



Common Conditions in Children and Families in Pediatric Primary Care

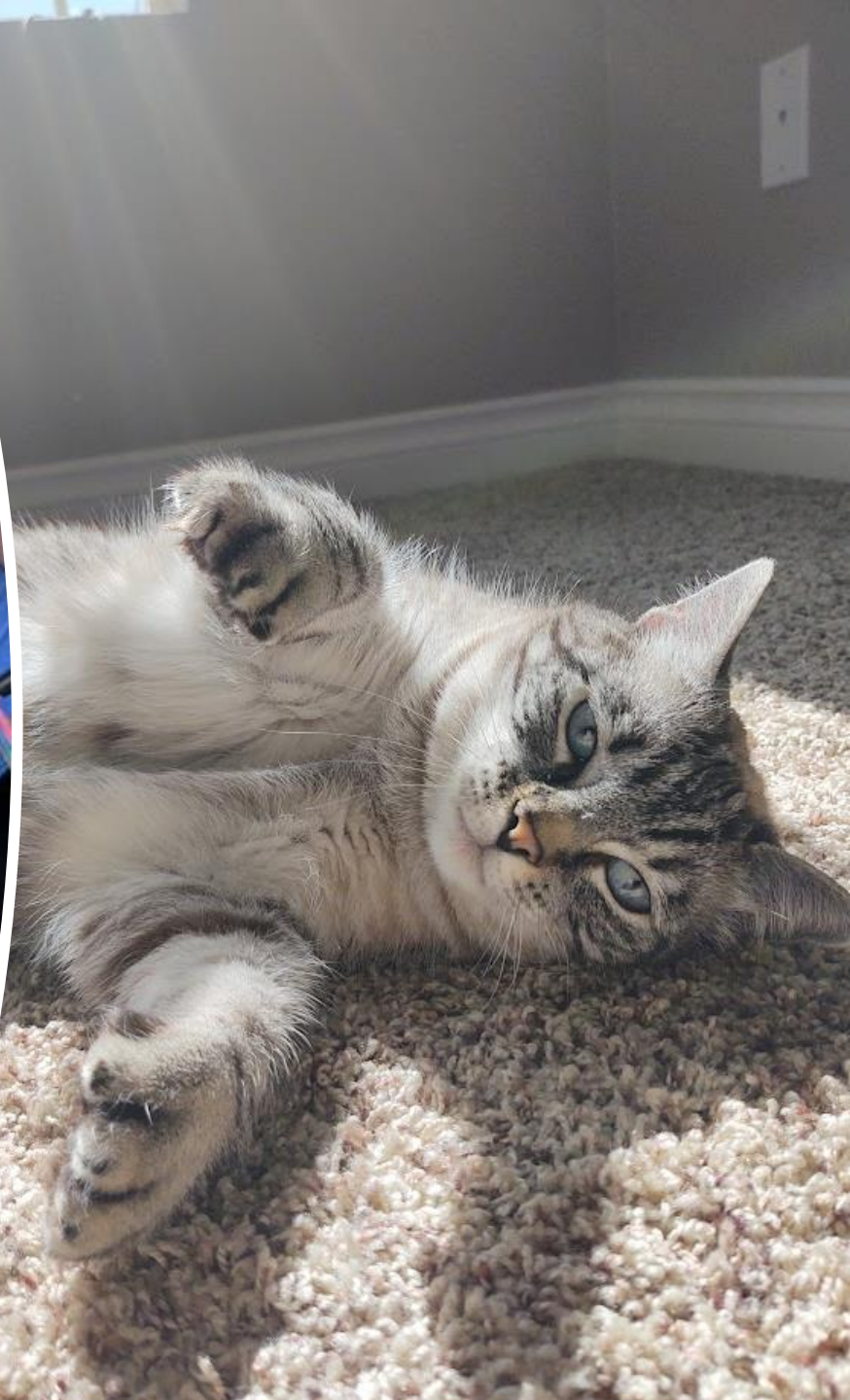
Amelia McClelland, PhD

My Background

Behavioral Health Consultant
for Community Health of
Central Washington (Yakima,
WA)

Passions: Pediatrics, school-
based health, supporting the
LGBTQIA+ community,
teaching, theater

Hx: School Psychologist,
psych tech, outdoor
environmental education,
theater

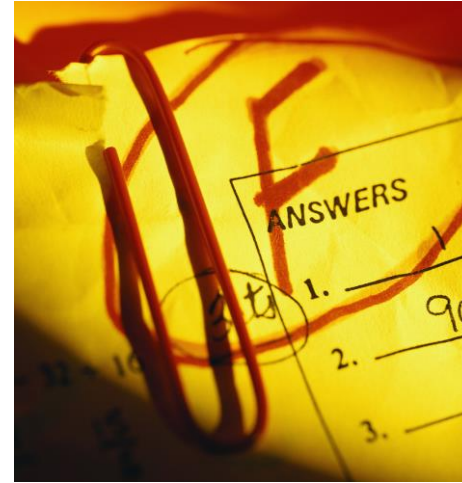




What are common referrals you get?

Common referrals

- ADHD
- Anticipatory guidance (potty training, weaning off the bottle, online safety)
- Anxiety
- Behaviors (defiance, tantrums, hitting, disrespect)
- Depression
- Stress
- School failure/struggle



Think!- “Too often we react to a child’s behavior and decide on a response before we understand the basis of the behavior. Instead, we need to pause and ask- Is this a developmental challenge, a stress response or a conscious intentional action?”

Kahoot!

Join at www.kahoot.it
or with the **Kahoot!** app

Game PIN:

142 4364



Age-Appropriate Expectations

0-3 months

- Crying is how they communicate
 - 1-3 hrs/day
- Cannot self soothe
- Sight is still developing
 - Black and white or contrast best

4-6 months

- Can start to understand expressions
- Beginning to make more sounds (ooh, ahh; 0-4mo)
- May start sitting, crawling (5-11 mo)
- Ready to sleep through the night

6-9 mo

- Imitate during play (8-12 mo)
- Looks to others for reactions (8-15 mo)
- Cruising (8-11 mo)
- Responds to stop (7-17 mo)



Age-Appropriate Expectations

9-11 mo

- Walks alone (9-17 mo)
- Pointing (8-11 mo)
- Points to things when asked (10-18 mo)



12-23 mo

- Nervous when leaving caregiver
- Play alone 18+ mo
- Responds to praise (18 mo)
- Pretend play (16-24 mo)
- Possible interest in potty training (16-24 mo)
- First words (12-19 mo)
- ~200 words (16-24mo)



2-3 yrs

- Tantrums are normal
- Potty training
- Can follow 1 step directions
- Learning how to wait



Age-Appropriate Expectations

Preschool

- 1 step tasks
- Chores with cues
- Basic inhibition

Kinder-2nd Grade

- 2-3 step tasks/directions
- 20–30-minute assignments
- Follow rules/inhibit/no grabbing

3rd-5th grade

- Simple shopping list
- Keep track of variable daily schedule
- Inhibit and regulate even without teacher present
- Simple delayed gratification (phone)



Age-appropriate expectations

6th-8th grade

- Complex chores
- Organizing system
- Time management
- Self-soothe
- Manage conflict



Teenage-mid 20's

- Independent with assignments
- Make adjustments based on feedback
- Inhibit reckless behavior
- Say “no” to fun activity if other plans already made
- Take others’ perspective





Who knows who these
characters are?





Behavior Concerns

- Behavior: Refusal to comply with instructions, talking back, verbal and physical aggression, throwing temper tantrums, acting out, breaking rules, destroying property.
- Function of Behavior
 - Almost all behavior serves a function
 - To change most child behavior, it is essential to change the environment (e.g., parent, teacher, other responses to behavior)



Behavior Basics

- Is it a can't do or a won't do?
 - Is there a disconnect between what is developmentally appropriate and what is being expected of them?
 - Behavior does not happen in a vacuum. What is their CONTEXT?
-

What contextual factors
do you look out for?

CONTEXT is KEY

- Parent factors:
 - Age
 - Models for parenting they had
 - Parental ACEs
 - Cultural expectations
 - General life stressors/responsibilities
 - Parental health
 - Supports available to them
 - SDoH
- Child factors:
 - Learned behavior patterns
 - Are they hungry? Sleepy? Lonely?
 - Developmental age/stage
 - Coping strategies they have seen/learned
 - Emotional state of the adults around them
 - ACEs



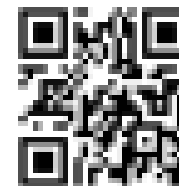
Keys to Healthy Development

- Positive adult-child relationships
- Back and forth interactions
- Learning life skills that promote executive functioning
 - Focus
 - Self-control
 - Problem-solving
 - Taking on challenges



**Mount
Sinai**

Parenting Center



<https://www.youtube.com/watch?v=PB1Uo9nbIVU>

Authoritarian



Authoritative



Permissive

Parenting Strategies

- Brief interventions of parent management training include:
 - Positive one on one time (special time)
 - Positive praise
 - Active ignore or planned ignoring
 - Time-out (not in bedroom)
 - Time-in
 - Structure, home rules, consequences, and routines
 - Rewards/Incentives
 - Giving clear directions

How can you reinforce parenting in the room?

- Model skills
 - Positive praise
 - Active ignoring/extinction burst
 - Melodic intonation
- Validate/reassure/call out positive parenting
 - “I love that you are letting her explore and be curious this is great for brain development”
 - “Nice job with the positive praise”
- Practice tools together/give examples specific to their context





Who are they?



Break?

Positive Praise

- **Attend**
 - Always attend to the behavior that you want to increase.
- **Specify**
 - Be specific when using praise so that the child knows the positive behavior she or he did.
- **Connect**
 - Make eye contact and smile when attending to a behavior.
- **Tone**
 - Use a pleasant voice when attending to a behavior.



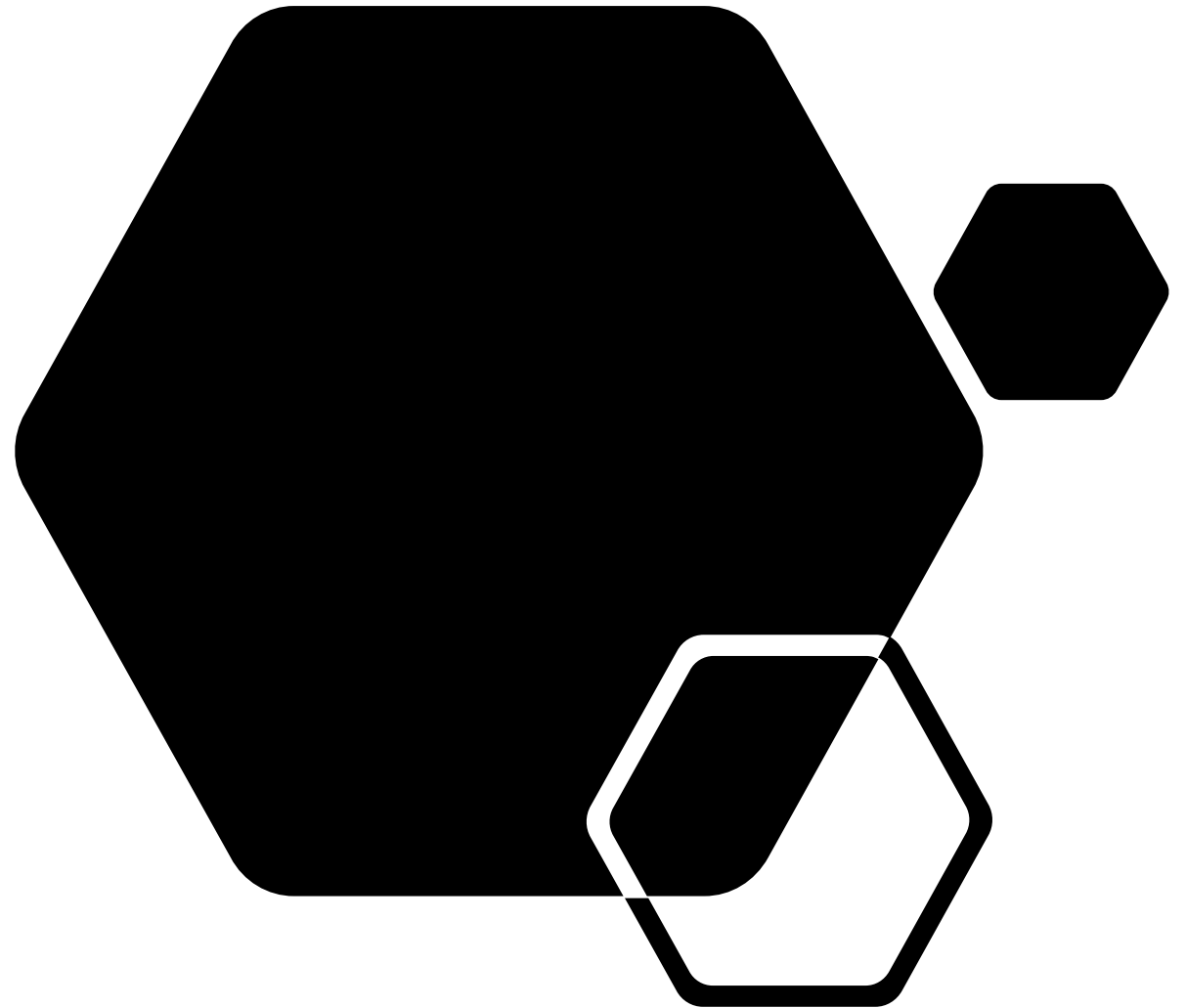
Positive one on one time

- Caregiver spends 15 minutes a day with the child or adolescent, doing something the child finds enjoyable
- This is not a reward or a consequence
- Create a menu of pre-approved options
- Limit questions
 - Sportscasting
 - Narrating



Positive one
on one time
(Special Time)

<https://youtu.be/ZG3WIwi5y6k>



Reality Check

- How can you modify this?
 - Find 5 things each day to praise
 - Take 5 min each day to just sports cast what you are seeing your child do
 - Pick one routine where you are going to be your kid's hype man
 - Catch them being good game
 - Sticker chart for 1 behavior
 - 30 minutes a week



Active Ignore (Planned Ignoring)

1. Never ignore a dangerous behavior (harming themselves or others)
2. Ignore the same behavior consistently.
3. To ignore the behavior, actively avoid eye contact and turn away from the child.
4. The behavior may initially get worse, which is common.
5. Remember why you are ignoring, so that you won't feel guilty and stop prematurely.



What's this from?

House Rules/Expectations

- 3-5 Rules
- DMOPS
 - **D**escriptive
 - **M**easurable
 - **O**bservable
 - **P**ositively Stated
 - Not a question
 - **S**pecific
- Post rules and explain them when everyone is calm
- House Rule Violation should have an Immediate consequence (e.g., Time Out)

HOUSE RULES

 Say "Please" and "Thank You!"

 NO: fighting, biting, scratching or Spitting.

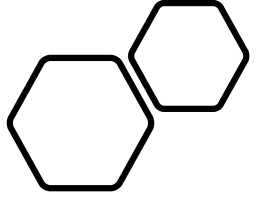
 NO Shouting indoors.

 NO hateful Words.

 Listen and Respond.

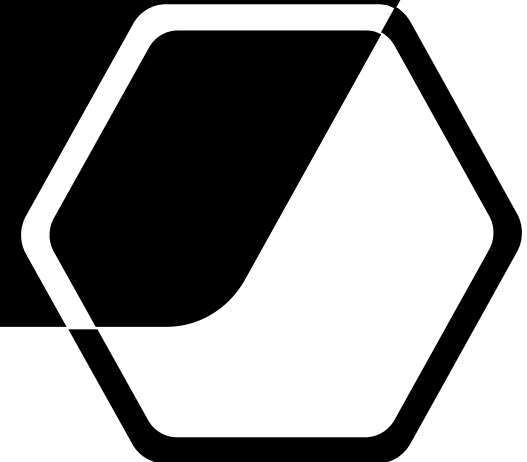
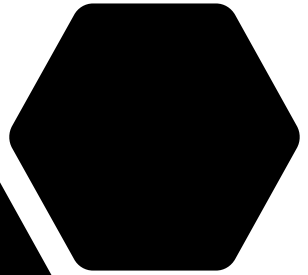
 Take turns to talk.

 Remember we love each other!



Giving Clear Directions

- https://www.youtube.com/watch?feature=player_detailpage&v=zUSosdCjefo



State it positively



State it positively

- **No** hitting
- **Stop** running
- **Stop** putting the crayons in your mouth
- **No** biting! We don't bite!
- **Don't** throw your truck!
- Keep hands to self
- Walking feet please
- Crayons are for paper
- Mouths are for talking. We use our words
- The truck stays on the carpet/table/etc.

Consequences

1. Be sure the child knows what consequences will occur before using a technique.
2. Be sure that the consequences are reasonable
3. Be sure the consequences relate to the behavior and have meaning.
4. Be sure you are specific when you inform the child of any consequences
 - State child's name, "if you..., then you..."
 - State child's name, "you have lost...because you..."
 - If child continues after losing privilege/item the first time, child may be told about loss of a second privilege/item.



What are
these?





Break?



ADHD

- Occur in more than one setting
- Symptoms before age 12
- Persistent for at least 6 months
- Impair function in academic or social settings
- Be excessive for developmental level of the child
- Not be better explained by other mental health conditions

ADHD

Subtypes

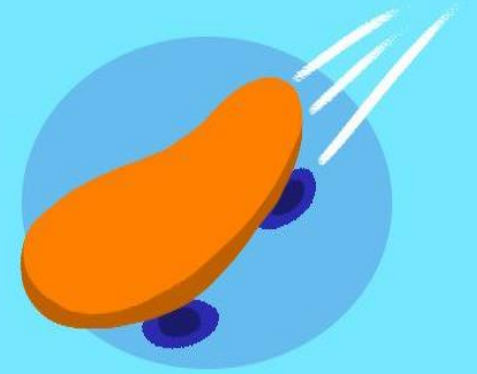
- **Predominately inattentive:** 6 + symptoms of inattention under 17yo and < 6 hyperactive-impulsive symptoms
- **Predominately hyperactive:** 6+ symptoms under 17yo and < 6 from inattention
- **Combined:** 6+ of inattention and 6+ hyperactive/impulsive for under 17yo



Forgetfulness



Carelessness



Risky behavior



Difficulties sitting still

ADHD Signs and Symptoms in Children



Trouble getting along



Daydreaming



Excessive talking



Disorganization

ADHD

- Brief hx of dx
- Common Symptoms
- Home organization, time management
- School: academic progress, behavioral concerns, **learning disorders**
- Behavior management strategies
- Screeners

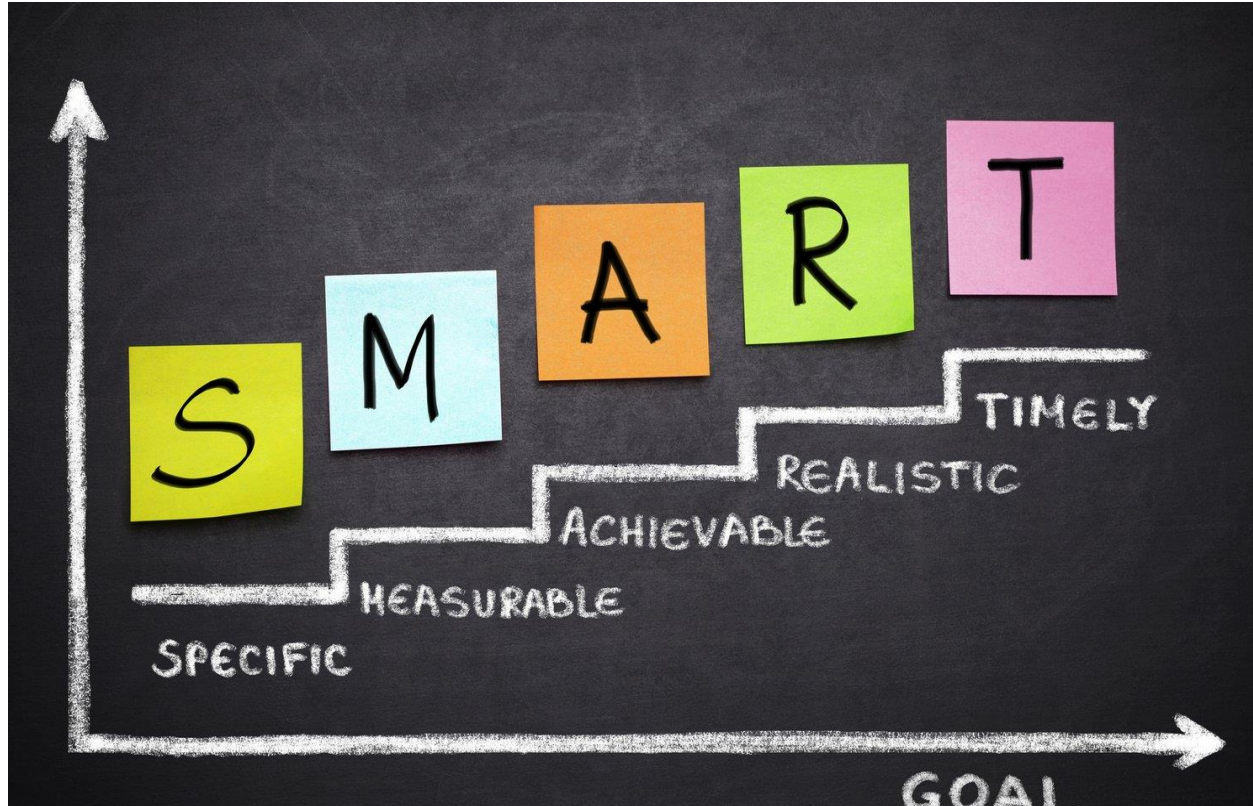


Mild Impairment

- Behavioral support
 - Parenting skills (timeouts, positive reinforcement)
 - Organizational supports (visual schedules, 1-2 step directions, reminders/timers)
- Social skills training
 - Zones of regulation/feelings thermometers/emotion recognition
- Concrete expectations
 - Reward system (tokens, stickers), School/home tracker, anticipate problem times
- School/classroom support
 - Home school communication, fidget objects, breaks



Antecedent Interventions



Make goals PSMA~~R~~T:

P-Positively stated

S-Specific

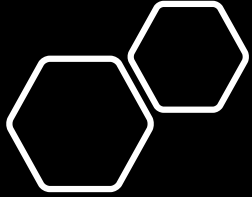
M-Measurable

A-Achievable

R-Relevant

T-Timely

**get eye contact, statement not question, check for understanding



Behavioral Support

- Set them up for success
- If it's harder than a "3" find some way to make it easier
- Clear storage
- Shower coach
 - Timer for shower
- Fidget supports
- Instant study carrel



What is this from?

Movement

- Exercise is KEY
- Sports/Dance/Martial Arts
- Outdoor ideas:
 - Family walk, walk pets, throw the ball, go to the park, hike, bikes/scooters/skateboards
- Indoor ideas:
 - GoNoodle, youtube exercise videos, Yoga, WII sports/WII fit, Just Dance, obstacle courses



Nutrition Essentials



Emphasize

Emphasize protein at every snack and meal



Eat

Eat fewer processed foods



Choose

Choose colorful



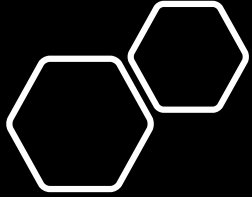
Pay

Pay close attention to patterns between food and focus/mood



Sleep

- Consistent bedtime with routine
- Use bed only for sleep
- No caffeine after mid-afternoon
- Restrictions on screen time before bed
- Limiting blue light



More Behavioral Supports

Timers

- Time Timer
- Time Tracker Mini
- Pomodoro Technique

Memory Interventions

- Sticky Notes

Sequence Interventions

- AM routine/Routine/predictability/Brili apps
- Powerpoint Storyboard
 - Picture you have already met goal or pretend you are giving a talk on it, let's come up with slides ...1st step, etc.
- Visual schedules

Motivation Interventions

- Dots for Motivation
- Pick “carrot” that is rewarding for patient and developmentally appropriate



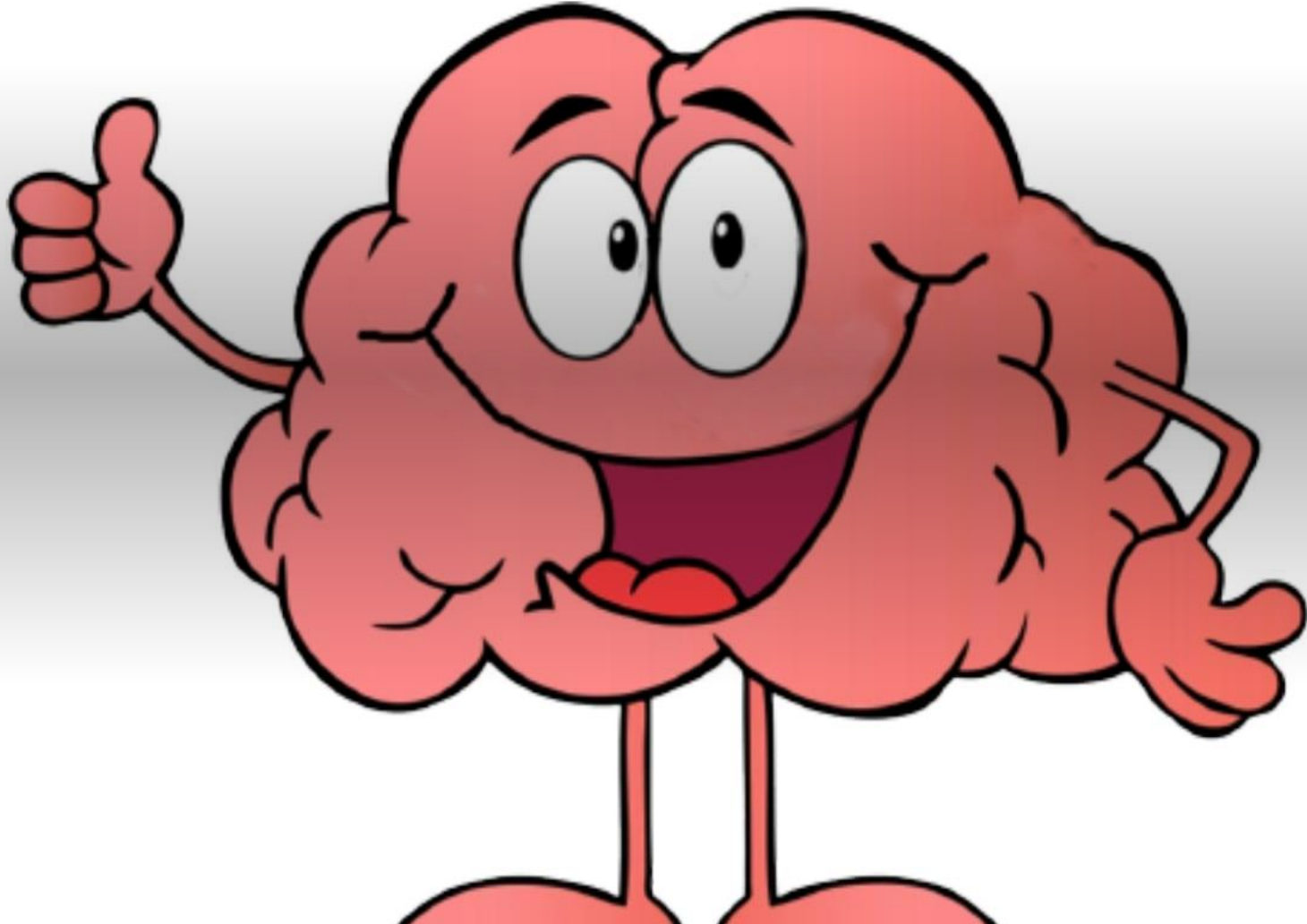
Lengthen the time from
impulse to action

- Ways to stop and think!
- Grounding tools
- Practice
- Self-regulation tools




What are these logos?

BRAIN BREAK!





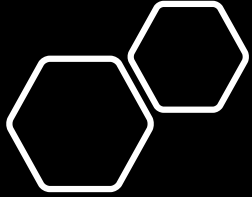
ADHD & Technology

- Technology and self regulation
 - Limit screen time
 - Schedule social media time
 - Turn off notifications – especially during school hours
 - Move icons off home page
 - Take some apps off your phone
- 

Significant Impairment

- Behavioral strategies along with medication management
- We can also support psychoeducation on:
 - Side effects of meds
 - Home organization
 - Behavior management
 - Home school communication
 - IEP/504 supports





Other ADHD Resources

- CHADD.org
- Teachadhd.org
- PBISWorld.com
- The Child Mind Institute
- Understood.org
- Interventioncentral.org



ADHD or Complex Trauma

ADHD

- Impulsive/hyperactivity/fidget
- Inattention
- Trouble staying focused
- Easily distracted
- Difficulty with memory
- Difficulty following instructions
- Trouble planning ahead and finishing projects

American Psychiatric Association.
(2013). *Diagnostic and statistical manual of mental disorders* (5th ed.).

Complex Trauma

- Impulsive
- Difficulty focusing
- Anxious and fearful
- Memory problems
- Poor skill development
- Act out in school situations
- Act withdrawn
- Develop learning disabilities

CDC 2020



What game is this?



Depression- what's going on?

- Somatic complaints
- School refusal
- Sleeping too much, too little, social isolation
- Emotional outbursts, changes in mood and affect
- Weeds vs. soil?

Depression management in primary care

- Behavioral activation
- Sleep stability
- Social engagement
- Physical activity
- Grief, loss, and ambiguous loss
- How has Covid-19 impacted this?
- ACT and CBT+





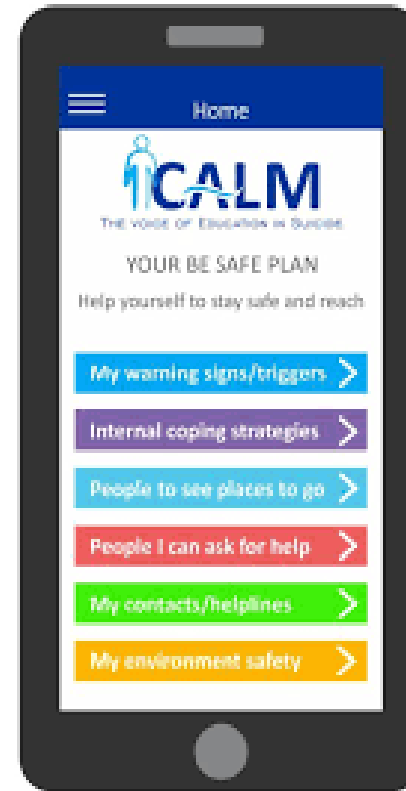
ACT

Connect values and
beliefs to actions



Crisis plan and prevention

- Discuss triggers
- Identify early warning signs
- List interventions for patient and family- friends, calming activities, safety protocols including locking up medications, sharp objects, firearms
- Identify other supports- Aunt Trish, best friend
- If patient cannot safety plan, call DCR notify patient will be coming in to be assessed
- Crisis numbers, local and <https://www.crisistextline.org>



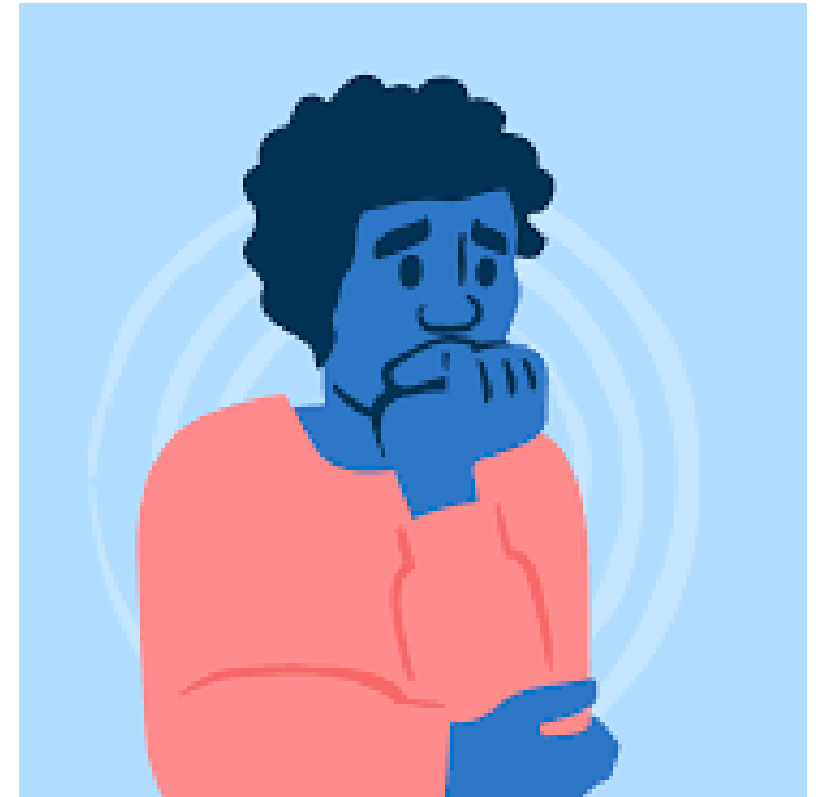
Be safe app

A Safety Plan app for the person thinking suicide.



Anxiety

- Defining Characteristics:
 - Feelings: Fear, anxiety, tension, irritability, panic, worry, nervousness, somatization.
 - Thoughts: Unhelpful/unrealistic or inaccurate/untrue fears or worries (can be extreme or irrational).
 - Behavior: Avoidance, withdrawal, clinginess, separation refusal, regression, rituals, self-harm.
 - Is this anxiety or adjustment disorder with anxiety due to current world stressors (COVID-19, war, school safety)?



Anxiety

- Often presents similarly to ADHD, trauma, and adjustment disorder
- Impacts school performance
- Separation Anxiety: Impacts ability of child to attend school





Anxiety

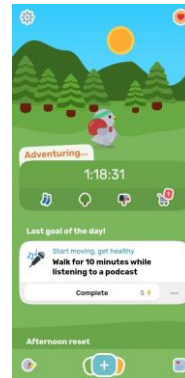
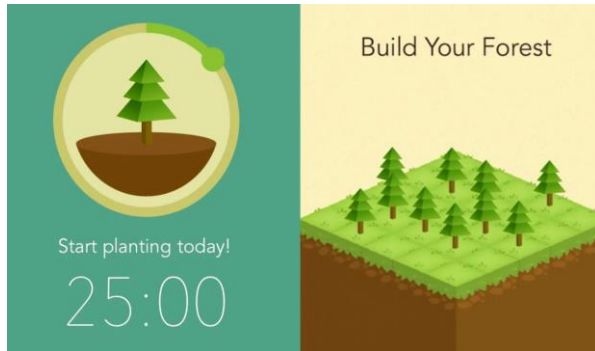
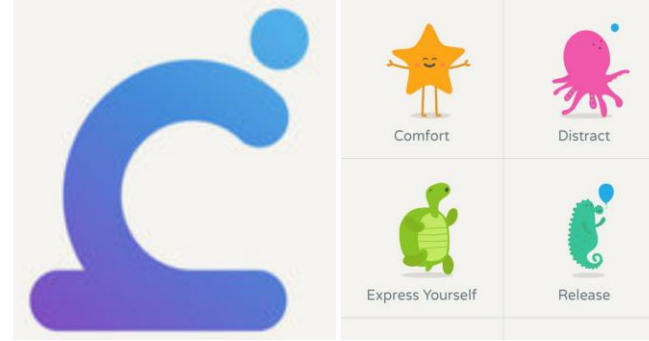
- Emotion Regulation:
 - Feelings Thermometer
 - Calming Kit
 - Relaxation Techniques
 - Controlled breathing
 - Blowfish breathing
 - Belly breathing
 - Progressive Muscle Relaxation
 - Script for younger children
 - Distraction
- Normalize
- Validate



What are
these
examples of?

Break?





My Favorite Apps

My Favorite apps list form

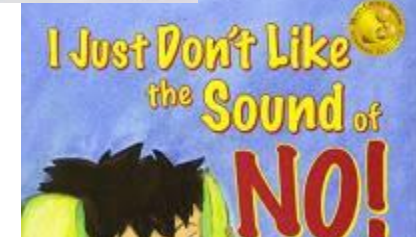
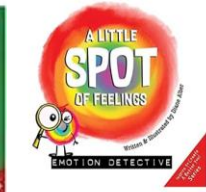
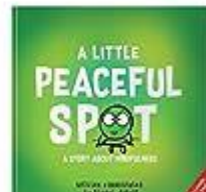
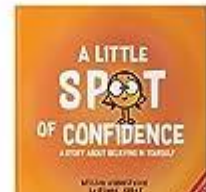
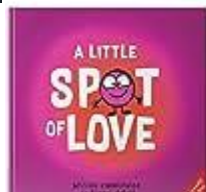
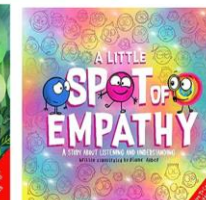
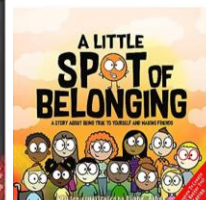
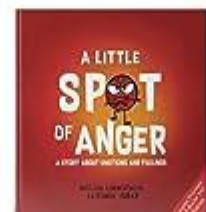
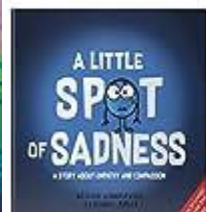
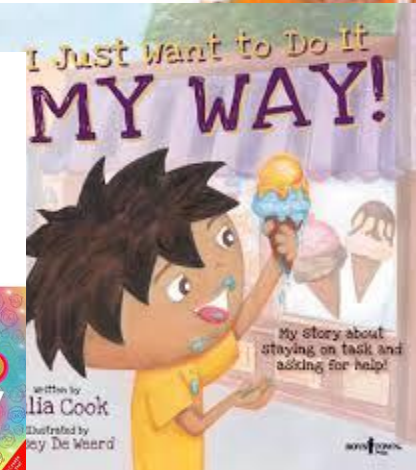
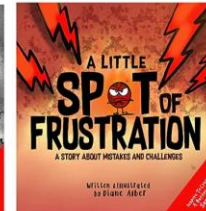
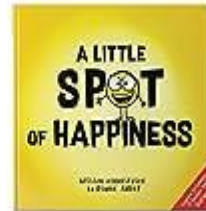
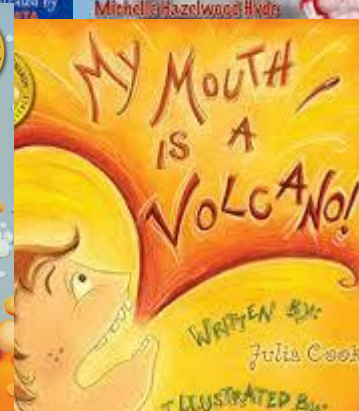
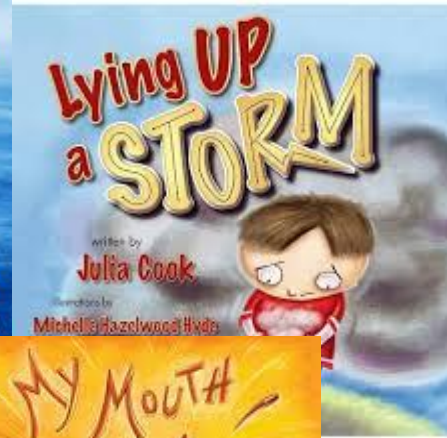
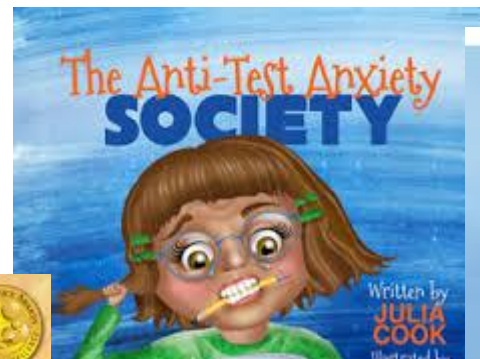
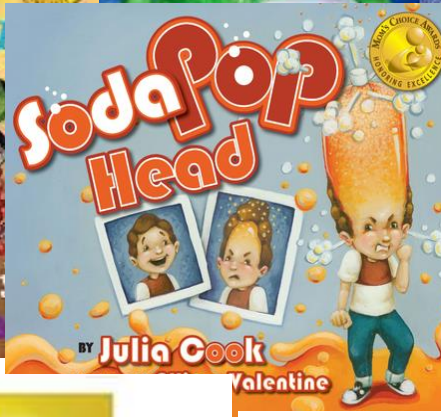
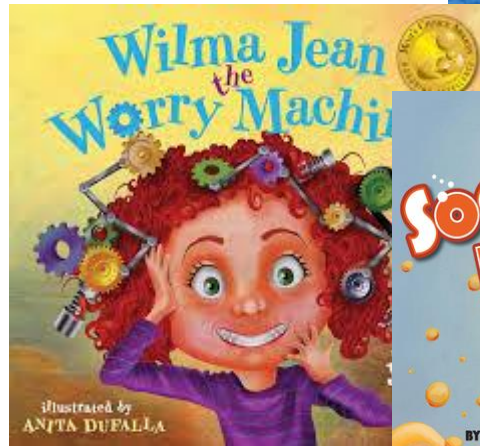
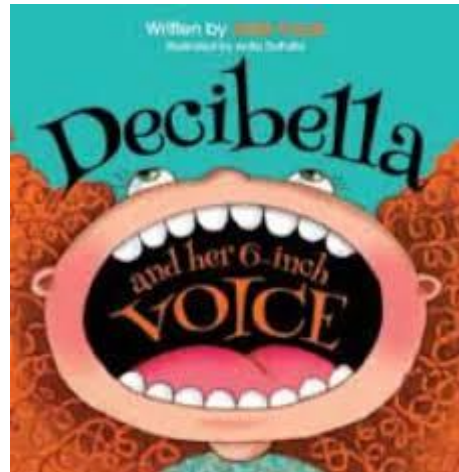
- Finch App
 - Motivation, goal setting, reminders, behavioral activation, values engagement
- Mindshift
 - Anxiety/mindfulness (check out the Chill Zone)
- Calm Harm (android) Calm Urge (android or iPhone)
 - Self-harm prevention and coping skills ideas
- Forest app
 - Helps with distraction and focus/motivation
- Mindfulness Coach
 - Mindfulness (originally designed by the VA for PTSD)

Social media for parenting

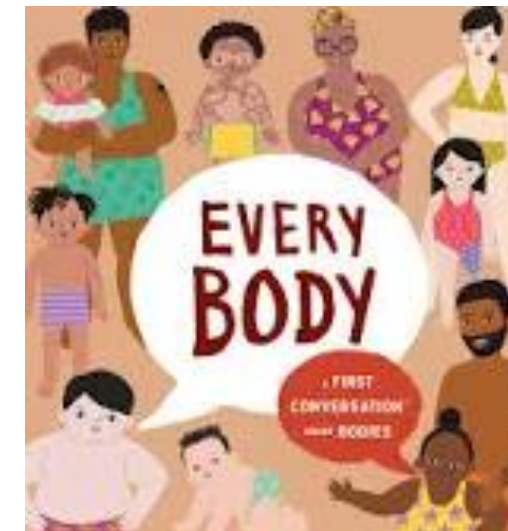
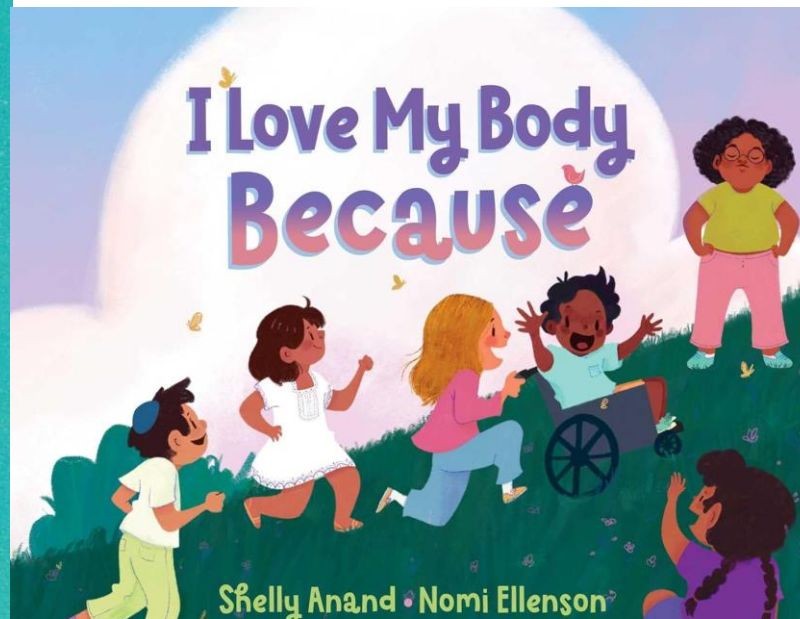
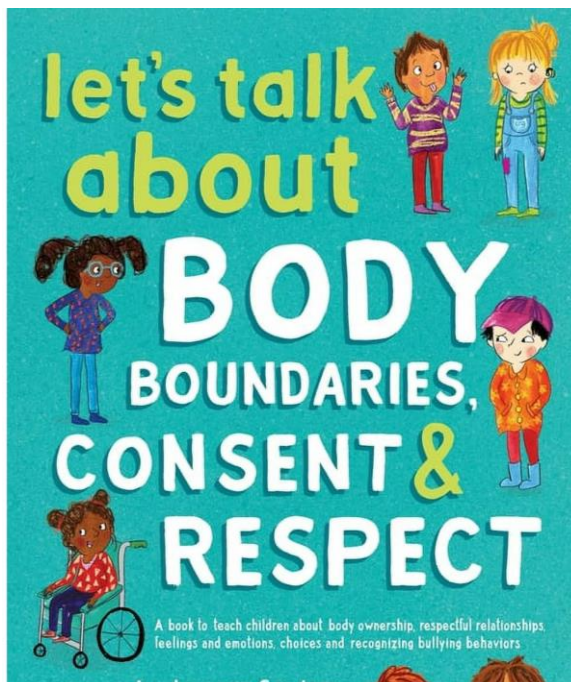
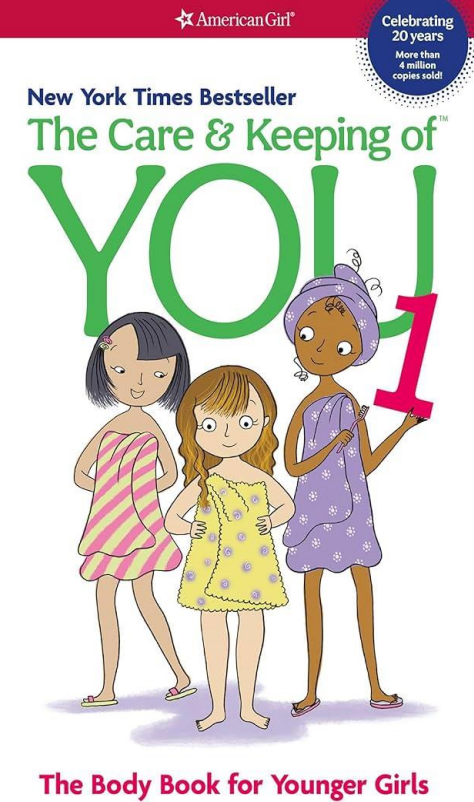
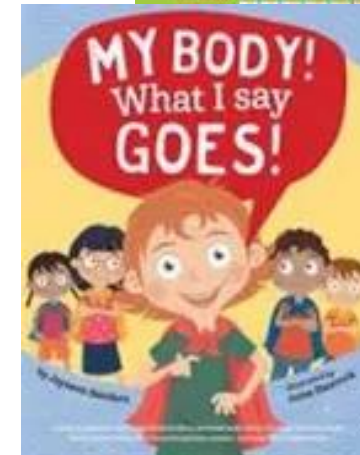
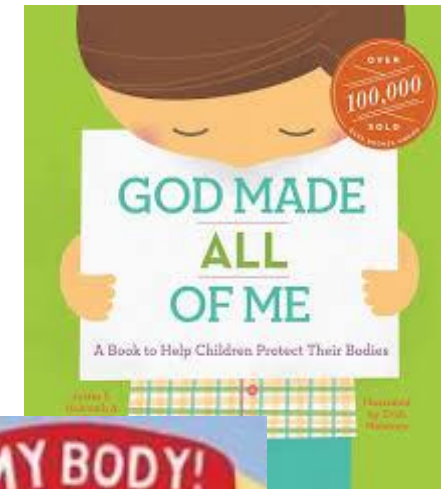
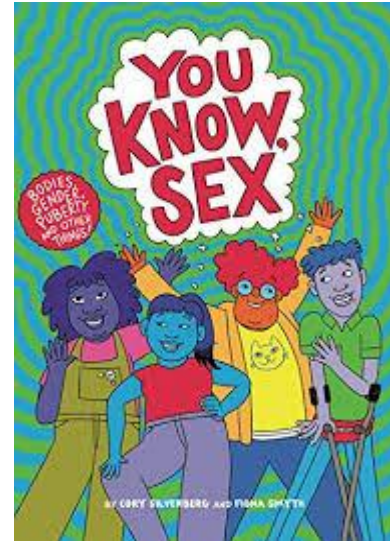
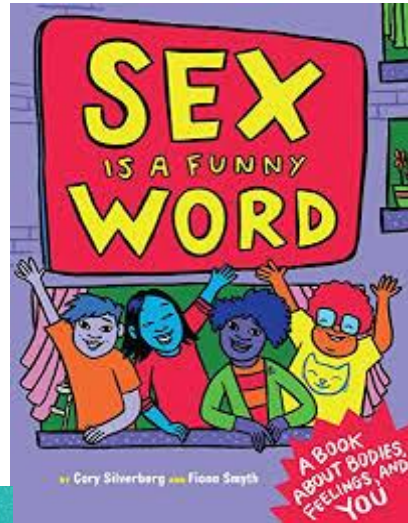
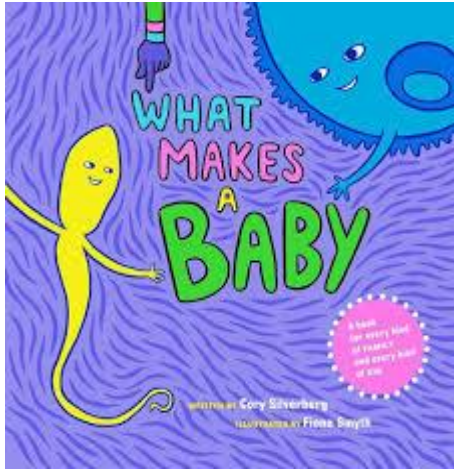
- @threadingrainbow
 - Reads diverse books aloud on TikTok
- @biglittlefeelings
 - Great behavioral parenting tips (also have online courses)
- @Dr.Chelsey Hauge-Zavaleta
- @mrchazz
 - Behavioral based parenting and how to “gentle parent” with comedy and some good self-soothing songs
 - Shows what not to do and what to do so make sure to tell families to check the label of videos
- @mommacusses
 - Relatable but does swear and is sarcastic so not for all audiences



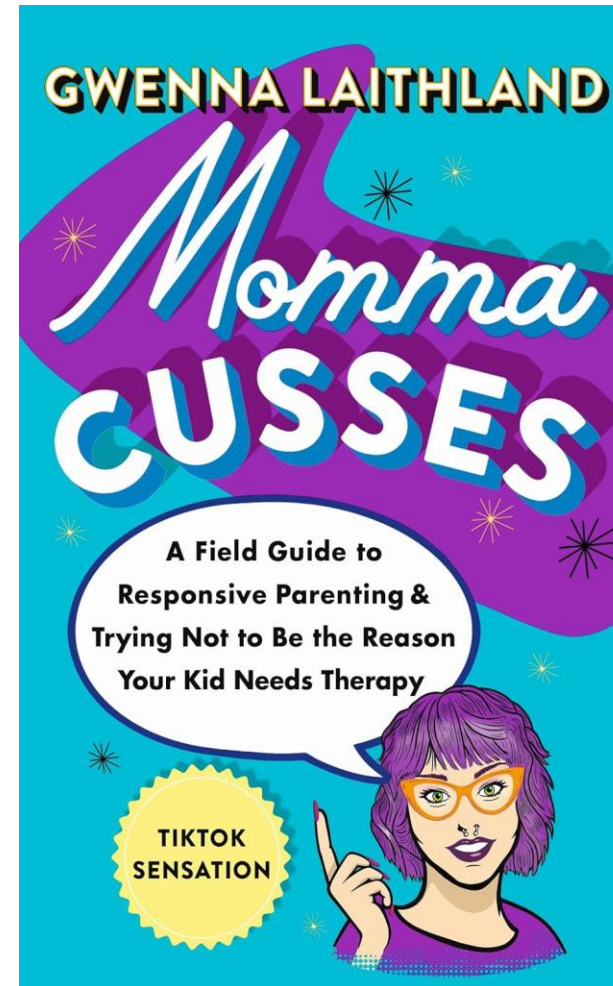
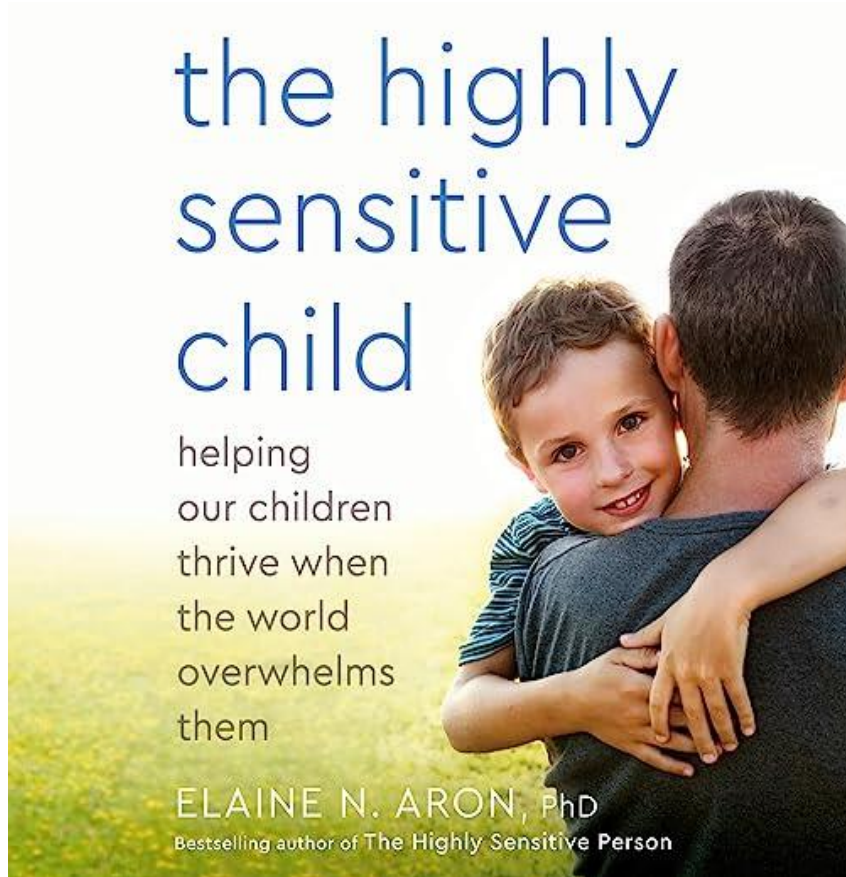
Social Stories



Books about bodies



Parenting books



Amelia McClelland

amelia.mcclelland@chcw.org