 MONTHS	6 MONTHS UP TO 9 MONTHS	9 MONTHS UP TO 12 MONTHS	12 MONTHS UP TO 2 YEARS	2 YEARS AND OLDER
<p>PLAY Provide ways for your baby to see, hear, smell, taste, touch, and feel. Use your arms and legs freely, and touch you. Gently tickle, stroke and hold your child. Skin-to-skin is good.</p>	<p>PLAY Provide ways for your child to see, hear, feel, smell, taste, and touch you. Closely interact with things for your child to see and reach for. Gently tickle, stroke and hold your child. Skin-to-skin is good.</p>	<p>PLAY Give your child chances to explore household things to handle, bang, and roll. Simulate conversations with talk, neutral and warm tones.</p>	<p>PLAY Hide a child's favorite toy under a cloth or box. See if the child can find it. Play peek-a-boo.</p>	<p>PLAY Give your child things to look at and to put into containers and take out. Simulate play. Hearing and stacking objects, containers and other toys.</p>	<p>PLAY Help your child climb, jump and compare things. Make simple toys. Use your child. Simulate play. Objects of different colors and shapes to see, feel or smell. Simulate play.</p>
<p>COMMUNICATE Look into baby's eyes and talk to your baby. When you are breastfeeding is a good time. Even if newborns baby see your face and hear your voice.</p>	<p>COMMUNICATE Smile and laugh with your child. Talk to your child. Use a conversation going by copying your child's sounds or gestures.</p>	<p>COMMUNICATE Respond to your child's sounds and interests. Call the child's name, and use your child's name.</p>	<p>COMMUNICATE Tell your child the names of things and people. Show your child how to say things with hands, like "bye-bye", "thumbs up" and "no".</p>	<p>COMMUNICATE Ask your child simple questions. Respond to your child's attempts to talk. Show and talk about names, pictures and things.</p>	<p>COMMUNICATE Encourage your child to talk and answer your child's questions. Teach your child names, songs and games. Talk about pictures or books. Simulate play. Read with your child.</p>

Give your child affection and show your love. Be aware of your child's interests and respond to them. Praise your child for trying to learn new skills.

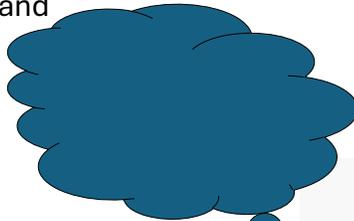
Responsive Caregiving

- How to address in a busy visit???



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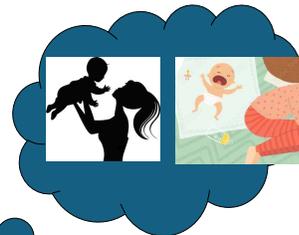
Listen: caregiver's perception and attributions



Observe: caregiver's behaviors



Observe: child behaviors



Infer: How child experiences the relationship

Bottom line: Does it feel like this child knows they have a caregiver who has their back?

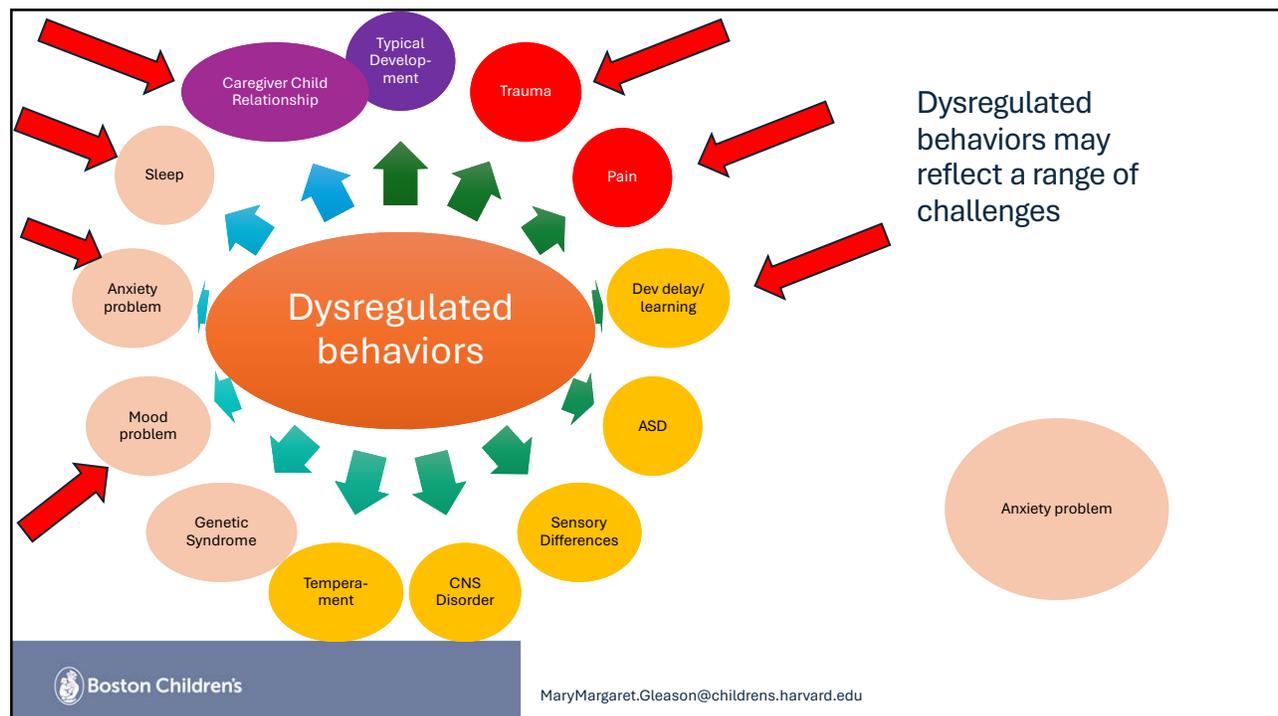
Framework for Listening and Watching in the Pediatric Visit

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Pediatric Interventions: reinforce nurturing interactions

- Say it outloud!
 - What does the caregiver do that meets a child's physical or emotional need in the visit?
 - *When you swaddled her after the exam, she calmed right away! You really know what she needed.***
 - How does the toddler show they know they are nurtured?
 - *He looked at you right to check in when I started the exam to see if it was ok with you.*
 - What shows that there is play or joy in the relationship?
 - *When you sang to her, she smiled right at you. Singing is such a great way to help her brain develop/for her to know how much you care*

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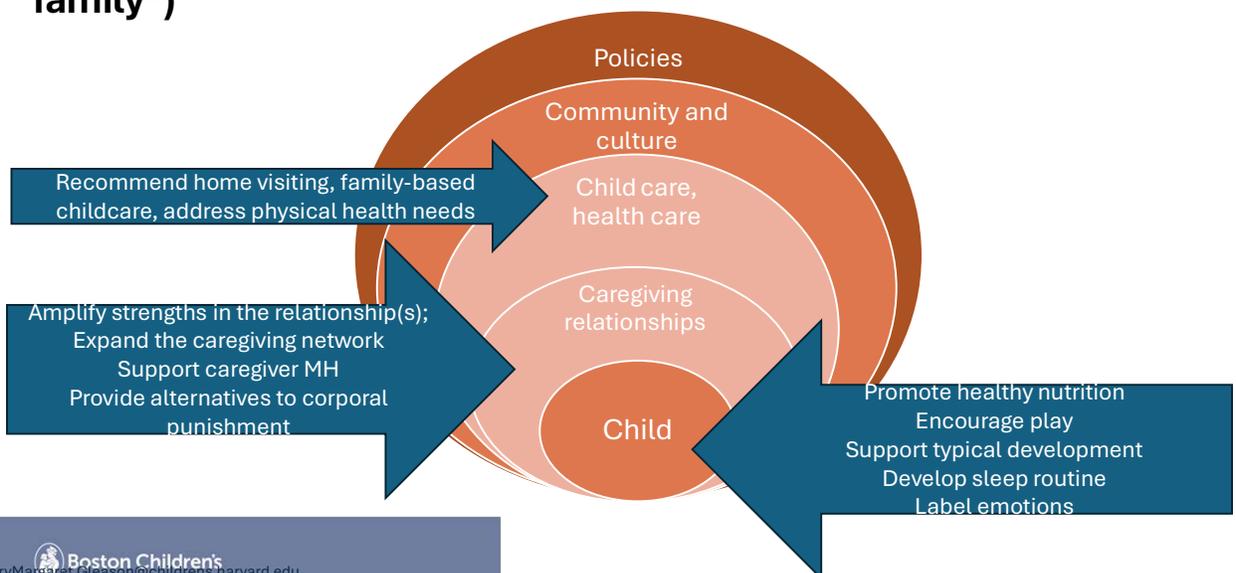
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Pediatric Interventions: Reframe dysregulated/trauma-related behaviors

- Child resists physical exam
 - He's misbehaving -> **He's doing a great job telling me he doesn't want me to put things in his ears. He knows check he is ok.**
- Child re-enacts frightening experience
 - She's being aggressive -> **She's trying to make sense of the scary thing that happened... it's in her brain and so she will use play to make it less scary and for her to have control over the memory.**
- Sleep problems
 - She's keeping me from sleeping -> **It's hard to turn off the brain when so much is going on..** (does the caregiver need sleep support?)
- Medications??
 - Rarely first line
 - Not effective for PTSD in any age children

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Interventions for children with MH symptoms (Expand the caregiving relationships and buffers around the family*)



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Caring for yourself and your team...



Questions/Comments?