



April 16th 2024 Webinar: Disruptive Behavior 1 – Positive Parenting

Oregon Pediatric Improvement Partnership (OPIP) Learning Collaborative for Integrated Behavioral Health in Primary Care: Strategies and Tools to Provide Issue Focused Interventions Addressing Social Emotional Health in Young Children (Birth to Five)

While We Wait to Let Everyone In

PLEASE UPDATE YOUR NAME IN ZOOM TO INCLUDE:

- **FIRST AND LAST NAME**
- **INITIALS of the PRIMARY CARE PRACTICE IN WHICH YOU WORK**

NOTICE OF RECORDING

- *We will be recording this overview webinar for those attendees who registered but could not attend*





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April 16th 2024 Webinar: Disruptive Behavior 1 – Positive Parenting

This 2024 Learning Collaborative of Integrated Behavioral Health is financially supported by Health Share of Oregon.

Agenda

- Purpose of this Learning Collaborative for Integrated Behavioral Health in Primary Care: Strategies and Tools to Provide Issue Focused Interventions Addressing Social Emotional Health in Young Children (Birth to Five), Overview of Elements
- POLL: Input Needed in Facilitating This Share Community
- Topic Specific Focus for Today: **Disruptive Behavior 1 – Positive Parenting**
- Case Consultation on Implementing These Strategies: Participant Share Examples and Obtain Feedback
- Looking forward to May 2024

Who is the Oregon Pediatric Improvement Partnership (OPIP)



oregon-pip.org

Mission: The Oregon Pediatric Improvement Partnership (OPIP) supports a meaningful, **long-term collaboration of stakeholders** invested in child health care quality, with the common purpose of improving the health of all children and youth in Oregon.

- OPIP projects are supported by **grants and contracts**.

OPIP uses a **population based approach—starting with child/family to improve child health care quality**, with the larger purpose of improving the health of the children and youth.

Specific to this Learning Collaborative: We have experience working with primary care and integrated behavioral health on:

- Trainings, tools and implementation support to enhance **integrated behavioral health** services for young children
- Trainings and tools on how to **engage families** of young children in behavioral health services
- Developing **decision trees and summaries of external specialty behavioral health** services to inform best match referrals
- **Training of primary care providers** of who to refer to integrated behavioral health and how to engage families
- Addressing Billing: Outline considerations on codes, diagnosis covered by OHP, and sustainable strategies
- Current leading the **Oregon Transforming Pediatrics for Early Childhood** cooperative agreement in the Portland metropolitan area, which includes deep focus on increasing issue-focused interventions in primary care.

<https://oregon-pip.org/our-projects/transforming-pediatrics-for-early-childhood/>



Specific to alignment with the current and future proposed incentive metric

- OPIP co-developed the System-Level Social Emotional Health Metric with the Children's Institute.
- OPIP led the development of the child-level metric proposed to replace the system-level metric in 2025.

Oregon Pediatric Improvement Partnership (OPIP) Team

Supporting this Learning Collaborative



Learning Collaborative Faculty and Supports Today



Andrew Riley, PhD

*Clinical Psychologist,
Fellowship in Behavioral Pediatrics, Pediatric
psychology, OPIP Consultant*



Colleen Reuland
Director of OPIP



Dr. Lydia Chiang
OPIP Medical Director



Vienna Cordova
Projects Coordinator

- The **System-Level Social Emotional Health for Young Children metric for Coordinated Care Organizations (CCO)** is focused on the provision of CCO covered social-emotional services.
- The proposed child-level metric that will replace the System-Level Metric is specifically focused on **issue-focused interventions/treatments for young children**.
- **Primary care** can play a critical role in a young child's life, with over a dozen visits recommended before starting Kindergarten, and is a key partner identified in the System-Level Social-Emotional Health Metric and Child-Level Metric.
- To support Health Share's effort on the System-Level Social-Emotional Health Metric, **OPIP** was contracted to provide consultation and technical assistance to Health Share and their health plan partners.
 - A part of their efforts included outreach to **primary care sites** to understand current integrated behavioral health services that are provided to young children and training opportunities.
 - A **need for and opportunity to support a training** for integrated behavioral health providers on issue-focused services that they can provide that are aligned with the metric was identified.
 - This **2024 Learning Collaborative** is funded by Health Share.

Goals for 2024 Integrated Behavioral Health Learning Collaborative



1. **Provide specific tools and strategies that can be used to address common social-emotional issues identified in young children**
 - 3rd Tuesday of the Month Learning Webinars
 - Provision of specific tools and strategies to priority topics identified by YOU in feedback survey. These are NEW Topics and not duplicative of the 2023 Learning Collaborative.
 - Case consultation time within the webinar on the topic or other topics
 - You MUST register for each webinar.
 - At the end, you will receive access to online repository of the information.
 - CME Provided if you completed evaluation survey.

2. **Provide Case Consultation Support As You Implement These Strategies**
 - 1st Tuesday of the Month: Optional
 - Opportunity for you to come to Dr. Riley with specific cases you want consultation on approaches.
 - Attendees also welcome to come and listen to learn

3. **In-Person Learning Session** and Sharing Time for this Learning Community**
 - October 15th: Tentative time: 8AM-1 PM
 - Topic Specific Sections on Specific Strategies
 - Implementation Supports and Overview of Child-Level Metric and Alignment with IBH Activities
 - Updated Asset Mapping from Health Share of Oregon's 2024 Activities
 - Shared Learning and Highlights from Others in the Community
 - Community-level Case Consultation
 - CME Provided if you completed evaluation survey.

*** These are NEW Topics and not duplicative of the 2023 Learning Collaborative.

Topic Specific Learning Webinars: 3rd Tuesday of the Month



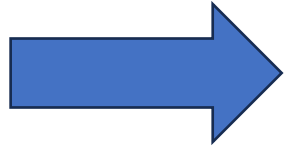
- Specific Topics:
 - 4/16: **Disruptive Behavior 1** – Positive Parenting
 - 5/21: **Disruptive Behavior 2** – Effective Discipline
 - 6/18: **Early Childhood Anxiety**
 - 7/16: Enhancing **Communication & Coordination with Medical Teams** – *Dr. Cody Hostutler, Nationwide Children’s Hospital*
 - 8/20: **Sleep** – *Dr. Ariel Williamson, Ballmer Institute*
 - 9/17: **Toilet Training and Elimination Problems**
 - 10/15: *In-Person Learning Session- No Learning Webinar that Month*
 - 11/19: **Culturally-Informed Motivational Interviewing** – *Dr. Rachel Herbst, Cincinnati Children’s Hospital*
 - 12/17: **Incorporating Trauma-Informed Principles into IBH** – *Dr. Kim Burkhart, Rainbow Children’s Hospital*
- Format
 - 45-minute presentations
 - 15-minute discussion
 - Ongoing conversation in chat – please share your expertise!

INPUT NEEDED!



- We want to support this Community and Shared Learnings Across Each of You!
- Each webinar and the in-person session will have open time for discussion and sharing
- **Input Needed:**
 - Would you like the option of joining a ListServ?
 - You would need to OPT IN
 - You would need to sign an attestation that would not share PHI on the List Serve
- Poll Question:
 - Yes, I would like a ListServ of the Integrated Behavioral Health Staff in this Learning Community
 - No, I would not use a ListServ of the Integrated Behavioral Health Staff in this Learning Community

Agenda



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- Common “name brand” therapies

- Parent-Child Interaction Therapy
- Incredible Years
- GenerationPMTO
- Family Check-Up/Everyday Parenting
- Triple P Positive Parenting Program
- Chicago Parenting Program

“Parent Management Training”
or
“Behavioral Parent Training”

Vary by format, structure, and intensity, but most share core common elements:

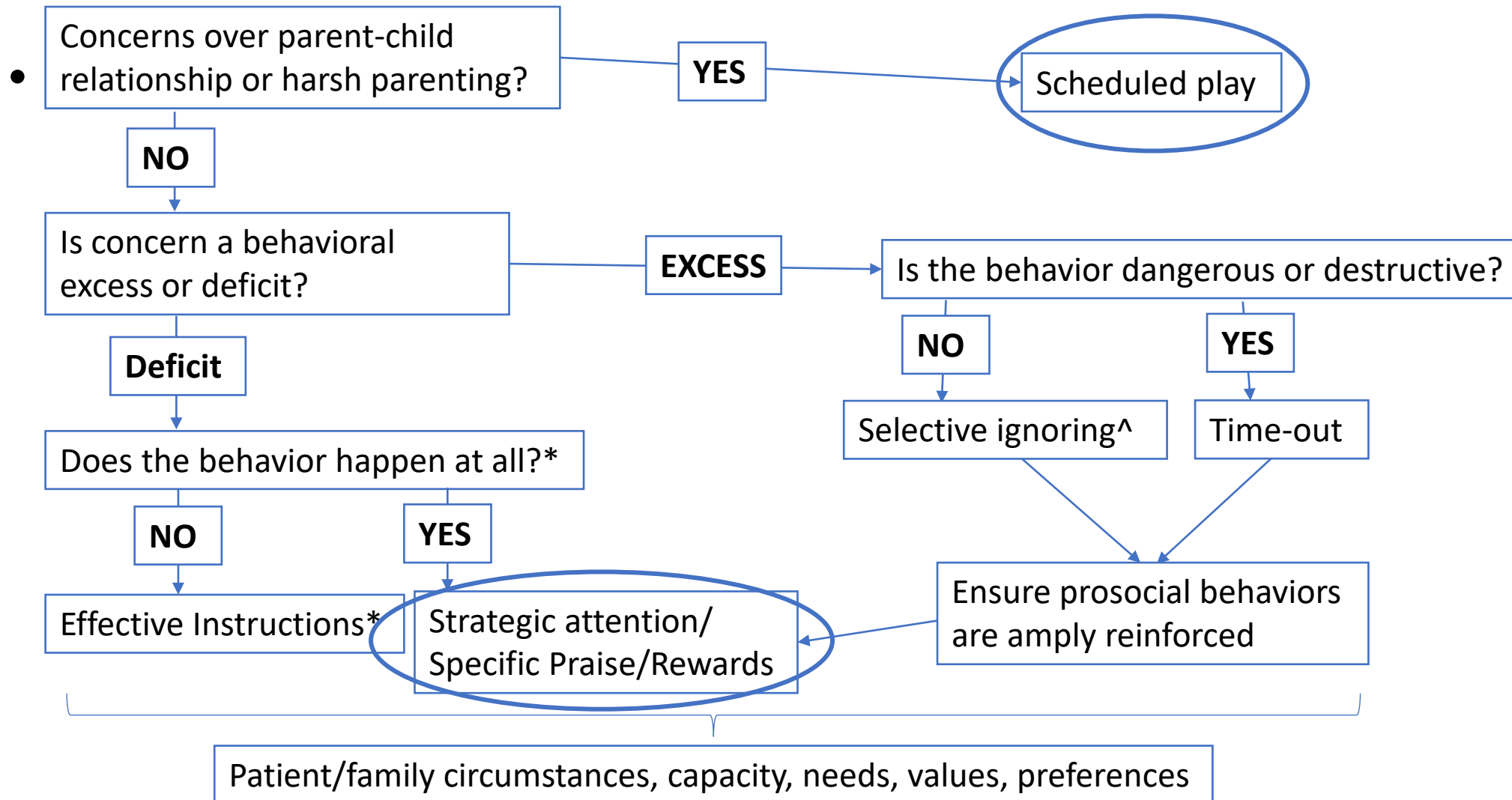
- Scheduled parent-child play, differential attention, strategic ignoring, scheduled parent-child play, limit-setting, rewards, time-out, effective instruction delivery, contingent labeled praise, parent stress management, parent problem solving education

Why use a common elements approach?

- Primary care demands flexibility
- Most families don't require specialty mental health services, but could benefit from some common elements
- Some elements can be reasonably delivered in brief interactions
- Considerable evidence as stand-alone interventions for discrete behaviors
- Allows for customizability



Decision Framework for Selecting Common Elements



*May be approximation of terminal goal behavior; ^Consider tolerability of extinction burst

Behavioral Skills Training Components:

1. Provide a rationale - try to tie to specific concerns
2. Verbal description
3. Model
4. Rehearsal or role-play
5. Feedback

*Intensity of training will vary



Scheduled Play, AKA “Special Time”

- *See: Supercharging Play Time handout and video*
- When to use
 - Common default first component, but be wary of parent perceptions
 - Parent-child relationships that are negative/coercive
 - High proportion of corrective or controlling feedback from parent
 - Lack of positive interactions or feelings
 - Misbehavior when parent first comes home or after child transitions
 - During times of change/stress
- Goals
 - Create a safe, predictable context in which (a) child behavior is likely to be appropriate, and (b) parents can practice attending to that appropriate behavior
 - Limit motivation for attention-driven misbehavior
 - Enhance the value of parental attention as a reinforcer

Special Time – Set up



- 10-15 (or less) minutes per day of 1-on-1 time
- Child selects activity
 - Good: Building toys, imaginative play toys (cars, dolls, animals, play kitchen, etc.), art projects, simple games cooperative games
 - Not so good: Screens, competitive games, rule-heavy games, new/difficult skills
- Parent commits to 100% focus on child
 - Set up other kids with activity/supervision
 - Silence phone

Special Time – Parent *to do* skills



- **Praise**
 - “Wow, you are a good builder!”
 - “I like how careful you are being.”
- **Reflection**
 - Child: “I’m building it tall!” Parent: “You’re building it really tall!”
 - Child: “Issa boo caw” Parent: “You have a blue car.”
- **Imitation**
 - Child: [building tower] Parent: “I’m going to build a tower too!” [builds tower]
- **Description – Be a narrator/sportscaster of the child’s action**
 - “You’re picking up the green block and putting it up top!”
 - “You’re thinking about to what to do next.”
- **Enthusiasm**

Special Time – Parent *not to do* skills

- Instructions/demands
 - “Hand me the blue one” (direct)
 - “Let’s sing a song” (indirect)
- Questions (this is the trickiest one)
 - “What should we do now?”
 - “It goes here?”
- Criticisms and other negativity
 - “I think would look better like this.”
 - “You’re making a mess.”
- Bringing up the past or future
 - “Last time you couldn’t get it to work right.”
 - “Next time we won’t get out so many toys.”



- *See: Pay Attention, So Attention Pays Off* handout and video
- When to use
 - Can be a logical next step after Special Time
 - Increase the frequency of low-frequency prosocial behaviors
 - Strengthen new/emerging skills
 - Improve the proportion of positive to negative feedback
- Goals
 - Increase use of *contingent* attention to reinforce prosocial behaviors, improve self-esteem, and build positive self-image

Strategic Attention – Identifying Targets



- Often useful to identify “positive opposites” of problem behaviors
 - Whining -> Asking nicely
 - Yelling -> Using a quiet voice
 - Aggressiveness -> Being gentle
 - Tantrums -> Being calm
- Prosocial behavior is often taken for granted. Every occurrence is a teaching opportunity.
- Focus on the occurrence of behaviors as opposed to non-occurrence
- Following instructions is a great default target

Forms of Strategic Attention



- PRIDE Skills can be applied to positive behaviors outside of Special Time
- **Praise**
 - “You are being such a good listener! I really like that.”
- **Reflection**
 - Child: “I’m helping.” Parent: “You are helping a lot.”
- **Imitation**
 - “I’m going to be careful going down the steps just like you.”
- **Description**
 - “You’re sharing your toys with your sister!”
- **Enthusiasm**
 - Strategic Attention will be more powerful with energy and excitement – *create contrast* from usual attention

Strategic Attention – Praise

- *See: The Power of Praise handout and video*
- Praise is an especially potent form of strategic attention
- Labeled praise that specifies the target behavior is generally considered more effective (though this is empirically questionable)
 - Unlabeled praise: “Good job!”
 - Labeled praise: “You listened right away! I really like that!”
- Physical affection (hugs, high-fives, hair tussles) are additive
- Immediacy is generally critical for young children
- Consider making an attribution following praise
 - “You are playing so nicely and taking turns. What a kind big sister you are.”
- *Secondhand* praise can be powerful for some
 - “Do you know what your grandchild did today? He picked up toys right away when I asked and stayed so nice and calm.”



- Potential Uses
 - Any specific behavior you want to increase or emphasize, especially when intrinsic motivation is low
 - Working on new skills or behaviors that are especially difficult for kids
- Goal
 - Provide contingent access to rewards (tangible items, privileges, or activities) to reinforce prosocial behaviors



- *Rewards will hamper intrinsic motivation* - This is only true if intrinsic motivation is already high (in which case you don't need a reward)
- *They will only do the behavior to get the reward* – Well, yes. At first. Most behaviors you want to increase have natural benefits that will take over eventually. Rewards are like a jumpstart and can be systematically faded if necessary.
- *They will demand a reward for everything* – Parents are in charge of when rewards are available or not.
 - Rewards are not incentives, bribes, or extortions
- *I can't afford that* – Many of the best rewards are free: Fun activities, extra privileges, etc.

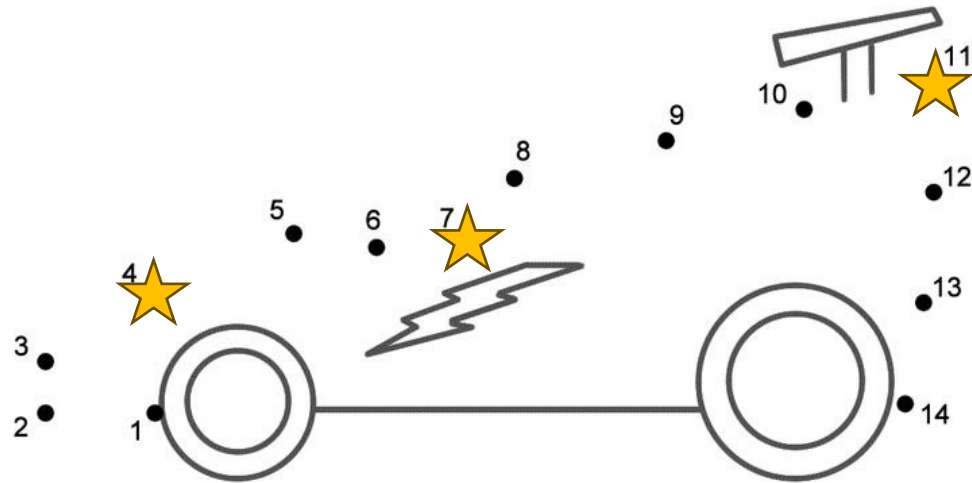
Rewards – General Rules and Common Mistakes



General Rule	Common Mistake
Focus on behaviors you want to increase	Focusing on the absence of misbehavior
Limit access to create motivation for rewards	Too much free access; interpreted as “lazy” or “unmotivated”
Provide rewards as soon as possible after behavior	Delayed rewards
“Tokens” can be used, but must be exchanged for the terminal reward frequently	Waiting too long or requiring too much good behavior before
Reward behavior cumulatively, not consecutively	Requiring perfect behaviors or days “in a row”
Smaller, more frequent rewards that get “used up” are most sustainable	Rewards that are too big and too “permanent” for lots of good behavior
Establish goals that are reasonable and achievable (reinforcement is a consequence-based process)	Expecting perfection right away or setting expectations too high to earn initial rewards
Rewards (and other reinforcers) require repetition	Scrapping the system if improvement isn’t immediate

Rewards - Variations: Dot-to-Dot

See: *Dot-to-Dot* handout



1. Identify a reward
2. Draw or spell out reward w/dots
3. Post in obvious place
4. When desired behavior is observed, connect two dots
5. Reward is earned when picture is completed

Rewards - Variations: Grab Bag/Treasure Chest

1. Fill bag chest with small items or slips of paper w/fun activities
2. When reward is earned, pick an item or draw at random for kids who like surprises



- Questions about any of these techniques?
- Tip and tricks about how to deliver positive parenting strategies?
- Barriers you run into?



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