



5-10 Years

Middle Childhood



MIDDLE CHILDHOOD

Introduction

Middle childhood (ages 5–10) is a time of major cognitive development and mastery of cognitive and physical skills. Children in middle childhood significantly increase their vocabulary; enhance their imagination, creativity, and self-care skills; make advances in motor skill development; and improve their ability to cooperate, play fairly, follow social rules, think morally, and use humor. Concrete operational thinking predominates, with concern mainly for the present and limited ability for abstract or future-oriented thinking, or for placing their experiences into a historical context. Children frequently compare themselves with others

and are initially “me” centered, or egocentric, but increasingly they recognize other people’s feelings.

Children in middle childhood continue the progression from dependence on parents and other caregivers to increasing independence, which includes learning new skills and making new friends at school. A home filled with love, security, and stability eases the child’s move beyond home and family. Well-supervised play activities and schools that encourage cognitive, emotional, social, and moral development provide further support to children in middle childhood.

Middle childhood is an important time for the continuing development of self-esteem. Children want to feel competent and need and enjoy recognition for their achievements. Success at school is influenced by children’s previous experiences, their ability to get along with peers and teachers, and academic expectations that fit their capabilities. By supporting the child’s development of self-esteem, growing independence, friendships, and success in school, and by recognizing any difficulties in these areas, the primary care health professional and parents prepare the child for the challenges of secondary education and adolescence.



SELF

Following are health supervision interview questions from *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents* relevant to self in middle childhood:

For Parents

- What makes you proud of Nora?
- What does she do when she feels stressed, angry, or frustrated?
- How does she express her feelings?
- Do you talk to Kenji about sensitive subjects such as sex, drugs, and drinking?
- Have you ever been worried that someone was going to hurt him?
- Has he ever been abused?
- Have there been any major changes or stresses in your family since your last visit?

For the Child

- What do you do for fun?
- Do you have a best friend?

What are some of the things you are good at?

What are your favorite TV shows? Computer and video games? Toys? Movies? Sports? Games? Foods?

When you have a problem, do you talk to someone about it? If so, to whom?

Have you ever been pressured to do things you didn't want to do?

Has anyone ever touched you in a way you didn't like?

Has anyone ever tried to harm you physically?

If you had three wishes, what would they be?

SELF: SELF-ESTEEM/ INNER LIFE

Self-esteem is a key feature of a fulfilling life and has an enormous influence on mental health. Self-esteem encompasses the feelings and beliefs that children have about their competence and worth, including their ability to make a difference in their world, to confront and master challenges, and to learn from both success and failure. Children's experiences, developing personality styles,

and environment; the fit between children's personality styles and parents' expectations; and many other variables contribute to the development of self-esteem.

Development of Self-Esteem

Self-esteem plays an important role in the development of children's academic and physical abilities, peer relationships, and resiliency. Self-esteem is instrumental in helping children avoid behaviors that risk health and safety. Low self-

esteem is correlated with increased risk for loneliness, resentment, irritability, depression, anxiety, and eating disorders (French et al., 1995; Lackovic-Grgin et al., 1995; Stanley et al., 1997; Torres et al., 1994). (See the following bridge topics: Anxiety Disorders, p. 191; Eating Disorders, p. 233; Mood Disorders: Depressive and Bipolar Disorders, p. 271; Substance Use Problems and Disorders, p. 331.) The nurturing of self-esteem during middle childhood helps children better handle the ups and downs of life. When children like themselves, they are more likely to be successful. A child's sense of self-esteem can vary from one situation to the next; however, feelings of success in one area can have a ripple effect by building confidence in other areas.



Tips

- Help parents assess their child's self-esteem. Children with high self-esteem are confident, are not afraid to fail, and bounce back quickly after disappointment or difficulty. (See Tool for Families: Assessing and Reinforcing Your Child's Self-Esteem, *Mental Health Tool Kit*, p. 94.)
- Suggest ways parents can help make their child feel secure (e.g., by giving hugs, participating in activities together, and talking to them). Children with warm, nurturing parents are more likely to have high self-esteem.
- Encourage parents to praise their child for accomplishments as well as for making an effort and progressing toward a goal. Sports, art, music, and academics provide many opportunities for children to challenge themselves. Encourage the child to strive for personal achievement.
- Discuss with parents how to encourage their child to try again if he doesn't succeed at an endeavor right away. Discuss the importance of praising their child for trying, not just for succeeding.
- Encourage parents to spend more time listening to, than lecturing, their child.
- Discuss parents' expectations for their child's behavior and performance. Work with parents whose expectations seem unrealistic for their child's developmental level or abilities. Explain that, over time, hypercritical parents who have unrealistically high expectations, and uninvolved parents who do not encourage their children to achieve and to try new experiences, can have a damaging effect on children's self-esteem.

Area of Concern: Verbal Abuse

Adapted, with permission, from Yarnevich, 1997.

Some parents constantly and harshly criticize their child, frequently blame or belittle her, or express their anger by yelling or calling her names (e.g., dumb, stupid, ugly). These parents are verbally abusive. Parents who continually convey through their attitudes and facial expressions that their child is irritating, frustrating, or burdensome can devastate her without speaking, as can parents who share no positive comments and affectionate remarks. Over the years, verbal abuse is likely to seriously impair the child's social, emotional, and intellectual functioning.

The first step in addressing verbal abuse is to help parents become aware of their behavior in a supportive manner. An alliance needs to be established with parents before suggestions for change can be made. Ask parents about what is frustrating them about their child. To establish an alliance, let parents express their feelings without criticizing them. Ask about stress in other areas of their lives. Ask parents whether they can remember how their parents spoke to them when they were children. An honest recollection of their upbringing may reveal to parents that they are perpetuating the negative behaviors of their own parents.

If verbal abuse is suspected, evaluate the child further for developmental and emotional problems that might underlie difficult behavior, and refer the child to a mental health professional if needed.

Suggest techniques to help parents cope with frustration and anger. Teach “cooling down” strategies (e.g., counting to 10, calling a friend, turning on music, taking a walk, going to another room). Explain that although words cannot be unsaid once they are spoken, apologizing to children after an outburst can reduce the sting of verbal blows. If such techniques do not appear sufficient, particularly if underlying problems such as depression, substance

abuse, or a history of childhood abuse exist, refer parents to a mental health professional. Parenting groups may also be helpful. (See bridge topic: Child Maltreatment, p. 213.)

Developing Resilience

Resilient children have the ability to overcome mistakes, frustration, and failure, and have the capacity to try again.

Tips

- Help parents teach their children that failures and mistakes are an inevitable, but ultimately useful, part of life. Parents can tell their children, “Making mistakes is one of the ways we learn things, so let’s see what you can learn from this mistake.”
- Help parents differentiate between low levels of frustration, which can be constructive for their children as they try to do things for themselves, and high levels, which may overwhelm them.
- Be aware that it is sometimes difficult for parents to find a balance between supporting their child’s development through activities (e.g., music lessons, organized sports) and allowing for unstructured downtime (i.e., time with no specific goals or expectations). Assess whether parents’ expectations are realistic and in keeping with the child’s abilities.
- Encourage parents to help their children tolerate failure and to demonstrate resilience by talking about their own efforts, admitting mistakes and failures, and trying again. For example, if a new recipe does not turn out right, parents can

demonstrate resilience by admitting their frustration and trying the recipe another time. Acknowledging difficulties and discussing ways to overcome them teaches children problem-solving skills.

- Share with parents that one key factor that enables children with a history of adversity to overcome their circumstances is the presence of a supportive, caring adult with whom they can identify and from whom they can gather strength.

Impact of Relationships

A major influence on children's self-esteem is the quality of their relationships with others who play an important role in their lives (e.g., parents and other family members, peers, coaches, teachers). The unique qualities of each child influence how others respond to her and how she perceives the responses of others.

Tips

- Explain to parents that if their child feels that they and other significant adult role models (i.e., other family members, coaches, teachers) believe in her, she will believe in herself.
- Help parents understand that children's self-esteem is positively influenced by closeness with parents and negatively influenced by parental punitiveness and excessive control.
- Encourage parents to allow their child to make decisions with minimal parental input when reasonable and safe. However, parents should always make decisions that involve the child's health and safety.



- Advise parents to inform their child when she has done something that is wrong, dangerous, unacceptable, or inappropriate. When the child makes mistakes, parents should point out mistakes in a loving way and not personally attack, scold, or embarrass the child, particularly in front of friends.
- Encourage parents to support their child's relationships with other adults (e.g., members of the extended family, neighbors, teachers, religious leaders, coaches).

Taking Reasonable Risks

It is frequently difficult for parents to find a balance between keeping their children physically and emotionally safe and encouraging them to explore new activities, particularly those in which they might get hurt. A reasonable risk exists when

the potential benefits outweigh the potential risks. All children need opportunities to take risks to develop courage, confidence, and self-esteem.

Tips

- Suggest that parents and their children use the following questions to evaluate risk: “What are the chances for success? What are the risks? What are the benefits? Do the good things that may be gained justify the risks?” (See Tool for Families: Six Rules for Making Responsible Decisions, *Mental Health Tool Kit*, p. 95.)
- Emphasize that parents must take a firm stand on reckless risk taking and encourage them to help their children evaluate risk (e.g., by making lists of pros and cons).

Area of Concern: Inhibited Children

If children appear inhibited (i.e., they avoid new or challenging activities), help them evaluate the possible consequences, both good and bad, of participating in these activities. Ask children, “What do you think will happen if you try this? How would you feel if you tried it and did well? How would you feel if you tried it and did poorly? How would you feel if you didn’t try at all?”

A stepping-stone approach toward new activities can make them less frightening or intimidating to children. A stepping-stone approach includes taking gradual steps, which allows anxious or shy children to progress to feeling less stressed. When inhibited children are faced with new situations, prepare them by describing the place where they will be and what is likely to happen while they are there. Alert them to possible unexpected changes, and do not try to push children’s boundaries too quickly because a modest success is far better than an anxiety-ridden failure.

A stepping-stone approach for helping inhibited children develop friendships could include suggesting shorter, structured visits (e.g., going to a sports event or movie) rather than expecting children to fill hours of unscheduled time with friends. As children become more comfortable, suggest gradually increasing the length of visits and decreasing the level of structure of activities.

If children’s progress toward age-appropriate friendships and activities stops or their anxiety becomes overwhelming, the primary care health professional may need to provide further assistance or make a referral to a mental health professional. (See Tool for Families: Tips for Parenting the Anxious Child, *Mental Health Tool Kit*, p. 96. See bridge topic: Anxiety Disorders, p. 191.)

Coping Strategies

Children with high self-esteem tend to use productive coping strategies (e.g., trying again after a setback, understanding that some outcomes are beyond their control). Children with low self-esteem tend to use maladaptive, counterproductive coping strategies (e.g., avoiding situations; quitting activities; cheating, clowning, or regressing; trying to control others’ behavior) to manage stress and bolster their self-esteem. (See Tool for Families: Reading for Children, Grades 1–6, *Mental Health Tool Kit*, p. 98.)

Tips

- Ask parents what their child does when stressed, angry, or frustrated. (See Tool for Families and Health Professionals: About My Feelings, *Mental Health Tool Kit*, p. 100.)
- Encourage parents to find out what their child perceives are his greatest strengths and provide him with opportunities to succeed.

- Help parents understand that effective limit setting provides a model for their children as they develop self-discipline. If children are to learn to take responsibility for their behavior, they must be involved in establishing rules for behavior and consequences for breaking them. This involvement gives children a greater sense of control in their lives.
- Discuss with parents the importance of conveying disapproval of their child's inappropriate behavior without conveying disapproval of the child. Children with behavior problems or difficult temperaments are challenging to raise and are at risk for low self-esteem because of the frequent negative feedback they receive. (See bridge topics: Attention Deficit Hyperactivity Disorder, p. 203; Child Maltreatment, p. 213; Learning Problems and Disorders, p. 251; Mental Retardation, p. 261; Mood Disorders: Depressive and Bipolar Disorders, p. 271; Oppositional and Aggressive Behaviors, p. 291; Pervasive Developmental Disorders, p. 317.)
- Help parents teach their child and show by example that excessive aggression is a counterproductive coping strategy, and that staying in control is best. (See the following tools in the *Mental Health Tool Kit*: Tool for Families: How to Handle Anger, p. 102; Tool for Families and Health Professionals: About My Feelings, p. 100.)
- Reassure parents that their child may regress temporarily after facing a difficult or challenging situation.

Body Image and Healthy Behaviors

Body image begins to play a role in the development of self-esteem during middle childhood. Children also become more aware of sexuality as they approach puberty.

Tips

- Assess the child's attitudes toward and knowledge of nutrition, physical health, mental health, and safety. A child's knowledge of healthy behaviors can keep him from participating in health-risk behaviors (e.g., biking or skateboarding without appropriate safety equipment; using alcohol, tobacco, or other drugs).



- Promote lifelong physical activity as a source of exercise, relaxation, and stress reduction. Encourage parents to participate in physical activity with their child.
- Make parents aware that their child’s self-image can change dramatically with the onset of puberty. The attitudes of primary care health professionals and parents are critical in supporting positive self-esteem during this period. (See bridge topic: Eating Disorders, p. 233. See Self: Body Image, p. 134, in the Adolescence chapter.)
- Establish trusting relationships with children who will soon be entering puberty so that they can honestly and comfortably discuss physical changes they are experiencing. Respect their privacy. Encourage children to make wise decisions concerning their bodies and their health.
- Explore with parents their level of comfort with and attitudes toward discussing sexuality and reproductive health with their children (e.g., menstruation, exploration of the body, masturbation, romantic feelings, sexual behaviors with others, abstinence, contraception). Ask parents how they might explain menstruation or masturbation to their child. Encourage parents to begin sharing their views on these topics with their child as he approaches puberty. Waiting until a

child is an adolescent to discuss sexuality and reproductive health increases the probability that he will learn his first lessons about these topics from someone other than a parent (American Academy of Pediatrics, 2000). (See Tool for Families: Talking to Your Teen About Sex and Sexuality, *Mental Health Tool Kit*, p. 127.)

Area of Concern: Bed-Wetting (Enuresis)

Bed-wetting (enuresis) is common, affecting 40 percent of all 3-year-olds. It is less common in school-age children, occurring in 20 percent of 5-year-olds, 10 percent of 6-year-olds, and 3 percent of 12-year-olds (Schmitt, 1992). Most children who wet the bed overcome the problem between the ages of 6 and 10 if there is no underlying medical cause (e.g., recurrent urinary tract infections, abnormalities of the urinary tract, diabetes). However, medical causes are present in fewer than 1 percent of children with enuresis. Emotional difficulties (e.g., those stemming from stress or abuse) may contribute to bed-wetting. In cases of abuse, the bed-wetting may be a strategy for keeping the abuser away. After ruling out any underlying medical or emotional etiology, behavioral techniques can be helpful in managing enuresis. (See Tool for Families: Bed-Wetting [Enuresis], *Mental Health Tool Kit*, p. 103.)

FAMILY

Following are health supervision interview questions from *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents* relevant to family in middle childhood:

For the Parent

How are things going at home?

Have there been any major changes or stresses in your family since your last visit?

What do you and Roberto like to do together?

How do you and your partner handle disagreements about discipline?

If the question can be asked confidentially: Have you ever been in a relationship in which you have been hurt, threatened, or treated badly?

For the Child

How do you get along with your brothers and sisters? With your parents?

Would you please draw me a picture of your family and tell me a story about them?

Do you have chores to help your parents around the house?

If you could, how would you change your life? Your home? Your family?

What are some things that make you sad? Angry? Worried? How do you handle these feelings? Do you talk to your parents about your concerns?

FAMILY: WHAT MATTERS AT HOME?

The family is an important influence on how children in middle childhood feel about themselves, how they learn to relate to others, and how they adapt to school and the community. The quality of family relationships—which can be affected by many factors (e.g., family strengths, family structure, financial circumstances)—plays a major role in the development of confident, happy children. There are more single-parent families, blended families, and nontraditional families now than in past generations. Primary care health professionals need to be sensitive to the many types of families that exist.

The Value of Family Time Together

Quality family time can protect against risk-taking behaviors. Children who report feeling connected to and valued by their parents are less likely to be involved in these behaviors (Patterson, 1995).

Tips

- Suggest that parents talk to their child at the end of each day. Parents can ask their child questions such as “What good things happened today?” “Did you have any problems today?”
- Encourage parents to develop family routines and traditions, such as sharing at least one meal and



- Encourage family participation in community activities (e.g., school, faith-based, recreational).

The Importance of Listening and Communication

Good communication helps build trust and respect among family members, and helps resolve conflict. All children benefit from a foundation of unconditional love, which parents can communicate in the way they value, respect, and listen to their child. Children's feelings can be channeled positive-

ly, and they are more likely to consider and accept parents' suggestions if parents listen to and communicate with them.

Tips

- setting aside time for the family every day. If a family's schedule makes eating together each day difficult, encourage parents to schedule at least one meal per week that can be shared. Point out that family time can focus on helping children learn a new skill, sharing a group activity, or relaxing. For example, swimming as a family can be focused on learning to swim, exercising together, or playing water games.
- Discuss the importance of a supportive adult being available during key times of the day (e.g., before and after school, at meal times), which can reduce children's participation in health-risk behaviors.
- Help parents think of ways to relax after work, so that they can get into a child-friendly mode. Encourage parents to set aside "reunion time" to spend with their child at the end of the day, free from distractions.
- Assess the quality and tone of emotional bonds within a family.
- Help parents create a positive environment for parent-child communication. Advise parents to encourage communication and be responsive when their child initiates it. Recommend that parents set aside time each day to play with or talk to their child, without distractions such as TV or phone calls. Suggest family meetings as a more structured way to encourage family communication. (See the following Tools for Families in the *Mental Health Tool Kit*: Family Meetings, p. 105; Problem-Solving Strategy, p. 106.)

- Explain that parents are like mirrors—their child looks to them, and the feelings parents reflect back to their child about him influence how he sees himself. Emphasize the importance of making their child feel valued and conveying this with words and behavior, such as by looking at the child directly when talking to him and listening to him without interrupting. Encourage parents to frequently tell their child that they love him.
- Encourage parents to show respect for and interest in their child’s thoughts and feelings to help their child feel more comfortable about coming to them to discuss any problems. A child’s concerns are very real to him, even if they appear insignificant to an adult. Recommend that parents avoid trying to talk their child out of negative feelings or making jokes about his moods. A child’s sense that his feelings are being discounted or ignored is a frequent roadblock to communication.
- Guide parents in how to talk to their child about sensitive subjects such as sexuality, and tobacco, alcohol, and other drug use. (See the following Tools for Families in the *Mental Health Tool Kit: Six Rules for Making Responsible Decisions*, p. 95; *Talking to Your Teen About Sex and Sexuality*, p. 127.)
- Remind parents to listen rather than lecture and to teach rather than preach. Effective

discipline and limit setting require parents to be consistent—both in their expectations for their child’s behavior and their responses to it—and to be reasonable but firm. When a child feels loved, he will be more willing to comply with rules and limits.

Positive Family Problem Solving

To help children overcome behavior problems, a problem-solving model is preferable to a punishment model. The goal is to help children change negative behavior without creating the negative effects that traditional punishment models can produce.

Tips

- Discuss with parents that limit setting and expectations for their child’s behavior should be consistent and predictable. Ask parents whether



there are family rules. If there are none, encourage families to work together to clarify expectations and to establish rules and appropriate consequences for breaking them. Help parents understand that clear expectations, limits, and appropriate consequences provide support to their child. (See Tool for Families: Principles of Limit Setting, *Mental Health Tool Kit*, p. 81. See bridge topic: Child Maltreatment, p. 213.)

- Ask parents about family relationships. Encourage parents to consider the ways that their child communicates love and affection and to be conscious of how they convey and demonstrate love and affection to their child. Encourage parents to communicate unconditional love and acceptance even when their child makes mistakes.
- Ask the child to brainstorm about fair solutions to conflicts with friends, family members, teachers, and others. (See Tool for Families: Problem-Solving Strategy, *Mental Health Tool Kit*, p. 106.)

Teaching Responsibility

Parents help teach their children responsibility by setting a good example. The level of a child's responsibilities and rewards for meeting them should be based on the child's age, level of maturity, physical abilities, and strengths.

Tips

- Discuss the importance of parents demonstrating desired behaviors to help their child develop a sense of responsibility. Help parents think about how they model responsibility (e.g., by keeping promises, showing up on time, and completing tasks on time).

- Advise parents to discuss with their child how her responsibilities and privileges will change as she gets older. One idea is for parents to write a letter to their child on her birthday each year discussing the changes they have seen in her in the past year and outlining her new responsibilities and privileges.
- Encourage parents to let their child help them with tasks they are doing.
- Encourage parents to praise their child's efforts to take care of herself, help with chores, behave appropriately, use good manners, and show patience.
- Help families agree on house rules. The purpose of the rules and the consequences for breaking them should be reviewed regularly by the family with the child.
- Encourage parents to talk with their child about responsible use of the TV, video games, and the computer. (See the following Tools for Families in the *Mental Health Tool Kit*: Top TV Tips: Building a Balanced TV Diet, p. 107; Controlling the Video and Computer Game Playground, p. 109; Safety Tips for Surfing the Internet, p. 111.)

Teaching Respect

Children begin to learn respect when they realize that other people have their own ideas, thoughts, feelings, and possessions that must be taken into consideration. In middle childhood, children develop the ability to understand the needs and rights of others. With this progression in cognitive development, children learn respect by having the concept of respect explained to them; by watching the behavior of parents, teachers, and others; by



receiving praise for appropriate behavior; and by having inappropriate behavior pointed out. Most important, a child who is treated with respect learns to respect others. (See Tool for Families: Parents' Roles in Teaching Respect, *Mental Health Tool Kit*: p. 112.)

Tips

- Discuss that respectful, loving relationships between children and adults allow children to learn respect and love by example. Encourage parents to evaluate whether their own behavior demonstrates empathy, understanding, and patience for others.
- Emphasize that parents should avoid shaming or ridiculing their child or calling the child names.

- Encourage parents to model behavior that will help their child acknowledge mistakes and apologize when appropriate (e.g., by admitting their mistakes and accepting constructive criticism gracefully).
- Help parents understand how their values influence the development of their child's values.
- Explain to parents that the respect they show for each other affects the level of respect their child shows for other people. The child's parents may have differing values and practices in various areas (e.g., money, religion, bedtime). Parents serve as positive role models for their child when they show respect for each other's point of view.
- Encourage families to learn about different cultures, traditions, religions, and ethnic groups. Emphasize the importance of teaching children to accept and respect people's differences.

Facing Family Challenges: Divorce

Family structure can influence a child's development. Nearly half of all marriages in the United States end in divorce, and more than 25 percent of children in the United States live in single-parent homes (Visher and Visher, 1995). Those children who live in two-parent homes often have blended families consisting of stepparents and stepsiblings. The effects of divorce on parents and children vary across families. In some cases, divorce poses particular difficulties for parents and children; in others, divorce results in a healthier environment for all family members. Children from single-parent or blended families may be at higher risk for poor school performance, emotional and behavioral

problems, early sexual initiation, and substance abuse than children who live with two biological parents (Amato and Keith, 1991; Hetherington et al., 1989; Wallerstein et al., 2000). However, the presence of a consistent, nurturing parent who is involved in their children's day-to-day activities protects against problem behaviors.

- Encourage parents with marital difficulties or a history of separation or divorce to keep arguments and conflicts between themselves rather than allowing their child to become involved in parental conflict. (See Tool for Families: Successful Adaptation to Separation or Divorce, *Mental Health Tool Kit*, p. 113.)
- Help parents understand that ongoing marital discord may be detrimental to their child's self-esteem, school performance, and short- and long-term happiness. Strongly recommend counseling early in the course of any discord.
- Discuss that following a divorce, a close relationship with both parents helps reduce a child's risk for low self-esteem.
- Consider using the Parenting Stress Index (Abidin, 1995) to help evaluate the level of parental stress. (See bridge topic: Parental Depression, p. 303.)



Resources for Families

Wallerstein JS, Blakeslee S. 1996. *Second Chances: Men, Women & Children a Decade After Divorce*. Boston, MA: Houghton Mifflin.

Wallerstein JS, Kelly JB. 1996. *Surviving the Breakup: How Children and Parents Cope with Divorce*. New York, NY: Basic Books.

Wolf AE. 1998. *Why Did You Have to Get a Divorce? And When Can I Get a Hamster?* New York, NY: Noonday Press.

FRIENDS

Following are health supervision interview questions from *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents* relevant to friendships in middle childhood:

For Parents

- How does Kim get along with others?
- Does she bring friends home? Does she go to friends' homes?
- What can you tell me about Jackson's relationships with other children?

For the Child

- Do you have a best friend?
- What can you tell me about your friends?

- What do you like to do after school?
- Do friends pressure you to do things you don't want to do? If so, what do you do?
- Can you talk with your friends about important things? Feelings? Problems at home? Problems at school?
- Do you get picked on by other kids at school?
- Does your neighborhood have gangs?

FRIENDS: FRIENDSHIPS

Friendships become increasingly important as children move through middle childhood. Success in forming and maintaining friendships is a good barometer for measuring many important aspects of a child's life, including joyfulness, imaginativeness, trust, self-restraint, empathy, and parental support. Difficulties in forming friendships indicate a need to assess any obstacles a child may have in making friends and may foreshadow isolation or troublesome friendships during early adolescence.

Developing Quality Friendships

The transition from having playmates to forming true friendships occurs during middle childhood. Early on, children simply enjoy each other's company. Later, children's interest in friends' expe-

periences, their willingness to listen and provide emotional support, and their sense of loyalty increases. The sense of loss associated with losing friends also increases. (See Tool for Families: Reading for Children, Grades 1–6, *Mental Health Tool Kit*, p. 98.)

Tips

- Assess the child's experiences with friends by asking questions such as the following:
 - Do you have a best friend? Tell me about your best friend.
 - Do you usually hang out with others or play alone on the playground?
 - Who sits with you at lunchtime?
 - Are there any kids at your school that you don't like? Tell me about that.

- How often do you have friends over to your home? How often do you go to friends' homes?
- How easy is it for you to talk with your friends about important things, such as your feelings and your problems at home or in school?
- If a friend were in trouble, what would you do?
- Have you ever helped friends or been helped by them? How?
- Have you ever lost a friend? How did it happen? How did you feel?
- How do you show friends that you care about them?

- Encourage parents to foster their child's friendships by providing safe, friendly play environments and opportunities for socializing.

Playmates and Popularity

The quality of children's friendships is more important than their quantity. However, children's popularity (i.e., the number of friends they have) is often closely related to their self-esteem. Friendship circles (cliques) are one way children expand their number of friends, and children who are excluded may find it more difficult to make friends.

Tips

- Ask children who their friends are, what they like to do with them, and how often and where they play together (e.g., at home, at school). Ask chil-



dren what they like about their friends and whether they feel that other children like their friends.

- Encourage parents to tell their child that they are available to discuss any challenges or problems she may have with friendships.
- Ask the child to name at least one friend. If she cannot, or if her parents indicate that they have never heard of the friend, explore this further. Ask parents, "Does your child come home from school saying, 'No one likes me'? Does she behave in ways that might prevent lasting friendships?" (See the following bridge topics: Anxiety Disorders, p. 191; Attention Deficit Hyperactivity Disorder, p. 203; Mood Disorders: Depressive and Bipolar Disorders, p. 271; Oppositional and

Aggressive Behaviors, p. 291.) Also ask parents how they support their child's efforts to make friends and whether there are other obstacles (e.g., stress at home, an unsafe neighborhood) that interfere with these efforts.

- Encourage extra support for a shy or anxious child. Discuss with the child and parents whether her shyness or anxiety prevents her from interacting with others. Determine whether the child fears rejection. Discuss with parents ways that they, teachers, and other caregivers can help the child initiate and maintain contact with peers. (See Tool for Families: Tips for Parenting the Anxious Child, *Mental Health Tool Kit*, p. 96. See bridge topic: Anxiety Disorders, p. 191.)

Nurturing of Friendships

Early on, parents play a central role in nurturing their children's friendships by doing things such as arranging play dates, taking children and their friends to the park, and providing a home environment that makes friends feel welcome (e.g.,

maintaining a well-stocked refrigerator, encouraging friends to visit, providing a variety of activities for children to do). Often, the children of the parents' friends become their child's friends.

Tips

- Assess the sociability of parents. Help parents recognize their child's particular style in making and maintaining friendships, and discuss ways they might support their child if their child's level of sociability differs from their own.
- Help parents recognize their child's need for friends, and encourage parents to nurture these relationships. Advise parents to create "friend-friendly" environments in their homes by doing special things with their child and his friends (e.g., showing videotapes, holding softball games, going to the playground, setting up crafts projects) to make it more appealing for friends to visit.
- Discuss that parental support of friendships is particularly important for children who lack

other attributes that might make them socially attractive to peers (e.g., "good" looks; fashionable clothes; outgoing personalities; excellent academic, athletic, or artistic skills).

- Advise parents to acquaint themselves with the parents of their child's classmates when picking up and dropping off their child at school, during back-to-school nights, and during school events. Parents can use these connections to expand their child's social circle and to learn more about his friends.





Children's Choice of Friends

As children approach adolescence, their choice of friends becomes increasingly independent from parental influence and support. Friends may not meet parents' approval, and parents' concerns about "bad" friends may increase. Some children in middle childhood have friends who are older (e.g., adolescents), which may also raise parental concerns.

Tips

- Talk with parents about making reasonable concessions to peer culture. For example, spending money on "in" clothing may not be a parental priority, but dressing "like all the other kids" might be very important to their child.
- Discuss that overscheduling their child with multiple activities (e.g., sports, music lessons) may impede the child's development of friendships. Determine how much unstructured leisure time the child has and whether the child is given the opportunity to productively deal with boredom.
- Ask parents whether they have concerns about any of their child's friends (e.g., friends who

exhibit disrespectful or overly aggressive behavior, who vandalize property, who exhibit sexually suggestive or other inappropriate behavior, or who use substances such as tobacco or alcohol). If parents have strong concerns, encourage them to limit their child's involvement with these friends. (See Area of Concern: Substance Use, p. 115.)

Handling Conflict with Peers

Early and ongoing experiences of conflict resolution with parents and siblings increase children's ability to resolve conflicts with peers. It is important for parents to model conflict-resolution skills such as listening and negotiating. Parents can also share with their children how they resolve conflicts with others.

Tips

- Ask parents questions about conflicts at home, such as "What precipitates conflicts? How do you resolve them? Do conflicts lead to yelling or physical force?" Encourage parents to model appropriate behavior for handling frustration and resolving conflicts.
- Ask children whether they ever have fights with friends, and if they do, how they settle their differences. Ask how long they've kept their oldest friend.
- Talk with the child and her parents about teasing and bullying. Explain how teasing and bullying can hurt others. If a child has bullied others, determine whether parents tacitly condone or encourage such behavior. (See Area of Concern: Bullying, p. 107. See Tool for Families: How to Address Bullying, *Mental Health Tool Kit*, p. 115.)

- Ask the child whether she has ever been teased or bullied. Discuss with the child what to do if she or someone else is on the receiving end of such behavior. (See Area of Concern: Bullying, below. See Tool for Families: How to Address Bullying, *Mental Health Tool Kit*, p. 115.)

Area of Concern: Aggression

Children may exhibit aggressive behaviors during the course of their development. For some children, aggressive behavior may interfere with functioning at home, at school, or with friends. Helping children recognize feelings of anger and helping them find ways to manage their anger can prevent the development of significant aggressive behavior problems. (See Tool for Families: How to Handle Anger, *Mental Health Tool Kit*, p. 102. See bridge topic: Oppositional and Aggressive Behaviors, p. 291.)

Area of Concern: Bullying

Approximately one out of seven school children is either a bully or a victim of bullying. Bullying affects approximately 5 million students in elementary, middle, and junior high schools in the United States (Batsche and Moore, 2000). Many factors and circumstances can lead to bullying or to being a victim of bullying. Bullying is generally learned and can be effectively addressed, particularly if interventions occur when children are young. Children who are consistently bullied may have low self-esteem, be overly anxious, or have difficulty expressing themselves. Parents should be encouraged to intervene if their child is a bully or a victim of bullying. (See Tool for Families: How to Address Bullying, *Mental Health Tool Kit*, p. 115, which discusses children who bully, victims of bullying, and the bystander. See bridge topic: Oppositional and Aggressive Behaviors, p. 291.)

Preventing Isolation

Being friendless may be associated with depression, attention deficit hyperactivity disorder (ADHD), or developmental difficulties. Children may also face barriers to making friends as a result of a chronic illness; a physical dissimilarity; a disability; racial, cultural, or socioeconomic differences; or family issues they feel are shameful (e.g., alcoholism, domestic violence). (See the following bridge topics: Attention Deficit Hyperactivity Disorder, p. 203; Learning Problems and Disorders, p. 251; Mental Retardation, p. 261; Pervasive Developmental Disorders, p. 317.)

Tips

- Pay particular attention to friendship issues when talking to children with special health care needs. For these children, friendships are especially important in developing and maintaining self-esteem. Suggest organizations that offer social opportunities for children with special health care needs (e.g., Special Olympics, programs that pair children with disabilities with nondisabled children, camps). Social skills training may be helpful to some children with special health care needs (e.g., children with ADHD or mental retardation).
- If a child tends to isolate himself, look for family issues that he considers embarrassing or feels a need to hide (e.g., a sibling with a disability, parents whose cultural background differs from that of his peers, a parent who abuses alcohol, violence in the home). (See the following bridge topics: Parental Depression, p. 303; Child Maltreatment, p. 213.)

- Assess whether the level of concern about isolation shown by parents is shared by their child. A child might be content with one or two friends, while the parents consider this a problem. However, when friendless children say they “like it that way,” keep in mind that denial may be a coping mechanism for children to deal with feelings of isolation. Such denial may be a further impediment to change. (See bridge topic: Mood Disorders: Depressive and Bipolar Disorders, p. 271.)
- Ask detailed questions about interactions with peers to determine whether a child is being teased or bullied.

Overcoming Environmental Barriers to Making Friends

Environmental barriers to making friends include unsafe neighborhoods, lack of safe playgrounds, rural living, parental isolation, and limited availability or access to community activities (e.g., physical activity and sports programs, clubs, activities at places of worship).

Tips

- Identify child-friendly environments and organizations in your community (e.g., well-maintained playgrounds, community centers, clubs, Boy Scouts and Girl Scouts). If these resources are lacking, help parents and other community



members organize to create them. For children who have few supportive adults in their lives, suggest organizations such as Big Brothers Big Sisters of America.

- Suggest involvement in school-related activities or organizations (e.g., bake sales, the Parent Teacher Association [PTA]) or faith-based or other organizations if parents are socially isolated (e.g., have no or few friends, do not know other adults they can trust to supervise their children).

COMMUNITY

Following are health supervision interview questions from *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents* relevant to community/school in middle childhood:

For Parents

- How does Keiko feel about going to school?
- Does she talk to you about what's happening in school?
- How is school going for her?
- Have you met with her teacher?
- When you were her age, did you enjoy school?
- What are your plans for before- and after-school care?

For the Child

- How is school going?
- What do you like most about school? Least?

- What is your favorite subject in school? What do you like about it?
- How do you get along with your teacher(s)?
- What kind of school and after-school activities are you involved in?
- What do you like to do after school?
- What kind of clubs are there at your school?
- What can you tell me about your neighborhood? Do you feel safe there?
- Does your school/neighborhood have gangs?

COMMUNITY: SCHOOL FUNCTIONING

Readiness to learn and an interest in learning are key to school success, as are positive relationships with peers and adults, academic competence, compatibility between the child's abilities and school expectations, and the ability to solve problems and resist high-risk behaviors. Encouraging families to think about these areas throughout their child's school experience helps foster school success.

Interest in Learning

Children have a natural curiosity. Family attitudes and examples can promote a zest for learning. A child who is eager to learn and has healthy self-esteem feels more confident in his ability to succeed in school.

Tips

- Assess how the child feels about school and learning. (See Tool for Families and Health Professionals: My School Sheet, *Mental Health Tool Kit*, p. 117.)

■ Help parents understand that their encouragement of their child’s learning is essential. Parents contribute to school success by conveying an “I know you can do it” attitude. Encourage parents to talk daily with their child about school assignments and subjects studied and to establish regular study times and places for doing homework assignments. (See the following tools in the *Mental Health Tool Kit: Tool for Health Professionals: Homework Problems*, p. 42; *Tool for Families: Homework Tips*, p. 119.)

■ Praise children for efforts made in learning and pursuing their interests both in and out of school (e.g., reading, music, sports, hobbies). Encourage persistence when children feel frustrated.

■ Encourage children to read every day. Advise parents to read aloud to their child daily, even after the child has learned to read. It is also helpful for children to read aloud to their parents regularly. (For suggested read-aloud books, see Trelease, 2001.) Emphasize the importance of reading for pleasure and providing reading materials on topics that appeal to the child in a variety of formats (e.g., books, magazines, comic books, Web sites) to stimulate the child’s interest in reading.

■ Suggest activities to parents that can foster their child’s natural interest in learning, such as

- Nature walks and trips to museums, parks, and libraries.
- Computer and e-mail use (with appropriate guidance and supervision).
- Family reading.



- Discovery activities, which help children answer questions such as “Why?” and “How?” (e.g., building models, conducting safe science experiments, researching a historical question).

■ Discuss with parents issues related to limiting the time their child spends watching TV, playing video games, and using a computer. Discuss the content of TV programs their child watches, video games, and Web sites, especially regarding violent or sexual matter. (See the following Tools for Families in the *Mental Health Tool Kit: Top TV Tips: Building a Balanced TV Diet*, p. 107; *Controlling the Video and Computer Game Playground*, p. 109; *Safety Tips for Surfing the Internet*, p. 111.) Encourage recording of educational programs (e.g., *Magic School Bus*, *Wishbone*) for the child to view or for parents and children to watch together.

Options for Entering Kindergarten

Many parents consider alternatives to placing their children in kindergarten at age 5 or to having their children follow the standard kindergarten/first-grade sequence. These alternatives include delayed entry for relatively young or “immature” 5-year-olds, a transition or prekindergarten class, a special education class, or a repeat of kindergarten before the child enters first grade. Primary care health professionals need to be alert to these dilemmas and to provide informed counsel to families.

Tips

- Help parents who are considering delaying their child’s kindergarten or first-grade entry understand that the decision should be based on clearly defined educational and developmental goals. Research does not support the placement of children in transition or prekindergarten classes instead of kindergarten or first-grade classes if they have low school readiness test results but do not qualify for special education services (Gredler, 1992). Emphasize that the decision to delay school entry should not be based on a school’s lack of resources to meet the child’s individual needs.
- Realize that some parents may consider delaying school entry in order to give their child an advantage over younger classmates. Point out that such a strategy may result in the child being bored, not appropriately challenged, or out of sync with peers.
- Arrange a full evaluation of cognitive and emotional factors for any child who is experiencing significant difficulty in kindergarten. Individualized psychoeducational testing, including IQ and

educational tests, should be performed to determine whether the child qualifies for special education or gifted-child services. Establish collaborative relationships with school personnel, including special education staff, school psychologists, and school counselors. Offer to participate in the child’s Individualized Education Program (IEP). (See Tool for Families: Individualized Education Program [IEP] Meeting Checklist, *Mental Health Tool Kit*, p. 120.) The IEP is required under the Individuals with Disabilities Education Act (IDEA), Part B, Assistance for Education of All Children with Disabilities. The IEP documents the child’s current level of functioning, establishes goals, and delineates the services needed to meet those goals. Ensure that parents know that their child may also qualify for services under Section 504 of the Rehabilitation Act.

For further information about eligibility and services, families can consult the school’s special education coordinator, the local school district, the state department of education’s special education division, the U.S. Department of Education’s Office of Special Education Programs (<http://www.ed.gov/offices/OSERS/OSEP>), the IDEA ‘97 Web site (<http://www.ed.gov/offices/OSERS/IDEA>), or the U.S. Justice Department’s Civil Rights Division (<http://www.usdoj.gov/crt/edo>).

- Assess children for ADHD if they do not appear ready for school but their test scores do not qualify them for special education services. Children with ADHD may qualify for special education services under the “other health impaired” disability category. (See bridge topic: Attention Deficit Hyperactivity Disorder, p. 203.)
- Suggest that parents of children with weak pre-reading and school readiness skills confer with

school personnel about programs available to improve these skills (e.g., tutoring provided as part of Title I funds to schools with large numbers of children from families with low incomes).

Reasonable Expectations for School Performance

Children enter school at different levels of cognitive, physical, and social development. Children who are pressured to perform academically too early may lose valuable opportunities to learn through play and self-directed exploration.

Tips

- Help parents develop goals for their child in early elementary school that focus less on specific school marks or grades and more on acquiring basic academic skills, promoting and maintaining self-esteem, and developing social confidence. Help parents assess what their child's core academic abilities are in later elementary school. Encourage parents to develop reasonable expectations for school performance that allow for fluctuations resulting from day-to-day stress. No child can put forth her best performance every day.
- Guide parents in setting reasonable educational and personal goals for their child. Ask parents about their own performance in elementary school.
- Encourage parents to talk regularly with their child's teacher to learn how the child is doing in school.
- Assess children for underlying causes of school difficulties (e.g., Are problems the result of maladjustment? Slow learning? Learning disabilities? Antisocial behavior? The fact that the child is not



challenged in school?). (See the following bridge topics: Learning Problems and Disorders, p. 251; Attention Deficit Hyperactivity Disorder, p. 203; Mental Retardation, p. 261; Pervasive Developmental Disorders, p. 317; Oppositional and Aggressive Behaviors, p. 291; Mood Disorders: Depressive and Bipolar Disorders, p. 271; Anxiety Disorders, p. 191; Child Maltreatment, p. 213.)

- Emphasize that any decisions regarding delayed or alternative approaches to school entry; repetition of a grade; or entry into gifted, advanced, or honors classes should be based on a careful assessment of the child's individual needs and clearly defined educational and developmental goals. The decision should not be based on a school's lack of resources to meet the child's individual needs. Review copies of any psychometric assessments, the child's IEP (if there is one), and achievement test scores to help parents monitor school services received and their child's progress. Refer children for necessary testing and assessment. (See Tool for Families: Individualized Education Program [IEP] Meeting Checklist, *Mental Health Tool Kit*, p. 120.)

Area of Concern: Difficult Adjustment to School

Even though adjusting to school can be difficult, school is the child's most important opportunity to begin learning about and adapting to the outside world. During this period, it is particularly important for the child's home to be an oasis of warmth and safety.

While helping parents understand that their child will adjust to school at his own rate, assist them in determining whether the child's adjustment is too difficult (e.g., as evidenced by mood problems, anxiety symptoms, an increase in somatic complaints, and school refusal). (See the following bridge topics: Anxiety Disorders, p. 191; Mood Disorders: Depressive and Bipolar Disorders, p. 271. See Tool for Families: Tips for Parenting the Anxious Child, *Mental Health Tool Kit*, p. 96.)

School Relationships

Children in middle childhood learn in a variety of ways in a variety of settings (at home, at school, among their peers, in the community). They learn by testing limits, reading and studying, trial and error, and example. The school setting is the primary place children learn to negotiate and cooperate with others.

Tips

- Talk with parents about helping their child establish positive relationships at school, with teachers, coaches, and peers. These relationships enhance a child's self-esteem and help her feel connected to school.

- Ask about how the child is getting along with peers. Does she feel well liked? Explore ways to help the child develop social skills (e.g., by participating in play dates, physical activities and team sports, summer camp, Boy Scouts or Girl Scouts, and other organizations that serve children).
- Encourage children's relationships with adult mentors in areas of interest (e.g., sports, music, art).

Area of Concern: Child-Teacher Conflicts

If a child complains about a teacher, parents need to reassure their child that they and the teacher will work together to address the child's concerns. Some parents may need encouragement in scheduling and attending a parent-teacher conference to discuss their child's concerns. Parents should listen to the teacher's concerns as they advocate for their child. Optimally, parents, the teacher, and the child should together develop and agree on a plan to help improve the child-teacher relationship. If problems persist despite parent-teacher conferences, parents may wish to request the involvement of the principal, a school counselor, or another professional.

Primary care health professionals need to be aware of unresolved issues or tensions between parents and the child's teacher. For parents and school personnel to develop the interventions necessary to address the child's needs, they must agree on the problem (or diagnosis), level of help needed, and site where help will be provided. (See Tool for Families and Health Professionals: School Basic Information Form, *Mental Health Tool Kit*, p. 122. See the following bridge topics: Learning Problems and Disorders, p. 251; Attention Deficit Hyperactivity Disorder, p. 203; Mental Retardation, p. 261; Pervasive Developmental Disorders, p. 317.)

Functioning in Different Environments

Children may function differently in various environments. For instance, a child may function well at home but poorly in school. Poor school functioning can be the result of learning problems, emotional issues, peer issues, problems at home, and/or environmental issues inside or outside school.

Tips

- Ask parents whether they notice a difference in how their child functions at home versus how he functions at school. If the child does not function as well in one setting as he does in the other, look for sources of conflict or distress in that setting. Is there something reinforcing success in one setting that is absent in the other?
- Help parents identify their child's strengths, as well as areas in which their child may need more support. For a child to feel successful, parental and school expectations must match the child's ability. Not all children are above average or even average in everything they do. Help the child use his strengths to compensate for his weaknesses.
- Encourage children to recognize when they are feeling frustrated and to identify possible remedies (e.g., asking for help, taking a break, relieving stress by exercising).
- Brainstorm with children about ways to approach challenges, failures, and disappointments.

Protecting Against High-Risk Behaviors

Children who view school positively and feel connected to their school are less likely to be absent or to use tobacco, alcohol, or other drugs. Positive school experiences help children develop increasing responsibility and independence, which are essential for a successful transition to middle school/junior high school and early adolescence.

Tips

- Encourage parents to participate in school activities (e.g., field trips, PTA meetings).
- Encourage children to participate in school and community activities (e.g., clubs, teams, volunteer organizations).



- Encourage children’s involvement in organizations such as Boys & Girls Clubs of America, 4-H, YMCA or YWCA, Boy Scouts or Girl Scouts, and faith-based organizations.
- Help children make pro and con lists regarding certain behavioral choices and problems they might encounter (e.g., being offered a cigarette). (See Tool for Families: Six Rules for Making Responsible Decisions, *Mental Health Tool Kit*, p. 95.)

Area of Concern: Substance Use

During middle childhood, some children begin to use alcohol, tobacco, or other drugs. The rate of substance use among children increases significantly between the fourth and sixth grades. The transition from elementary to middle school/junior high school increases the child’s risk for substance use (Gleaton, 1999). Encourage communication between parents and children regarding parental attitudes toward substance use and the attitudes of their children and their children’s friends. Parents should be aware that children who are struggling, either academically or socially, may be at increased risk for substance use. (See bridge topic: Substance Use Problems and Disorders, p. 331.)

Area of Concern: Media Violence

Research indicates that viewing some types of media violence may encourage aggressive behaviors in children, desensitize them to violence, or cause fearful attitudes about the real world. Certain plot elements in portrayals of violence, including realistic violence, are considered high risk for children and should be evaluated by parents. Characterizations in which the perpetrator of the violence is

attractive are especially problematic because children may identify with such a character. Other high-risk factors include portraying violence as justifiable or humorous, without punishment for the perpetrator, or without consequences to the victim. The impact of media violence may be of special concern for children who are vulnerable because of situations such as abuse, neglect, or violence in their community. Parents can help reduce the potential negative impact of media violence on their children by guiding their children’s use of TV, video games, and the computer (Aidman, 1997). To reduce the possibility that a child will act out scenes of media violence, the primary care health professional should ask whether there are guns in the home and, if so, whether they are locked. For more information on media violence, see American Academy of Child and Adolescent Psychiatry, American Academy of Pediatrics, et al., 2000; American Academy of Pediatrics, 1995. (See the following Tools for Families in the *Mental Health Tool Kit*: Top TV Tips: Building a Balanced TV Diet, p. 107; Controlling the Video and Computer Game Playground, p. 109; Safety Tips for Surfing the Internet, p. 111.)

Resources for Health Professionals

American Academy of Child and Adolescent Psychiatry; American Academy of Pediatrics; American Psychological Association; American Medical Association. 2000. Joint Statement on the Impact of Entertainment Violence on Children: Congressional Public Health Summit. In American Academy of Child and Adolescent Psychiatry Press Releases [Web site]. Cited February 22, 2001; available at http://www.aacap.org/press_releases/2000/0726.htm.

American Academy of Pediatrics. 1995. Policy statement: Media violence. *Pediatrics* 95(6):949–951.

OFFICE PRACTICES TO PROMOTE FAMILY PARTNERSHIP

- Provide handouts in the waiting room on family stressors, anger management, child abuse prevention, family meetings, teaching respect, discipline and limit-setting strategies, and healthy families. Some of the Tools for Families in the *Mental Health Tool Kit* may be used as handouts.
- Post Tool for Families: Twenty Free Ways to Love Your Child, *Mental Health Tool Kit*, p. 124, on a central bulletin board.
- Keep information on recreation center events, free concerts, school events, and other activities in the waiting room. Provide information on opportunities that help develop social skills (e.g., YMCA; Girl and Boy Scouts; Campfire Boys and Girls; Girls, Inc.; 4-H; team sports).
- Offer parent groups on positive family communication.
- Provide resource guides for unstructured summer activities and summer camp opportunities.



COMMUNITY PRACTICES TO PROMOTE MENTAL HEALTH IN MIDDLE CHILDHOOD

- Collaborate with libraries, community service organizations (e.g., Kiwanis, Rotary, Junior League) to provide books in the waiting room and, if possible, free books for children to take home.
- Consider establishing a practice-based reading program such as Reach Out and Read (29 Mystic Avenue, Sommerville, MA 02145. Phone: [617] 629-8042; Web site: <http://www.reachoutandread.org>). Recommend books related to specific family issues or child difficulties (e.g., books about a new baby coming or a grandparent dying) to make reading relevant. Consider making such resources available in the office or providing access to a computer in the waiting room where parents can search for such resources.
- Invite community volunteers to read aloud in the waiting room, tell stories, and bring in creative activities (drawing, making storybooks).
- Make regular visits to local schools to facilitate communication with school personnel. Use a form such as the School Basic Information Form (see Tool for Families and Health Professionals: School Basic Information Form, *Mental Health Tool Kit*, p. 122) for improved communication with the school about individual students.
- Offer yourself as a consultant to schools (e.g., make classroom presentations, serve as a team doctor, provide guidance on curriculum development, offer advice to parent groups, make presentations at career day).
- Collaborate with local schools to help prevent smoking and other substance use.
- Offer to assist in training volunteer leaders of organizations and coaches to promote children's skill development, cooperation, positive self-esteem, and constructive friendships as well as to implement strategies for handling discipline issues effectively.
- Advocate for community recreation facilities and programs.



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Community

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MIDDLE CHILDHOOD CHECKLIST

The following list highlights key topics to consider in promoting mental health in middle childhood. These topics may be discussed selectively during office visits, depending on the needs of the child and family.

Self

- Self-esteem, including
 - Fostering success
 - Taking reasonable risks
 - Resilience and handling failure
 - Parental verbal abuse
 - Importance of supportive family and peer relationships to self-esteem
- Self-image, including
 - Body image
 - Prepubertal changes
 - Initiating discussions about sexuality and reproductive health

Family

- What matters at home, including
 - Expectations and limit setting
 - Family time together
 - Communication
 - Family responsibilities
 - Family transitions—divorce, blended families
 - Sibling relationships

Friends

- Friendships, including
 - Making friends
 - Aggression and bullying
 - Victims of bullying
 - Family support of friendships

Community

- School, including
 - Expectations for school performance
 - Homework
 - Child-teacher conflicts
- High-risk behaviors and environments, including
 - Absenteeism
 - Substance use (e.g., alcohol, tobacco, and other drugs)
 - Unsafe friendships
 - Unsafe community environments

Bridges

- Opportunities for early identification and intervention, including
 - Anxiety disorders
 - Attention deficit hyperactivity disorder
 - Child maltreatment
 - Domestic violence
 - Eating disorders
 - Learning problems and disorders
 - Mental retardation
 - Mood disorders: depressive disorders and bipolar disorder
 - Obesity
 - Oppositional and aggressive behaviors
 - Parental depression
 - Pervasive developmental disorders
 - Substance use disorders

