

# Childhood Mental Health Problems— When Should Family Physicians Worry?

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November 12, 2015  
FMF, Toronto



UNIVERSITY OF TORONTO  
FACULTY OF MEDICINE

# Faculty/Presenter Disclosure

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No Relationships with Commercial Interests

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No Relationships with Commercial Interests

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# Workshop Objectives

1. Identify key features of preschool children who require assessment for disruptive behaviour and separation anxiety
2. Utilize a brief parent report questionnaire to evaluate functional impairment in preschool children due to mental health problems
3. Recommend and demonstrate a parenting intervention to assist with management of mental health problems identified in the office setting



# Short Bios

- **Dr. Alice Charach** is an Associate Professor, Department of Psychiatry, University of Toronto and Medical Director, Collaborative and Transitional Age Care, Department of Psychiatry Hospital for Sick Children, Toronto, Ontario. She specializes in assessment and treatment of children and youth with attention, learning and behavior difficulties. Her research interests include systematic reviews and meta-analyses with a focus on effectiveness of interventions and long-term outcomes for young children at high risk for ADHD.
- **Dr. Suneeta Monga** is an Associate Professor, Department of Psychiatry, University of Toronto and Medical Director of the Psychiatry Ambulatory Services at the Hospital for Sick Children, Toronto, Ontario. Her clinical and research interests are in childhood anxiety disorders. Dr. Monga's research focus has been in treatment evaluation of preschool anxiety disorders and selective mutism and she has developed a number of evidence-based Cognitive Behavioural Therapy programs for young anxious children.
- **Dr. William Watson** is an Associate Professor and Staff Family Physician at St. Michael's Hospital, University of Toronto. He has an interest in parenting and child behaviour problems in Family Practice, and has been a Peer Presenter for the Healthy Child Development program for the past 15 years. He teaches seminars on mental health issues, including child behaviour problems to family practice residents, and works in the FASD clinic at St. Michael's.



# Case: Michael

Referred for evaluation of disruptive behavior

## Psychosocial Hx

- 5-year-old male in SK
- Lives with both parents, 2-year-old sister
- Father: construction worker
- Mother stay at home parent (has 1 year college)
- In metro area x4 years
- Extended family live several hours away

## Developmental Hx

- Born 3 weeks early, 2.5 Kg
- Mild jaundice
- 6 - 24m: repeated OM
- 2 ER visits for accidents
- Milestones wnl, except language, improved following myringotomy
- Physical Exam mild coordination difficulties



# Case: Michael, cont.

## Home

- Won't do as he is told
- Hits his sister
- Can not sleep alone – needs mom to lie with him
- Eats poorly – fussy, picky
- Tantrums almost daily
- Always running, ++ energy
- Has not been able to engage in soccer for multiple reasons – can't focus, reluctant to engage with peers
- Has not been able to separate for playdates

## School

- Does not share
- Rarely follows directions
- Difficulty adjusting to routine, problems with transition
- Can't sit still
- Frequently tired
- Temper tantrums 2-3 /week
- Frequent calls home about stomachaches
- Difficulties with making choices
- Frequent peeing



# Case: Michael, continued

- The teacher recommended the assessment
- Positive family history for ADHD, LD
- Mom acknowledges she is a “worrier”
- Father feels that mom is not strict enough



1. What is your (preliminary) diagnosis?
2. What are your recommendations?
3. What is your management plan?



# Disruptive Behavior: Background

- **Diagnostic labels**
  - Oppositional Defiant Disorder (ODD)
  - Conduct Disorder (CD)
- **Signs & Symptoms**
  - Argumentative, defiant, non-compliant behavior
  - Angry, irritable mood
  - Easily annoyed, poor frustration tolerance
  - Frequent temper tantrums
  - Aggression
- **Impaired relationships**
- **Prevalence estimates 7% to 11%**





# Associated Features

- Comorbid conditions common
  - ADHD, Anxiety, Developmental coordination disorder
  - Communication disorder
- Pre-term or post-term birth
- Traumatic brain injury
- Difficult child temperament
- Harsh, inconsistent, neglectful parenting practices
- Chaotic households, disruptions in child care
- Maternal depression, poor executive functioning
- Mutually hostile mother-child interactions



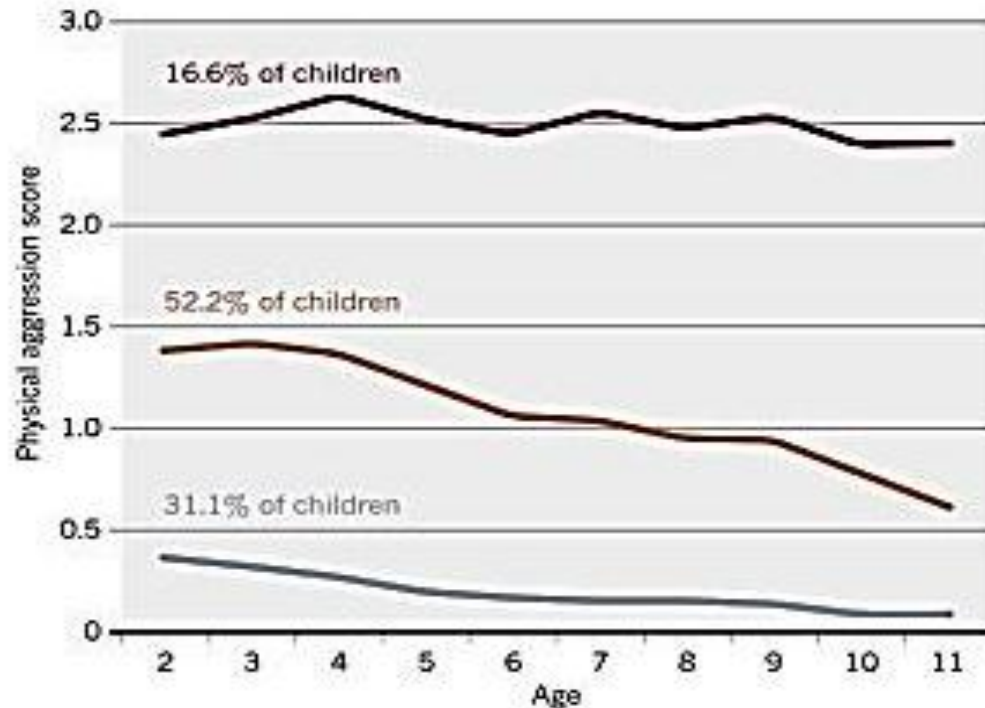
# Prognosis: Diagnostic Stability

- Half of 3-year-olds with mental health disorders still meet criteria for disorders at age 6 (Keenan 2011 *JCPP*, Bufferd et al. 2012, *Am J Psych*)
- Continuity of disorder particularly strong for ADHD and ODD (Bufferd et al. 2012, *Am J Psych*)
- One quarter of 3-year-olds with Conduct Disorder still meet criteria at age 6 (Keenan 2011, *JCPP*)



# Prognosis: Natural History Aggression

A study of more than 10,000 Canadian children pointed to three basic trajectories for physical aggression. Most become less aggressive between the ages of 2 and 11 years, but a minority maintain a high level of aggression throughout childhood.



Tremblay et al. 2006 J Child Psychol Psychiatry



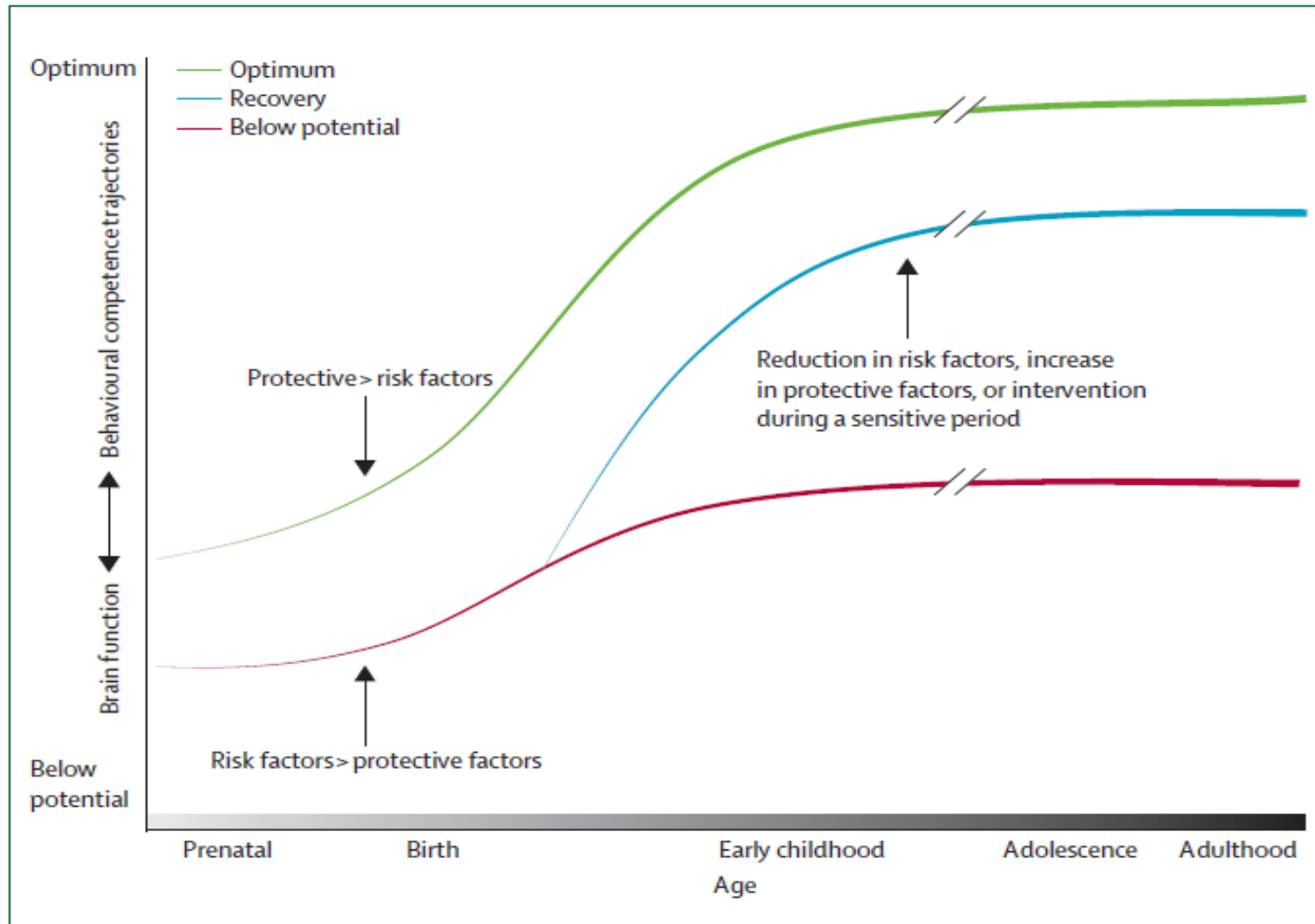
# Adult Outcomes

## Childhood mental health disorders associated with:

- Adult mental health disorders (Kim-Cohen et al., 2003, *Arch Gen Psych*)
- Poor education outcomes (Currie & Stabile, 2006, *J Health Econ*)
- Poor economic outcomes (Currie & Stabile, 2006, *J Health Econ*)
- Increased injuries (Jokela et al., 2009, *JCPP*)
- Shortened lifespan (Jokela et al., 2009, *JAACAP*)



# Early Detection is Key



# Assessment of Preschool Concerns

- Clinical Assessment includes
  - Parent & child interview
  - Observations of parent-child interactions
  - Parent Interview
  - Child physical exam
  - Reports from daycare provider or teacher
- No routine lab tests are required
- Evaluate Functional Impairment on a developmental spectrum – critical for diagnosis
- Standardized Rating Scales
  - Strengths and Difficulties Questionnaire (SDQ), 2 - 4 yrs
  - <http://www.sdqinfo.org/>



# Assessing Functional Impairment

1. Do you (or any other caregiver) have any difficulties encouraging your child to do as you ask?
2. Has your child's preschool teacher (or daycare staff) mentioned any concerns about his or her readiness to start school?
3. Are there any concerns about the child's ability to communicate or learn new skills?
4. Do you have any concerns about how your child gets along with other children at home or out in the community?
5. Do you have any other concerns about your child's emotions, behaviour or social functioning?



# Differential Dx: Disruptive Behavior

## Consider

- Global developmental delay
- Communication difficulty
- Hearing, vision impairment
- Sleep disorder
- Motor development
- Abuse/trauma
- Difficult temperament
- Maternal depression
- Chaotic environment





# Indicators for Serious Disruptive Behaviour

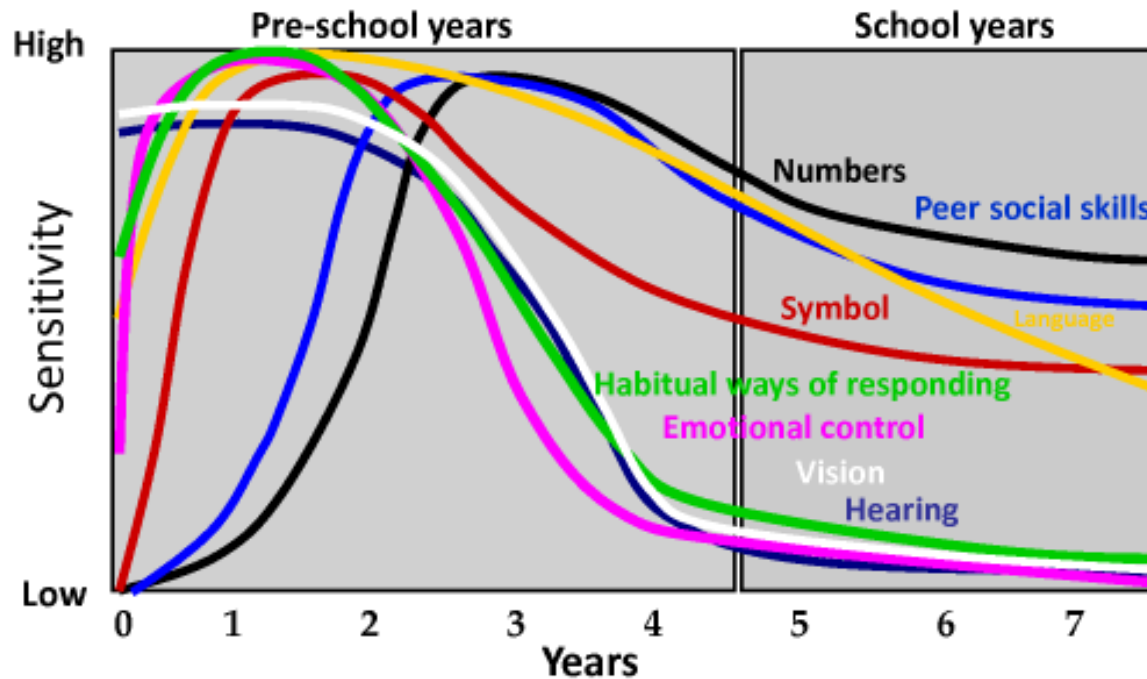
Dimension	Normative Misbehaviour	Problem Indicator
<b>Noncompliance</b>	Says “no” when told to do something	Misbehaves in ways that are dangerous
<b>Aggression</b>	Acts aggressively when frustrated, angry or upset	Acts aggressively to try to get something he or she wants
<b>Temper Loss</b>	Loses temper or has a tantrum when tired, hungry or sick	Has a temper tantrum, fall-out or meltdown that lasts more than five minutes

Wakschlag et al., 2014, *JAACAP*



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# Sensitive Periods in Early Brain Development



Graph developed by Council for Early Child Development (ref: Nash, 1997; *Early Years Study*, 1999; Shankoff, 2000.)

# Parenting Preschool Children

Age 2-3  
years

- Supervise and set limits
- Be patient and empathic
- Follow verbal instruction with example of what to do

Age 3-5  
years

- Be consistent
- Model positive behaviour
- Provide praise and approval
- Use brief time outs



# What is the Evidence?

## Parent Behavior Training vs. Medication

### Parent Behaviour Training

- Eight good studies
- Moderate effect size for behavior and for parent skills
- Dose response
- Evidence of lasting benefit
- No reported Adverse Effects
- Hard to access
- Parent acceptance variable

### Methylphenidate

- One good study
- Moderate effect size for behavior
- Dose response
- Benefits last as long as medication taken
- Adverse Effects present
- Off label under age 6
- Parent acceptance variable

# Evidence - Based Parent Behaviour Programs

- Positive Parenting Program: Triple P
- Incredible Years Parent Program : IYPP  
and Dinosaur social skills program
- Strongest Families <http://strongestfamilies.com>
- Parent Child Interaction Therapy: PCIT
- New Forest Parenting Program: NFPP



# 1, 2, 3, Magic

- By Thomas Phelan – DVDs and books
- <http://www.123magic.com/>
- Effective parenting management for the office
- Stop talking and start counting!
- Decrease / remove emotional tone
- Effective parent management requires consistency between partners and consistency over time



# Michael, cont.

## Likely Diagnoses:

1. Oppositional Defiant Disorder
2. At-risk for ADHD, combined type
3. R/O anxiety (separation anxiety), specific developmental, cognitive, communication problems

## Recommendations:

1. Parent Behavior Training
2. Increased parent-school communication
3. Developmental assessment
4. Monitor for additional problems in transition to grade school and re-evaluate for family dysfunction, ADHD, anxiety, LLD



# What is an Anxiety Disorder?

- Anxiety Disorders are highly prevalent disorders
  - Prevalence rates 10 to 20% and up to 9% in preschool children
- Anxiety Disorders are poorly recognized, often not diagnosed or mis-diagnosed
- Anxiety Disorders cause interference in a child's day to day functioning
  - Important to distinguish normative anxiety from an Anxiety Disorder
- Childhood Anxiety Disorders do not remit without treatment





# Developmental Considerations

- **Infants** - fear of loud noises, fear of being startled, and later, fear of strangers
- **Toddlers** - fear of imaginary creatures, darkness, normative separation anxiety
- **School-age children** - worries about injury, natural events (e.g. storms)
- **Older children and adolescents** - worries about school performance, social competence, health issues



# Stress vs. an Anxiety Disorder

- Stress **does not** cause an Anxiety Disorder!
- Some anxiety can actually be beneficial!
- Anxiety is a normal part of childhood and every child goes through phases of ‘normative anxiety’
  - e.g. fear of the dark, fear of monsters
- **Definition of an Anxiety Disorder** is when anxiety causes interference in day to day functioning
- Increased recognition and awareness of childhood anxiety in the past 10 years



# Recognizing the Anxious Child

- Shy, quiet, hesitant
- Temper tantrums /meltdowns
- Moody, irritable
  - Easily 'fly off' the handle
- Difficulty with sleep
  - Can't fall asleep, nightmares
- Sensitivity (emotional or sensory)
- Difficulty trying new things
- Poor, picky eaters
- Prefer routine or predictability
- Inflexible, rigid
- Somatic Complaints
  - Headaches, stomachaches



# Types of Anxiety Disorders

1. Specific Phobias - fear of specific objects
2. Separation Anxiety Disorder - worry about separation
3. Generalized Anxiety Disorder - “worry warts”
4. Social Anxiety Disorder - worry about embarrassment or humiliation
5. Selective Mutism - anxiety prevents child from speaking
6. Panic Attacks & Panic Disorder - overwhelming anxiety ‘out of the blue’

Obsessive Compulsive Disorder (OCD) & Post-traumatic Stress Disorder (PTSD) – no longer Anxiety Disorders



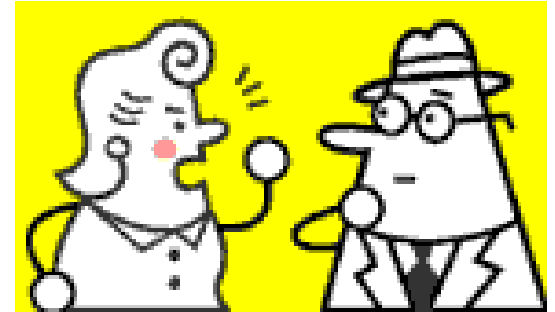
# Separation Anxiety Disorder

- Fear of separation from a parent / major caregiver out of keeping of developmental age
- Worry 'something bad' will happen to them or parents / caregivers when separated
- Difficulties with age appropriate activities (e.g. play dates, sleepovers)
- Sleep difficulties (e.g. difficulty sleeping alone, bad dreams)
- Frequent physical complaints (stomach aches, headaches)
  - Frequent peeing is common in boys especially before leaving home
- Need to repeatedly check-in with parents
- May develop after a stressor



# Important aspects of Assessment

- Consider the role of environmental factors
  - Stressors at home ?
  - School stressors ?
  - Social stressors ?
- Explore family history of psychiatric disorders
- Consider further investigations (e.g. psycho-educational testing)
- Consider interventions available and which would be most appropriate for this child and family (therapy, meds, etc.)



# Blurred Lines

- The distinction between normative anxiety and an anxiety disorder is a “grey area”
- How much distress does your child have compared with his/her peers?
- Check in with teachers – do they have concerns socially or academically?
- Ensure there is no bullying, learning issues, or other home / school stressors
- Think about family history – is there a strong family history for anxiety or mood disorders?



# Helpful Strategies for Anxious Children

- Recognize feelings and label anxiety symptoms
- Use gentle but firm reassurance and encouragement
- Facilitate structure and routine
- Identify conflicts with the home and work on them
- Positive Reframing / **Modeling** effective coping
- Facilitate socialization – e.g. play dates
- Complement process not product
- Reward attempts and approximations
- Set the expectation for speech – e.g. “even shy children have a voice”





# Treatment of Anxiety Disorders

- Full assessment is required to provide a diagnosis
  - Rule in / out other psychiatric disorders
  - Assess whether the anxiety is the primary disorder or are there other issues causing the anxiety?
- Anxiety disorders tend to be chronic unless properly treated
  - The first step in treatment is Psycho-education
    - Treatment team provides child and family with an understanding of anxiety disorders
  - Early intervention is important as untreated anxiety disorders can lead to poor school performance, social difficulties and increase risk for development of other psychiatric disorders



# Cognitive Behavioural Therapy (CBT)

- A type of talk therapy that addresses the connection between our feelings, thoughts and behaviors
- Teaches children to recognize and identify their feeling states
- Teaches children simple relaxation strategies
- Teaches children some simple cognitive strategies
  - Identifying their worry thought and determining how realistic, or appropriate it is
  - Helping children utilize more adaptive or “BRAVE” thoughts
- At SickKids – we offer a specific CBT program for 4 to 7 year old anxious children and their parents



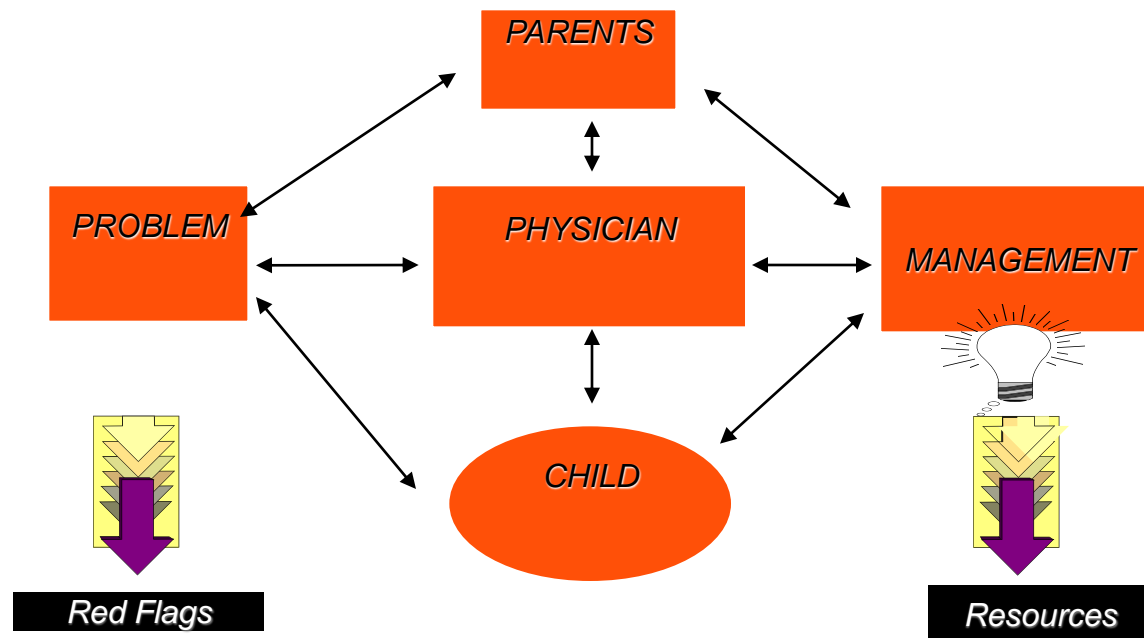
# Use of Medications

- Although CBT is effective for most mild to moderate cases of childhood anxiety disorders occasionally medications are required for more severe cases of anxiety
- Use of antidepressant medications such as the Serotonin Selective Re-uptake Inhibitors (SSRIs)
  - A large research study found that the combination of CBT and medications and CBT worked better in children aged 7 to 17 than either treatment alone



# Systemic Model for Parenting Issues

Watson W, Watson L, Wetzel W. 2003



# How Family Physicians Can Help Families and Children

- Listen, acknowledge, validate, empathize with parents in a non-judgemental way when they present with concerns about their child's behaviour
- Perform a good physical exam/Utilize assessment tools as outlined
- Be aware of each family's strengths and weaknesses and provide support when possible
- Support the parents in taking charge of their child's overall health care-Focus and encourage strengths of parents
- Identify other caregivers (attachment figures) such grandparents, who can provide support and attachment security
- Provide educational advice around parenting attachment and appropriate referrals-psychiatry, family therapy etc.



# Reminders for parents on office visits

## Encourage Positives

- Reading (Reach out and Read)
- Playing
- Empathy
- Role modelling

## Discourage Negatives

- Inappropriate affect
- Unrealistic expectations
- Physical punishment
- Emotional punishment
- Media/TV/computer



# Summary

- Disruptive behavior in preschool age children
  - Risk factor for poor long term outcomes
  - Associated with parent-child difficulties
  - Associated with developmental and neurodevelopmental disorders
- Anxiety disorders in preschool children are common disorders (9 to 10 %)
  - Must consider symptoms along a developmental spectrum
  - Especially in young children, behavioural symptoms may predominate
- Effective interventions exist for both disruptive and anxiety disorders
- Early identification and intervention can improve long term trajectory of both disorders



# QUESTIONS?

