Treatment of Behavioral Difficulties

Clinical Guideline

This guideline supports initial treatment of patients with behavioral difficulties and includes information for referral to the Children's Wisconsin Child Development Center.
To support collaborative care, we have developed guidelines for our community providers to use when referring to, and managing patients with, the pediatric specialists at Children's Wisconsin. These guidelines provide information and recommendations for jointly managing patient care between community providers and our pediatric specialists.

Symptoms/Diagnosis / Causes:	Referring provider's initial evaluation and management:	When to initiate or consider referral to Child Development Center:	How to refer and what to send to Child Development Center:	Specialist's workup will likely include:
Signs and symptoms • Child between the ages of 2 and 5 who is reported to be experiencing behavioral difficulties.	**Questions for referring providers to ask families/consider** • Consider the age of the child and behavioral expectations for a child that age (i.e., normative presence of tantrums and inconsistent ability to follow directives of toddlers). • Inquire into parents' expectations for the child- are they appropriate for child's age or are parents asking child to do more than he/she is developmentally ready for? • Where do these behavior difficulties occur? With parents, at school, at daycare, in public places? • Does the child seem to be developing appropriately in major areas of functioning- language skills, motor skills, self-care skills, play, pre-academic skills? • Have there been any stressors in the child's life recently? (death of family member, parent who is now absent from child's life, witness someone getting injured, changes in child's caregivers, etc.) • What is the nature of the difficulties-tantrums, frequent moving about, child is very active, child does not follow directions?	• Child's language or other skills appear to be delayed in development-likely this is leading to behavioral struggles that are being observed. • Child's behavior difficulties persist after the family has enrolled and consistently participated in behavior/family therapy for at least 4-5 months. • For children 4 – 6 years, believe behaviors are due to ADHD and child has documented developmental delays, which complicate making a diagnosis of ADHD. **When to initiate referral/ consider refer to *other* providers:** • If a child's behavioral difficulties are occurring only at home and all reports from school deny difficulties or difficulties are present at both home and school but no concerns with cognitive or developmental delays are present, begin by referring the family for psychotherapy (Early Child Mental Health [ECMH]) or Parent-Child Interaction Therapy [PCIT])... Continued following page	**How to refer:** 1. **In Children's Epic**: place an ambulatory referral to Center for Child Development (CCD). 2. **External providers**: • In your instance of Epic - Place an external referral order to CHW MENTAL AND BEHAVIORAL HEALTH and include Center for Child Development in the notes/comments. • Fax (414-607-5288) or • Online ambulatory form For internal providers: When unsure if a referral may be appropriate, send an eConsult to CCD for review and feedback. If part of CMG, may send an eConsult to the IBH psychologist.	**After referral to Development Center:** • Depending on the symptoms and history , work-ups *may* include appointments with one or more of the following providers: ○ Developmental Pediatrician or Nurse Practitioner (evaluation may include: full history and medical exam and developmental screening of gross motor, fine motor, language, social, and behavioral functioning) ○ Speech and Language Pathologist (evaluation may include: assessment of receptive, expressive, and pragmatic language skills and speech) ○ Child Psychologist (evaluation may include: assessment of intellectual functioning, attention, emotional and behavioral functioning, and basic academic skills)

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• See above	• See above	**When to initiate referral/ consider refer to OTHER providers (continued):** or if a patient within CMG refer to a Behavioral Health Consultant (BHC). • If a child's behavioral difficulties are only occurring at school, start by talking with child's school. Interventions and support at school (such as behavior chart, IEP or 504 Plan) may be beneficial. In addition, consultation with a therapist or BHC is recommended. If concerns regarding overall cognitive functioning are identified by these supports, a referral to Child Development is appropriate. • If it is learned the child has recently experienced a significant stressor and/or change in life and the start of behavioral difficulties coincided with the child's experience of the stressor, begin by referring the family/child for psychotherapy (early child mental health [ECMH]). • If you suspect ADHD and there is no history of developmental delays a referral for the family to begin working with a psychotherapist (such as ECMH or parent-child interaction therapy [PCIT]) is appropriate (Behavioral therapy is one of the first line treatments for a young child with ADHD as it provides parents with guidance on effective parenting strategies to use with a young ADHD child). • If it is clear, from observation of parent and child interactions, that the child's parent experiences difficulty providing effective directives and has expectations for behavior that are out of line with developmental expectations refer the family to therapy services (ECMH or PCIT). • Positive Parenting Program (Triple P) also offers courses and support for parents. These courses provide guidance on effective practices for setting boundaries as well as providing rewards and consequences to shape positive behaviors. • If the child is followed by a developmental clinic, such as NICU follow up, Early Childhood Mental Health or a behavior therapist, discuss concerns with consider contacting established providers before placing additional referrals. • If a developmental delay is suspected as a cause of the child's difficulties, in addition to referring the family to the Child Development Center, also ensure they contact Birth to 3 or Early Intervention for an evaluation and probable provision of services to the child. • If the behavioral difficulty that needs to be addressed revolves solely around toileting issues refer the family to the Constipation Clinic in Gastroenterology or the Voiding Improvement Program in Urology.	• Please include any previous services, evaluations or referrals. • The family will be notified for a 20-minute telephone intake so that all concerns can be noted and the Center can place them on the appropriate wait list for evaluation	• At the end of evaluations, families will receive feedback regarding test results, diagnosis, and recommendations based on assessment findings.

References

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2. Petrenko CL. A Review of Intervention Programs to Prevent and Treat Behavioral Problems in Young Children with Developmental Disabilities. *J Dev Phys Disabil*. 2013;25(6):10.1007/s10882-013-9336-2. doi:10.1007/s10882-013-9336-2

Please contact clinicalguidelines@childrenswi.org for questions or comments.

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Medical Disclaimer

This Clinical Guideline (CG) is designed to provide a framework for evaluation and treatment. It is not intended to establish a protocol for all patients with this condition, nor is it intended to replace a clinician's judgement. Adherence to this CG is voluntary. Decisions to adopt recommendations from this CG must be made by the clinician in light of available resources and the individual circumstances of the patient. Medicine is a dynamic science; as research and clinical experience enhance and inform the practice of medicine, changes in treatment protocols and drug therapies are required. The authors have checked with sources believed to be reliable in their effort to provide information that is complete and generally in accord with standards accepted at the time of publication. However, because of the possibility of human error and changes in medical science, neither the authors nor Children's Hospital and Health System, Inc., nor any other party involved in the preparation of this work warrant that the information contained in this work is in every respect accurate or complete, and they are not responsible for any errors in, omissions from, or results obtained from the use of this information.