Managing Troublesome Behaviors in Children

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November 5, 2010
## Disclosures of Potential Conflicts

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Objectives

- To learn more about common behavioral problems that present in children
- To learn about behavioral disorders that can present in children
- To identify screening tools and treatment for these behavioral issues.
Behavior Disorders in Children?

“C’mon now, there just kids.”

“If that mom only would only use some discipline!”
The Reality

- **Behavior “Problems”**
  - Normal part of development
  - Frequent complaint in well-child visits
  - Require education, practical solutions
  - Require patience, time

- **Behavior Disorders**
  - May indicate abnormal development
  - Require more intensive involvement:
    - education, behavioral interventions, referrals for therapy and rarely medication
A Few Normal Behavior Problems

- Separation Troubles
- Temper Tantrums
- Defiance
- Aggression
- Eating Problems
- Toilet Training Difficulties
Normal Behavior Problems

- Separation Troubles
  - Stranger Anxiety
    - fully develops by 8 months
    - Occurs while child is in parents arms
  - Normal Separation Anxiety
    - Normally present between 10 and 18 months
    - Occurs during separation from attachment figure

  - Main intervention is reassurance
  - Also encourage transition times
  - Encourage Parents to watch their own emotional expression
Normal Behavior Problems

- **Temper Tantrums, Defiance**
  - Usually starts before age 2
  - May increase with inconsistent discipline
  - Counsel to never give child the source of their tantrum, redirect child if 1-2 years old
  - Counsel to be firm with “No”s
    - Bargaining, false threats often increase behavior
    - No reason to explain discipline
  - Intervene with: 1,2,3 Time Out
    - May persist despite these interventions
Books for Discipline

1-2-3 Magic
Effective Discipline for Children 2-12

The Difficult Child
A new, revised, and expanded edition of the acclaimed work on understanding and managing hard-to-raise children
Normal Behavior Problems

Aggression

- Biting, hitting, being rough
- Multiple causes – exploration, stress, not enough positive attention
- Counsel to be firm with “No”s
- Intervene with:
  - Prevention
  - Teach Parent to teach child: modeling expression of frustrations & sharing
  - 1,2,3 Time Out when appropriate

–May persist despite these interventions
Eating Problems

- Refusal to eat certain foods
- Throws/plays with food
- Only likes sweets
- Intervention:
  - Educate about relative decrease in appetite in second year of life
  - No force feeding!
  - Educate about healthy food choices
  - Make dinner time structured and fun
Normal Behavior Problems

- **Potty Training**
  - Always brings issues of stress and control
  - Should only begin when child expresses interest in potty, willingness to sit on a potty
    - As early as 18 months, late a 4 years old
  - Part-time use ok
  - Encourage positive, not negative reinforcement, stay calm on accidents
Normal Behavior Problems

- **Bedtime Issues**
  - Develop a routine as early as possible
    - Mention at 6, 9, 12 month visits
  - Involve brushing teeth and soothing activities (music, singing, prayer, rocking) as part of routine

- **Thumb sucking**
  - Not contraindicated until 5 years of age
  - If developing a plan to stop thumb sucking make sure child has another method to calm self
Normal Behavior Problems

Main Points

- Never underestimate the importance of your listening and reassurance
- You are practicing Primary Prevention
- Do not focus on parents deficiency of parenting skills; instead focus on adopting child’s perspective and their need for love, comfort, reassurance, teaching, patience, and a little independence as they grow older

Remember: Any unresolved issues that the parents (or even you) have had from childhood resurface when children are born. These are not yours to solve in a single well child visit: Focus on what you can do for your patient!
Problems vs. Disorders

- When does a behavior problem become a behavior disorder?
  - Interruption of normal learning and development
  - Disruption of family functioning
  - When behaviors fit into a recognizable pattern
Disorders in Preschool Children

- DSM-III-R Disorders in Preschool Children from Low-Income Families
  - Keenan et al. 1997

- Evaluated 104 mother-child dyads recruited from a WIC waiting room in Allegheny County, Pennsylvania

- Used both DSM-III-R and CBCL (Child Behavioral Checklist) 4 years later

Disorder Rates in Preschool Children

- Children mean age - 4.9 years old
  - 26.4% had diagnosable DSM-III-R disorder
  - 14.9% externalizing disorders – ADHD, ODD (Oppositional Defiant Disorder), Conduct Disorder
  - 14.9% internalizing disorders – Anxiety Disorders (including Separation Anxiety), Major Depressive Disorder

Disorder Rates in Preschool Children

- Diagnosis Breakdown:
  - 11.5% - Simple Phobia
  - 8% - Oppositional Defiant Disorder
  - 5.7% - ADHD
  - 4.6% - Social Phobia
  - 4.6% - Conduct Disorder
  - 2.3% - Separation Anxiety
  - 1.1% - Major Depression
  - 1.1% - Overanxious Disorder (now GAD)

Disorders in Preschool Children

More than the Terrible Twos: The Nature and Severity of Behavior Problems in Clinic-Referred Preschool Children

- Keenan et al., 2000

- 86 referrals to an over 2-year old behavior problems clinic in south side Chicago

- CBCL done by mail, DSM-IV evaluated in clinic (K-SADS)

Disorders in Preschool Children

- Diagnosis Breakdown:
  - 59.5% - ADHD
  - 59.5% - ODD
  - 41.8% - Conduct Disorder

- Presence of ADHD was associated with lower developmental functioning \((r = -0.28, \ p < 0.01)\) and lack of father involvement \((r = -0.20, \ p < 0.05)\)

Disorders in Preschool Children

- Presence of Conduct Disorder was associated with DCBS involvement ($r = 0.27, p < 0.01$) and young maternal age at first birth ($r = -0.25, p < 0.05$)

Low-Income Families

- Raadal et al. (1994) found 1.5 to 3-fold increase in clinical range disorders in CBCL in low SEC.

- Ontario Child Health Study (Offord et al., 1989) found 4-fold higher emotional disorders and 10-fold higher conduct disorders in low-income families compared to middle-income families.
Longitudinal Studies

- Although few studies exist, most indicate that psychopathology in the preschool age is usually associated with similar problems into adolescence and adulthood.

- Retrospective studies of school-age children indicate that behavior problems frequently started at preschool age.
Prevention

- Early intervention theoretically may reduce the development of behavior problems in school-age children and adolescents.
- Developmental Delay has been shown to be improved by developmental interventions in preschool children.
Diagnosis

The Classification of Child and Adolescent Mental Diagnoses in Primary Care

Diagnostic and Statistical Manual for Primary Care (DSM-PC)
Child and Adolescent Version

American Academy of Pediatrics
Addressing Mental Health Concerns in Primary Care: A Clinician’s Toolkit
ADHD

Three Diagnostic Categories:
- Inattention
- Hyperactivity
- Impulsiveness

True diagnostic criteria do not exist for children before age 3 because of overlap with normal behavior
Disruptive Behavior Disorders

- Disruptive Behavior Disorder NOS
- ODD (Oppositional Defiant Disorder)
- Conduct Disorder

- A continuum to anti-social personality disorder?
Disruptive Behavior Disorders

- **ODD**
  - Often loses temper
  - Often argues with adults
  - Defies adult’s rules
  - Deliberately annoys people
  - Blames other for his/her mistakes
  - Annoyed by others
  - Angry or resentful
  - Spiteful
Disruptive Behavior Disorders

- Conduct Disorder
  - 12 criteria involving:
    - Aggression to people/animals
    - Destruction of property
    - Deceitfulness and theft
    - Serious violations of rules (truancy)
Anxiety Disorders

- Different than shy temperament
- Simple Phobias – e.g. fear of dark
- Social Phobia - ? PDD
- Separation Anxiety – age 5 and on
- Generalized Anxiety Disorder
- Underlying Depression?
PDD

- Pervasive Developmental Disorders
- aka Autism Spectrum Disorders
  - PDD-NOS
  - Autistic Disorder
  - Asperger’s Disorder (previously High-functioning Autism)
  - Rett’s Disorder
What can we do?

- Simple screening tools can both identify early childhood behavior problems and save valuable clinic time.
- Can help remind caretakers of issues they wished to discuss.
- Can help guide treatment and referral.
Many screening tools exist for early childhood behavior problems and disorders. There is no definitive, perfect, or comprehensive tools. Pediatric Symptom Checklist.

Pediatric Symptom Checklist

- Easy to use – usually filled out by parent before appointment – less than 5 minutes
- Easy to score - 35 items
  - points 0 = not true, 1 = somewhat true, 2 = very true
- Score indicating potential behavioral problems
  - > 24 for children under 4
  - > 28 for children 5 and older
Use of the Pediatric Symptom Checklist in Strategies to Improve Preventive Behavioral Health Care

- Navon et al.; Psych Services, June 2001

Used PSC in urban health centers in Massachusetts

Identified:

- 25% of children had moderate behavioral health problems
- 2% had severe problems, i.e. Behavior Disorders
Screening for Autism Spectrum Disorders

- Use Denver for global developmental assessment
- Screen for ASD, usually recommended at 18 month Well Child Check:
  - Checklist for Autism in Toddlers or CHAT (M-CHAT is shorter)
  - Social Communication Questionnaire (SCQ)
  - Screening Tool for Autism in Two-Year-Olds (STAT)
  - Pervasive Developmental Disorders Screening Test-II (PDDST-II),
- Does not make diagnosis of Autism
M-CHAT or CHAT

The Checklist for Autism in Toddlers

- Can be administered at 18, 24, 30, and 36 months of age
- Designed to take 5 minutes
- 9 questions to ask the parent, 4 points of observation
- Requires doll and toy cup
- http://www2.gsu.edu/~psydlr/Diana_L._Robinsons,_Ph.D..html
CHAT Scoring

If a child fails five key items (s)he is at risk for a severe social communication disorder

- Pretend play
- Protodeclarative pointing
- Following a point
- Pretending
- Producing a point

When to refer?

- Know what behavior problems you are comfortable counseling for
- Behavior Disorders or high PSC score
  - Depends on community resources
  - Ideally you will want to refer to Children's Mental Health Specialist
    - E.g. Developmental/Behavioral Pediatrician, Local Comprehensive Care Center, Pediatric Neurologist, Child Psychiatrist
When to Refer?

- Refer all children with developmental delay by Denver and abnormal CHAT
  - Early Head Start for 0-3 year olds
- Refer children with both behavior problems and poor family support of strong family history of mental illness
Interventions

- ADHD treatment in early childhood
  - Simplify environment
  - Frequent redirection
  - Active play periods
  - Frequent positive rewards
  - Therapy for comorbid Disorders/ Learning Disabilities
- Occasionally medication is indicated
  - Stimulants
  - Strattera
  - Clonidine , Tenex
Interventions

- ODD treatment in early childhood
  - Explore discipline techniques and find methods that work and that all caretakers agree upon.
  - Explore family dynamics, family therapy
  - Play therapy for child
- Occasionally medications are needed
  - Clonidine, Tenex
  - Stimulants
  - SSRI antidepressants
Interventions

- PDD treatment in early childhood
  - Education
  - Developmental Therapies
  - Immunize! MMR & Thiomerisol-containing vaccines: epidemiological studies show no reason to suspect a risk for autism spectrum disorders
  - Medications rarely needed in early childhood
Interventions

- A positive reward system is an easy and fast way to start a behavioral plan for a target behavior.

  - Example target behaviors:
    - Bed-wetting
    - Thumb sucking
    - Potty-training
    - Calling-out at night
Interventions

- Positive reward system

  - Only natural consequences for target behavior, no negative/shameful response
  - Patient gets sticker calendar
  - Patient earns sticker for positive behavior, e.g. a “dry night”
  - After 5-10 stickers, a reward is earned

Suggest appropriate rewards: new toy, trip to special playground, ice cream
Conclusion

- Behavior “problems” are a normal part of early childhood development and require appropriate interventions and reassurance.
- Behavior Disorders are a serious problem in early childhood requiring preventive screening tools and early referral to maximize the developmental and mental health of our youth.