Maryland Behavioral Health Integration in Pediatric Primary Care (MD BHIPP)

BHIPP Mental Health Crisis Training:
Non-pharmacological Approaches to Managing Disruptive Behavior in Young Children
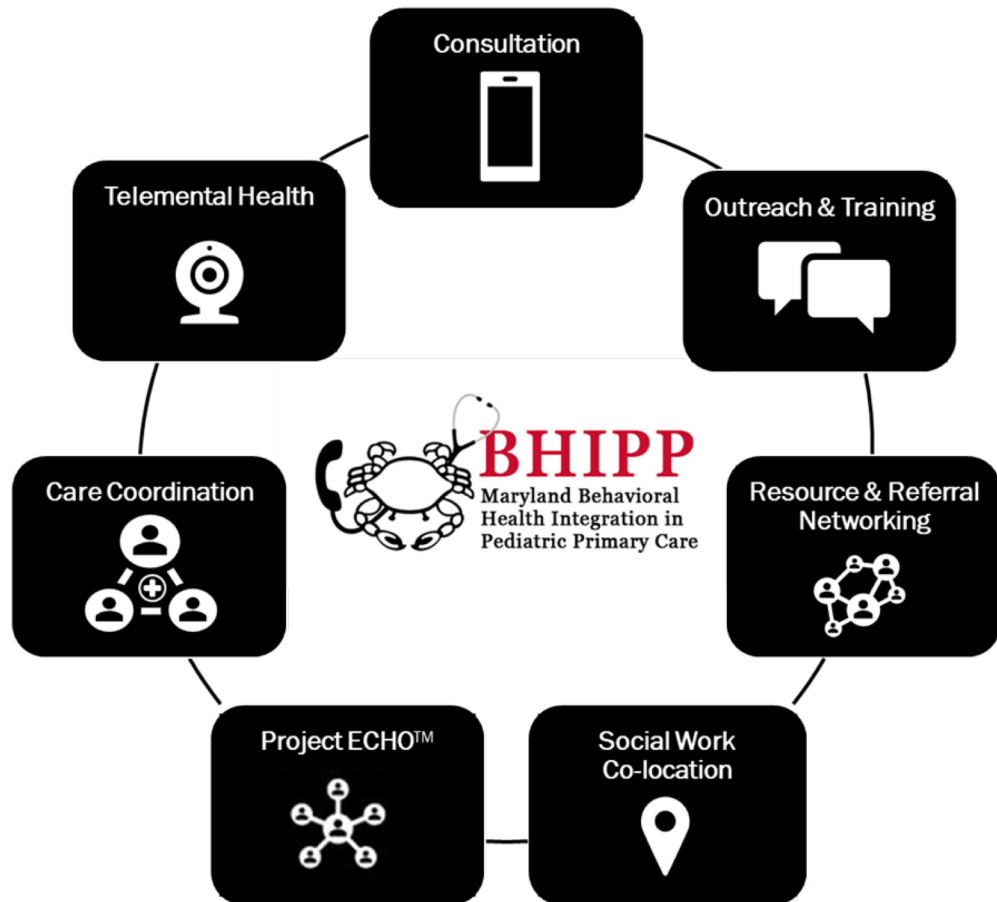
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1-855-MD-BHIPP (632-4477)

www.mdbhipp.org

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Who We Are – Maryland BHIPP

Offering support to pediatric primary care providers through free:

- Telephone consultation (855-MD-BHIPP)
- Resource & referral support
- Training & education
- Regionally specific social work co-location (Salisbury University)
- Project ECHO®
- Direct Telemental health services
- Care coordination

Partners & Funding

Disclosures

- No conflicts of interest to disclose

Objectives

- Identify at least 2 underlying mental health conditions that can contribute to disruptive behavior problems in young children

- Understand why the use of suspensions/expulsions in early childhood settings as an intervention for disruptive behavior problems is problematic

- Explain evidence-based approaches to managing disruptive behavior at home and in early childhood education settings

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Case Example #1

Zyon* is a 3-year old boy who presents with the following history:

- No known family history of mental health problems

- Has delayed speech; currently knows 20-25 words and speaks in 1-word phrases

- Tantrums when:
    - Told no
    - Told he can't have something he wants
    - Asked to transition from a preferred activity to a nonpreferred activity
    - When trying to communicate and adults aren't understanding him

- Tantrums include hitting, biting, throwing things, screaming, and crying

- Was asked to leave one previous daycare due to his behavior

- Noncompliance with adult directions at home and when was in daycare

- Very high level of activity – "he is always moving"

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Case Example #2

Sam* is a 5-year old boy who presents with the following history:

- Initial early care at home with a relative and no other children

- Started 1st daycare abruptly at age 3 when relative could no longer care for him
  - Struggled with sharing due to no practice with it
  - Behavior ok initially; disruptive behaviors emerged following transition in daycare staff
  - Disruptive behaviors included tantrums/aggression, noncompliance throughout day, including nap time
  - Behavior escalation resulted in being asked to leave daycare

- Returned to home care for 2 months while parent identified 2nd day care

- Started second daycare and was asked to leave after 3 days following:
  - Disruptive behaviors during nap time
  - Verbal aggression towards a peer

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Case Example #2 Continued

- Ongoing peer difficulties: prefers to control activities and struggles with turn taking

- Sleep: falls asleep easily as long as parent is next to him, shares bed w/ parent

- History of ACEs: unexpected move to a new home, unexpected loss of grandparent

- Tantrums triggered by:
  - Being separated from parent
  - Transitions to non-preferred activities
  - Unexpected transitions
  - Being told no/having a limit set
  - Engaging in other activities he has some fear of

- Verbalized fears and nightmares about something bad happening to his parent

Case Example #3

Matt* is a 4-year old boy who presents with the following history:

- Speech delays: said first words ~12 months but still struggling with speaking phrases
- Sleep: significant difficulty falling asleep, will lay down to sleep and then get back up and run around the house, can take an hour to fall asleep at night
- Eating: very picky eater, will become upset when presented with foods he does not like
- Tantrums when:
  - Told no
  - Needs to transition to nonpreferred activity
  - During mealtimes
  - Changes in routine
- Tantrums marked by throwing self on floor, screaming, crying, hitting head on floor
- Family history significant for ADHD, anxiety, and mood disorders
- Recent diagnosis of Autism Spectrum Disorder
- Not currently in a structured educational setting

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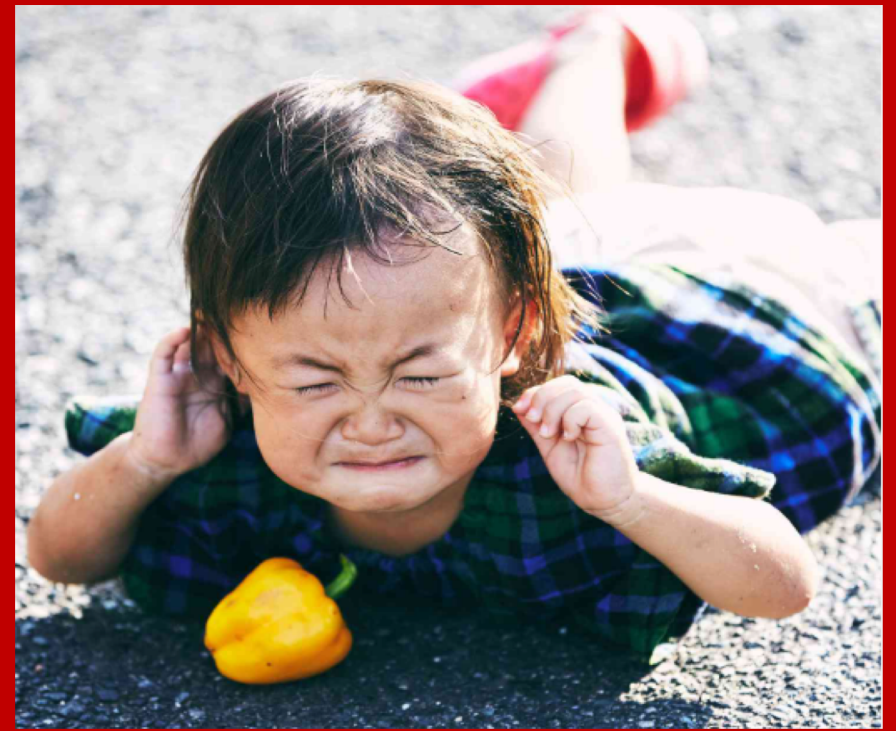
Disruptive
Behaviors
Etiology

Disruptive Behavior Epidemiology

- Among children, ages 3-17 in the US:
  - **23%** have a mental health, emotional, developmental or behavioral disorder (MEDB)
  - **18%** have a developmental disability
  - **45%** of children have experienced at least 1 ACE
  - **18%** have experienced 2 or more ACEs

- All of these difficulties can display as disruptive behaviors

Child and Adolescent Health Measurement Initiative, 2020; Child Trends, 2018; Zablotsky et al., 2019

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Diagnostic Overshadowing

- Tendency to miss an underlying diagnosis by attributing prominent symptoms to behavioral diagnoses

- Failure to consider other factors/explanations may delay accurate diagnosis or identification of comorbidities

- Disruptive behavior problems in early childhood may be a sign of:
  - typical development
  - a developmental disability
  - a mental health or emotional disorder
  - Trauma exposure
  - a combination of disorders

Leppert, Bettencourt, & Harrison, 2023

A Note about Temper Tantrums

- All 3 cases presented had temper tantrums

- Temper tantrums in young children may be due to:

  - **Mental health/emotional difficulties**: anxiety, trauma

  - **Developmental difficulties**: developmental delays, communication disorders, hearing impairment, Autism Spectrum Disorder

  - **Behavioral difficulties**: sleep disorders, early signs of ADHD, or age-appropriate toddler behavior

Leppert, Bettencourt, & Harrison, 2023

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Common Comorbidities Among Young Children

~**30-40%** of children with any developmental disability have co-occurring behavioral and emotional disorders

	Intellectual Disability[1]	Autism Spectrum Disorder[2]	Developmental Language Disorder[3]
Any mental health disorder	30-50%	90.5%	42%
ADHD	30%	59%	16-35%
Anxiety	7-34%	18-66%	
Depression	3-5%	15%	
Disruptive Behavior Disorder	3-21%	29%	

Beitchman, 1996[3]; Buckley et al., 2020[1]; Mueller & Tomblin, 2012[3]; Salazar et al., 2015[2]

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Disruptive Behavior
and
Exclusionary Discipline

History of Discipline in Public Schools

- Zero-tolerance, popular in the 1980's and 90s, assumed that removal of disruptive students would deter those students and their peers from engaging in the same behaviors again

- These policies contributed to disproportionate numbers of African American students and students with disabilities receiving out-of-school suspensions and expulsions

- Research shows that exclusionary discipline <u>increases</u> rather than decreases likelihood of future disruptive behaviors and other negative outcomes (e.g., academic failure, dropping out of high school, criminal justice system involvement)

American Psychological Association, 2008; AAP Committee on School Health, 2013; Forsyth et al., 2014;
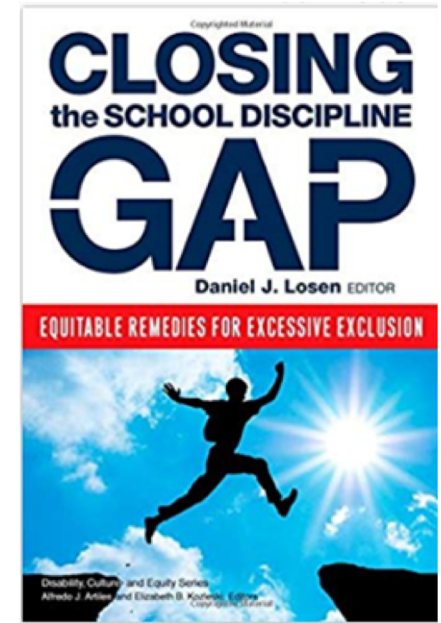
National Statistics on Exclusionary Discipline Among Young Children

Table 1

Weighted Prevalence Estimates of Parent-Reported Preschool Suspension and Expulsion, National Survey of Children's Health, 2016.

	Unweighted count	Population estimate	%	[95% CI]
Asked to pick up early on 1 or more days	84	124,075	1.4	[0.9 2.1]
Keep home for 1 full day or more	24	50,234	0.6	[0.3 1.1]
Expulsion	25	17,248	0.2	[0.1 0.3]
No S&E	5,967	8,839,142	97.9	[97.1 98.5]

Note. Population estimate was calculated based on unweighted count and sampling weight.

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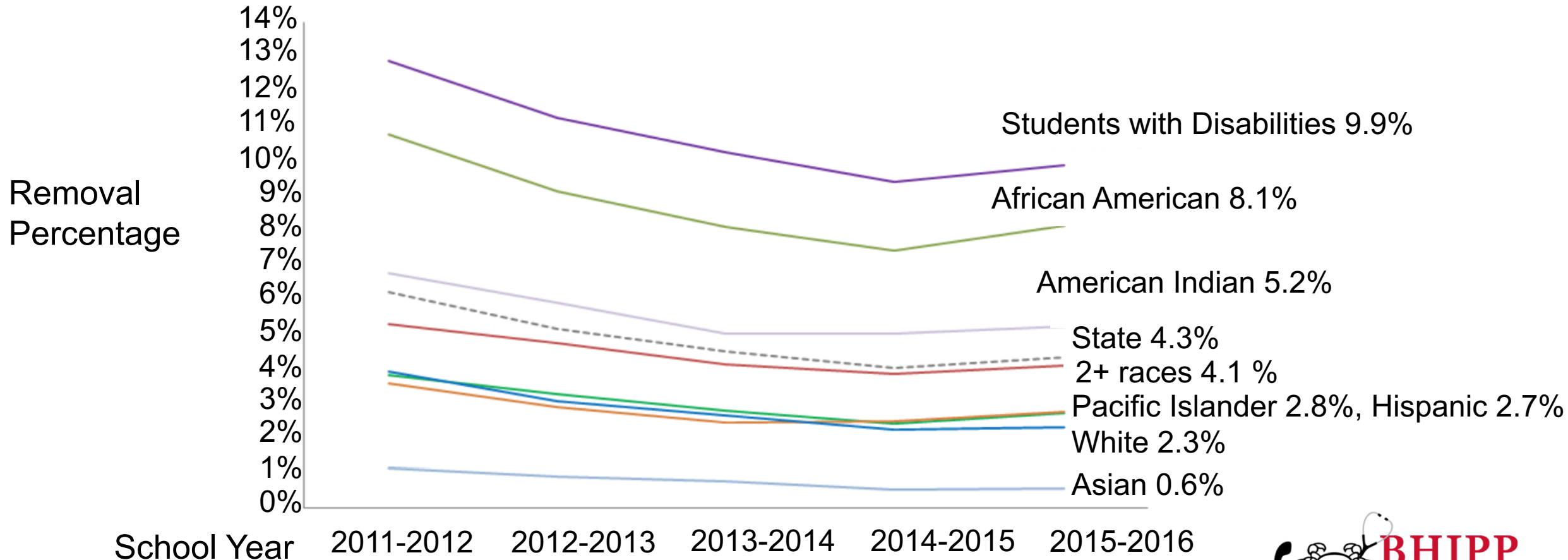Pediatric Primary Care

Zeng et al., 2019;

National Statistics on Exclusionary Discipline Among Young Children

- Preschool children are expelled at higher rates than K-12 students

- 4-year olds are expelled at higher rates than 3 year olds

- Majority of preschool children suspended or expelled are male

- Black children:
  - account for nearly 50% of public preschool suspensions
  - are twice as likely to be expelled as Latino and White children

- Factors associated w/ higher rates of suspensions and expulsions include
  - Program factors (e.g., class size, child-teacher ratios, availability of support staff)
  - Provider/teacher factors (e.g., teacher job stress, teacher mental health)

Schachner et al., 2016; Zeng et al., 2019;

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Exclusionary Discipline in Maryland Schools

Maryland School Removal Percentages by Student Group (2012-2016)

Removal Percentage (y-axis, 0% to 14%)

School Year (x-axis): 2011-2012, 2012-2013, 2013-2014, 2014-2015, 2015-2016

- Students with Disabilities 9.9%
- African American 8.1%
- American Indian 5.2%
- State 4.3%
- 2+ races 4.1 %
- Pacific Islander 2.8%, Hispanic 2.7%
- White 2.3%
- Asian 0.6%

http://marylandpublicschools.org/stateboard/Documents/01242017/TabM.pdf

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Maryland Guidelines for a State Code of Discipline – 2014

- 2014 regulations sought to promote practices that recognize positive behavior and minimize exclusionary discipline

- Rationale:
  - Time out of school increased
    - likelihood of poor academic performance, repeating a grade or dropping out and
    - potential negative life outcomes like involvement with the justice system, unemployment, poverty
  - Disciplinary consequences should serve educational purposes and not be used to punish students

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Prohibition of Suspensions/Expulsions of Young Children

Beginning in 2017, children enrolled in public PreK – 2nd grade prohibited from:

- Being suspended OR Expelled from school

Exceptions:

- Expulsion is only allowed if required by federal law (e.g., bring a firearm to school)
- Suspension for up to 5 days per incident is allowed if the school administration in consultation with a mental health professional determines there is imminent threat of harm to staff or students that cannot be reduced through interventions and supports

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Exclusion

- Removal of a student to a supervised area for a limited period of time during which the student has an opportunity to regain self-control and is not receiving instruction including special instruction, related services or support

- Indications
  - When students behavior interferes with learning
  - Other students need protection
  - Requested by the student
  - Supported by a Behavioral Intervention Plan (BIP)

COMAR 13A.08.04.02 (B)(4)

Exclusion (continued)

- Cannot be used as punishment

- School personnel must provide the student with explanation of what behavior resulted in his/her exclusion and instructions on what behavior is required to return to the learning environment

COMAR 13A.08.04.02 (B)(4)

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Unintended Consequence of Limiting Exclusionary Discipline

- Increased use of inappropriate interventions, including:
  - Calling the parent to pick the child up before the end of the school day
  - Emergency petitions when not necessary
  - In-school removal from the classroom (e.g., keeping child in front office)

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Treating Disruptive Behavior Problems

Behavior Management Training Defined

- A treatment modality for improving adult-child relationships and reducing child behavior problems such as:
  - Noncompliance
  - Tantrums
  - Aggression
  - School avoidance

- Can be used to prevent *AND* treat child behavior problems

- Underlying assumption - adults can be taught to become *change agents* for children's behavioral difficulties *by* *changing their own behavior*

Behavior Management Training: Effective Approach for Addressing Disruptive Behavior Problems

First line treatment for preschoolers with ADHD

Charach A et al. (2011) Attention Deficit Hyperactivity Disorder: Effectiveness of treatment in at-risk preschoolers; long-term effectiveness in all ages, and variability in prevalence, diagnosis, and treatment. *Comparative Effectiveness Review No. 44*. www.effectivehealthcare.ahrq.gov/reports/final.cfm

Wolraich et al (2019). ADHD: Clinical Practice Guidelines for the Diagnosis, evaluation, and treatment of Attention-Deficit/Hyperactivity Disorder in children and adolescents. *Pediatrics, 144(4)*, e20192528.

Well-established treatment for ODD and Conduct Disorder for children <13 years old

Kaminski, J. & Claussen, A.H. (2017) Evidence Base Update for Psychosocial Treatments for Disruptive Behaviors in Children, *Journal of Clinical Child & Adolescent Psychology, 46:4*, 477-499, DOI: 10.1080/15374416.2017.1310044

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Theory underlying Behavior Management Programs: Coercive Process Model

Adults inadvertently reinforce undesired behaviors in children

Example:

Child has a tantrum in class when asked to transition to reading time. In response, the child is taken to the office and therefore misses the reading activity that they didn't want to do anyway.

Patterson, 2002

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Theory underlying Behavior Management Programs: Coercive Process Model

Children inadvertently reinforce undesired behaviors in adults

Example:
Child does not put her toys away after being told repeatedly to do so. Parent now threatens with a spanking and child quickly puts her toys away.

Patterson, 2002

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Common elements of Behavior Management Programs

- Similar underlying theory

- Strategic use of adult attention

- Use of positive reinforcement to build adult-child relationship

- Use of effective limit setting strategies to reduce misbehavior

- Problem-solving skills

- Management of stress/negative affect

- "Homework" to practice new skills

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Positive Reinforcement Strategies

1. Child-centered time
2. Descriptive Commenting
3. Establishing routines
4. Strategic use of praise
5. Reward programs

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Spending Child-centered Time

- What is <u>child-centered time</u>?
  - Time adult spends with the child focused on what *the child* wants to do
  - Follow the child's lead
  - Can be as brief as 10-15 minutes/day
- **How does this help**?
  - Reduces likelihood children will use negative behavior to gain adult attention
  - Promotes feelings of love, warmth, positive self-esteem

Gross et al., 2021

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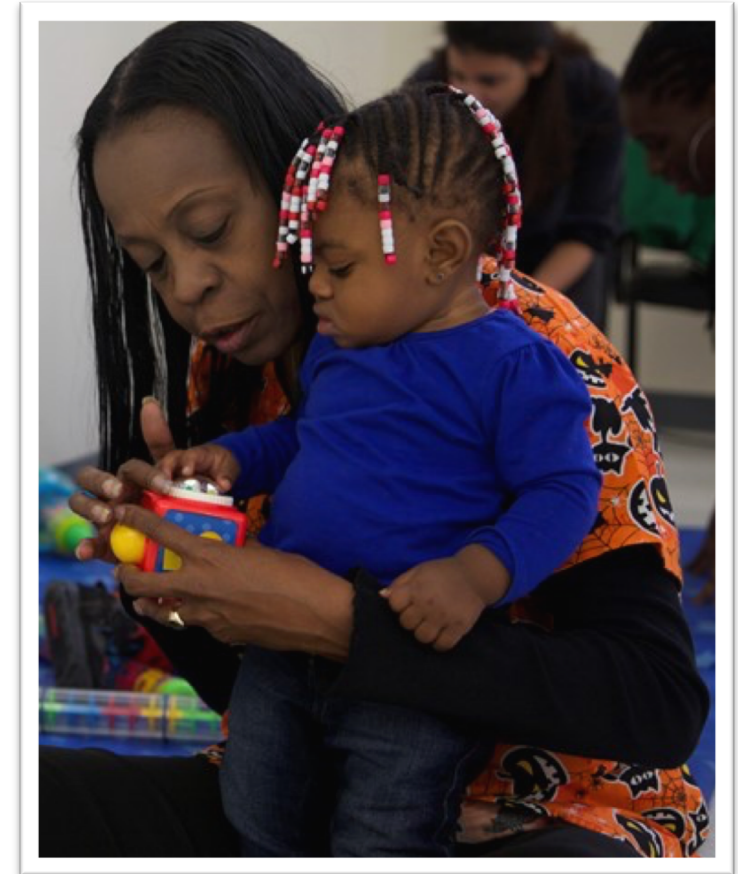
Using Descriptive Commenting

- What is <u>descriptive commenting</u>?
  - Adult describes what the child is doing
  - Like a sports announcer narrating a game. Examples:
    - "You are turning in circles. Now you are jumping up and down."
    - "You are climbing up the stairs. Now you are sliding down the slide."

- **How does this help?**
  - Allows adults to teach *without* controlling the interaction
  - Keeps the focus on the child's interests and ideas

Gross et al., 2021

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Establishing Routines

- What are <u>routines</u>?
  - Behaviors that are regularly practiced
  - Examples: reading before bed, eating dinner together

- **How does this help?**
  - Help children feel safe and in control of their lives
  - Promotes predictability
  - Promotes memory for task steps
  - Reduces stress

Gross et al., 2021
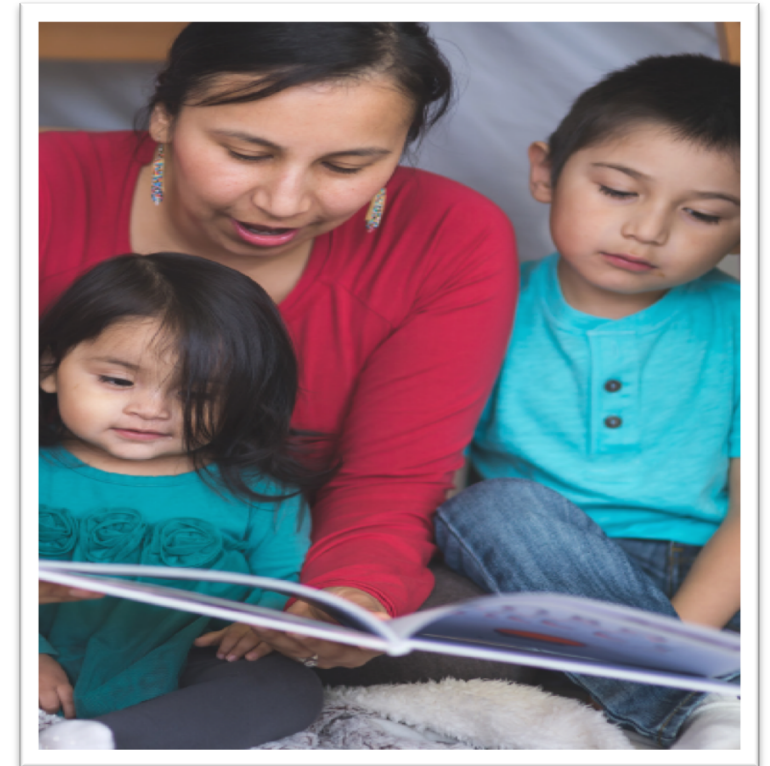
Praise

- What is <u>praise</u>?
    - Verbal statements that convey warm, positive feelings to a child
    - Be sincere
    - Praise effort AND performance
    - Should not be mixed with criticism ("I love it when you make your bed. Why can't you make your bed every morning?")

- **How does this help**?
    - Gives attention to desirable behaviors
    - Increases the likelihood desired behavior will occur again
    - Reinforces self-esteem, feelings of competence

Gross et al., 2021

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Types of Praise

- Labeled Praise
  - Positive statements that identify the <u>specific behavior</u> the child is doing or did that the adult likes
  - Example: "I love how hard you are working to clean up your toys"

- Unlabeled Praise
  - Positive but general statements of approval
  - Example: "Good job!" or "You're such a good boy!"

<u>Labeled praise more powerful than unlabeled praise</u>

Gross et al., 2021

Using Reward Programs for Challenging Behaviors

What are <u>rewards</u>?

- Something the child receives to reinforce a specific behavior
- Tangible rewards: stickers, star chart, earning points toward desired reward
- Social rewards: extra time with the parent

How do reward programs help?

- For some challenging behaviors, praise alone may not be effective
  Examples: toilet training, reducing aggression, sleeping in their own bed

- Focuses specific attention on the behavior

- Acknowledges to child that adult is aware the behavior is a challenge

Gross et al., 2021

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Effective Limit Setting Strategies

1. Use Do Statements
2. Use logical consequences
3. Use when/then statements
4. Ignore those behaviors that are "ignorable"
5. Use the 8 keys to effective discipline

Use Do Statements

- What are <u>Do statements</u>?
  - State what the adult wants the child <u>to do</u>
  - Brief
  - Clear
  - Don't communicate that following the instruction is optional

- **How does this help?**
  - Clearly establishes parent's expectations for child

Do Statements

"Put your coat on."
"Please put your toys away now."
"Turn off the TV now and start your homework."
"Take your shoes off when you come into the house, please."
"You must get into the car seat."

Gross et al., 2021

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Examples of Common **Unclear** Commands

Unclear Commands	Example	Why this is less effective
Negative command	"Don't leave the toys out"	States what you <u>don't</u> want child to do rather than what they should do.
Question command	"Could you put your toys away?"	Communicates child's compliance is optional
Chain commands	"Put on your shoes, put on your coat, grab your lunch, grab your backpack, and lets go."	Child does not have the chance to comply with first command before having to comply with several more
Critical commands	"Stop being lazy and get off the couch."	Causes children to feel badly about themselves and angry about being told to do something

Logical Consequences

- Logical consequences (for children 2+ years)
  - If/then statements describing what the adult will do if the child continues misbehaving
  - Consequences should be consistent with misbehavior (i.e., "logical")
  - Children need to understand cause/effect relationships to benefit
  - To be effective, adult MUST follow through on consequence if misbehavior persists
  - Examples:
    - "If you color on the table, then I will take the crayons away."
    - "If you two keep fighting, then you will both have to go to the office."

- **How do logical consequences help?**
  - Give children a warning of what will happen if they continue misbehaving
  - Give children control over their choices
  - Reduces adult yelling and nagging

Gross et al., 2021

When/Then Statements

- What is a <u>When/Then Statement</u>?
  - Statements that tell the child what they must do in order to get something that the child desires. Then it is up to the child to comply with the original command.
  - "Win/Wins"
  - Examples:
    - "When you clean up the toys, then you can go to recess"
    - "When you say 'please,' then I will help you."
    - "When you finish your homework, then you can go outside."

- **How do when/thens help**?
  - Establish clear expectations for children while giving them control over their choices

Gross et al., 2021

Ignoring Misbehavior

- What is <u>ignoring</u>?
  - Involves not talking to, looking at, or responding to the behavior <u>while it is occurring</u>
  - Once misbehavior stops, adult immediately gives back attention to child
  - Best used to reduce "annoying" behaviors (e.g., whining, tantrums)

- **How does ignoring help?**
  - Removes adult's reinforcement of misbehavior
  - Reserved only for misbehaviors that are safe to ignore
  - Not recommended for unsafe (e.g., running away from adult by the street) or destructive behaviors (e.g., aggression towards others)
  - Initially ignoring may worsen misbehavior before it gets better

Gross et al., 2021

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Pyramid Model Evidence Base

Improvements in:
- Children's social skills

Less:
- Challenging behaviors
- Expulsions from early care and education

Hemmeter et al., 2016; Hemmeter et al., 2021; Vinh et al., 2016

Addressing Disruptive Behavior in Early Childhood Settings: Positive Behavioral Interventions and Supports (PBIS)
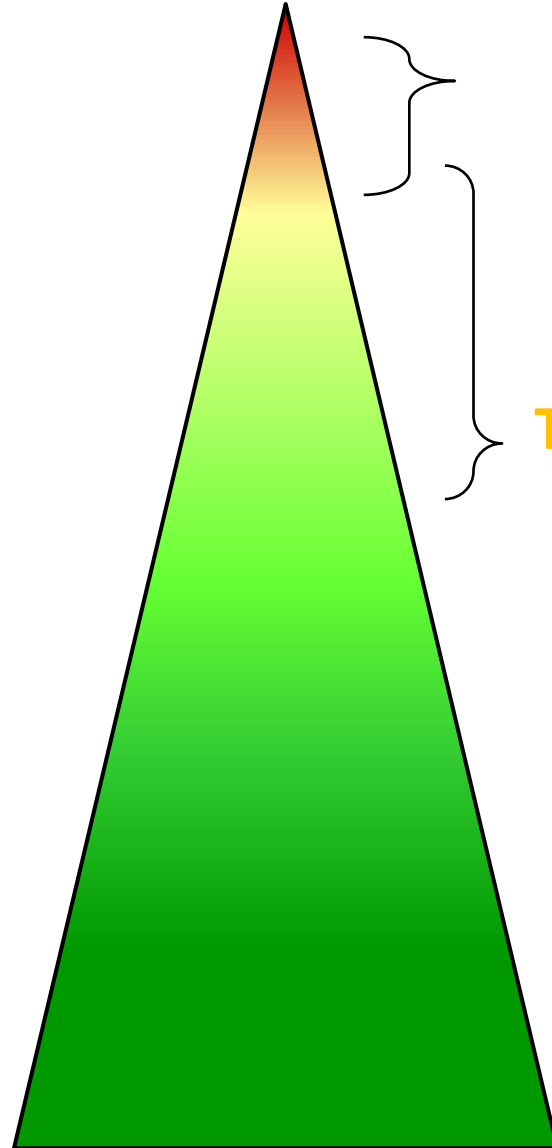
Tier 3: Intensive Intervention
Functional Behavioral Analysis
Behavior Intervention Plan
IEP
504 plan

Tier 2: Selective or Targeted Group Intervention
Strategies to reduce risk like:
Crisis prevention interventions
Calming strategies

Tier 1: Universal Prevention
Strategies to foster:
Classroom behavior management
Social & emotional learning

IOM, 2009; Walker et al., 1996; Sugai & Horner, 2002; www.PBIS.org

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PBIS Evidence Base

Improvements in:

- discipline systems and practices (i.e., reductions in suspensions and office referrals)
- school climate
- student academic achievement
- student prosocial behavior and emotional regulation

Less:

- Student bullying/peer rejection, violent/aggressive behaviors
- Referrals for behavioral support services
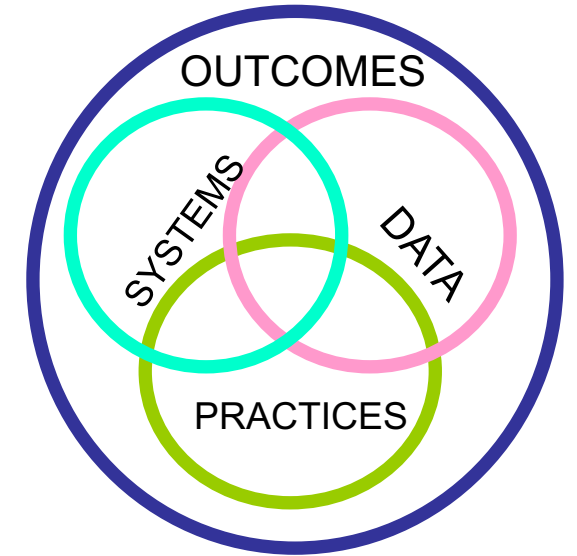
Barrett, Bradshaw et al., 2008; Bradshaw, Koth, et al., 2008; Bradshaw, Koth, et al., 2009; Bradshaw, Mitchell, & Leaf, 2010; Bradshaw, Pas, et al., 2012; Bradshaw, Waasdorp, & Leaf, 2012; Debnam, Pas, & Bradshaw, 2012; Horner et al., 2009; Waasdorp, Bradshaw, & Leaf, 2012

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Thank you!

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