



Help, My Child Is Driving Me Crazy

Behavioral Problems in High Risk Children: School Age

by

Deborah Padgett Coehlo, RN, CPNP, PhD

Debbie.coehlo@osucascades.edu

11/7/2008

Deborah Padgett Coehlo

1

Approaches and Research

- ❖ Internalizing vs. Externalizing behaviors.
- ❖ **Functional Behaviors.**
- ❖ Behavior Determining Biology or Biology Determining Behavior.
- ❖ **Diagnostic Tools.**
- ❖ Treatment Strategies.
- ❖ **Case Studies.**



11/7/2008

Deborah Padgett Coehlo

2

Risk Factors

- ❖ Maternal mental health.
- ❖ Early maternal rejection.
- ❖ Single parent with little or no support.
- ❖ Absent fathers.
- ❖ Parents that are overly controlling and overly punishing.
- ❖ Temperament miss-match
- ❖ Specific childhood diagnosis.
- ❖ Family trauma and stress.
- ❖ Family and/or social rejection.



11/7/2008

Deborah Padgett Coehlo

3

10 Steps to Prevention

- ❖ Confidence.
- ❖ Belief in the child.
- ❖ Positive & meaningful shared experiences.
- ❖ Realistic and developmentally appropriate expectations.
- ❖ Child involvement in family activities and decision making.
- ❖ Establishing routines and predictability.
- ❖ Identifying "Problem Times".
- ❖ Love, warmth, affection & nurturing.
- ❖ Support.
- ❖ Identification of problems early.



11/7/2008

Deborah Padgett Coehlo

4

10 Steps When Prevention Fails

- ❖ Assess and change non-verbal cues.
- ❖ Assess and change the environment.
- ❖ Assess the functional reason for the behavior.
- ❖ Increase child's opportunity to explore, move, and interact.
- ❖ Use safe and logical outcomes (vs. consequences).
- ❖ Avoid punishment; replace with teaching and guidance.
- ❖ Never spank, shame, ridicule or retaliate.
- ❖ Pause before you take away prized possessions or activities.
- ❖ Cool off rather than time out.
- ❖ Focus on strengths, praise and rewards.

11/7/2008

Deborah Padgett Coehlo

5

...being sensitive to children's needs, moods, interest and capabilities predicts behavior and social skills more than any other variable (NICHD Early Childhood Care Research).



11/7/2008

Deborah Padgett Coehlo

6

Common Conditions Causing Behavior Problems

- ❖ Specific learning disabilities
- ❖ ADD/ADHD
- ❖ Autism Spectrum Disorders
- ❖ Over-Focused Child
- ❖ Chaotic Home Life/ Mental Illness
- ❖ Trauma/ Abuse/ PTSD
- ❖ Mood Disorders
- ❖ Anxiety Disorders
- ❖ Underlying Difficult Temperament



11/7/2008

Deborah Padgett Coehlo

7

Diagnosis

- ❖ Intelligence Testing
- ❖ Records
- ❖ Observations
- ❖ Standardized questionnaires for parents and teachers.
 - Eyeberg
 - Achenbach
 - Parent Stress Index
 - Conner's
 - Temperament Scale
- ❖ Thinking outside the box
 - Sleep disorders
 - Pain
 - Trauma
 - Social issues (bullying, racism, etc.)
 - Environmental toxins
 - Lead
 - Mercury
- ❖ Physical Exam
- ❖ Neurological Exam
- ❖ Labs, etc.

11/7/2008

Deborah Padgett Coehlo

8

After the Diagnosis

- ❖ Approaches for parents and teachers:
 - Decrease distractibility.
 - Plan and prepare child for transitions.
 - Allow transfer objects.
 - Use routines and patterns.
 - Use organizers: Visual cues.
 - Help parents plan and implement regular positive shared experiences.
- Use behavioral programs focusing on rewards for specific behaviors.
- Let parents know that uneven development is the rule rather than the exception.
- Monitor.
- Emphasize strengths.
- Discuss weaknesses that need intervention now and in the future.
- Learn about non-verbal cues and internal self regulation.

11/7/2008

Deborah Padgett Coehlo

9

Medications

- ❖ Most commonly used medication in behavioral pediatrics is stimulants.
 - Commonly under prescribed (too low a dose) and poorly followed.
 - High non-compliance.
- ❖ Second most commonly prescribed medication group: SSRI's
 - Mood disorders
 - Over-focused child
- ❖ Other: Antipsychotic (Respirdal™), anticonvulsant (Tegretol™) and Norepinephrine Inhibitors.



11/7/2008

Deborah Padgett Coehlo

10

Referrals

- ❖ OT: Any visual-motor difficulties, fine motor delay.
- ❖ PT: Motor delays and abnormal reflexes.
- ❖ Speech: Language and literacy delays.
- ❖ Family Services
- ❖ Dentist**
- ❖ Social Skills Training
- ❖ Counseling and Support Groups
- ❖ Other: Specialist, etc



11/7/2008

Deborah Padgett Coehlo

11

Common Self-Limiting Behaviors

- ❖ Sleep problems
- ❖ Temper Outbursts
- ❖ Some toileting issues
- ❖ Eating habits
- ❖ Hygiene
- ❖ Non-compliance (i.e., chores)
- ❖ Lying and stealing
- ❖ Homework
- ❖ Friendship disputes



11/7/2008

Deborah Padgett Coehlo

12

When to Worry

- ❖ Behavior that interferes with developmental functions
 - Family relationships
 - Growing autonomy and skill
 - Friendships
 - Academic performance
 - Self esteem and well being



11/7/2008

Deborah Padgett Coehlo

13

More Challenging Behaviors

- ❖ Oppositional behaviors
- ❖ Inattention and distractibility
- ❖ Impulsivity
- ❖ Anxiety
- ❖ Aggression
- ❖ Poor academic progress and/or performance
- ❖ Somatic complaints
- ❖ Poor relationship skills
- ❖ Self harm
- ❖ Apathy



11/7/2008

Deborah Padgett Coehlo

14

Overall Approaches

- ❖ Record how the behavior is impacting family as a whole and for individual members.
- ❖ Measure family stress.
- ❖ Assess history of family members.
- ❖ Assess what has been tried before, how, and for how long.
- ❖ Decide on realistic limits for all family members.
- ❖ Obtain support and care
 - Mental illness is common in difficult children.
- ❖ Don't ask for or use medications to "get rid of the problem".
- ❖ Form a team.
- ❖ Monitor progress



11/7/2008

Deborah Padgett Coehlo

15

Summary of Specific Approaches

- ❖ Decreasing distractibility
- ❖ Monitoring and prioritizing stimulation
- ❖ Repetitious motor movements for calming
- ❖ Adaptations and accommodations.
- ❖ Social skills training
 - Non-verbal
 - Speed of conversation and responses
 - Eye contact
 - Topics
 - Activities
 - Space and boundaries
- ❖ Medications

11/7/2008

Deborah Padgett Coehlo

16

Summary of Medication Guidelines

- ❖ Accurate diagnosis
- ❖ Target symptom(s).
- ❖ Review of efficacy with children.
- ❖ Review of potential side effects and interactions.
- ❖ Review of alternatives.
- ❖ Review of risks if not treated with medication (s).
- ❖ Written plan: What, why, how much, how long, and what to monitor.



11/7/2008

Deborah Padgett Coehlo

17

Other Specific Strategies

- ❖ Art therapy
- ❖ Music therapy
- ❖ Pet therapy
- ❖ Play therapy
- ❖ Cognitive behavioral therapy for children



11/7/2008

Deborah Padgett Coehlo

18

Things to Avoid



- ❖ Media violence.
- ❖ Excessive media time (screen time).
- ❖ Physical punishment.
- ❖ Punishment that includes prolonged isolation.
- ❖ Unpredictable patterns.
- ❖ Expectation that child can understand concepts such as “future”.
- ❖ Use of medications without a written plan that includes what, why, how long, and what else.

11/7/2008

Deborah Padgett Coehlo

19

Outcomes to Prevent

- ❖ Impulsive behavior increases accidents and risky behavior
- ❖ Lack of focus decreases academic abilities
- ❖ Sensory overload impacts self-regulation
- ❖ Poor attachment impacts all future relationships
- ❖ Poor executive functioning impacts sequencing, spacial perception and short-term working memory.
- ❖ 85% of criminals have a history of childhood behavior problems.



11/7/2008

Deborah Padgett Coehlo

20

Case Study

Daniel is an 11 year old girl struggling with poor academic performance and experimenting with street drug use. She is arrested one evening after stealing a six-pack of beer from a neighborhood convenience store. Her parents are shocked at her criminal behavior.

- How should they initially respond to Daniel when they visit her at the Juvenile Detention Center?
- How do the parents vs. Daniel feel?
- What would be the next step?



11/7/2008

Deborah Padgett Coehlo

21

Summary

- ❖ Behavior is a child's way of communicating.
- ❖ Behavior is non-verbal communication.
- ❖ Ask why.



11/7/2008

Deborah Padgett Coehlo

22