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 forseeable 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
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.