

Preschool Behavior Concerns: A Primary Care Approach

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Objectives

- Identify common concerns about preschoolers' behavior
- Integrate observations of temperament and family history into assessment
- Develop a 'staged' approach to assessment and treatment

Common Behavioral Concerns with Preschoolers

- Sleep
 - Not enough
 - Timing wrong
 - Won't sleep alone
- Feeding problems
- Potty-training roadblocks

Common Behavioral Concerns with Preschoolers

- Fears, difficult separations
- Defiance
 - With or without aggression
- Head-banging, breath-holding

Staged Approach to Intervention

- Quick initial determination of the
 - Complexity of issue
 - Extent of functional difficulties
 - Safety for all concerned

Staged Approach to Intervention

- Is this behavior something that might occur with most children?
- Are there specific factors (parent or child temperament, stressor, changes) which may drive the behavior?
- Severity/chronicity
 - Is anyone unsafe?
 - Functional impairment- job, school, family
 - Has the family changed its routines to accommodate the behavior?

Stage 1: Education, home Remedy

- **Stage 1: gather basic data**
- **Is there actually a problem?**
 - Sometimes there's no problem
 - This comes up often with first children
 - Use education and 'normalization'
- **If there is a problem, can you think of a simple remedy?**

Stage 1: When There's No Problem

- Sometimes a child's behavior is 'just right' for his/her stage of development
- Bolster parent's confidence by referring back to a previous stage he/she has become an expert in
- Preview coming attractions to enhance future confidence

Stage 1 Examples

- My 5 year old won't take a nap any more...
- My 3 year old insists we check her closet for monsters every night...
- My 4 year old is still carrying her "baa" everywhere...

Stage 1 Case Example

- “My 4 year old just started staying up till midnight- I keep finding him watching television! Then he won’t get up and we’re late in the morning”.
 - Since Nana came to stay, child’s cola intake has skyrocketed
 - Nana has also donated her TV to the child’s bedroom

Stage 1: Education, home Remedy

- What would you recommend?

Stage 1: Education, home Remedy

- Limit child's caffeine intake and insure that the TV stays off after bedtime
 - Anticipate foreseeable difficulties in implementation
- Follow up can be prn or scheduled
 - If not improving, it's time to *dig deeper*

Stage 1 Summary

- Education and/or simple remedy
- Remedies are based on *common sense* or *experience*
- The advice would be sound in most settings, with most children
- Can often be accomplished in an intermediate office visit

Stage 2: Behavioral Prescription and Follow-up

- Problem is specific to the child and/or environment
- The behavior is persistent and may have the potential to develop into a functional problem for child or family
- No current safety concerns or major functional impairment

Stage 2: Behavioral Prescription and Follow-up

- Requires a longer visit
- Ask for details: when, where, with whom, why does the problem appear?
- Does the parent have a theory about the cause?
- What have they tried so far? Does the family agree on what should be done?

Stage 2 Case Example

- 4 year old having difficulty with separation for preschool
- Details, details, details!
 - When did it start? Did anything else change at that time?
 - Who drops the child off, and what happens?
 - How has it been managed so far?

Stage 2 Case

- 4 year old girl, first experience in preschool
 - Mother has a new afternoon job
- Child was clingy and tearful the first morning
- For the rest of that week, mother stayed until lunch to “help her settle in”
 - Now the crying is worse than it was at first

Stage 2 Case

- *Explore child-specific factors*
 - **TEMPERAMENT**: is the child **shy**, avoidant of new things?
 - Is her baseline **mood** happy? Anxious? Glum?
 - In this case, child seems sociable with other children in waiting room, her affect is bright, and she is chatty and expressive

Stage 2 Case

- Consider surrounding factors
 - Parent **TEMPERAMENT**: Is this an easy adjustment for mother?
 - Is there any realistic concern about the quality of care at the preschool?

Stage 2 Case

- Mother feels the preschool staff is “really great with the kids”
- Adding, “but I still feel like I’m abandoning her”
- Mother was very shy as a child and had difficulty speaking in class

Stage 2: Behavioral prescription and follow-up

- Give advice as you would a **PRESCRIPTION** for parental behavior
 - Be specific !
 - What **medicine** ?
 - What **dose** ?
 - Which **route** ?
 - On what **schedule**?

Stage 2: Behavioral prescription and follow-up

- What would your prescription be?

Stage 2: Behavioral Prescription and Follow-up

- **'Make the drop-offs simple and short'**
 - Is this a complete prescription?

Stage 2: Behavioral Prescription and Follow-up

- Stay calm and cheerful
- Introduce distracting conversation if child begins to protest on the way to preschool
- On arrival, focus on preschool staff, give quick and cheerful 'goodbye' to child, leave immediately
- Trust preschool staff to be adequate comforters
- Check in with staff if necessary

Stage 2: Behavioral Prescription and Follow-up

- Scheduled follow up, in person or by phone
 - How soon in this case?
- “Coaching” by phone can be very powerful
 - “I start crying when she clings to my neck...”

Stage 2: Summary

- A problem of fairly short duration, may have potential to affect family function
- A particular **prescription** is indicated
 - DETAILS!!
- **Follow up** to make sure problem is resolved
- Make a note to *monitor for recurrences*

Staged Approach: Stage 3

- **Triage and referral**
 - If Stage 2 prescription has not helped (or was not tried)
 - If the problem involves other family members or has become chronic
 - If there is reason to suspect psychiatric illness or substance abuse

Stage 3: Triage and Referral

- As in CPR, work in descending order of urgency ('ABC's')
- SAFETY FIRST
 - Without intervention, could someone be harmed?
 - Know how and when to contact CPS or police
 - You are *immune from liability* as a reporter

Stage 3: Triage and Referral

- SECOND, help maintain FUNCTION– child’s and family’s
 - Help preserve school placement or parent’s employment *if appropriate*
 - With permission, a call or letter can be helpful
 - A “to whom it may concern” letter can be given to parents to share at *their discretion* without obtaining a release of information

Stage 3: Triage and Referral

- THIRD, Refer for further assessment and treatment
 - Child therapy, family therapy
 - Individual therapy for a family member
 - Substance abuse assessment/treatment

Stage 3: Example

- 3 year old boy has been 'fired' from day care for new-onset defiance and biting
- Has been wetting the bed again this week
- Mother recently stopped drinking, but stepfather continues
- Stepfather has started to be violent to mother, and child has witnessed this twice

Stage 3: Triage and Referral

- **SAFETY FIRST !!**
 - Is child being abused?
 - Are other children in the home in danger?
 - Is mother safe there?

Stage 3: Triage and Referral

- In this case, no one is in immediate danger:
 - Mother and children are staying with grandmother for now
 - Child has not been physically abused, though emotional trauma has occurred

Stage 3: Triage and Referral

- Second, FUNCTION: without child care, mother may lose her job
 - Mother requests a letter for day care verifying that child will be “better”
 - Report the facts: parent is seeking appropriate treatment for child
 - Do you need to obtain an ROI?

Stage 3: Triage and Referral

- Refer for therapy
 - Address trauma
 - Build social skills
 - Improve parenting skills
 - Other family/marital relationships
- **OBTAIN ROI's for everyone the parent allows on the treatment team**
 - Preschool, therapist, psychiatrist, case manager

Stage 3: Triage and Referral

- DV resources: refer to social services if available, provide a handout with addresses and phone # for shelters, groups
- Refer to AA or other substance abuse treatment to help mother maintain sobriety

Stage 3: Triage and Referral

- *Schedule* follow up to monitor progress
- Seek updates from therapist and/or case manager
- *Add problem to *problem list* if indicated*
 - alert other providers
- Track progress on future visits

Summary of Staged Approach

- **Stage 1: Normal development**
 - Education, home remedy
- **Stage 2: Child or parent-specific features**
 - Specific prescription and follow up
 - Monitor for recurrence
- **Stage 3: Triage and referral**
 - Safety concern; functional impairment
 - Significant mental illness or substance abuse is a factor

Guidelines for Each Stage

- **Stage 3: Need to develop a resource list**
 - CPS (many agencies in some communities)
 - DV shelters and counseling
 - Substance abuse resources
 - Child and family therapists: public (IHS, tribal, Medicaid-reimbursed) and private referrals
 - Learn if schools in your community offer social-skills groups, parenting classes, etc.