Management of children with common behaviour problems

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Why pediatricians?

• Behaviour problems are common
• Core component of contemporary pediatrics
• Pediatrician in ideal position to facilitate early detection/early intervention, as well as provide:
  - Anticipatory guidance and parent education
  - Reassurance
• Life course research - untreated problems in early years may lead to more serious (and harder to treat) problems later in life
The pediatrician’s role

• Anticipatory guidance - primary prevention
• Early intervention to prevent behaviour problems becoming worse (turning ‘problem behaviours’ into behaviour problems) - secondary and tertiary prevention
• Management of entrenched problems following accurate and informed assessment
• Referral for more specialised and/or intensive management
Core component of pediatrics

• Richmond JB: Child development: a basic science for pediatrics

*Pediatrics* 1967; 39: 649-658
## Behaviour problems are common

<table>
<thead>
<tr>
<th>Behaviour</th>
<th>2 yrs (%)</th>
<th>3 yrs (%)</th>
<th>4 yrs (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eats too little</td>
<td>50</td>
<td>26</td>
<td>37</td>
</tr>
<tr>
<td>Bedtime problems</td>
<td>70</td>
<td>46</td>
<td>26</td>
</tr>
<tr>
<td>Night waking</td>
<td>52</td>
<td>56</td>
<td>56</td>
</tr>
<tr>
<td>Wets bed</td>
<td>82</td>
<td>49</td>
<td>26</td>
</tr>
<tr>
<td>Hits others</td>
<td>68</td>
<td>52</td>
<td>46</td>
</tr>
<tr>
<td>Disobedient</td>
<td>82</td>
<td>76</td>
<td>78</td>
</tr>
<tr>
<td>Overactive</td>
<td>100</td>
<td>48</td>
<td>40</td>
</tr>
</tbody>
</table>
Problem behaviours are part of normal development

- Certain ages and stages associated with predictable difficult and challenging behaviour - eg toddlers and ‘terrible twos’
- So common as to be considered ‘normal problem behaviours’
- Many parents unwittingly turn these problem behaviours into behaviour problems
Risk factors for behaviour problems

- Child
  - Genetics
  - Temperament
  - Gender
- Parents/Family
  - Low SES
  - Parenting style
  - Family characteristics
Parenting and family risk factors

- Parenting style
  - Coercive (authoritarian)
  - Permissive (detached)
  - Inconsistent
- Family type
  - Blended
  - Single parent
- Family functioning
  - High family discord
Natural history

- Most children grow out of ‘normal’ developmental behaviours
- More likely to persist if:
  - Aggressive
  - Harsh or abusive parenting
  - Over-involved, protective anxious parenting
  - Family risk factors - mental health, single parent, low SES
Behaviour problems

• Serious if:
  - Causes parents great deal of stress and distress
  - Present in multiple settings
  - Interfere with developmental challenges of child e.g. socialisation, learning, self regulation
  - Persistent over time - beyond specific developmental transitions
Behaviour problems often persist

• 50% of externalising problems (conduct disorder) in toddlers persist into childhood and adolescence
• Aggressive behaviour in childhood persists - 1/3 of aggressive children at 5 still aggressive at 14 years.
• Aggression in childhood and adolescence predicts aggression, violence, alcohol abuse and crime in adults
• Data from USA and NZ suggest that 50% of lifetime mental disorders have onset by 14 years
The logic of early intervention

- High prevalence and co morbidity - social costs to community
- Parent stress and distress
- May lead to established and entrenched problems which are difficult to treat
- Developmental trajectory and life course - long term consequences of early behaviour problems
- Provides parents with strategies for other emerging behavioural issues
Intervention effects and costs of social-emotional mental health problems over time (Bricker)
Behavior problems are not identified

- ‘…child behaviour problems amenable to early intervention are often unidentified, suggesting that systematic enquiry by health care providers about parental concerns is important in the identification of early emerging behavioural health problems.’

Identifying behaviour problems

- Ask parents if they have any concerns about their child’s behaviour
- Use of checklists and questionnaires
Asking parents

• Incorporate into routine care and ask at each visit
• Need to know what to do with the answer
  - What is ‘normal’
  - What are the limits of your comfort zone in assessing and managing problems
  - When and to whom do you refer?
Asking a single question

- For example: ‘Over the past 2 weeks, has your child’s behaviour (eg tantrums, hitting, biting, kicking) been a problem for you?’
- Community sample of Victorian 3 year olds (N=590)
  - ‘Yes’ had good correlations with CBCL externalising score
    - Sensitivity 82%
    - Specificity 71%
Pros and cons of single question

- **Pros**
  - Simple and quick
  - Highly acceptable to parents
  - Can open up deeper conversation

- **Cons**
  - Very broad, may miss specific problem
  - Does not provide full picture
  - What if you are concerned and parents are not?
Checklists and questionnaires

- Many available
- Some free, some cost
- Should not take the place of a good (and time appropriate) consultation
- Useful adjunct to consultation - can provide direction for further questioning and exploration
- Remember that the relationship with parents (and child) is all important
Examples of checklists and questionnaires

- **PEDS (Parent Evaluation of Developmental Status)**
  - 10 item parent questionnaire that includes the question ‘*Do you have any concerns about how your child behaves?’* (0-8 years)

- **Strengths and Difficulties Questionnaire** (from 3 years)
  - 25 items
  - 5 subscales
  - 65 languages!
  - Free!
Examples of checklists and questionnaires

• **CBCL - Child Behavior Checklist** (from 18 months)
  - 99 items
  - Computer scoring
  - Internalizing and externalizing scales, multiple domains
  - Teacher version (TRF), self report for older children

• **BITSEA - Brief Infant Toddler Social and Emotional Assessment** (12-36 months)
  - 42 items
  - Social-emotional and behaviour problems
Pros and cons of checklists and questionnaires

• **Pros**
  - Structures consultation
  - Parent completes before/after visit or in waiting room
  - Scores can open up conversation with parents, especially if they don’t see problem and others do
  - Helpful in building profile of child’s behaviour
  - Multi-source informants - parents and teacher

• **Cons**
  - Time
  - Costs (including software for scoring)
  - Not diagnostic - can label child
Assessment

- Nature and severity of presenting problem
- Degree of parental concern and distress
- Use of questionnaires - temperament, behaviour, parenting, family
- Assess child and family factors in detail
- Observe child in consulting room - play, interactions with parents
- Information from several sources where possible - child care, preschool, as well as from parents
Different scenarios

Different behaviours in different settings offer clues as to cause of problems

• Good at home but problems at child care or preschool
  - Language/communication difficulties?
  - Poor social skills?

• Problems at home but OK at child care/preschool
  - Parenting inconsistent?
  - Family stresses?
Intervention

• Primary prevention - anticipatory guidance (prevent problems from occurring)
• Secondary prevention - reduce severity of problems that emerge (e.g. sleep problems)
• Tertiary prevention - reduce amount of disability associated with established conditions (e.g. ADHD)
Primary prevention - anticipatory guidance

- Provide parents with advice and guidance about normal child development:
  - Promotion of healthy development
  - What to expect of children at different ages
  - How to handle developmental transitions and the ‘normal’ problem behaviours
  - Intuitive and widely practised though few data about efficacy or effectiveness
Secondary prevention - reduce severity of emerging problems

- Reduce severity of emerging problems e.g. sleep, aggressive behaviour
- Strong evidence for approach based on behaviour modification strategies
- Can be implemented in multiple settings - eg home and preschool/child care
- Simple principles and rules, harder to implement consistently
- Parents need differing levels of support and follow up
In general…

- Respect family and cultural norms - avoid our own projections and judgements
- Build confidence in parents - relationship with pediatrician is crucial
- Agree with partner on which behaviour and which strategy
- Start small - select one or two behaviours to begin - avoid going to battle on a wide front
- Do not start until logistically and psychologically ready - be sensible
- Agree on starting date - until then do what is easiest
Simple rules of behaviour modification

• Have age appropriate expectations
• Pay attention to and reinforce positive and desirable behaviours
• Ignore negative and unwanted behaviours
• Be very clear about rules - avoid ambiguity
• Be consistent
• Focus on the behaviour, not the child - preserve child’s self esteem
Behaviour management

- Establish priorities - what is important
- Clearly define expectations to child
- Announce consequences in advance
- Follow through with actions, not words
- Limit negotiations and explanations
- Praise - for even the slightest progress
Positive reinforcement of appropriate behaviours

• ‘Catch them being good’
• Get close to child physically
• Make good eye contact
• Praise the specific behaviour, not the child
• Make praise immediate
• Physical contact, warmth, affection
• Consider ‘special’ rewards - stars, stickers, doctor’s surprise
Common mistakes

- Ignoring good behaviour
- Not being consistent
- Threatening and not following through
- Instructions not clear
- Parents angry during discipline
- Parents disagree
- Lengthy explanations for implementing consequences - eg time out in room
Positive parenting

- Quality time with child
- Pay attention to child’s needs - stimulating activities
- Focus on positive - catch them being good
- Lots of physical contact
- Praise every achievement - make them feel proud
- Don’t worry
- Have fun
Summary

• Allow enough time for consultation
• Know what is normal
• Have strategies for intervention
• Know where to get help - specialists, evidence based websites
  - www.rch.org.au/ccch (Behaviour Problems Practice Resource)
  - www.raisingchildren.net.au
• Know when and where to refer
• frank.oberklaid@rch.org.au
• www.rch.org/ccch