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Solutions for ADHD and Behavior Problems in the Young Child

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Akron Children's

Advocacy

Education

Leadership

Engagement

Outcomes

Jessica Foster MD, faculty of this educational activity, has no relevant financial relationship(s) with ineligible companies to disclose.

I have considered the Ohio AAP Diversity, Equity and Inclusion standards in preparing this presentation. I invite your feedback in promoting equity within this learning space. If you have suggestions, please email me at jfoster@akronchildrens.org

Objectives

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1. Identify young patients (2-6 years old) presenting with behavioral challenges who require further evaluation.
2. Differentiate among the presentations of ADHD, anxiety, oppositional defiant disorder or other neurodevelopmental disorders in children aged 2-6 years.
3. List parenting techniques that can be employed to help manage common behavioral challenges in children aged 2-6 years.

Scope of the Problem

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- In Ohio, 17.8% of children have a special health care need (15.1% nationally) (CYSHCN)
- Prevalence of any diagnosed developmental disability increased from 7.4% in 2019 to 8.6% in 2021
- Emotional, relationship and behavioral problems affect preschool children with prevalence rates of 7%-10%
  - Disorders of attachment, disruptive behavior disorders, ADHD, anxiety and mood disorders
- Behavioral and emotional problems that don't meet criteria for a disorder are even more common!

There is significant overlap between developmental and behavior problems.

Children's behavioral and emotional problems are frequently associated with family psychosocial risk.

If we detect the problem, we need to be prepared with resources and next steps!

Joey is a 3-year-old boy presenting for his well child check. Mom is worried about his behaviors. You are running behind today and can hear yelling through the closed door. When you enter the room, mom is clearly stressed, Joey is climbing on the table and the contents of your exam table are on the floor.

What would you do next?

A. Tell mom firmly that she must get her child's behavior under control before the visit can proceed.

B. Insist that they reschedule to another day, you don't have time for this, and Joey's behavior is unacceptable.

C. Take a deep breath, apologize for running behind, calmy greet Joey, help to redirect him to the toy he brought with him and then listen actively to mom's concerns.

Mom tells you that he has challenging tantrums, he is never still, he is aggressive towards his parents and siblings. She has a hard time understanding him. When they don't understand him or if he is not getting his way, he gets frustrated fast and that is when the behaviors start. Mom wants to know what to do, she is worried about ADHD or maybe autism and wants to know if he needs additional evaluation.

Assessment of the Problem

- Interview
  - Current problem, medical, behavioral, developmental, educational, social and family history
- Clinical observation and physical exam
  - Vitals, behaviors, language skills, motor skills
- Screening tools and rating scales
- School data

Is the behavior "within normal limits"?

- What are the specific behaviors?
- What about persistence and frequency of behaviors?
- Are there concerns for developmental delays?
- What is the child's developmental level compared to their chronologic age?
- What about temperament and goodness of fit?

Temperament

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- Describes a child's emotional style and adaptability
- Easy, slow to warm, challenging
- 9 major characteristics
  - Activity level, rhythmicity/regularity, approach/withdrawal, adaptability, intensity, mood, attention span, distractibility, sensory threshold
- Goodness of fit

Temper Tantrums

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- Tantrums are a common and normal part of development
- Most common between ages 1 and 3, typically improve with age
- Terrible 2's or terrible 3's?
- "My way or the highway"

Top Tips for Surviving Tantrums - HealthyChildren.org

Stress Response

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- Behavior is communication!
- Young children often respond to stressful events with behavior
- They may not understand what is happening or have the ability to communicate what they are feeling
- We can teach young kids to manage stress!

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Managing Stress

- **Regulate**
  - Stay calm, pay attention, belly breathing, take a walk, get a drink, massage, cuddle, calming activity
- **Relate**
  - Connect with your child, empathize, name their emotions
- **Reason**
  - Problem solve and practice skills after the child is calm

Why Kids Act Out: Tips to Help Your Child Cope With Stress - HealthyChildren.org

Tips for Parents

- Recognize temperamental traits in your child and yourself, this helps with patience
- "Catch them being good"
- Distraction and redirection
- Choose your battles, but don't ignore hitting, biting, throwing
- Anticipate your child's needs and know your child's limits
- Use natural consequences and teachable moments, model behavior in difficult situations
- Take a time out for yourself

Developmental and Behavioral Screening

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- Developmental surveillance at every visit!
  - Social/emotional, language/communication, cognitive, movement/physical development

- Developmental screening at 9, 18 and 30 months
- Autism screening at 18 and 24 months

- Behavioral/social/emotional screening annually from birth to 21 years (Bright Futures 2022)

Informal screening leads to under identification of children with or at risk for developmental and behavioral disorders

No single screening tool can identify every developmental or behavioral disorder

Screening Tool Finder (aap.org)

Back to our case…

You remember you are treating Joey's 7 year old brother for ADHD and mom reminds you that they have a cousin with autism.

You have done a great job with developmental surveillance at each visit, mom has not mentioned behavioral concerns before, but she has worried he might be behind in his speech. You review previous developmental screening results, he passed his MCHAT at 18 and 24 months, you have been monitoring communication which has been borderline in the past.

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Developmental Delays and Disabilities

- Identify young kids with or at risk for developmental delays and disabilities and make appropriate referrals!
- Ages 0-3 Help Me Grow/Ohio Early Intervention
- Ages 3-6 Local School District
- Consider speech, occupational and physical therapies
- Hearing and vision screening and evaluation
- Consider referral for diagnostic evaluation

Global Developmental Delay (GDD)

- Significant delay in 2 or more developmental domains including gross motor or fine motor, speech/language, cognitive, social/personal, and activities of daily living
- Children < 5 years of age
- Use norm-referenced, age appropriate, standardized measures of development
- Thought to predict a future diagnosis of ID
- Mild delays, can be transient, lack predictive reliability

Intellectual Disability (ID)

- Presents in infancy or early childhood
  - Originates before 18 years of age
- Typically, not diagnosed until >5 years of age, requires valid and reliable IQ testing
- ***NOT based on IQ alone***
- Based on intelligence (IQ), adaptive behavior, and systems of supports afforded the individual (AAIDD)

Specific Learning Disorder

- Affects ability to acquire and apply certain academic skills
- Present in early school-aged children
- Reading, Written expression, Mathematics
- 5-15% of school aged children, most experience difficulties in reading (dyslexia)
- Can co-occur with emotional and behavioral disorders like ADHD or anxiety

Autism Spectrum Disorder

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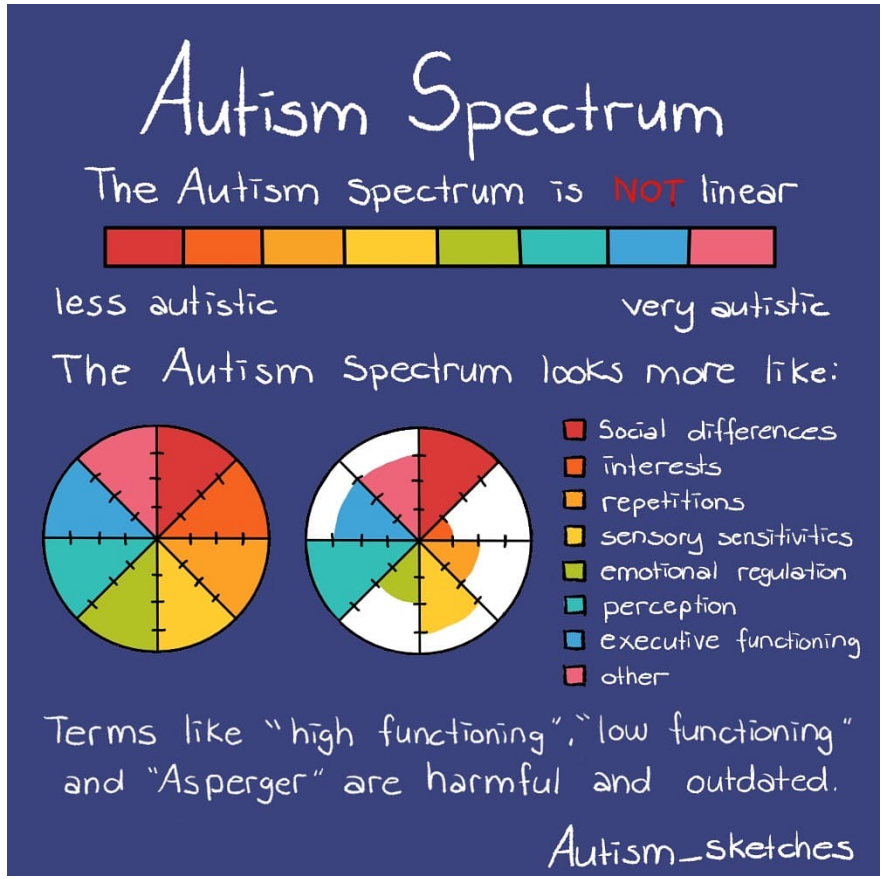

- Neurodevelopmental disorder that often presents in the early years and lasts throughout a person's *lifetime*
- ASD impacts *communication, social interaction and behavior*
- It is a *spectrum,* and each individual is unique

What about Joey?

You reassure mom that you are not worried about autism, he has typical social communication development and no concerns for restrictive repetitive behaviors.

You review 3 year communication milestones, he should be able to take at least 2 turns in conversation and others should be able to understand him most of the time. You administer a developmental screening tool and determine further assessment may be indicated. You suspect his speech delay is impacting his behavior, you refer to speech therapy and to the local school district for evaluation.

Emotional and Behavioral Disorders

- Interfere with social interactions, parent-child relationships, physical safety, ability to participate in childcare and school readiness
- If untreated, can persist and have long-term effects
- Risk can be reduced
- Effective treatment requires access to evidence-based treatments

Psychosocial Considerations

- Identify factors that support and promote resilience
- Consider caregiver physical and emotional health
- Housing, food security, neighborhood safety
- Health disparities increase risk of stress and anxiety
- Impact on children's physical and mental health, academic achievement and social outcomes

ADHD

- Most common childhood neurobehavioral disorder in the US, second most commonly diagnosed childhood condition after asthma
- 3-15% of children and youth
- Determine if DSM-5 criteria have been met, document symptoms and impairment in more than one major setting
- Ages 4-18, onset no later that age 12
- Can use DSM-5 based rating scales, must interpret in context

DSM-5 Core Symptoms of Inattention

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Manifestations of the following symptoms must occur often:

- Failure of close attention/careless mistakes
- Difficulty sustaining attention in activity
- Does not seem to listen
- No follow-through
- Avoids/dislikes tasks requiring sustained mental effort
- Can't organize
- Loses important items
- Easily distractible
- Forgetful in daily activities

Must have 6 or more symptoms for at least 6 months to a degree that is maladaptive and inconsistent with developmental level.

DSM-5 Core Symptoms of Hyperactivity-Impulsivity

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Manifestations of the following symptoms must occur often:

- Squirms and fidgets
- Can't stay seated
- Runs/climbs excessively
- Can't play/work quietly
- "On the go"/"driven by a motor"
- Talks excessively
- Blurts out answers
- Can't wait turn
- Intrudes/interrupts others

Must have 6 or more symptoms for at least 6 months to a degree that is maladaptive and inconsistent with developmental level.

ADHD Preschool Age (4 and 5 years)

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- Recommend Parent Training in Behavioral Management (PTBM) *before* assigning an ADHD diagnosis

- Consider referral to school district for evaluation for developmental preschool programming

- After PTBM, then obtain parent and teacher information from DSM-5 based ADHD rating scales

Complex ADHD

- SDBP Clinical Practice Guideline for the Assessment and Treatment of Children and Adolescents with Complex ADHD (March 2020)

- "Complex ADHD" – defined by age (<4 years or presentation at age >12 years), presence of coexisting conditions, moderate to severe functional impairment, diagnostic uncertainty or inadequate response to treatment

Disruptive Behavior Disorders DSM-5

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- Oppositional defiant disorder
  - Angry irritable mood, argumentative defiant behavior, vindictiveness, must negatively impact functioning
  - Consider persistence and frequency of behaviors
  - <5 years – most days for a period of at least 6 months
  - >5 – at least once per week for at least 6 months
- Conduct disorder
  - Repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate societal norms or rules are violated

Anxiety Disorders

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- 2-20% of children across childhood,
- Anxiety is typical at certain ages and stages, must be persistent, out of proportion and impair functioning to be problematic
- Preschool aged children typically can't report symptoms, rely on data from parents, caregivers and school
- Symptoms can overlap with other conditions
- Consider temperament and environmental modeling, can present with internalizing and externalizing symptoms
- Screening tools can help (Preschool Anxiety Scale)
- AACAP recommends CBT and SSRIs for patients ages 6-18

Specific Anxiety Disorders

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- Separation Anxiety
  - Normal in infants and toddlers, onset during preschool/early school age
- Selective Mutism
  - Rare, refusal to talk or speaking only in whispers in social situations
  - Often presents at preschool age
- Social Anxiety Disorder
- Generalized Anxiety Disorder
- Obsessive-Compulsive Disorder
- Specific Phobia
- Panic Disorder

Consider duration of symptoms and impact on daily functioning

Evidence-based Treatments

- Very limited evidence for psychopharmacologic management in children under 6
  - Some evidence in ADHD management
- *Despite limited evidence, rates of prescriptions for atypical antipsychotic agents have increased in children under age 6*
- Non-pharmacologic therapies are first line for management and effects can last for years!
  - Psychoeducation, behaviorally based therapy

By simply being familiar with evidence-based approaches for young children with emotional, behavioral or relationship problems pediatricians can reduce barriers to accessing these services

Systemic Barriers to Accessing Nonpharmacologic Therapies

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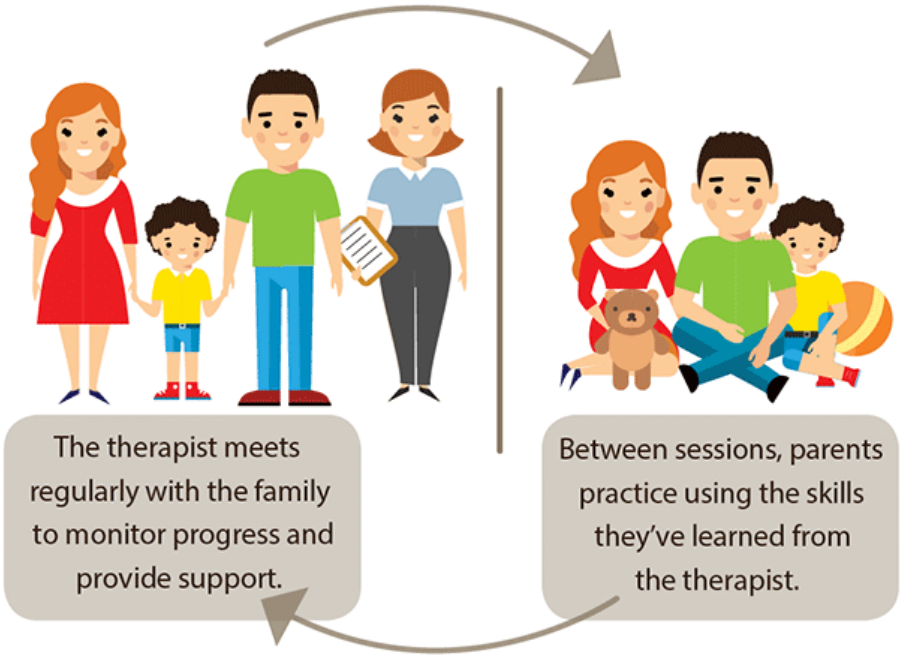
- Stigma
- Parental and provider beliefs about mental health services
- Challenges coordinating across systems
- Insufficient number of providers
- Mental health carve outs can affect payment for PCPs, can limit access to trained specialists
- Lack of payment for care conferences, care coordination, school observations, appointments without the child present
- Co-located mental health care can help!

What parents can expect in behavior therapy

Parents typically attend 8-16 sessions with a therapist and learn strategies to help their child. Sessions may involve groups or individual families.



After therapy ends, families continue to experience improved behavior and reduced stress.

#VitalSigns

CDC Vitalsigns™
www.cdc.gov/vitalsigns/adhd

What parents learn when trained in behavior therapy

Positive Communication

Positive Reinforcement

Structure and Discipline

Behavior therapy, given by parents, teaches children to better control their own behavior, leading to improved functioning at school, home and in relationships. Learning and practicing behavior therapy requires time and effort, but it has lasting benefits for the child.

#VitalSigns

CDC Vitalsigns™
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Parent Training in Behavior Management

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- Engages parents as partners
- Reinforce positive behaviors
- Ignore low-level provocative behaviors
- Provide clear, consistent, safe responses to unacceptable behaviors

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- Training adults to influence the structure/environment to improve the behavior of a child
- Parents were more satisfied
- Positive effects of behavioral therapies tend to persist, positive effects of medication cease when the medication stops

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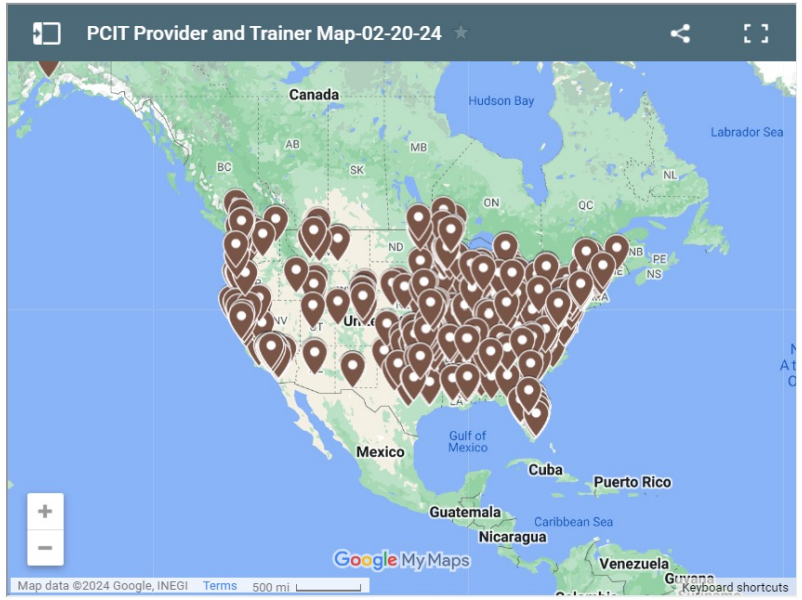
PCIT

Certified PCIT Therapists: U.S.A.



Triple P
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Parents, teachers, and children training series

Triple P is offered on-line to Ohio families for free!

Positive Parenting Program - Triple P | Ohio Children's Trust Fund

ADHD Treatment in Preschool

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- First line treatment is Parent Training in Behavioral Management and/or behavioral classroom intervention
- Methylphenidate* ***if*** no improvement and moderate to severe functional problems
- Weigh risks and benefits of medication if behavioral treatments are not available
- *Dextroamphetamine is FDA approved as young as 3*
  - ***Important note:*** AAP guideline indicates insufficient evidence for safety and efficacy of dextroamphetamine in preschool age children and does not recommend use in this age group

Medications are not appropriate for children with hyperactive/impulsive behaviors who do not meet full diagnostic criteria for ADHD, but remember, you can recommend behavioral interventions, such as PTBM!

And back to our case…

You identified concern for speech delay, referred to speech therapy and suggested evaluation by the local school district. You know mom needs help with behaviors too!

You educate mom about Parent Training in Behavior Management, you explain this intervention can potentially prevent development of behavior disorders. You acknowledge risk of ADHD for Joey and agree to monitor going forward. You counsel a bit about temperament, temper tantrums and provide mom some resources from the AAP to help.

Mom feels relieved, thanks you for all the great information and feels confident about what to do next.

Resources

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- HealthyChildren.org - From the American Academy of Pediatrics
- "Learn the Signs. Act Early." | CDC
- Screening Tool Finder (aap.org)
- Assessment of Social Emotional Development and Protective Factors (aap.org)
- Autism Spectrum Disorder (aap.org)
- Behavior or Conduct Problems in Children | CDC
- ZERO TO THREE | Early Connections Last a Lifetime

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Thank You!

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