

New Roles for Developmental Specialists in Pediatric Primary Care

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*It's time for Timothy's two-year check-up and the factions could not be clearer. **Timothy's parents** are concerned that he seems quite active and somewhat aggressive. They remember with mortification the call from the child care center saying that he had bitten another little boy and drawn blood. With the latest Newsweek report fresh in their minds, they wonder if his aggression is innate and will always be a problem. To make matters worse Timothy isn't speaking nearly as much as his age-mates. His parents are worried. But they're unclear if they should raise their concerns to their pediatrician, who, after all, is so busy and maybe not all that interested in such "non-medical" issues.*

*For her part, **the pediatrician** has her own very full agenda for Timothy. After all, she may not see him for another full year. Her schedule calls for a discussion of injury prevention, nutritional counseling, inquiring about sleep and toileting issues, a general developmental assessment, and a discussion of discipline and anticipatory guidance around the "terrible twos." All this must be covered, in addition to a complete physical examination of the boy. The clinician figures she has about 20 minutes to complete her agenda and is anxious to get her show on the road.*

*Finally, there's **Timothy** himself, who has an entirely different agenda of his own. Angry to be in this office of pain, he wants out. He is intent upon waging war until he is extricated from this unpleasant situation. Clinging to his mother for dear life, Timothy vigorously protests what he feels as invasions to his personal space, which he generously defines as anywhere within two feet of him. He's determined that any examiner victories will be hard-won indeed.*

When parents such as Timothy's bring their young child to their pediatric clinician (pediatrician, family physician, or pediatric nurse practitioner), they often feel unsure about the quality of their parenting and the decisions they are making regarding their infant or toddler. Dr. T. Berry Brazelton observes that parents are passionate for the answers to two questions when they come for their child's checkup. The first question, "How is my baby doing?" is often adequately addressed, but the second, "How am I doing as a parent?" is often unheard, unanswered or ignored. These same two questions are also on the minds of families when they bring their child to an early intervention program or to child care.

Parents want help with their infants and toddlers, and the pediatric clinician is the first and often the only professional with whom they consistently interact. In 1997 a survey conducted for ZERO TO THREE showed that after friends and family, the pediatrician is the person parents turn to most for guidance on their child's development (Hart, 1997). Yet it has been reported that in 60 percent of all routine well child visits, the physician ignored parental concerns or provided no developmental or behavioral information or guidance (Hickson, Altemeler, & O'Connor, 1983). Similarly, pediatricians frequently spend less than 1½ minutes on anticipatory guidance during a visit (Reisinger & Bires, 1980). Thus pediatric clinicians are missing opportunities to provide critical information about child development, to reframe child behavior, to correct misinterpretations, and to support families as they struggle with the demands of caring for young children and their own feelings of parental competence (Young, Davis, Schoen & Parker, 1998). Findings from the recent Future of Pediatric Education II (FOPE II) Project affirm that providing optimal pediatric care in the 21st century will require renewed focus on preventive efforts, including, "guiding or modifying parental and child behavior to improve outcomes" (FOPE, 2000).

Among the recommendations of the FOPE Project was the need to "collaborate with families and other child professionals to identify and address challenges and barriers to the health and well-being" of young children. One such promising collaboration is the Healthy

Steps for Young Children program (Zuckerman, Kaplan-Sanoff, Parker & Young, 1997). Healthy Steps is a new approach to health care that supports a close relationship between pediatric practices and parents to address children's physical, intellectual and emotional growth and development from birth to age three. In a traditional medical practice, one or more physicians or pediatric nurse practitioners typically try to address all of the child's health-related needs. Healthy Steps expands this model of a solo practitioner to include a new member on the health care team – the Healthy Steps Specialist.

A similar approach to enhancing developmental services in pediatric primary care was developed in ZERO TO THREE's Developmental Specialist in Pediatric Practice Project (Eggbeer, Lerner Littman, & Jones, 1997). These two innovative programs placed developmental specialists in pediatric offices to be the primary child development and family support resource for families, bringing to the practice an expertise in child and family development.

The Developmental Specialist

Developmental specialists have backgrounds and training in child development, early intervention, special education, child care, social work, counseling and nursing. In Healthy Steps, the developmental specialists are referred to as Healthy Steps Specialists who offer a full range of developmental services. The roles of the developmental specialist demonstrate the many ways to provide behavioral and developmental services within a pediatric practice. These roles may include:

- Conducting office visits jointly with the pediatric clinician during regular well child appointments;
- Conducting home visits to support and enhance parent-child interactions and to promote home safety;
- Preventing and helping parents manage common behavioral concerns related to early learning, fussiness, sleep, feeding, toilet training, temper tantrums, etc.;
- Checking on children's developmental progress and family health and behavior as part of an office or home visit;
- Facilitating parent groups;
- Staffing the child development telephone information line; and
- Providing referrals and follow-up, as appropriate, to help families make connections within the community.

Using “teachable moments” to help parents

A primary approach practiced by Healthy Steps Specialists and developmental specialists is to use “teachable moments” to help parents understand their child's temperament, behavior, and development through observation and discussion of shared experiences in the office. For example, when an active and curious toddler,



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like Timothy in the opening vignette, begins to explore the exam room by trying to climb onto the examination table, the developmental specialist might comment on how the child is actively learning about his new environment. The specialist might also ask whether the child is exploring like this at home, climbing up on everything—the couch or window seat. The specialist might also reflect on how stressful it might be for parents living in a crowded apartment to cope with an active toddler. This seemingly small intervention actually addresses many important issues: the toddler's temperament (high activity level), his development (using exploration to learn), and the impact of the environment on parenting practices. Most importantly, it may reframe a behavior for parents: Behavior they saw as negative (“He's into everything”) becomes something positive (“He's bright and curious”).

Sometimes parents create teachable moments by asking a specific question or voicing a concern. Sometimes teachable moments evolve from what is happening in the office or the home that has been observed by the specialist and the parents—for example, when the 9 month

old loudly protests when the parent is momentarily called away from the child. When teachable moments occur, the specialists (and the pediatric clinician) use the opportunity to help parents understand the experience in a way that furthers their insights about their child and about themselves as parents. For example, during an office visit, a child might demonstrate a new developmental skill or behavior that is closely linked with a new stage of emotional development, such as fear of the pediatric clinician at the 15-month visit. This provides an opportunity for the health care team of pediatric clinician and developmental specialist to put the behavior into a framework of the child's evolving development or to discuss the child's new skill in the context of the stages of development that lie ahead.

Although the child's behavior or his response to an event created by the pediatric team, such as administering an item from the developmental checkup, initiates the teachable moment, it is up to the specialist and pediatric clinician to capitalize on it. First, the team "reads" the child's behavior with the parents by describing it and offering constructive interpretation of its significance. Second, the team models possible responses to the child's behavior as it occurs, such as gently but firmly setting limits on a highly active toddler or encouraging a child to do something by herself rather than letting adults do everything for her. Third, the team reflect on their own reactions to the child's behavior as a way of imagining potential parental responses (if they find the child's behavior challenging or aggravating, chances are the parents do too). Since some parents will find it helpful to reveal their feelings, whereas others may experience it as intrusive, when to expand and when to narrow the content of the discussion is a matter of clinical judgment.

Teachable moments frequently occur when Healthy Steps Specialists and other developmental specialists see families in their homes. Because parents are generally more comfortable in their own homes, they will often share concerns about their child's development or their own issues that they may be hesitant to bring up in the pediatric office. Home visits also give specialists the opportunity to observe safety measures in the home, conduct developmental checkups, and discuss anticipatory guidance in more detail.

Developmental Specialists from a range of professional disciplines

More than 50 Healthy Steps Specialists are currently providing services to families with infants and toddlers in 26 Healthy Steps sites around the country. Each Healthy Steps Specialist carries a caseload of 100-125 families. As these specialists, who come from nursing, mental health and education backgrounds, have gotten to know each other, they have found that although they are from different disciplines, they have many strengths in common that are important in their new roles. They

TOOL BOX: Skills for Developmental Specialists

Ability to build strong relationships with parents and the pediatric practice. Supportive relationships with mothers and fathers can help them to become more confident and competent as parents. Communicating effectively with pediatric clinicians about issues raised by the family in the office or at home may help the clinician to know more about their patients than they ever did before.

Practice in using developmental screening tools for young children that focus on cognitive development, speech and language, fine and gross motor development, and emotional development.

Working relationships that link the pediatric practice to the community such as childcare settings, preschools, early childhood special education facilities, early intervention programs, and mental health and other social service agencies.

Flexibility in working with families and children in the office and in their homes.

Clinical understanding of the impact of risky parental behaviors such as cigarette smoking, substance abuse, and family violence on the family and particularly on the development of young children.

Clinical understanding of the impact of parental mental health issues such as parental depression on the development of young children.

Ability to communicate with parents about their concerns about their child's development and behavior, the impact of risky parental behaviors and parental mental health issues and their impact on the development of young children.

have found that they are: highly motivated to try new roles and take on new responsibilities; good at problem solving; able to "sit with the unknown" as their roles have developed; skilled at building relationships; and, of course, very excited about working with young children and their families. Specific skills for developmental specialists are described in the Tool Box (see sidebar).

Healthy Steps Specialists have found that being part of a pediatric team has challenged them to grow professionally and earned them the respect of their team members. Informal teaching with parents during office visits and during case presentations at team meetings has highlighted the strengths of their particular discipline in working with young children and families for the entire practice, often giving pediatric clinicians new ways to approach both common parental concerns and family issues. We have found that each discipline brings distinct skills and strengths to the role of developmental specialist:

Educators (including early care and education providers, special educators, and early intervention specialists) offer:

- In-depth understanding of early child development and behavior;
- Knowledge of the school system in their community;
- Connections with child care and preschool settings;
- Familiarity with developmental screening and assessment;
- Understanding of home based work with families;
- Connections to early intervention and early childhood special needs programs; and
- Skill in early detection of developmental delays.

Social Workers (and other mental health professionals) offer:

- In-depth understanding of family systems;
- Ability to build therapeutic relationships;
- Connections to community-based mental health services;
- A working knowledge of the impact of domestic violence and substance abuse on families; and
- Skill in early detection of mental health needs in families, such as parental depression.

Nurses (RNs and P.N.P.'s) offer:

- In-depth knowledge of working within the medical system;
- The capacity to identify and triage medical or behavioral concerns to the appropriate staff;
- Familiarity with standard well child care and screening for young children;
- Skill in providing anticipatory guidance around standard pediatric issues;
- Awareness of issues faced by families when young children have medical special needs; and
- Ability to address the questions and concerns that families typically bring to their pediatric practice.

In the vignette below, each of the developmental specialists uses the behavior of the child to begin talking to the parent, but each has a somewhat different focus as she responds to this child's ordinary yet vital accomplishment:

A mother brings her six month old in for a well child visit. As part of this visit the developmental specialist provides the first of a series of developmental screenings using the DDSTII. The developmental specialist places a Cheerio before the child and points to it. As the child picks it up and brings it to her mouth, the developmental specialist may begin to comment on the child's abilities and what they might mean to the parent.

Nurse: *Wow, she was able to get that right into her mouth without any problem. This lets us know that it's a good time*

Developmental Specialists Help Their Peers To Learn on the Job

I know a lot about established pediatric guidelines for working with young children. And, I thought I knew what I needed to know about developmental screening. But my co-worker, who is an educator, was able to teach me so much more. I feel much more confident identifying potential developmental delays, talking to parents about their children, and making referrals. —Pediatric Nurse Practitioner

As a former director of a child care center I spent a lot of time talking to parents but I never really felt comfortable. Sharing my office with a social worker who is also a developmental specialist has made a big difference. I began picking up little tips from listening to her speak to parents on the phone. When I asked, she was really open to doing some home visits together. Between my focus on children and her clinical skills we really are a great team whether we are working with families together or separately.—Educator

I was so relieved to learn that my co-worker was a P.N.P. I had never really worked so closely with new babies before and I was really worried about all the things that could go wrong! What if I dropped the baby or misinterpreted what I was seeing? My co-worker really walked me through the things I was anxious about and now I have these new skills.

—Social Worker

to start safety planning at home. You'll want to keep anything with pieces small enough to swallow well out of her reach.

Educator: *It's really great to see her using all of these new abilities. She's really going to start using her hands in lots of new ways to explore and experiment with toys and other objects that she can reach. This is a way to continue practicing and learning new skills. She may want to do this over and over again. These are some of the skills that will help her later on to button and zipper clothing or hold a pencil.*

Social Worker: *She has so many amazing new abilities. She's really starting to grow up and will probably want to do more things on her own such as self-feeding. How are you feeling now that she's no longer such a dependent newborn and she no longer needs you to do everything for her?*

Connecting with the parent through the baby can be a highly effective strategy to communicate important information to the parent about the baby's development or behavior, to elicit the parent's concerns or worries, or to deepen the ties of the relationship with the parent. Ideally, the specialist sees how the parent responds and is able, because of her transdisciplinary experiences with other colleagues, to shift gears when appropriate.

Forming relationships within the pediatric practice

Whatever discipline and skill set the developmental specialist brings to the role, serving as a specialist in a pediatric practice requires the ability to connect and work effectively with the staff of that practice. If the specialist's goal is to develop a trusting, working relationship with parents, he or she first needs to gain the trust of the person parents look to for guidance—their own pediatric clinician. Just as children look to their parents for cues about what to think about a new person to whom they are introduced, parents look to their clinician for a “read” on what to think of the developmental specialist. So how the clinician perceives the developmental specialist can have a significant impact on the success of the relationship that develops between the specialist and the family. Developmental specialists need to remember that most pediatric clinicians are very connected to and often feel protective of the families they serve. They will hesitate to entrust their families to a new person if they don't have the utmost confidence in his or her abilities. A developmental specialist must make a connection to each pediatric clinician in the practice (pediatricians and nurses) and strive to develop the clinicians' trust that he or she will serve their families well.

Establishing a trusting relationship with pediatric clinicians requires essentially the same skills and approach that are effective in connecting with families. This means starting with the premise that each clinician is unique, both in personality and in approach to providing care; the developmental specialist's job is to join each clinician “where he or she is.” This can be a challenge. For example, in a pediatric practice with four clinicians, one pediatrician might enjoy exploring and talking about behavior and development with families and welcomes, but does not particularly feel a need for, the services of a developmental specialist. Another pediatrician is not interested in parenting or behavioral issues but is thrilled to have someone available to provide such support to families. A pediatric nurse practitioner (PNP) with a strong background in child development values her role of providing developmental guidance and resents the presence of the developmental specialist in the practice. A fourth member of the practice might be a pediatrician who doesn't think pediatrics is the place to address behavior and development and therefore essentially ignores the developmental specialist.

Clearly the developmental specialist who works with this group will have to connect with each pediatric clinician in a very different way. This requires not only good clinical skills—reading and responding to the cues the developmental specialist is observing and adapting ways of engaging each pediatric clinician—but also requires a good deal of flexibility in thinking about the role. For example, with the pediatrician who values the

developmental aspect of his work, the developmental specialist may simply “talk development”—share interesting articles, discuss and/or seek advice on a challenging “case,” or collaborate on a workshop for the staff on behavior and development. With the nurse practitioner, the developmental specialist would be wise to respect “turf” and not force the relationship, allowing the PNP to decide when to engage the developmental specialist. For example, the PNP and specialist might co-lead a parenting group, highlighting their different skills and perspectives for parents and learning about each other in the process. With the pediatrician who doesn't think parenting or developmental issues belong in pediatrics, the specialist may need to have patience. Developmental specialists have observed that as pediatricians see families independently seeking out the services of the developmental specialist, they adjust over time to the idea of “sharing” families, begin to refer families to the specialist, and may even begin to offer parents anticipatory guidance materials developed by the specialists. In building relationships within a pediatric practice, developmental specialists should be mindful that pediatric clinicians today face increasing demands to see more patients in less time for less pay. They may need to work hard to make the case—using evidence from Healthy Steps or experimenting within the practice—that the developmental specialist will make the clinicians' job easier, not more time-consuming.

Finally, developmental specialists must connect with administrative staff in a pediatric practice. The receptionist often has a strong bond with parents and gives them the “lowdown” on pediatric clinicians—and the developmental specialist. The office manager is responsible for scheduling visits and assigning exam rooms. A positive relationship with the office manager will be essential if he or she is called upon to schedule families not only with the pediatric clinician but with the developmental specialist as well.

Overcoming systemic challenges to developmental specialists working in pediatric practices

In addition to building positive relationships with each staff member in a pediatric practice, developmental specialists must be able to understand the system as a whole and address the challenges that their presence creates in the system. Professionals working with infants and young children understand that parenting involves an ongoing process of realigning adult relationships within the family, beginning with birth and continuing with each new developmental change. These realignments in the family system may not be dissimilar to the systems changes that occur in pediatric practices when a new staff member in a new role is about to join the office or clinic “family.” Developmental specialists may find that they are worried about how they will

form relationships with families in this new environment, how they will manage new demands on their time, and whether or not they will be accepted and respected by the other members of the pediatric practice. In turn, pediatricians may be concerned that their bonds with families may be weakened, nurses may worry that enjoyable responsibilities will be shifted to the developmental specialist, and administrative staff may feel pressured by the added burden of coordinating another schedule. All of these worries are understandable as the pediatric practice shifts to make room for a new addition to their team.

Many of these worries can be alleviated as staff see that the developmental specialist is willing to be a team player and is flexible, making compromises when appropriate. Developmental specialists report system-change challenges that tend to cluster in three areas—turf issues, time constraints, and boundary issues. Strategies for addressing these challenges include the following:

Turf issues:

- Have regular team meetings.
- Check in frequently with the nursing staff about how things are going and ways to do things differently.
- Include the administrative staff as part of the decision making process when changes are to be made in office procedures such as scheduling and patient flow.
- Establish patterns early on around charting and leaving notes or updates about home visits or phone calls so everyone has up-to-date information about shared families.
- Find out if it's acceptable to update colleagues on a catch-as-catch-can basis.
- Triage all calls about illness to the appropriate staff.
- Ask to sit in on office visits so that you can become familiar with the individual styles of medical staff and the kinds of information they like to communicate to families.

Time constraints:

- Set up a regular pattern of office days and home visiting days when possible.
- Schedule regular times when you are available for evening appointments with families.
- Be flexible whenever possible.
- Consider having a panel or caseload of patients if this helps you manage your time more effectively.
- If there is another developmental specialist in the practice, consider individual panels or caseloads for home visits and sharing responsibility for office visits, based on availability.

Boundaries:

- In your role as a developmental specialist, you cannot provide ongoing psychotherapy to children or families.

You can identify concerns and provide support so that referrals for mental health intervention really “take.”

- Anticipate situations that may test the boundaries of your role (for example, invitations to family meals or social occasions or requests for transportation) and plan appropriate responses.
- Consider the culture of the family as you make decisions about boundaries.
- Understand that families want to get to know you. Think about the kinds of information that you feel comfortable sharing.

Toward the future

Parents like developmental specialists in pediatric practice. The national evaluators of the Healthy Steps for Young Children Program reported that over 95 percent of mothers said that their Healthy Steps Specialist treated parents with respect, encouraged questions, listened carefully, made them feel comfortable, and always followed through with help. A similar percentage of mothers reported that the Healthy Steps Specialist gave them new ideas, showed them or told them about activities with the baby, discussed recommendations specific to the baby's needs, helped them understand the baby's growth and development, told them what to expect, and checked the baby's progress. More than 90 percent of mothers said that the Healthy Steps Specialist helped them understand their frustration with parenting, provided emotional support, referred them for help, and helped them know what to do when they were upset with the baby (Women's and Children's Health Policy Center, 2000).

Professionals from a variety of disciplines who have learned about Healthy Steps and ZERO TO THREE's developmental specialist project are eager to do this kind of work. Unfortunately, until insurance companies and HMOs recognize the long-term benefits of providing developmental specialist services and are willing to provide reimbursement, or until parents begin to demand the service from pediatric practices and third-party payers, would-be developmental specialists may have to proceed one practice at a time. Moreover, in order to convince pediatric practices of the value of hiring a developmental specialist, they will need to be persistent, creative, and willing to think in small increments, which can eventually lead to building a more integrative role for the developmental specialist in a practice. Offering a specific service to the practice, slowly building trust and credibility as a professional, and demonstrating how the presence of the developmental specialist as an integral part of the pediatric practice can enhance the overall practice and family satisfaction can be the most effective approach. Developmental specialists report success with the following strategies:

- **Approaching a pediatric practice and offering to start a parent group—perhaps in the evening when the office is closed.** This strategy offers the developmental specialist easy access to parents and can improve the practice's customer relations. It often leads to parents' asking for individual meetings with the developmental specialist. In some cases, the developmental specialist can arrange to use office space in the practice, an arrangement that makes the services more integrated and accessible for families and continues to build goodwill between families and the practice. In the most successful endeavors, practices actually have offered parents "package deals," where parents can choose, for example, in their baby's first year of care, either four individual sessions or a 10-week parenting class with the developmental specialist.

- **Offering a specific service, such as infant massage or lactation consultation, in which the developmental specialist has training and expertise.** As with parent groups, developmental specialists can slowly add developmental guidance into their work with families. Specialists have found that as pediatric practices see the benefit to and demand from families for these specialized services, the developmental specialist becomes over time a more integral part of the practice, consulting on challenging cases and even participating in well-child care.

- **Getting a community mental or public health center to fund a developmental specialist to work in a local pediatric practice for a given number of hours a week.** Some mental health centers and public health clinics have recognized the benefit of offering more integrative services in the community and have located professionals with expertise in child development to provide services in places such as schools (pre-school through grade 12) and pediatric practices. This can be of particular benefit to the mental health center—not just for community relations, but also because the developmental specialist often refers families who need more intensive services back to the mental health center.

Some practices have observed that there are particular visits (e.g., 9 and 18 months) when there are no scheduled immunizations and parents are interested in discussing their child's behavior and development. Pediatric clinicians who have confidence in a developmental specialist may be willing to offer families the option of having a "developmental" visit with the specialist in place of the traditional physical examination. (Of course, if parents have concerns about physical health and development they are encouraged to make a separate appointment to see the pediatric clinician). Most often at this "developmental" visit the specialist does a developmental screening and partners with families in discussing their child's behavior and development and in addressing parenting questions and/or concerns.

In conclusion

"A need is not a market," our colleagues in the corporate sector tell us, when we talk about parent and clinician enthusiasm for developmental specialists and the reluctance of insurers and HMOs to respond. "Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it is the only thing that ever has," said Margaret Mead. We don't know how long it will take for the recommendations of the Future of Pediatric Education Project to become the reality of future pediatric practice. But we're betting on Margaret.

For more information on Healthy Steps, please visit the website at www.healthysteps.org. For information on the developmental specialist initiatives at ZERO-TO-THREE, please visit www.zerotothree.org.

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