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Identifying and Addressing Defiant and Non-compliant Behavior in Primary Care

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Identifying Behavioral Issues

- Clinical Observation/Discovery
  - Direct
  - Indirect - while addressing related issues or problem areas (sleep issues, screen time)
- Parent Driven Complaints
- AAP guidelines/tool – (www.brightfutures.aap.org)

Why Bother?

- Behavior issues very common
  - 12% of 4-16 y/o have significant psychosocial dysfunction (Kuhlthau et al. 2011)
  - ADHD 4-12%
  - ODD/CD 1-6%
- Disruptive behaviors tend to "stick around" and generalize if not addressed
- High burden for patient and caregivers even if "no diagnosis"
- If "sub-clinical" but still functionally significant, can develop in to "full blown" disorders
- Frequently complicates management of ADHD and affective disorders
- Increase the risk for DBD and affective disorders later in life

Why does this fall to primary care?

- Important component of family-centered approach to primary care
- Impacts emotional/mental health of child and caregivers
- You have relationship –Like many mental health issues, falls into category of "Don't ask, won't tell"
  - parents may feel they should be able to handle on their own
  - Stigma/shame
- Lack of mental health providers/lack of access
- You have something to offer them – support, knowledge, resources and PAL Plus!

Conversation Starters

- How is your child doing in school?
- Is your child happy in school?
- Are you concerned about any behavioral problems?
- Is your child having problems completing class work or homework?
- Does your child listen to you?
- Do you have [what you need] to be the parent you want to be?
- Is there any aspect of parenting you wish you were better at?
- How is parenting [your child] going? - offer observation as opening; I've noticed….

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Screening Tools/Recommendations

- Young children
  - As part of routine developmental screening
  - ESCA – ages 1.5-5 yrs (PAL guide)
- School-age
  - Recommended at 5, 6 and 7 year annual well-child visits
  - PSC 17 (PAL Guide)
  - PSC 35 (https://www.massgeneral.org/psychiatry/services/psc_home.aspx)

Barriers/Challenges in the office

- Time
  - Need to have some understanding of specifics to be helpful
  - Avoiding pitfalls, requires diplomacy
  - Broad differential for behavioral issues
  - Finding resources/referral process can be time consuming
- Reimbursement
- Parental resistance "the oppositional defiant parent"
- Others.....

Caregiver Defenses/Resistance

1. Parent feels blamed/criticized

2. Puts responsibility to change on child/"child should change"

3. Not enough time/not worth the effort

4. Stigma about mental health treatment

Addressing Caregiver Defenses/Resistance

1. Parent feels blamed/criticized
    - Normalize, empathize, help them reflect on their childhood
    - Challenge idea that parent-child fit is innate
    - “Some kids are harder than others”
2. Puts responsibility to change on child/”child should change”
    - Share that evidence strongly suggests parent-level interventions are more effective than child-level
    - Remind that parents are the change-agent for kids.
3. Not enough time/not worth the effort
    - Help them consider time/effort being spent on status quo.
    - Suggest time/effort up front will pay off later.
4. Stigma about mental health treatment
    - Provide corrective information/psychoeducation

Multimodal Treatment of ADHD (MTA)

- 579 children, ages 7-9
  - ADHD-combined type
  - 20% female
  - 80% Caucasian
- Randomized to 4 conditions
  - Stimulant Medication
  - Behavior Treatment
  - Stimulant + Behavior Treatment
  - Community Treatment as usual

What we learned from MTA study

- Addition of BMT improved outcomes for some groups (ODD, anxiety, parent-child conflict, ALE, academic issues)
- Addition of medication (for ADHD) improves outcomes; medication alone and combination better than beh tx alone
- Addition of behavioral therapy can reduce use of medication
- Time/resource/labor intensive - MTA intervention 27 group sessions, 16 individual sessions, school component
- Group differences disappeared over time. Treatment effects not durable without ongoing support.

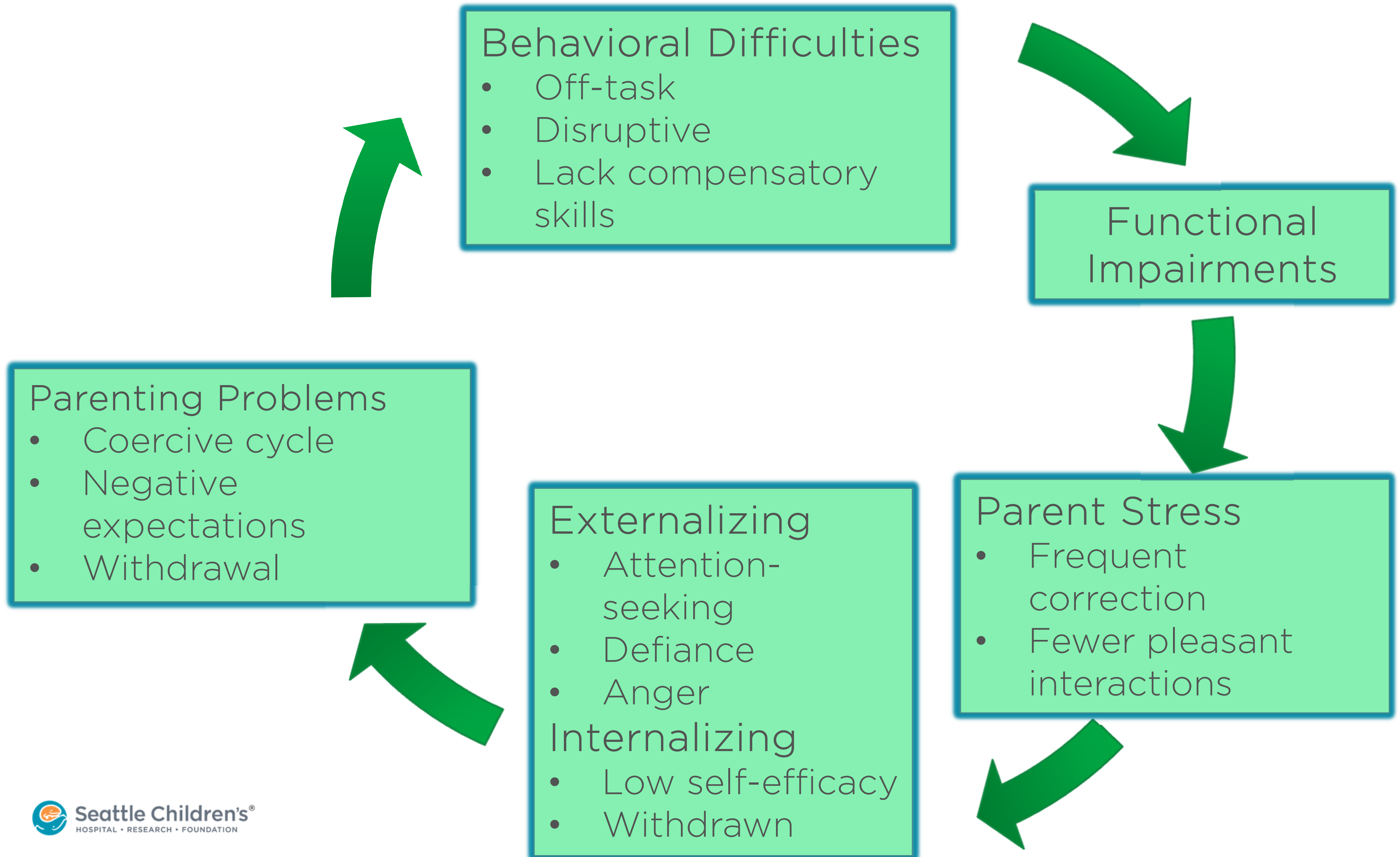
What is (Parent) Behavior Management Training?

- Incredible Years, “Triple P” aka Positive Parenting Program; (Alan) Kadzin Method; (Russell) Barkley Method
- Formerly “Parent Management Training”
- Good evidence base for ADHD and disruptive behaviors
- Offered by private groups, schools, churches
- Different formats - parent group; parent/child approaches
- Common elements:
  - Praise – off-sets negative interactions, improves behavior, builds self-esteem
  - Positive reinforcement – promotes desired behavior with tangible rewards
  - Stimulus management/environmental strategies – identify triggers and stressful circumstances; reduce distractions; visual aides and organizational tools
  - Problem solving – helps with critical thinking, consider outcomes of different choices, develops perspective taking, self-efficacy
  - Parent skills - Time out; Special Time; Token systems
  - Calm discipline and consistent consequences

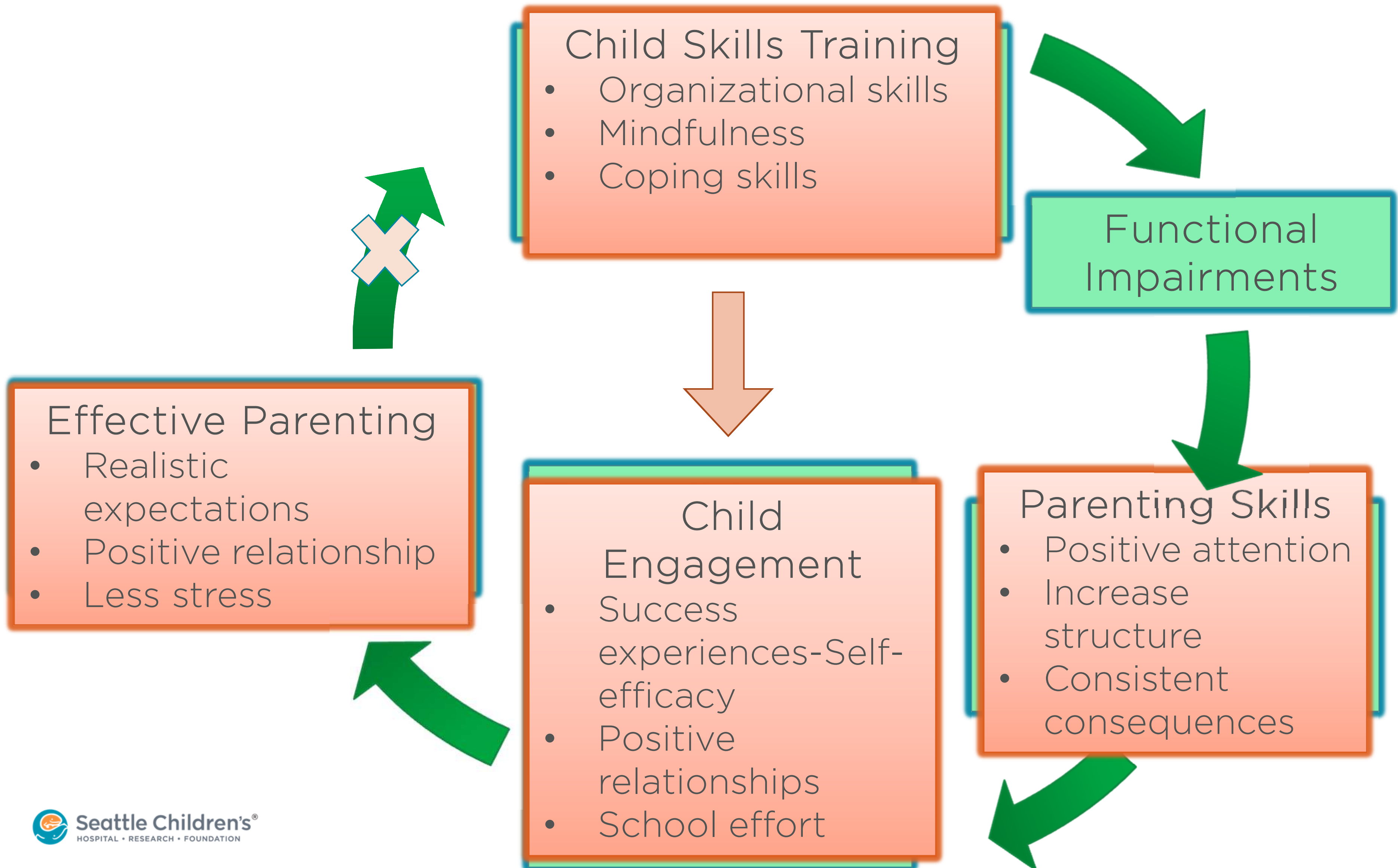
Targets for BMT

- Challenging Behaviors
  - Non-compliance
  - Argumentative behavior/back-talk
  - Tantrums
  - Aggression
  - Negative attention seeking behaviors
- Skills Deficits
  - Interpersonal/social skills deficits
  - Challenging parent-child relationship
  - Focus/attention deficit
  - Organization skills

Negative Behavior Cycle



Intervention Points



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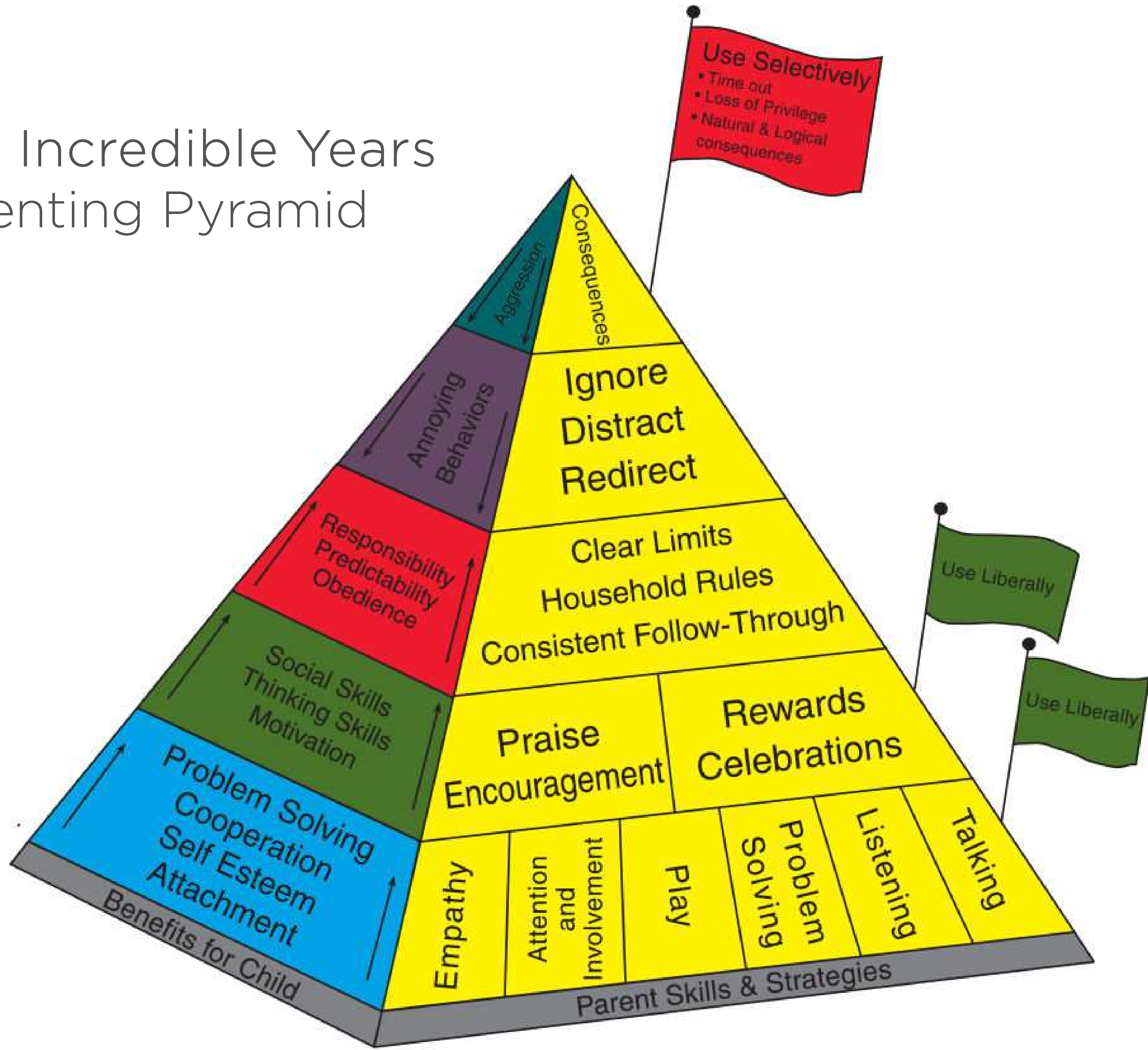
The Incredible Years Parenting Pyramid



Seattle Child...
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- Child playing on DS told to stop and put on pajamas
- Child screams and throws toys
- Parent soothes, explains, gives 5 min warning

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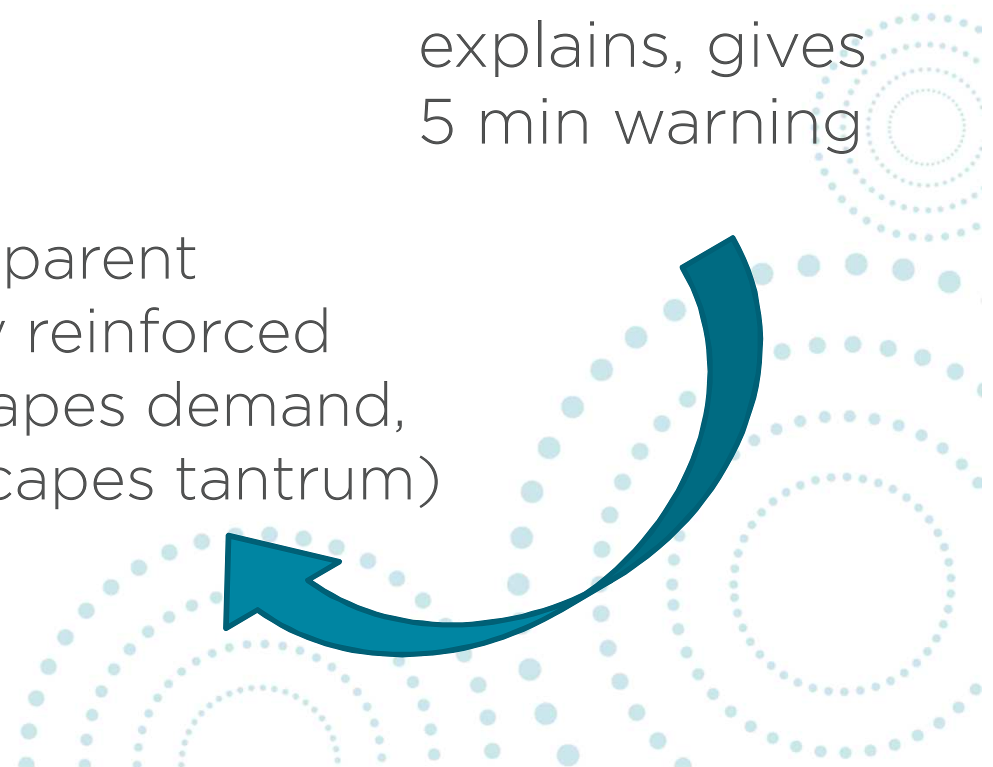
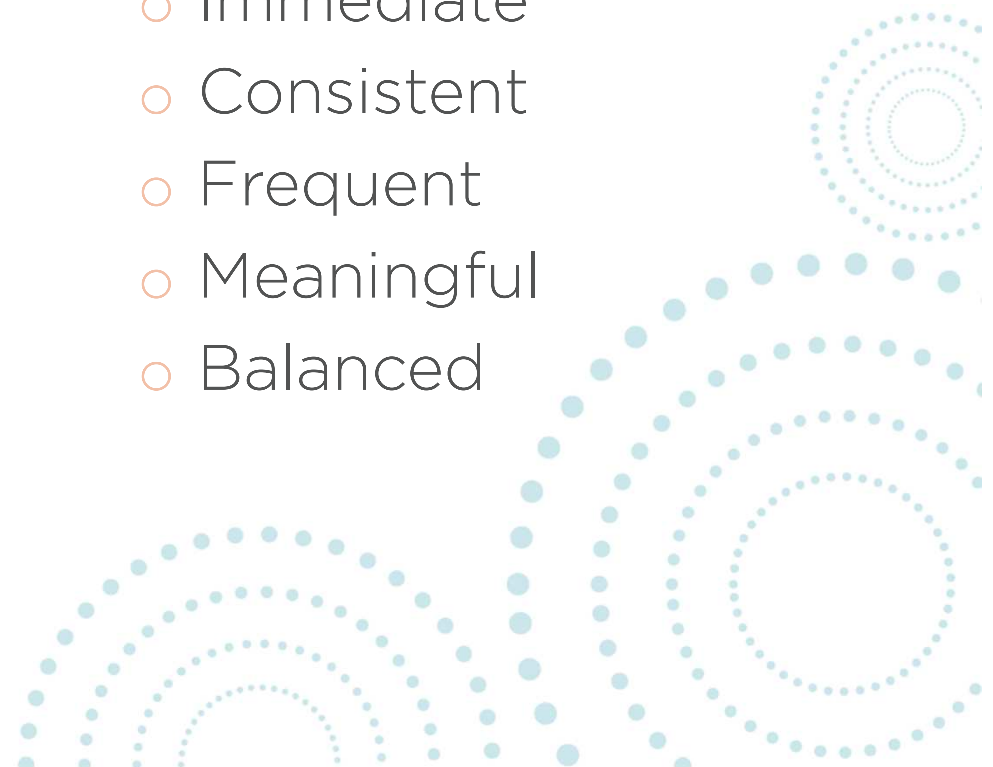


- Child and parent negatively reinforced (child escapes demand, parent escapes tantrum)

- Anticipate and strengthen:
  - Positive relationship
  - Daily structure
  - Clear expectations
  - Incentive systems
  - School supports
- Feedback:
  - Immediate
  - Consistent
  - Frequent
  - Meaningful
  - Balanced



Example: Tracking A-B-Cs

ABC Tracking Sheet

Name of child: ____________________ Day/Week: ______________________

Identify two target behaviors that you would like to track this week:

Target Behavior 1: ____
Target Behavior 2: ____

ANTECEDENT	TARGET BEHAVIOR	CONSEQUENCE

Special Time

- 10-15 min per day (timed)
- Scheduled!
- Child chooses and leads activity
- Parent pays special attention!
  - Praise
  - Reflect
  - Imitate
  - Describe
  - Enjoy

Antecedent: Giving Instructions

Effective Instructions:

- Direct and specific
- Only one or two instructions at a time
- Instruction is followed by 10 seconds of silence

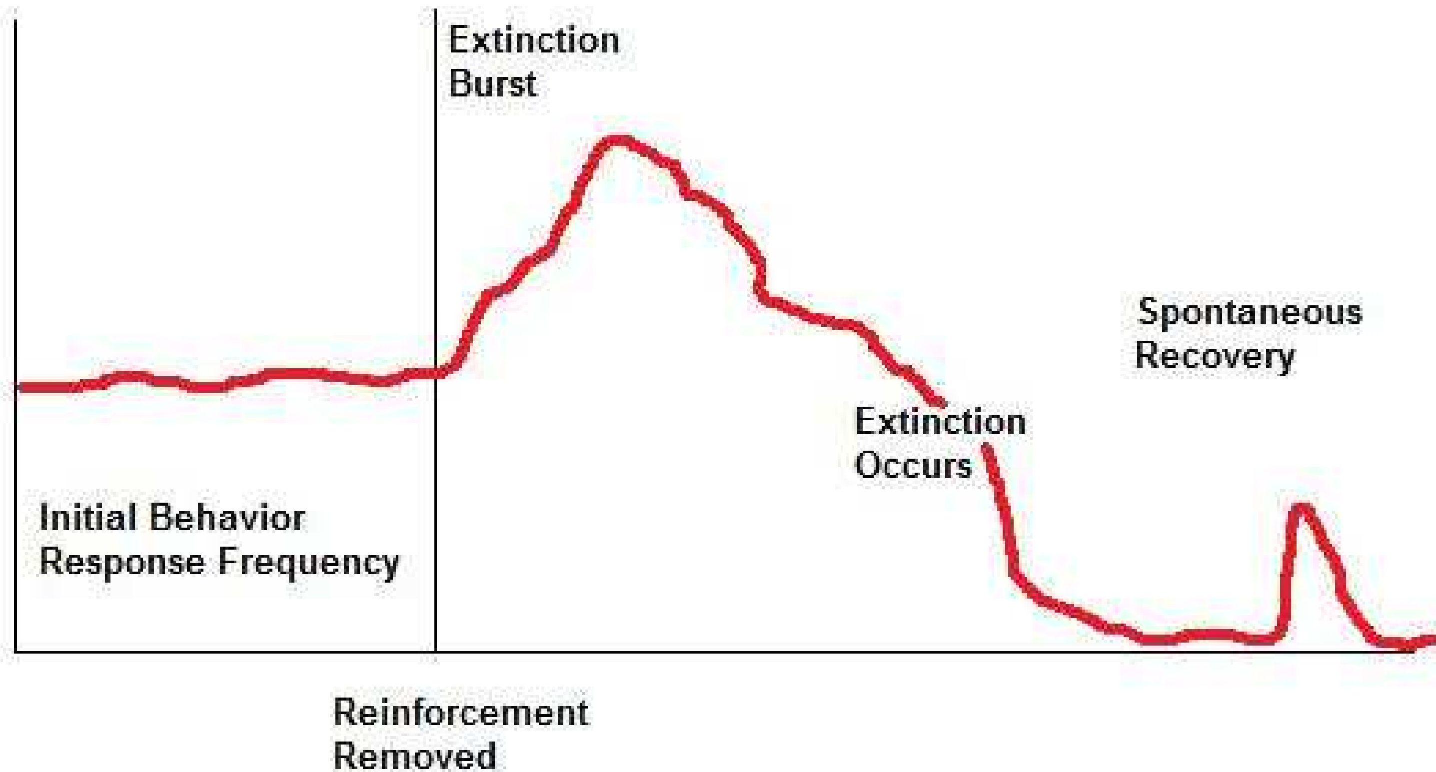
Ineffective Instructions:	
• Buried:	Too much talking or explaining after a command makes it difficult for children to figure out what they are being asked to do
• Chain:	Too many instructions one after the other makes it difficult for children to remember each step
• Question:	Stating the instruction in the form of a question technically allows the child to say no
• Vague:	Nonspecific commands that don't state exactly what you want makes it difficult for child to comply
• Let's:	Gives the child the impression that you are going to help him/her
• Distance:	Instructions are yelled from a distance which makes it more difficult for child to pay attention well
• Repeated:	Repeating same instruction without reaching a limit

Consequences

- To increase behaviors
  - Catch 'Em Being Good
  - Attending to desired behaviors
  - Incentives
    - Immediate, consistent feedback (tokens)
    - Premack Principle (If-Then)

- To decrease behaviors
  - Planned ignoring
  - Time Out
  - Response Cost (losing privileges)

Planned Ignoring



Token System

Target Behavior	When Checked?	Tokens
Out of bed with 1 reminder	After 1st reminder	1
Dressed and teeth brushed in 10 min	Timer goes off	1
End on "green" at school	Arriving home	1
Put away shoes and backpack	Arriving home	1
Pajamas on with 1 reminder	Bedtime	1
Kind words to brother all day	Bedtime	2
TOTAL		7

Medications for disruptive behavior

- Not first-line
- Depends on symptom severity
- Often driven by co-morbidities/side effect considerations
- Typical strategies:
  - Stimulants
  - Alpha agonists
  - Atypical anti-psychotics
  - Lithium
  - Depakote

Summary

- Behavioral treatments improve functioning beyond ADHD symptoms
- Work alone and together with meds
- Most benefit from working with parents/teachers

Resources

- Parent Skills Handouts
  https://parenting-ed.org/parenting-information-handouts/parents-of-school-age-children/
- PAL Guide
  http://www.seattlechildrens.org/healthcare-professionals/access-services/partnership-access-line/resources/
- UW Parent Management Training Resources
  http://depts.washington.edu/hcsats/PDF/TF-%20CBT/pages/positive_parenting.html
- Bright Futures Handbook
  https://brightfutures.aap.org/Bright%20Futures%20Documents/History,%20Observation,%20and%20Surveillance.pdf

Case 1

- 8 year old boy
- Mom is requesting he see the psychiatrist to be evaluated for ADHD
- Behavioral problems starting in preschool. Teachers told mom he was hyperactive, aggressive, and did not listen.
- Currently, he is still restless, “on the go”, “gets into everything”, bothers the family dog, needs frequent redirection, messy, forgetful, and irritable.
- Socially he is falling behind

Case 1

- Normal pregnancy and infancy.
- Family history of ADHD in an older sister and an aunt with bipolar.
- Family recently moved from out of state because the parents are divorcing.
- A trial of MPH 10 mg daily ineffective just before moving out of previous state.
- Not on any medications right now.

Case 1

- Vanderbilt supports ADHD at school and home.
- Teachers note he is a happy and well-adjusted kid despite ADHD symptoms.
- Further screening for depression negative (SMFQ)

Case 2

- 3 year old girl
- Daycare is reporting behavioral problems, including hitting and biting. Patient has been asked not to return to daycare.
- Aggression often happens when she wants something or is frustrated.
- You notice it's difficult to understand her speech, but parents understand everything.

Case 2

- She is very active and difficult to contain.
- There is an older brother diagnosis with ADHD who has improved with methylphenidate.
- Father lost his job 5 months ago
- Parents have a history of conflict with each other.

Case 3

- 9 year old boy
- Mom and step-dad report he is defiant, refuses requests, does not respect family rules (stays out playing with neighborhood friends longer than allowed)
- Frequently fights with sister but not peers or teachers
- He is very bright, but grades are variable.
- Parents feel he mentally checks out.

Case 3

- Patient says parents favor his sister and the rules at home are unfair. He sees no problems with himself at all.
- You feel he is likeable, well-spoken, engages appropriately.
- Parents are angry. They want a medication to fix this. Mom shares that bio father was manipulative and verbally abusive with a history of legal difficulties for drugs and violent behavior.

Case 3

- Referred for counseling and behavior management training. Therapist reports Mom viewed patient as turning into bio Dad.
- Therapist coached a different view of patient, encouraged positive time, and consistent limits (they had been favoring other sib).
- Defiance improved.