1. Background

- Parent–child relationship has a significant impact on a child’s physical, social-emotional and cognitive development (Cassidy and Shaver, 1999).
- There are Health Care Professionals (HCPs) who work with high-risk children including children with developmental disorders. These problems are not just physical alone; they have implications on socio emotional development of the under-five (U5) children as well.
- Though there is dearth of epidemiological data on developmental disorders from sub-Saharan Africa including Nigeria, higher figures are expected due to numerous health problems that affect the brain of the growing child (Aina, 2008).
- HCPs are trained to manage children’s health but they have minimal training on the socio-emotional aspects of child development.
- Educating HCPs, who in turn can educate themselves and parents on parent-child relationship could possibly provide opportunities for early intervention.

2. Goals

- The training will impact HCPs with knowledge and skills to promote responsive, harmonious parent-child relationship and socio-emotional development of children.

3. Participants

- About twenty qualified and experienced HCPs encompassing medical doctors, nurses, social workers and physiotherapists will be trained at the MDH, Abuja, FCT, and Nigeria.

4. Procedure

- The training will be done during the pediatric unit Continuous Medical Education (CME) every forth night for about a year.

5. The training

- The training will cover key aspects in parent-child relationship as discussed below. A pre-test and post-test will be conducted before and after to assess their baseline knowledge and the impact of the training respectively.
  - **Attachment**: Training will focus on the basic concept of attachment construct so that HCPs can apply the theoretical knowledge to identify and provide appropriate education to support parents to serve as **secure base** and **safe haven** for their children. In addition, HCPs would be able to identify at-risk parent–child dyads, and provide early supportive intervention.
  - **Emotional Availability (EA)**: Emphasis will be on the concept of EA and its clinical applications to support a healthy parent-child emotional relationship.
  - **Resolution of the Diagnosis**: The HCPs will become aware on what parents go through once given their child diagnosis and help normalize reactions that may be difficult to understand. HCPs sympathetic listening to such expressions can facilitate resolution and their empathy with the parents’ experience.
  - **Parents and HCP communication**: The course will train HCPs on how to establish therapeutic relationship and exhibit model of empathic, supportive behavior to create a more trusting experience with parents (Bowlby, 1988).
  - **Empowering Parents**: HCPs will trained on how implement parenting empowerment education that actively involve parents, individualized, and interactive (McCarthy et al., 2002). The two principal and complementary parenting task of providing “**safe haven**” and “**secure base**” in response to their child’s proximity seeking and facilitating autonomy in response to the child’s bids to explore will be emphasized (Bowlby, 1988).

6. Challenges

- Despite the potential benefits of the training, the high turnover of HCPs and multiple stressors stirring parents and in particular mothers could have an implication on the expected and significant impact.

7. Take Home Message

- Considering the unique role of HCPs in Nigeria and their limited knowledge on this aspect of child development, this training program is much needed.

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