A Child’s Perceived Strengths and Challenges

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INTRODUCTION

- Moving routine health supervision from a medical pathology focus to a more biopsychosocial focus requires different expectations from parents and new strategies by primary care physicians (PCPs).
- An understanding of the range of parental responses to agenda-broadening questions can inform strategies to engage families in this way.
- The purpose of this study was to describe responses to agenda-broadening questions that parents of children submitted via an online questionnaire including free text prior to attending a child healthcare visit.

METHOD

Participants
- Caregivers of children aged 4 to 12 years presenting for a child healthcare visit.

Measures
- Two questions were added to a pre-visit online questionnaire immediately following a more traditional “chief complaint” (“What do you want to discuss at the upcoming visit?”).
- The first question asked about the child's strengths: “It is helpful for us to understand the child’s strengths. Please choose ONE or TWO items from the list below.” There were 22 item choices including items tapping Gardner’s eight multiple intelligences and additional items selected by clinical judgment or to provide adequate options (e.g., good looks, good health) plus an option for a text response to “other.”
- The second question was about challenges: “It is helpful for us to understand the challenges you face as a parent. Please indicate the ONE OR TWO very hardest parts of taking care of your child.” There were 23 items offered and also the options, “there is nothing really hard” and “other,” which offered a text response.

Procedures
- Data were collected via a pre-visit online questionnaire in a national primary care sample prior to 11,869 health supervision visits.
- Frequencies of the structured items were analyzed, and “other” responses were coded and analyzed.

RESULTS

- From 20 strengths, parents most often endorsed verbal ability (20.9%), followed closely by personality (20.2%), then curiosity about the world (17.5%; Figure 1). The areas of intelligence/talent were endorsed consistently across ages: athletics (11.1%), math (13.9%), music (5.4%), art (5.3%), nature (6.1%), and insight (8.3%; Figure 1).
- There were 627 “other” responses for child’s strengths. Parent responses were categorized most often as kind to others (23.9%), spatial relations/create art (9.2%), and intelligence (9.1%; Figure 2).
- From 17 challenges, parents most often endorsed irritability/tempor/moodiness (21.9%), managing behavior (19.7%), worrying about school/homework issues (17.2%), and worrying about learning (15.4%; Figure 3).
- There were 626 “other” responses for challenges. Parent responses were most often categorized as behavior problems (16.4%), internalizing problems (16.4%), and disability (12.0%; Figure 4).
- Frequencies of identified strengths were largely consistent across ages 4 to 12; frequencies of identified concerns became more consistent after children entered school.
- Across this sample, 10-14% of parents selected “no hardest part.”

CONCLUSION

- Behavior problems and internalizing problems were the top two challenges identified by parents. In contrast to some reports, internalizing problems were identified as often as behavioral issues.
- In family-centered care, in order to engage school-aged children and their caregivers around their priorities, PCPs need strategies to address their issues of behavioral management, mood regulation, and learning. Given the demonstrated consistency of endorsed talents starting in preschool, it is relevant to discern and discuss ways to build on strengths to foster skills, self esteem and to buffer any weaknesses.
- Only 10-14% across ages endorsed having “no hardest part,” suggesting that these agenda-broadening questions have a good chance of identifying issues parents care about and therefore may be more interested in addressing than those identified by formal screening or anticipatory guidance guidelines. Identifying positive aspects of parenting as well as pathology oriented issues may allow the clinician to gain a better understanding of the parent’s overall experience both as a parent and a person—tending to enhance the kind of trusting relationships leading parents to be more open to helping suggestions.
- This report provides data to inform revisions of these agenda-broadening questions and areas of needed decision support.

Reference: *Gardner, Howard (1993), Multiple Intelligences: The Theory in Practice*
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