Addressing Early Childhood Emotional and Behavioral Problems in Primary Care

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Our pediatric partners and the children they serve!
Objectives

- To be familiar with the prevalence of early childhood mental health concerns
- To recognize screening tools and the rationale for their use
- To be familiar with Common Factors approaches to early childhood mental health in primary care
## Case Example

<table>
<thead>
<tr>
<th>Age</th>
<th>Wt (kg)</th>
<th>Wt Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>24 mo</td>
<td>15.9</td>
<td>98</td>
</tr>
<tr>
<td>30 mo</td>
<td>14.24</td>
<td>69</td>
</tr>
<tr>
<td>31 mo</td>
<td>13.7</td>
<td>52</td>
</tr>
<tr>
<td>33 mo</td>
<td>14.3</td>
<td>60</td>
</tr>
</tbody>
</table>

Abbreviations: PCP, primary care physician; TECC, Tulane Early Childhood Collaborative.
He even played with us in the exam room. It was as if he was a different child. Without TECC, this outcome would not have happened.
Rationale for Addressing Early Childhood Mental Health Issues in Primary Care

- Children have these problems already.
- Parents expect primary care physicians to address it... but don’t ask for it explicitly.
- American Academy of Pediatrics (AAP) recommends it.
- Status quo isn’t working (training, workforce, stigma).
- Early intervention works...and there’s a lot that can happen in primary care.
Young Children Have Emotional/Behavioral/Relationship Problems (ECMH)

- These problems are REAL
  - Occur at same rates as in older children (about 12%)
  - Can be reliably diagnosed
  - Persist over time
    - Most preschool children with a mental health problem will have a psychiatric diagnosis 4 years later
    - Teacher reports at 24 months can identify 75% of children who will have a diagnosis at 5
  - Can be associated with measurable biological patterns
Impact of Early Childhood Mental Health Problems

- Child care expulsion

- Family stress
  - Parental self-blame, conflict
  - Family sleep impairment
  - Limited opportunities to use extended family/friend support

- Increased risk of child maltreatment
Parents Expect It

- Parents want to use their primary care physicians for behavioral health questions
  - But rarely bring up these issues
  - Often do not feel that the issues were addressed
  - Even when primary care physicians think that they offered counseling

- And...primary care physicians have variable knowledge and confidence in early childhood mental health

Screen UNIVERSALLY for maternal depression at 1, 2, 4, 6 months. *(Periodicity Schedule)*

Encourage adoption of positive parenting practices. *(Garner 2011)*

Screen for and address early behavioral problems. *(Lamont 2013)*

Screen UNIVERSALLY for developmental delays at 9, 18, 30 months. *(Periodicity Schedule)*

Screen for autism spectrum disorder at 18 and 24 months. *(Periodicity schedule)*

Develop training tools to ensure awareness of assessment and treatment approaches. *(Gleason 2016)*

Systematically surveil for social determinants of health.

Expand medical home ability to support children at risk of toxic stress. *(Garner 2011)*

Incorporate science of toxic stress into residency education. *(Garner 2011)*

First line treatment approaches should be initiated in primary care. *(Gleason 2016)*
Status quo: Pediatric Training

- Limited required training by Pediatric RRC or Family Medicine RRC
- Pediatric resident focus groups: “Residents expressed uncertainty at every step of a mental health visit.”
- AAP and American Board of Pediatrics have highlighted training needs

Status quo: US Practicing CAP per 100,000 Children (2015)

- Likely similar in other mental health fields.
- Even fewer see children under 6.
Status quo: Identification Rates

Brown & Wissow, 2008
Status quo: Identification Rates

Brown & Wissow, 2008
Status quo: Referral Success

Referred

At least 1 appt in 6 mo

>1 appt
Early intervention works!
The Heckman Equation

“One dollar spent in the early years is estimated to save between $3 and $9 in future spending on health, social and justice services.”

Heckman, 2008. Heckmanequation.org
Why Intervene in Early Childhood?

- Rapid brain development
- Experience-dependent pruning

1 million synapses/second!!
Powerful Effect of Environment in Early Childhood (1)

Chapman, et al., 2004
Powerful Effect of Environment in Early Childhood (2)

Dozier, et al., 2011
Building a Toolkit

- Tools and strategies that apply across multiple clinical scenarios
  - Early Identification
  - Broad intervention approach
  - Communication strategies
  - Positive parenting strategies
  - Anxiety management tools
  - Parental self-care
  - Web-accessible resources
Effective Early Childhood Approaches in Primary Care

- **Screening!**
  - Maternal depression screening
    - By 1, 2, 4, 6 months
  - Validated developmental screening that includes social, emotional problems
  - Autism: 18, 24 months

- Parental concern should trigger standardized social emotional screening
  - Baby Pediatric Symptom Checklist (0–18 mo)
  - Early Childhood Screening Assessment (18–60 mo)
  - Ages and Stages: Social Emotional (3–60 mo)

AAP 2017 Periodicity Schedule; Weistman, 2015
Define Health Interventions Broadly!

- Child
- Child health
- Parent-child relationships
- Parental mental health
- Basic needs (food, housing, safety)
- Childcare/school environment
- Neighborhood
Communication Strategies (HELP!)

- H-ope
- E-mpathy
- L-anguage
- L-oyalty
- P-ermission
- P-artnership
- P-lan

- Better child mental health outcomes
- Decreased parent mental health symptoms
- No difference in time spent with patients

AAP 2011; Wissow, et al., 2008; Gadowski 2011
Communication Strategies (HELP!)

- **H-ope**
  - “We have ways to help your child with these difficult behaviors.”

- **E-mpathy**
  - “It can be exhausting to make sure your child is safe when he’s so impulsive.”
  - (Also express to child.)
  - “running around,” “activity,” “hyper”
  - “I’ll be here for you.”
  - “I’d like to ask you about other people in the family who might have had this kind of trouble.”

- **L-anguage**
  - “We’ll work on this together.”

- **L-oyalty**

- **P-ermission**

- **P-artnership**

- **P-lan**
  - Write it down!

AAP 2011; Wissow, et al., 2008; Gadowski 2011
Positive attention for positive behaviors:

- Give positive attention to your child for behaviors you want to see again
- Positive attention can be
  - PRAISE- say what you like that your child is doing
  - REPEAT what your child says so he knows you heard and appreciate what he said
  - DESCRIBE- say out loud what your child is doing so she knows you’re paying attention

Safe, consistent, boring consequences

- Punishments should be safe and not frightening
- Children who are hit learn to hit
- Consistent means that the same behaviors result in punishment each time, not just sometimes
- Stay in control... Keep your face, voice, and boring so your child doesn’t get entertained or scared
Teaching Relaxation

- Muscle relaxation
  - “Loosey noodles”
  - Progressive muscle relaxation
  - Can record script for family on phone or use handouts

- Blowing bubbles

- Blow the tissue

- Good for child and parent co-regulation
Knowing What Children Need

CIRCLE OF SECURITY

PARENT ATTENDING TO THE CHILD’S NEEDS

I need you to...

• Watch over me
• Delight in me
• Help me
• Enjoy with me

Support My Exploration

I need you to...

Welcome My Coming To You

• Protect me
• Comfort me
• Delight in me
• Organize my feelings

Always: be BIGGER, STRONGER, WISER, and KIND.
Whenever possible: follow my child’s need.
Whenever necessary: take charge.

© 1998 Cooper, Hoffman, Marvin, & Powell
circleofsecurity.org
Complex Mental Health Problems

- Multidisciplinary evaluation
  - Ideally, specialty mental health provider
  - If not available
    - Multiple visits by primary care physician
    - Use paper and pencil reports from multiple providers
    - Structured developmental assessment
    - Confirm child care setting—request MHC
    - Non-specific behavioral interventions first line
    - Review with a colleague
  - Medications are not first line for any disorder in preschoolers
  - Only stimulants have been studied in random controlled trials with modest results for attention-deficit/hyperactivity disorder and high AEs
    - Case reports for AAAs show high rates metabolic side effects
Summary

- Rationale for focusing on young children
  - Rapid development offers opportunity
  - High responsivity to environmental influences

- Why collaboration?
  - Current system of care fails children
  - Increase satisfaction

- Common factors approach can influence many children
Thank you!
Questions?

Feel free to contact me at mgleason@Tulane.edu
Additional Resources
Know What the AAP Says

- Project descriptions
- Training tools and videos
- Practice transformation strategies
Learn From Others

- Tulane Early Childhood Collaborative (@Tulane_TECC)
  - Tulane.edu/som/tecc -> http://medicine.tulane.edu/centers-institutes/tecc
  - Tools specific for early childhood collaborative care

- Center for Mental Health in Primary Care
  - Toolkits and pediatrician guides
  - http://web.jhu.edu/pedmentalhealth/PICC.html

- Brief Interventions in Child Mental Health for the Pediatric Practitioner
  - www.mdaap.org/biped.html
  - Training tools for working with primary care physician

- Louisianalaunch.org
Early Childhood Resources

- Your local association of infant mental health!
- Zerotothree.org (@zerotothree)
- CHADIS (@chadis)
- www.incredibleyears.com
- http://csefel.vanderbilt.edu (mostly targeting child care providers)
- @WalterGilliam (child care/disparities)
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