Behavior Management: Coaching Parents in Medical Practices

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Disclosures

Karen J. Miller
- No conflicts of interest
- Commercial Products
  - Commercial products will be discussed; options offered
- Medications-Off-label medications will not be discussed
- Gratitude-On the shoulders of giants-Other people's ideas may be mentioned but I don't know who said them first;

Sharon K. Weiss
- Financial disclosure –
  - Author of books on behavior
  - Commercial Products
  - Commercial products will be discussed; options offered
  - Medications: N/A

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
  - Center for Children with Special Needs, The Floating Hospital for Children, Tufts Medical Center, Boston, MA
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 - Maybe 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

Behavior Bumper Stickers

- 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

“Practice makes better AUTOMATIC”

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

Practice behavior BEFORE you need it

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

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

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

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

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)

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

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?

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

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)

Reinforcing Better Behaviors

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

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

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

<table>
<thead>
<tr>
<th>Vanderbilt ADHD</th>
<th>Mother</th>
<th>Father</th>
<th>Teacher</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inattention:</td>
<td>7/9 *</td>
<td>4/9</td>
<td>5/9</td>
</tr>
<tr>
<td>Hitmo:</td>
<td>6/9 *</td>
<td>6/9 *</td>
<td>7/9 *</td>
</tr>
<tr>
<td>Opp:</td>
<td>6/8 *</td>
<td>2/8</td>
<td>3/8</td>
</tr>
</tbody>
</table>

Performance:
- 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
### ABC chart - the pattern of behaviors

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

### 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

### Realistic expectations

Realistic expectations is that negative behavior occurs:
- Less often
- Lower intensity
- Shorter duration

Progress is Success
What if she has a meltdown?

The Frustration Continuum - Fuss

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

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

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

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

So what can you try in your office next week?

Which Bumper Sticker will you try?

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

- Addressing Mental Health Concerns in Primary Care: A Clinician’s Toolkit; (2010) American Academy of Pediatrics;
- 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

- 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.

References

- Williford AP, Shelton TL; Management for preschool-aged children; Child and Adolescent Psychiatric Clinics of North America, 2014; 23:717-730
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.