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 into “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....
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

Behavioral Difficulties
- Off-task
- Disruptive
- Lack compensatory skills

Functional Impairments

Parenting Problems
- Coercive cycle
- Negative expectations
- Withdrawal

Externalizing
- Attention-seeking
- Defiance
- Anger

Internalizing
- Low self-efficacy
- Withdrawn

Parent Stress
- Frequent correction
- Fewer pleasant interactions
Intervention Points

Child Skills Training
- Organizational skills
- Mindfulness
- Coping skills

Effective Parenting
- Realistic expectations
- Positive relationship
- Less stress

Child Engagement
- Success experiences-Self-efficacy
- Positive relationships
- School effort

Parenting Skills
- Positive attention
- Increase structure
- Consistent consequences

Functional Impairments
The Incredible Years Parenting Pyramid

- **Consequences**
  - Ignore
  - Distract
  - Redirect
- **Annoying Behaviors**
  - Aggression
  - Annoyance
  - Predictability
- **Responsibility**
  - Obedience
  - Household Rules
  - Consistent Follow-Through
- **Social Skills**
  - Thinking Skills
  - Motivation
  - Problem Solving
  - Cooperation
  - Self Esteem
  - Attachment
- **Benefits for Child**
  - Empathy
  - Attention and Involvement
  - Play
  - Problem Solving
  - Listening
  - Talking
- **Parent Skills & Strategies**
  - Praise
    - Encouragement
  - Rewards
    - Celebrations
  
Use Selectively:
- Time out
- Loss of privilege
- Natural & Logical consequences

Use Liberally:
- Use Liberally
- Use Liberally

Seattle Chilc
Hospital - Research - Foundation
• Child playing on DS told to stop and put on pajamas
• Child screams and throws toys
• Parent soothes, explains, gives 5 min warning
• Child playing on DS told to stop and put on pajamas

• Child screams and throws toys

• Parent soothes, explains, gives 5 min warning

• Child and parent negatively reinforced (child escapes demand, parent escapes tantrum)
• Anticipate and strengthen:
  o Positive relationship
  o Daily structure
  o Clear expectations
  o Incentive systems
  o School supports

• Feedback:
  o Immediate
  o Consistent
  o Frequent
  o Meaningful
  o 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: __________________________________________

<table>
<thead>
<tr>
<th>ANTECEDENT</th>
<th>TARGET BEHAVIOR</th>
<th>CONSEQUENCE</th>
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<tbody>
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Special Time

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

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

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

• To decrease behaviors
  o Planned ignoring
  o Time Out
  o Response Cost (losing privileges)
Planned Ignoring

Extinction Graph

- Initial Behavior Response Frequency
- Extinction Burst
- Extinction Occurs
- Spontaneous Recovery
- Reinforcement Removed
## Token System

<table>
<thead>
<tr>
<th>Target Behavior</th>
<th>When Checked?</th>
<th>Tokens</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out of bed with 1 reminder</td>
<td>After 1&lt;sup&gt;st&lt;/sup&gt; reminder</td>
<td>1</td>
</tr>
<tr>
<td>Dressed and teeth brushed in 10 min</td>
<td>Timer goes off</td>
<td>1</td>
</tr>
<tr>
<td>End on “green” at school</td>
<td>Arriving home</td>
<td>1</td>
</tr>
<tr>
<td>Put away shoes and backpack</td>
<td>Arriving home</td>
<td>1</td>
</tr>
<tr>
<td>Pajamas on with 1 reminder</td>
<td>Bedtime</td>
<td>1</td>
</tr>
<tr>
<td>Kind words to brother all day</td>
<td>Bedtime</td>
<td>2</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>7</strong></td>
</tr>
</tbody>
</table>
Medications for disruptive behavior

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

- PAL Guide
  http://www.seattlechildrens.org/healthcare-professionals/access-services/partnership-access-line/resources/

- UW Parent Management Training Resources

- 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.