

APPENDIX 1. Developmental Stages and Child Behaviour

AGE	TYPICAL BEHAVIOUR	TIPS FOR PARENTS/CAREGIVERS
INFANT < 1 year	<ul style="list-style-type: none"> • Cries to make needs known. • Cries frequently in first 3–4 months. • Learns by exploring world through touch, taste smell, sight and sound (gets into everything). • Seeks to be near caregiver. 	<ul style="list-style-type: none"> • Support baby to learn to self-soothe (comfort baby when they are sick, hurt or upset). • Move the infant to a safe area when they start touching things they shouldn't, or distract them with toys. • Don't use strategies such as 'time out' or consequences. • Interact with baby: respond to their signals, pay attention, make eye contact. • Create and follow routines.
YOUNG TODDLER 1–2 years	<ul style="list-style-type: none"> • Will test limits as child begins to assert independence. • Will learn to say no (and "mine"). • Too young to remember rules. • Shows fear (often when separated from caregiver) but can be comforted. • Has trouble sharing (may hit, push and grab to keep toys). 	<ul style="list-style-type: none"> • Create a safe space for child to explore. • Give child attention when they are behaving well. • Continue to use redirection when needed. • Play with child and model how to share or take turns. • Read stories and look at pictures that explore emotions and talk about them. • Comfort child when they are upset, sick or hurt. • Provide opportunities for child to play beside children the same age.
OLDER TODDLER 2–3 years	<ul style="list-style-type: none"> • Develops further independence. • Expresses frustration when caregiver sets limits. • Shows possessiveness and trouble sharing (may hit, push and grab to keep toys). • Has many strong feelings but trouble expressing them. • Is easily distracted. • Plays near (parallel play) rather than with other children. 	<ul style="list-style-type: none"> • Give choices when you can • Provide positive attention for good behaviour. • Use positive communication, and make only one request at a time. • Teach child acceptable ways to show they are upset. • Set up a special time to read books with child. • Keep routines. • Focus on co-operation not control.
PRESCHOOLER 3–5 years	<ul style="list-style-type: none"> • Usually better able to accept limits but does not always make good decisions. • Asks many questions. • Tries to tell other children what to do. • May tell on others. • Tries to please and wants to feel important. 	<ul style="list-style-type: none"> • Model desired behaviour. • Catch child behaving well. • Listen actively to child. • Choose which battles to fight (ask "Does it really matter?"). • Continue to read to child. • Long lectures do not work. • Give clear and consistent rules. • Approval and praise encourages child to behave well.
MIDDLE CHILDHOOD 6–11 years	<ul style="list-style-type: none"> • Shows more independence from family. • Wants to be liked and accepted by friends (may have more peer pressure, especially at 9–11 years). • Develops physical, social and mental skills quickly during this time. • Need for confidence is critical and is acquired through friends, schoolwork and sports. • Puberty changes may start to occur in late middle childhood, especially in girls. 	<ul style="list-style-type: none"> • Show affection and recognize child's accomplishments. • Praise child for good behaviour and continue to use positive discipline to guide/protect child rather than punishment. • Talk with child (about school, friends, accomplishments, challenges, respecting others). • Support child in making friends and meet the families of their friends. • Do things with child as a family (playing games, reading, going to community events).
EARLY TEEN 12 years and up	<ul style="list-style-type: none"> • Has more concerns about body image, looks and clothes. • Experiences more moodiness and intense emotions. • Has greater interest in and influence by peer group. • May distance self from parents/caregivers (may seem rude, short-tempered or argumentative). • May have stress from more challenging school work. • Seeks new experiences and may engage in more risk-taking behaviour. 	<ul style="list-style-type: none"> • Be honest and direct when discussing topics such as drugs, drinking, smoking and sex. • Get to know child's friends and welcome them in home. • Help child make healthy choices while encouraging them to make their own decisions. • Respect child's opinions and value their thought/feelings; important for child to feel listened to. • Be clear about goals and expectations but give child input on how to reach goals. • Stay calm and model positive communication. • Avoid arguing, being defensive, lecturing, nagging, sarcasm or taking things personally. • Be aware that privacy becomes more important to teens, but monitoring is still important—keep it low key, based on trust and stay connected with child.

Sources used for this Appendix (more detailed guidance for parents/caregivers available at the links):

- 1) Caring for Kids. Guiding your young child with positive discipline. <https://www.caringforkids.cps.ca/handouts/positive-discipline-for-young-children>;
- 2) Healthy Families BC. Parenting. <https://www.healthyfamiliesbc.ca/parenting>;
- 3) Centers for Disease Control and Prevention. Child development. <https://www.cdc.gov/ncbddd/childdevelopment/index.html>

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APPENDIX 2. Benefits/Risks Of and Recommendations For Screen Use in Children

AGE (YEARS)	POTENTIAL BENEFITS	POTENTIAL RISKS	RECOMMENDATIONS
< 2	<ul style="list-style-type: none"> Limited educational benefit. In-person interactions with parents/caregivers are more effective than video for learning problem-solving skills. 		<ul style="list-style-type: none"> Screen time not recommended.
2–5	<ul style="list-style-type: none"> Communication with distant relatives (e.g., Skype, Facetime). Preschoolers can learn literacy, numeracy and prosocial skills from high-quality TV programs and apps (e.g., PBS). 	<ul style="list-style-type: none"> Most commercial apps have low educational potential. Gaming design reinforces prolonged use → distracts from social interaction with caregivers. Increase in sedentary behaviour. Volume of screen time associated with sleep problems. Presence of electronic device in bedroom associated with less sleep (↓ melatonin). 	<ul style="list-style-type: none"> Limit regular screen time to < 1 hour/day. Avoid screens for ≥ 1 hour before bedtime. Have regular screen-free times → especially family meals and book-sharing. Be present and engaged with children when screens are used. Model healthy screen use.
School-aged children (up to 12)	<ul style="list-style-type: none"> Communication with distant friends/family. Easy collaboration on projects. May help child make and maintain diverse friendships. Can stimulate learning and inquiry. Peer-to-peer connection among children who might feel excluded or stigmatized (e.g., obesity, mental illness). 	<ul style="list-style-type: none"> Exposure to misinformation, hostility or cyberbullying. Increase in sedentary behaviour. Sleep problems. Increased exposure to risky behaviours (e.g., alcohol, tobacco, sex) which may make these behaviours seem normal and desirable. Online privacy and safety risks. Increased multitasking which can undermine learning and impair problem-solving. 	<p>MANAGE</p> <ul style="list-style-type: none"> Jointly set limits with child. Create and regularly review media plan https://www.healthychildren.org/English/media/Pages/default.aspx. Be present and engaged when screens are used. Discourage multitasking. Learn about parental controls and privacy settings (http://mediasmarts.ca/sites/mediasmarts/files/tip-sheet/tipsheet_parental_controls_0.pdf). Obtain child's passwords/login information for devices and social media accounts. Have open dialogue about what child is doing online and who they are interacting with. Talk with child re: acceptable and unacceptable online behaviours. <p>MEANINGFUL</p> <ul style="list-style-type: none"> Prioritize daily routines over screen use so that exercise, sleep or family time are not displaced. Prioritize educational, active or social screen use over passive or unsocial use. Help child choose developmentally appropriate content and recognize inappropriate content/behaviours. <p>MODEL</p> <ul style="list-style-type: none"> Model healthy screen use (including screen-free times). Avoid screens for ≥ 1 hour before bedtime. Ask whether screens are off when not in use, including background tvs. <p>MONITOR</p> <ul style="list-style-type: none"> Monitor for signs of problematic use.

Note: Screens include smart phones, tablets, television, video games, computers or wearable technology.

Sources: **1)** Reid Chassiakos Y, Radesky J, Christakis D, Moreno MA, Cross C. Children and adolescents and digital media. Pediatrics. 2016;138:e1-e18; **2)** Hale L, Guan S. Screen time and sleep among school-aged children and adolescents: A systematic literature review. Sleep Medicine Reviews. 2015;21:50-8; **3)** Cheung CH, Bedford R, Saez De Urabain IR, Karmiloff-Smith A, Smith TJ. Daily touchscreen use in infants and toddlers is associated with reduced sleep and delayed sleep onset. Sci Rep. 2017;7:46104; **4)** Ponti M. Digital media: promoting healthy screen use in school-aged children and adolescents. Canadian Paediatric Society position statement. 2019. <https://www.cps.ca/en/documents/position/digital-media>; **5)** Screen time and young children: Promoting health and development in a digital world. Paediatr Child Health. 2017;22:461-77.

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