Overview

- Rationale for early detection
  - prevalence, sequelae if left untreated
- How to detect
  - measures, conversations, observations...
- Who should detect and why
- A practical approach
  - what can we do now in our existing workforces?

Child Behaviour Problems

- Affect 1 in 7 Australian children
- Externalising problems
  - aggression
  - oppositional defiance
  - hyperactivity
- Internalising problems
  - social withdrawal
  - anxiety
  - depression
- 25% also have both
- Normal or developmental behaviours
  - tantrums, biting, whining etc.

Natural history

- Most children grow out of developmental behaviours eg tantrums, opposition
- Behaviours more likely to persist if:
  - aggressive
  - harsh or abusive parenting present
  - over-involved or protective parenting (anxiety)
  - family risk factors - mental health, single parent, poor SES etc

Prevalence of mental health problems in Victorian children

<table>
<thead>
<tr>
<th>%</th>
<th>2-3 yrs (BITSEA)</th>
<th>4-5 yrs (SDQ)</th>
<th>6-7 yrs (SDQ)</th>
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<tbody>
<tr>
<td>Victoria</td>
<td>12</td>
<td>16</td>
<td>9</td>
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<tr>
<td>Language (non-English)</td>
<td>13</td>
<td>23</td>
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<tr>
<td>Rural</td>
<td>8</td>
<td>16</td>
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<td>Low income (quintile)</td>
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<td>25</td>
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<td>Financial stress</td>
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<td>Special needs</td>
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<tr>
<td>Parent mental health</td>
<td>34</td>
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<td>24</td>
</tr>
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Sequelae

- Family stress and breakdown
- School problems
  - academic, peer relations
  - School dropout
- Adult mental health problems
- Relationship conflicts
- Employment difficulty
- High costs to society
  - clinical services, work productivity, justice system
Detecting behaviour problems

Asking the question (s)
- Should be part of routine questions for child and family, in context of health visit, day care or kinder visit etc
- Need to ask routinely over time i.e. not a one-off screen
- Need to know what you will do with the information i.e.
  - what is normal?
  - what help/resources can your organization provide?
  - where can you refer the family to?

What questions can you ask?
- Could use single questions
  - Eg: “Over the last 2 weeks, has your child’s behaviour (e.g., tantrums, hitting, biting, kicking) been a problem for you?”
  - If ‘yes’, 82% sensitivity, 71% sensitivity vs CBCL externalizing score in Victorian community sample (n=590) at 3 years

Pros and cons of a single question
- Pros
  - simple and quick
  - parents usually find highly acceptable
  - can open up a conversation

- Cons
  - very broad-brush, may miss a problem if parents are unaware
    (first-time parents, cultural, “he’s just a boy”)
  - does not tap full picture of child – what else is going on in the home, school etc?
  - what happens if you are concerned but the parent is not?

Checklists and Questionnaires
- Many available, some free, some at a cost
- None replace a good consultation but are a useful adjunct
- Parent Evaluation of Developmental Status (PEDS)
  - “Do you have any concerns about how your child behaves?”
  - Part of a 10-item measure, birth-8 years, 20-30% parents report concerns, range from developmental problems to clinical diagnoses

Checklist and questionnaires
- Strengths & Difficulties Questionnaire
  - 25 items, Australian norms, online version, 65 languages, child emotional, conduct, hyperactivity, peer relationship problems & prosocial subscales, from 3 yrs, free!

- Child Behavior Checklist
  - 99 items, computer scored, Internalizing and Externalizing scales, from 18 mths, parent, teacher and self report, costs

- BITSEA
  - 42-items, social-emotional and behavioural problems, ages 12-36 months, costs
Pros and cons of questionnaires

Pros
- Scores available so can open up conversation with parents who see no problem when you/others do
- Increased validity (for some!)

Cons
- Time
- Cost and software setup
- No questionnaire is perfect – may miss some children and wrongly diagnose others

Pros
- Parent complete in waiting room

Cons
- Time
- No questionnaire is perfect – may miss some children and wrongly diagnose others

What else can I do?

Contact
- Other caregivers eg teachers/child care workers
- Ask for parental permission and document this

Observe
- May be useful but child may not show their ‘true colours’ in your room/office

Ask
- How is he sleeping, eating?
- What do you think is causing the behaviour?
- Sleep deprivation, iron deficiency → behaviour problems

Clues in the history

What does it mean if a child is:
- ‘Good’ at home but aggressive at kinder
  Bullied at kinder? Struggling with hearing/sequencing/language delay?
- Angry at home but quiet at daycare
  Witnessing home violence?
- Different behaviours in different settings offer clues to the cause of the problem

Who should detect behaviour problems?

All child health professionals can play a role in detecting behaviour problems in children

Can make it part of your usual interactions with parents – well child checks, parent interviews etc

Need to know how far you can take it
- Your knowledge
- Your skill base
- Your referral options

A practical approach to detecting behavioural problems
An approach

- Make it part of your usual practice to ask about the child’s behaviour
- Consider training in the PEDS or finding a question or checklist you are comfortable using
- Ask on more than one occasion
- Ask all families, not just those you think may be having problems

An approach

- Plan how to respond
  - parent thinks there is a problem and so do you
  - parent thinks there is a problem but you do not - explain normal behaviour, offer some basic strategies
  - parent thinks there is no problem but you think there is – use a checklist, leave the ‘door open’ for future conversations...
- Know what is normal
  - eg a toddler complies about 50% of the time, tantrums on a daily basis in 20% of cases
- Know where to get help
  - evidence-based websites, GP, psychologists, paediatricians, etc

Sources of information


Sources of help

- raisingchildren.net.au
- http://www.psychology.org.au/ReferralService/About/ - to find a child psychologist in the family’s area

Questions?