

Behavior Management:
Coaching Parents in Medical Practices

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Disclosures

<p><u>Karen J. Miller</u></p> <ul style="list-style-type: none">▶ No conflicts of interest▶ Commercial Products<ul style="list-style-type: none">▪ Commercial products will be discussed; options offered▶ Medications-Off-label medications will not discussed▶ Gratitude-On the shoulders of giants-Other people's ideas may be mentioned but I don't know who said them first;	<p><u>Sharon K. Weiss</u></p> <ul style="list-style-type: none">▶ Financial disclosure –<ul style="list-style-type: none">▪ Author of books on behavior▶ Commercial Products<ul style="list-style-type: none">▪ Commercial products will be discussed; options offered▶ Medications: N/A
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Why we are here - Karen's story

- ▶ Child development/DBP fellowship
- ▶ Primary care practice
- ▶ DBP private practice
- ▶ DBP academic practice
- ▶ Work with primary care docs on ADHD, behavior and DBP issues
- ▶ Clinical Professor of Pediatrics
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personal

Why we are here - Sharon's story

- ▶ Behavioral consultant in private practice in McLean, VA
- ▶ Work with families
- ▶ Work with individuals
- ▶ Work with schools
- ▶ Work with physicians
- ▶ Work with CHADD, National organization supporting scientific approach to ADHD for parents, adults and professionals;

What it is like having ADHD by Mitch (17)

Why YOU are here - YOUR story

- ▶ 11% to 20% of children in the United States have a behavioral or emotional disorder at any given time
- ▶ Percentage of children with an ADHD diagnosis continues to increase (CDC)
 - 7.8% in 2003
 - 9.5% in 2007
 - 11.0% in 2011
- ▶ <50% receiving behavioral treatments
- ▶ Realities of practice

Mitch - Maby we could try medication for a little while

www.cdc.gov/ncbddd/adhd

Learning Objectives

After attending this session participants will be able to:

- ▶ Assess your "practice readiness" strategies to address behavioral health needs of children with ADHD in your community
- ▶ provide "bumper sticker" behavioral recommendations for common behavior issues associated with ADHD but work for everyone
- ▶ Collaborate with mental health professionals to improve behavioral health in primary care settings

Overview of the session

- ▶ Basic principles and examples
- ▶ ADHD as prototype
- ▶ KJM-Pediatrician's response
- ▶ SKW-Behavior therapist consult
- ▶ Q&A
- ▶ Resources in handout
- ▶ Additional case vignettes in breakout
 - Different ages
 - Different co-morbidities
- ▶ Audience Participation
 - Questions
 - "What I do" cards- "what I find useful in my office is..."
 - Your email so you can receive follow-up email survey-what did you try and how did it work?
 - When survey is completed you can see what others suggested and some additional resources
 - ▶ Project email:
KJMillerDBP@gmail.com

Who are YOU?

- ▶ Behavioral expectation
 - Raise hand when your group is called
 - Or don't if you don't want to
- ▶ Member of a family?
 - ▶ General pediatrician
 - ▶ Family practice
 - ▶ Pediatric sub-specialist
 - ▶ Mental health professionals
 - ▶ Nurses, NP, Phys. Assistant
 - ▶ Other professionals
 - ▶ Collaborative care setting
 - ▶ Parents

Real CHOICES

PRACTICE the behavior



Behavior Bumper Stickers

BEHAVIOR BUMPER STICKERS -
Short phrases to use or write down

- Compact Key Concepts - short and sticky
- Use with parents, kids, trainees and yourself
- 3x5 cards or paper notes
- Sticky notes to remind yourself

Practice makes better AUTOMATIC

- ▶ Take out 3x5 cards
- ▶ Write:
- ▶ Demonstrated: Bumper Sticker
- ▶ Demonstrated: Positive Practice

Practice behavior BEFORE you need it

Sharon K. Weiss

"You don't practice batting in the ball game"

Behavioral Principle

Philip's 6 year old well-child visit

- ▶ Routine visit until...
- ▶ You ask about school
 - Litany of complaints
- ▶ You ask about home
 - Litany of complaints
- ▶ Now what?

Where do you start?

Set 'em up to get it right

Primary Care Preparedness

Office Work Flow

- ▶ Routine behavioral screening
- ▶ Scheduling options
- ▶ ADHD rating scales
- ▶ School packets
- ▶ ADHD champion
- ▶ Local Resource list

Resources

- Weitzman C, Wegner L- article on behavioral/emotional screening
- AAP Mental Health Toolkit
- AAP ADHD Toolkit, 2nd Edition
- New screening tool - *Survey of Well Being of Young Children*
www.theSWYC.org
- *Strengths and Difficulties Questionnaire*
www.sdqinfo.com; Multiple languages

Practice behavior
BEFORE you need it

Build a Team - Collaborating with Professionals

- Collaboration with mental health professionals
 - In your community
 - In your office (co-location)
- Know your community
 - Cultures and languages
 - Outreach to local schools
- Private specialists
- ▶ Resource lists save time

Community Resource List


Array of professionals

- Psychiatrists
- Psychologists
- Social worker
- Mental health counselors
- Educational specialists
- Behavioral consultant
- Advocates

Teams work together

Phillip - Second visit - Now what?

- ▶ Diagnosis – ADHD “simplex”
 - Meets DSM 5 criteria
 - Performance impaired 2+ settings
 - No significant comorbidities
- Importance of beginning of the journey
- Developmental disability perspective




Empathy is the key;
People can't listen
until they feel heard

Start with empathy,
Finish with hope

ADHD - Framing the Treatment Plan

BEAM Framework

- ▶ Behavior
- ▶ Emotional
- ▶ Academic
- ▶ Medical / Medication



Resources for parents

- AAP's Healthychildren.org
- AAP ADHD toolkit handout
- AACAP ADHD resource center
- www.Help4ADHD.org

Begin with the **end**
(Long-term **VISION**)


What is the **game plan**
for **NOW**?
(Narrow the focus)

Understanding ADHD - behavioral perspective

- DSM checklist ≠ understanding ADHD

BEHAVIORAL PERSPECTIVE OF ADHD:

1. An inability to organize time and space
2. A disorder of performance, not skill -
an inability to do what you know (Barkley)
3. An inability to delay responding
4. Driven by what's on their radar at the moment



Parenting Perspective

- Parenting that is responsive and planful, not reactive or punitive
- Children with ADHD benefit from structure and predictability, who wouldn't?

▶ If you treat a non-ADHD child as if he has ADHD, it can only be beneficial.

▶ If you treat an ADHD child as if he is not, it can be a disaster.


—Sharon K. Weiss

Office ADHD Behavior Basics – Starter kit

- ▶ Help parents learn about ADHD
- ▶ Recognize ADHD is highly familial
- ▶ Key principle: **Warm and Firm**
 - **Warm:** Increase positive connections
 - Time-in before Time-out
 - **Firm:** Positive and clear structures

Resources for parents

- AAP ADHD toolkit or booklet
- Refer to reliable websites
 - www.HealthyChildren.org
 - www.CHADD.org
 - www.Understood.org



Warm and Firm

Time-in before Time-out

Unhelpful Parent Directives


- ▶ “Behave”
- ▶ “Be careful”
- ▶ “Don’t _____”

Positive Procedure: Giving Directions

1. Get on their radar
2. Use child’s name – PAUSE
3. EMPATHY e.g. “I understand it may be hard to stop what you are doing”
4. State simply and clearly what you want them **TO DO INSTEAD** of what they are doing

(If it is not a choice, don’t phrase as a question)

5. Check for understanding
6. Reinforce movement in the right direction




Practice – Model positive directives and clear choices

Don't you want to clean up your toys now?	Toys in the backpack.
Do you want to see how much you weigh?	Take off your shoes. On the scale please.
Can I look in your ear?	Time to look at your ears. Which one first?

What **TO DO** Real **choices**

Improving: a step in the right direction

- ▶ Narrow the focus – TARGET outcome
- ▶ Progress is made in steps
- ▶ What skills does child have NOW?
- ▶ What might be next step towards improvement?
- ▶ How can we set CHILD up to GET IT RIGHT?
- ▶ How can we set it up so PARENT notices?



Progress is Success

Behavior Map: 3 steps in the right direction

1. What do you want the child **TO DO INSTEAD** of what she's doing.
2. How can I make it **VISUAL**?
3. How can I **REINFORCE** the behavior I want?

What **TO DO INSTEAD** What is your **GAME PLAN** now?

VISUAL reminders — other than your face

- Tools depersonalize the expectations, specify guidelines and clarify limits so you don't have to.
- Timers + Checklists + Schedules
 - Predictability
 - Fewer Meltdowns

TimerTimer

VISUALS to consider

- Timers
- Clocks on walls
- Sticky notes
- Checklists
- Schedules
- Calendars
- Before/After pictures
- Baskets by the door
- Red paper stop signs
- Phone alerts (child's or parent's)

Prompts at the Point of Performance

Before After

Creative Commons graphic

Reinforcing Better Behaviors

- What will make it worth his while?
- ADHD brains require more
 - More social reinforcement (praise)
 - More external reinforcers (rewards)

Fosco et al, Greater reinforcement effects among children with ADHD (2015) Behavioral and Brain Functions

Group	No Reinforcement	Reinforcement
Control	0.6	0.6
ADHD	-0.8	0.2

adapted


Keeping it up--Make it into a ROUTINE

- ▶ What are your expectations?
 - ▶ Morning, Evenings, Mealtime
 - Positively framed
 - Collaborate with child
- ▶ Post it
- ▶ Practice it
- ▶ Praise progress


▶ Write down what is essential

▶ What can be done ahead of time?

Prompts at the Point of Performance



The power of modeling



Become a LIST-making family

Carmen - age 6 - problem-focused visit

- ▶ Parent requested consult for "bad behavior"
- ▶ Staff had sent packets before appointment
- ▶ History
 - Always been a "difficult child"
 - Active, impulsive, loud, easily bored
 - Happy when things are going her way
 - "drama queen", "demanding" "sassy"
 - "Taken everything away and still does it"
- ▶ Older sister had "no problems"

Carmen - review of packet data

- ▶ Review of parent and school packet; Vanderbilt scales
- ▶ School - average skills but variable report cards
- ▶ School - reporting issues with compliance and self-control;
- ▶ Conclusion: **ADHD, combined, "oppositional" behaviors** impacting multiple domains

Vanderbilt ADHD	Mother	Father	Teacher
Inattention:	7/9 *	4/9	5/9
H/Imp:	8/9 *	6/9 *	7/9 *
Opp:	6/8 *	2/8	3/8
Performance:	Directions, Organization	Directions, Organization	Problems with Peers, Task completion

Behavior Counseling – what can I say?

- ▶ What to say to the PARENT
- ▶ Empathy: "That sounds very tough"
- ▶ **MAGIC WORDS**
 "What I hear you saying is..."
- ▶ What do I do when she says she hates me?
 - Don't argue or reassure; **validate feeling**
 - Matter of fact or sad tone
 - Repeat brief "stock phrases"
 - Try "Thanks for letting me know how you are feeling right now"
 - Try "How sad"

ASK: How do people in YOUR family handle behavior like that?

Shift focus to system-based view

- ▶ Biopsychosocial perspective
- ▶ Family-focus (Coleman, 2011)
- ▶ Triple P programs
 - Community, provider, primary care, parent
 - www.triplep.net
- ▶ To change behavior, change the system

Focus on the Family Mission

- ▶ Who are we as a family?
- ▶ What is important to us?
 - "In our family, we treat each other with respect".
 - "In our family, we are problem-solvers".
- ▶ Useful when talking with fragmented families

Teams work together

Okay we have a vision, NOW what?



Notice the pattern of behaviors

- ▶ **Don't take behavior personally**
- ▶ **Don't assume negative motive**
- ▶ Observe for patterns
 - What happens JUST BEFORE?
 - What EXACTLY do they DO?
 - What happens NEXT?
 - ALSO When do we get it **RIGHT**?
- ▶ Have expectations
 - * ADHD is not excuse for bad behavior

Don't take behavior personally

ABC chart- the pattern of behaviors

Date/ time	Before (Antecedent)	What happened (Behavior)	Afterwards (Consequence)
Sunday, 6 pm	Told him to do homework	Screaming hateful words	Took away X-Box for 2 days
Wed, 4 pm	Reminded to check his list	Did spelling with only one prompt	Had time for extra book at bedtime

Punishment and Consequences

- ▶ Problem with punishment
 - Doesn't teach a better behavior
 - Just interrupts (may be good thing)
 - May be preferred to task demanded
- ▶ Consequences to consider
 - Problem with natural consequences in ADHD
 - Logical consequences – link the action/effect
 - "When-Then"
 - Alternatives to time-outs –
 - Positive Practice - Over-correction

OVER-Practice the BETTER behavior

Realistic expectations

Realistic expectations is that negative behavior occurs:

- Less often
- Lower intensity
- Shorter duration

Hitting → Cursing → Shouting → Muttering → Eye Rolling → Okayyy → Yes

Progress is Success

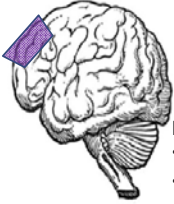
What if she has a meltdown?



Three small photographs are arranged horizontally. The first shows a young girl with a sad expression. The second shows a young girl with her mouth wide open in a shout or cry, with her hands near her face. The third shows a young girl being held and comforted by an adult.

The Frustration Continuum - Fuss

- The Fuss**
 - Upset/angry
 - Not always goal-oriented; cranky
 - Still has language
 - Limited perspective
 - **Lost higher order prefrontal skills**

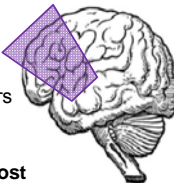


A diagram of a human brain from a lateral view. A purple square is placed over the prefrontal cortex area.

- Management:**
 - Empathy
 - Calm voice
 - Real choices
 - Silly choices

The Frustration Continuum – Tantrum

- The Tantrum**
 - Upset/angry
 - Goal-oriented
 - Has some control
 - Often without tears
 - “Verbal debris” language
 - **Goal-focus but lost higher order reasoning and higher language skills**
 - Ends quickly



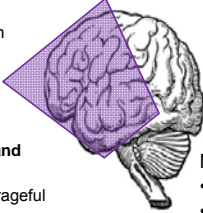
A diagram of a human brain from a lateral view. A purple square is placed over the prefrontal cortex area.

- Management:**
 - Empathy
 - Don't argue or try to reason
 - Don't discuss choices
 - Change scene if you can

The Frustration Continuum - Meltdown

The Meltdown

- Overwhelmed with distress
- Minimal language
- Loss of control
- Often with tears
- **Lost reasoning and language skills**
- Primitive, can be rageful
- Longer and slower recovery



Management

- Low voice
- Slow movements
- May need space
- Safety is the priority
- Defer "teaching"

Don't talk to brainstems

Manage upsets before they happen

- ▶ Upsets happen
- ▶ Notice the pattern
- ▶ What signals/situations precede
- ▶ Manage their expectations
- ▶ Teach to taking a break
- ▶ What "secret signal" can use?
- ▶ If they've "lost it"--Stop talking



What is your GAME PLAN?

Managing Power Struggles


Power Struggles-If you think you are in one, you are

- Make the child part of the solution
- Discussion-in advance and LISTEN HARD
- Choices and collaboration
- Agree to disagree
- Model staying calm and taking a break
- DISENGAGE
- Let them be upset if they need to be
- Stick with **game plan** for two weeks

Carmen - Relationships Repair

- ▶ Celebrate small victories
- ▶ Schedule connections – short SPECIAL TIME
 - 10 minutes with timer
- ▶ Involve her in planning Family FUN
- ▶ Guide thinking about other family members' preferences
- ▶ Gossip to others about her kindness and cooperativeness

Warm and Firm




So what can you try in your office next week?

Which Bumper Sticker will you try?


<input type="checkbox"/> Start with empathy, finish with hope	<input type="checkbox"/> Don't take behavior personally
<input type="checkbox"/> Begin with the end (Long-term vision)	<input type="checkbox"/> People can't listen until they feel heard
<input type="checkbox"/> Warm and firm	<input type="checkbox"/> What I hear you saying is...
<input type="checkbox"/> What <u>TO DO</u> INSTEAD	<input type="checkbox"/> Don't talk to brainstems
<input type="checkbox"/> Real choices	<input type="checkbox"/> Teams work together
<input type="checkbox"/> ROUTINES-Set 'em up to get it right	<input type="checkbox"/> Progress <u>is</u> Success
<input type="checkbox"/> Practice behavior BEFORE you need it	<input type="checkbox"/> What is our next GAME PLAN?
<input type="checkbox"/> OVER-Practice the BETTER behavior	
<input type="checkbox"/> VISUALS-Prompts at the Point of Performance	

Practice Changes to consider

- ▶ Meet with office team to update "practice readiness" strategies to meet behavioral health needs of children with ADHD
- ▶ Look up community mental health providers and local parent support group to start building your resource list
- ▶ Model starting with empathy statement, giving a clear direction and nurturing a "sprout" of the better behavior.



Questions and comments



Useful Websites about ADHD for Parents

- ▶ **CHADD (Children and Adults with Attention Deficit Disorders)**. <http://chadd.org>. Scientifically based information for parents and adults, parent support and resource for professionals. magazine published quarterly. National conference, local chapters and web-based training "Parent to Parent: Family Training on ADHD"; (English and Spanish)
- ▶ www.help4adhd.org The National Resource Center on AD/HD (NRC); clearinghouse for the latest evidence-based information on ADHD; funded by the Centers for Disease Control and Prevention (CDC), National Center on Birth Defects and Developmental Disabilities
- ▶ www.cdc.gov/parents/essentials/ Free online resource developed by the Centers for Disease Control and Prevention (CDC). Guidance for parenting toddlers and preschoolers. Include video clips.
- ▶ www.UNDERSTOOD.org - new website combined effort of 15 non-profits. information on learning, attention, executive function and special education issues. Very user-friendly; in English and Spanish and will read text to you;

AAP Electronic resources

- HealthyChildren.org AAP website and mobile app has good basic resources on ADHD and behavior management. English and Spanish
- DBPeds.org (www2.aap.org/sections/dbpeds/) AAP Section on Developmental and Behavioral Pediatrics; handouts to download
- www.medicalhomeinfo.org – information on collaboration between professionals including mental health
- [ADHDtracker 1.0](#) - free app enables completing and submitting a behavioral assessment using the Vanderbilt Scales; published by the American Academy of Pediatrics

Interested in ADHD? Organizations to join

- AAP Section on Developmental and Behavioral Pediatrics (SODBP) DBPeds.org (www2.aap.org/sections/dbpeds/); also affiliate memberships for non-AAP members such as nurses.
- www.sdbp.org – Society for Developmental and Behavioral Pediatrics; for pediatricians and other professionals (e.g. psychologists)
- **CHADD (Children and Adults with Attention Deficit Disorders)**. <http://chadd.org>; professional membership available; National conference presents cutting edge research
- American Academy of Child and Adolescent Psychiatry (AACAP)- affiliate membership www.aacap.org/aacap/Member_Resources/Membership_Information/. Available to physicians who have not completed child and adolescent psychiatry training but are making contributions to the field of child and adolescent psychiatry.

Behavioral Resources

- Triple P – Positive Parenting Program - evidence-based parenting programs; programs at community, provider, primary care and parent level; global as well as USA; www.triplep.net
- American Academy of Child and Adolescent Psychiatry ADHD Resource Center www.aacap.org/aacap/Families_and_Youth/Resource_Centers/ADHD_Resource_Center
- locator.apa.org-Psychologist Locator, a service of the American Psychological Association Practice Organization. find practicing psychologists in your area.
- www.findcbt.org- Association for Cognitive and Behavioral Therapies
- www.addwarehouse.com; ADDWarehouse has wide variety of materials relating to ADD for parents and professionals.
- www.addrc.org/ ADD Resource Center website. Information for and about people with ADHD and the people who live or work with them.

AAP Resources

- Caring for Children with ADHD: A Resource Toolkit for Clinicians, 2nd edition (2011) American Academy of Pediatrics
- Addressing Mental Health Concerns in Primary Care: A Clinician's Toolkit; (2010) American Academy of Pediatrics;
- *ADHD: What every parent needs to know (2011)* Edited by Reiff MI, Elk Grove Village, Ill: American Academy of Pediatrics
- Coleman, WL; *Family-Focused Pediatrics: Interviewing Techniques and Other Strategies to Help Families Resolve Their Interactive and Emotional Problems; A clinical and teaching manual for all pediatric care professionals*; American Academy of Pediatrics; 2nd Edition (June 15, 2011)
- *Connected Kids: Safe, Strong, Secure* series (2004) for 0-21 years; behavior brochures series
- Other AAP brochures on behavior, mental health and discipline (e.g. tantrums)

Books

- *ADHD: What every parent needs to know (2011)* Edited by Reiff MI, Elk Grove Village, Ill: American Academy of Pediatrics
- *1-2-3 Magic: Effective Discipline for Children 2-12, Fifth Edition (2014)*. Phelan TW; Child Management; (English and Spanish) <http://www.123magic.com/> also YouTube clips to watch
- *Taking Charge of ADHD: The Complete, Authoritative Guide for Parents, Third Edition (2013)* Barkley RA; Guilford Press www.guilford.com
- *Angry Children, Worried Parents: Seven Steps to Help Families Manage Anger (Seven Steps Family Guides)* Goldstein S, Brooks R, Weiss S (2004) Specialty Press.
- *From Chaos to Calm: Effective Parenting of Challenging Children with ADHD and Other Behavioral Problems*. Heinger JE, Weiss SK (2001) Perigee Press
- *Prescriptions for Parenting*, Meeks, CA; 1990, Time Warner. Out of print but used copies available on Amazon. By a pediatrician, concise advice to write on prescription pad.

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- AAP, Committee on Psychosocial Aspects of Child and Family Health. Guidelines for effective discipline. *Pediatrics*.1998;101(4 pt 1):723-728 [being updated]
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- Williford AP, Shelton TL; Management for preschool-aged children; *Child and Adolescent Psychiatric Clinics of North America*, 2014; 23:717-730
- Piffner LJ, Lauren M, Haack LM; Behavior management for school-aged children with ADHD; *Child and Adolescent Psychiatric Clinics of North America*. 2014;23:1-746

Want additional resources?

- email: kjmillerDBP@gmail.com (project's email)
- Complete short survey
 - Indicate whether attended session or reviewed handout
 - Provide feedback
 - Provide outcome
 - Did you try any of the suggestions?
- Receive list of suggestions from other pediatric providers
- Receive additional resources such as
 - Behavior chart templates
 - Helping parents cope with media and technology
 - Other resources

Behavior management refers to managing problem behaviors from specific children. It is helpful to do some "Triage" to decide what behaviors are creating the most challenges to success in your classroom. Is the problem a specific child, or is it a problem with your classroom management plan? Behavior management requires two kinds of interventions: proactive and reactive. Proactive approaches involve teaching the replacement, or desired behavior.