



Webinar 2: Primary Care Provider Strategies to Address Common Social-Emotional Health Issues in Young Children

This four-part webinar series is financially supported by Health Share of Oregon.





- **Welcome:** Oregon Pediatric Improvement Partnership (OPIP)
Introductions, Agenda Review
- **Primary Care Provider Strategies to Address Common Social-Emotional Health Issues in Young Children**
 - *Actionable Tips & Tools: Giving Anticipatory Guidance, Education and Supports to Parents on:*
 - *Effective instructions*
 - *Strategic Attention/Ignoring*
 - *Rewards/Dot-to-Dot System*
 - *Time-Out*
 - *Bedtime Resistance*

Today's Agenda

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**.
- We are based out of Oregon Health & Science University, Pediatrics Department.

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

- **Faculty for this Four-Part Webinar Series**



Colleen Reuland
Director of OPIP

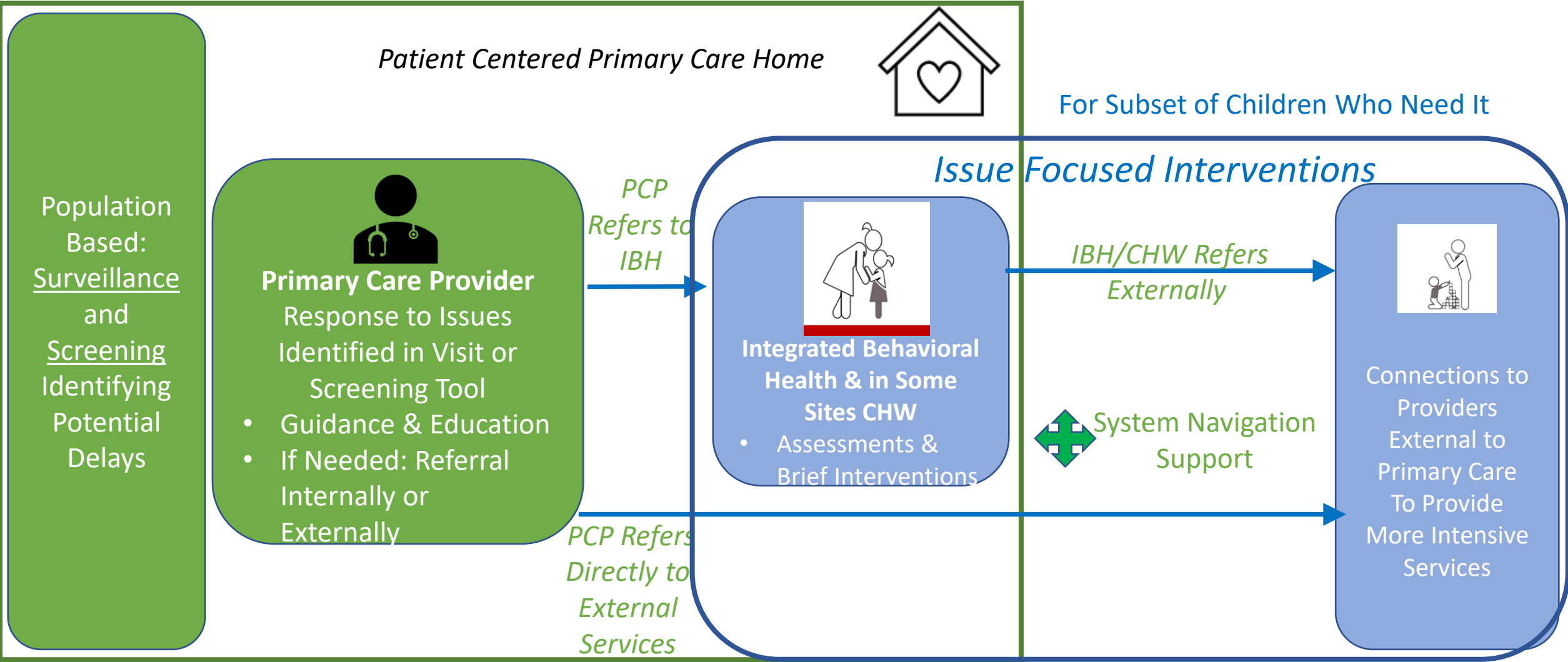


Dr. Lydia Chiang
OPIP Medical Director



Dr. Andrew Riley
OHSU IBH Clinician &
OPIP Consultant

Primary Care Role in Social-Emotional Health of Young Children: Specific Areas of the **Child-Level Social Emotional Health** Metric Primary Care Can Impact



Patient Centered Primary Care Home



Population Based:
Surveillance
and
Screening
Identifying
Potential
Delays



Primary Care Provider

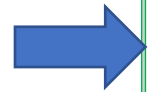
Response to Issues
Identified in Visit or
Screening Tool

- Guidance & Education
- If Needed: Referral Internally or Externally

Today's webinar, led by Dr. Andrew Riley, focuses on:

- **Primary Care Provider Strategies to Address Common Social-Emotional Health Issues in Young Children**
- *Actionable Tips & Tools: Giving Anticipatory Guidance, Education, and Supports to Related to:*
 - ✓ *Effective instructions*
 - ✓ *Strategic Attention/Ignoring*
 - ✓ *Rewards/Dot-to-Dot System*
 - ✓ *Time-Out*
 - ✓ *Bedtime Resistance*

- **Welcome:** Oregon Pediatric Improvement Partnership (OPIP)
Introductions, Agenda Review



- **Primary Care Provider Strategies to Address Common Social-Emotional Health Issues in Young Children**

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 - *Strategic Attention/Ignoring*
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Today's
Agenda

Overview of Brief Strategies Primary Care Providers Can Use



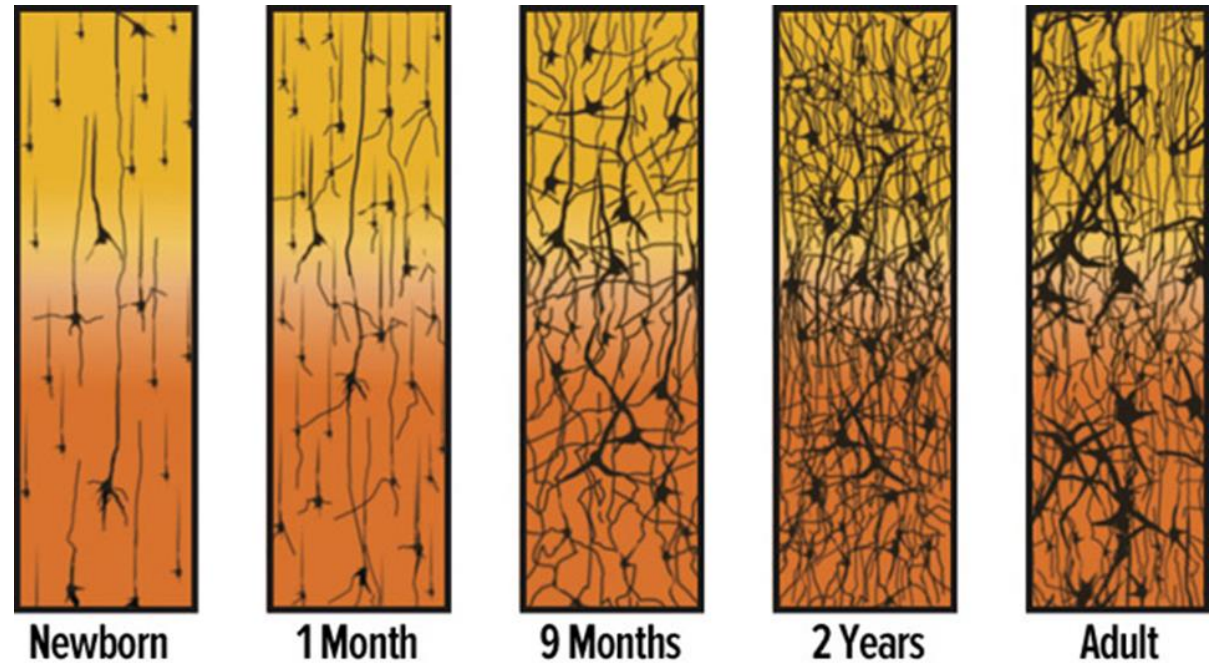
- Primary care providers are well-positioned to help address behavioral or social-emotional issues and engage families in additional supports if needed:
 - Often have long-term trusting relationship with families
 - Have frequent routine contact with families of young children
 - Have an understanding of their patient's developmental stage, medical conditions, and other characteristics
 - Have an awareness of the patient's family context, social history, past experiences
 - Have a familiarity with available resources and referral network
 - Can open the door for conversation, validate family's concerns, and answer questions, enhancing likelihood of family engaging in services if needed



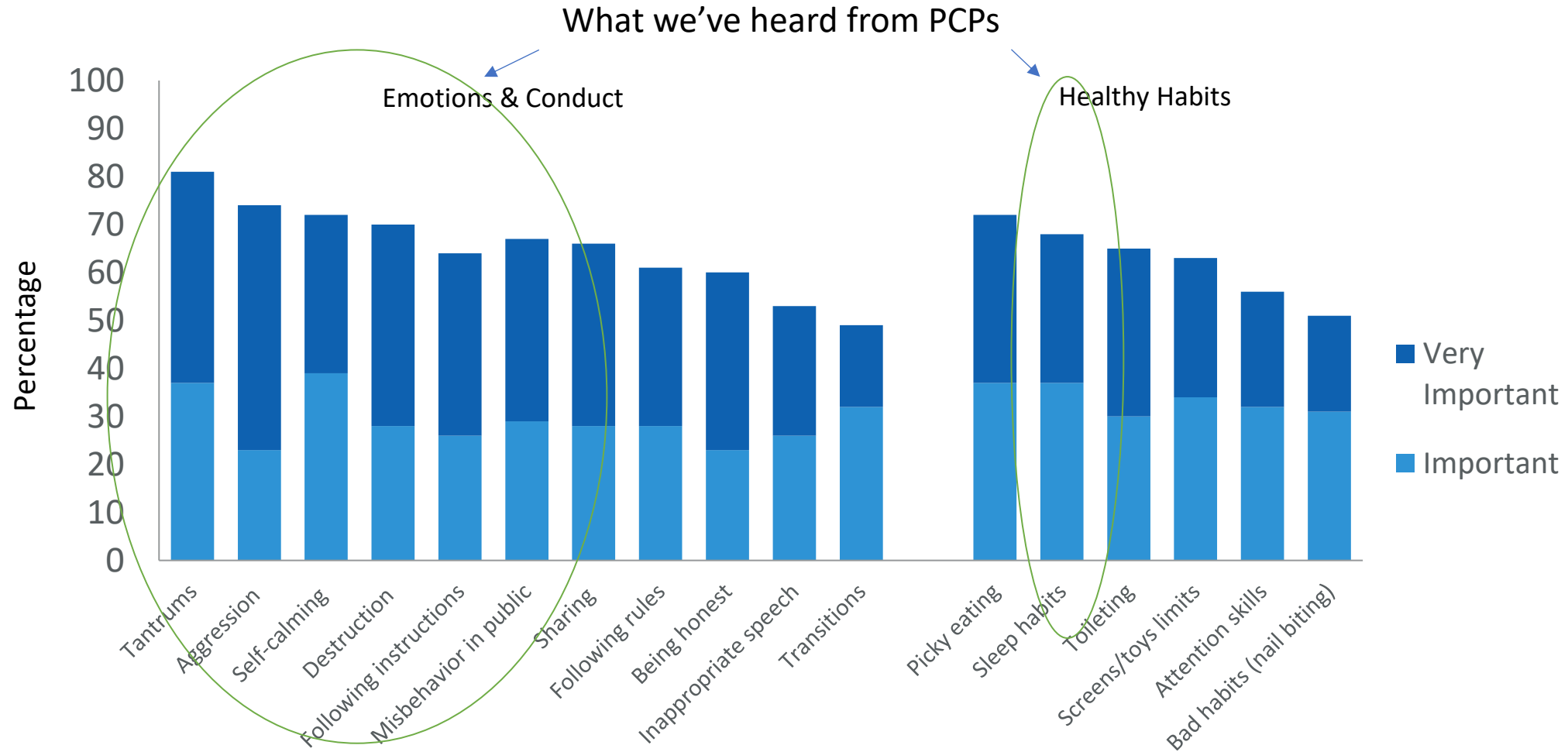
- What primary care providers need to help address behavioral health issues:
 - Time
 - Knowledge & expertise
 - Actionable and tangible strategies to share with families

Why focus on early childhood social-emotional health?

- There is, and will continue to be, a drastic shortage of mental health providers
- Most adult mental health disorders begin in childhood
- 80% of synaptic connections are made by age 3
- Early childhood adversity and chronic stress have lifelong impacts
- Early/preventative interventions produces a large return on investment

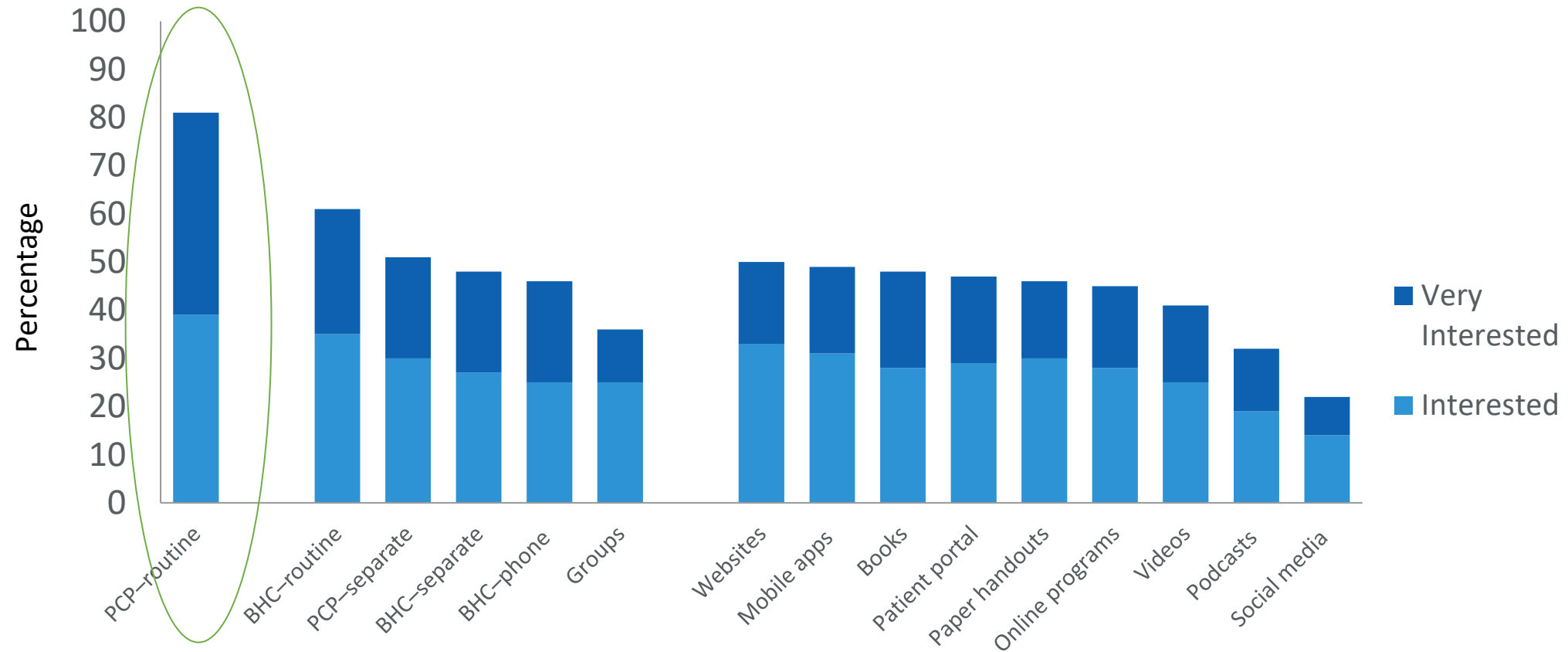


Parents Want to Discuss Behavioral and Emotional Topics



Riley et al., 2019, *Journal of Developmental & Behavioral Pediatrics*

Especially during routine visits



Something Doesn't Add Up

- Average well-child visit
 - 11-20 minutes face-to-face
 - Behavior: M < 30 second, Med = 0
- Average behavioral consult
 - 20 minutes
- Most identified unmet need



Parent-Reported Barriers



“Are pediatricians even being trained about that? Because I don’t even know that they—because they’re supposed to take care of the [physical] health of the child. They aren’t really trained on behavioral stuff.”

“We don’t want to bug our doctor. When you do have questions, but they don’t have time to answer your questions, then everyone just feels let down, I guess.”

“It’s hard because I feel like you can’t be honest with the doctors like, ‘Oh, I am spanking my kids’ or whatever, they’re gonna be like, ‘No, no, no.’ You’re afraid to tell the doctors that or anything, because don’t want to be judged.”

“They always seem to have this broad advice... ‘Take your kid out of the environment, give them choices.’ Sometimes those things, those are like your three answers or whatever. They don’t work for what’s going on.”

- **The Challenge**

- Behavioral issues are disproportionately time-consuming
- Parents often experience frontline information as “too basic”

- **The Strategy**

- Normalize and empathize
- Utilize well-established, cross-cutting principles of behavior
- Model the skills you hope to impart
- Communicate digestibly and memorably





“Understanding” ≠ Learning

- Children learn best through direct experience
- Understanding will come later as cognitive skills develop
- Reasoning without appropriate consequences often results in worse behavior over time

Guiding Principles for Better Behavior

- Principle # 1: Don't Make them Guess (what do you want?)



Guiding Principles for Better Behavior

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Guiding Principles for Better Behavior

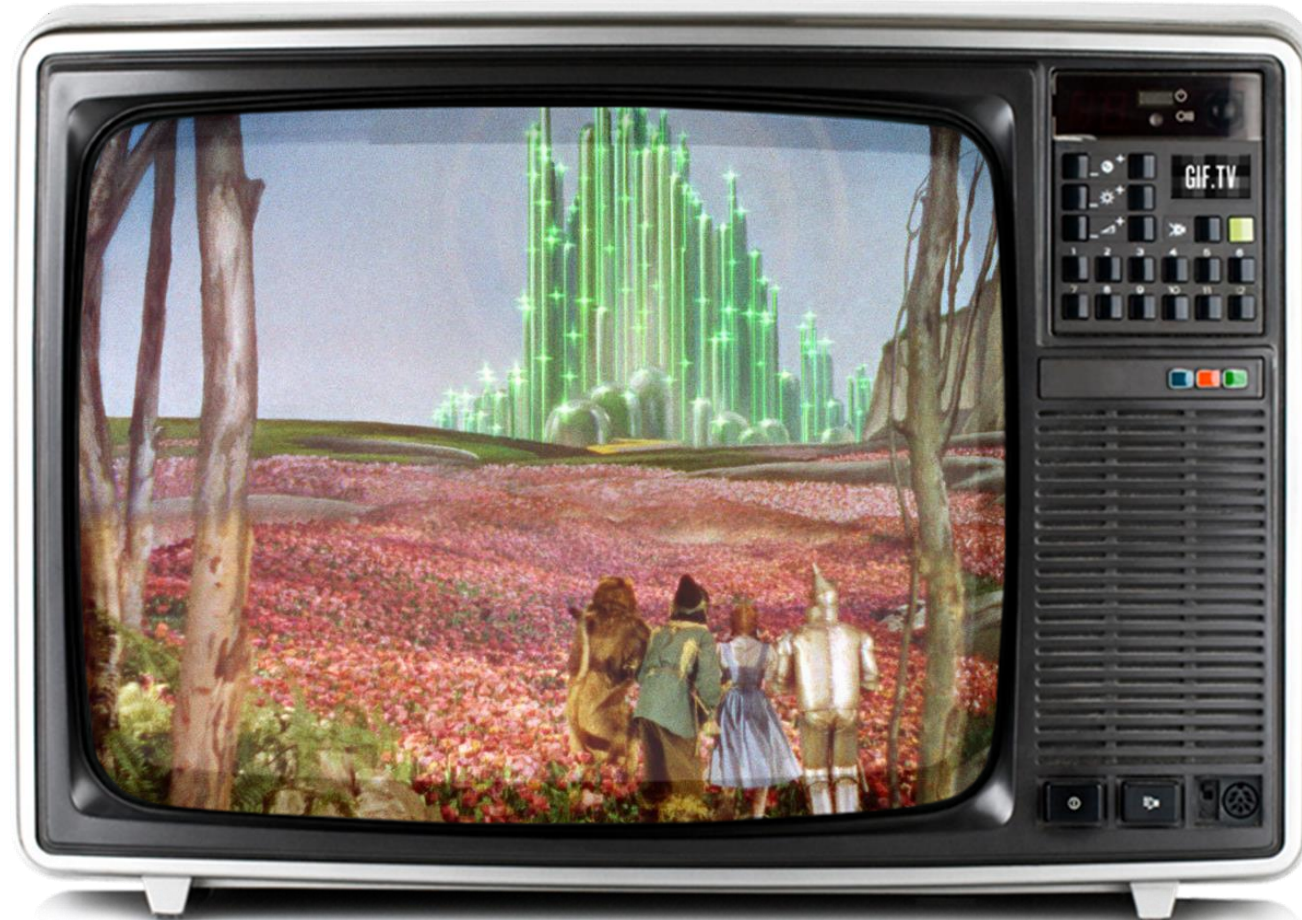
Principle # 2: Create Contrast (Kansas or Oz?)



Contrast (A - C) x Repetition = Learning











Applying Guiding Principles: Resources



Giving Great Instructions

Kids are asked to do lots of things by adults, and even the best-behaved kids don't always do as they're told. Sometimes parents think kids are disobeying on purpose, but kids are actually confused about what they should do. Parents can help kids listen by giving effective instructions. You can watch a video on this topic by clicking this [link](#) or scanning the QR code above with your mobile device.

Tips for Effective Instructions

- **Secure attention.** To make sure kids hear you when you give an instruction, get at kid level and make sure to have eye contact. This alone can improve cooperation.
- **One at a time.** Giving one task at a time makes it easier for kids to listen. Give one instruction at a time, wait for it to be done, and then give the next one.
- **Focus on what you want (not what you don't).** Tell kids what to *do*, rather than what *not* to do.
 - Replace statements that begin with "Don't/stop _____" with "Please do _____"
 - *Example:* Instead of saying "Don't climb on the furniture," a parent can say, "Please get down from the table."
- **Specific and direct.** Use specific instructions that make it clear to kids what needs to be done. Try to avoid using general statements (e.g., "Let's clean up your toys.") or asking questions ("Should we put on your coat?") if you mean to be giving an instruction.
 - *Example:* Replace "How about we put on your shoes because it's time to go to grandma's?" with "It's time to go to grandma's. Please put on your shoes."
- **Polite and respectful.** Instructions should be direct and clear without being disrespectful to kids. It is helpful to start with, "Please." This shows kids how to be polite.
- **Effective tone.** Kids should learn to listen to instructions given in a normal tone of voice rather only when parents yell or plead. Use a neutral, firm tone of voice.
- **Offer choices.** Kids like to have choices, and this helps them learn to make decisions. "Choice" instructions should be very simple, and you should be okay with all possible choices.
- **Praise cooperation!** When your child follows instructions well, make sure to provide them with extra praise and attention. This helps good listening become a habit.
 - *Example:* You are being such a good listener!



The Power of Praise

Every day kids should get messages from parents that they are good and loved. When kids get the message that they are loved and seen as good through their parents' eyes, they feel better about themselves, and it strengthens the parent child bond. To watch a video about this topic, click this [link](#) or scanning the above QR code with your mobile device.

The more kids hear about their good behavior, the less they will want to misbehave. Plus, it feels better for parents and kids to be hearing more about good behavior. Following the tips below will help your praise be the best it can be.

Be excited and enthusiastic

- To help kids notice the praise, parents should show excitement through tone and gestures.
 - *Example:* A flat, monotone "Good job!" is very different to a kid than an excited "Way to go! You listened right away!" with a high-five.
- Giving a more noticeable response helps show to the child your praise and how much their good behavior means to you. It's important that praise for good behavior is more energetic and stimulating for kids than responses to misbehavior.

Be specific by using "Labeled Praise"

- The more specific your praise is, the easier it is for kids to know what you want to see from them, so it's good to label exactly what you like.
 - *Example:* Instead of using a general praise like, "Good job!" label specific behaviors like, "I really like how you are using a nice quiet voice like I asked you to!"

Be Immediate

- Parents should be on alert to "catch them being good" and praise appropriate behavior right away. This helps kids understand the connection between their behavior and your reaction.
- Especially for younger kids, the longer parents wait to praise, the harder it is for them to remember their good behavior and learn to do it again.

What to do if kids misbehave a lot?

- When kids are acting up often, it can be hard for parents to think about what good behaviors they want to praise. One good way to identify targets for praise is to think about the "positive opposite" of misbehavior. What would you like your child to do instead?
 - *Example:* "Bad" behavior like hitting other kids can be switched for praise when child does "good" opposite behavior like playing nicely

Example Misbehaviors	Example Positive Opposites
Being too rough or aggressive with peers	Playing nicely or gently
Running off	Walking patiently with parent
Whining or demanding	Asking nicely



Applying Guiding Principles

- *Presentation:* Failure to follow instructions
- *Critical issue:* Parents may give instructions that are vague or overly complex
- *Goal:* Promote effective instruction delivery to increase the rate of cooperation.
- *Intervention:* Effective Instructions (Don't make them guess!)



Applying Guiding Principles: Effective Instructions

Suboptimal

1. Yelling across the room
2. Are you ready to pick up?
3. Stop that!
4. Behave yourself
5. Sing-songy or harsh
6. Take compliance for granted

Optimal

1. Secure Attention (eye contact)
2. Use an imperative, don't ask
3. State what *to do*
4. Specific
5. Polite but Firm
6. Praise Compliance

Okay, are you ready to start taking care of these toys so we can get your backpack ready and you can go home?

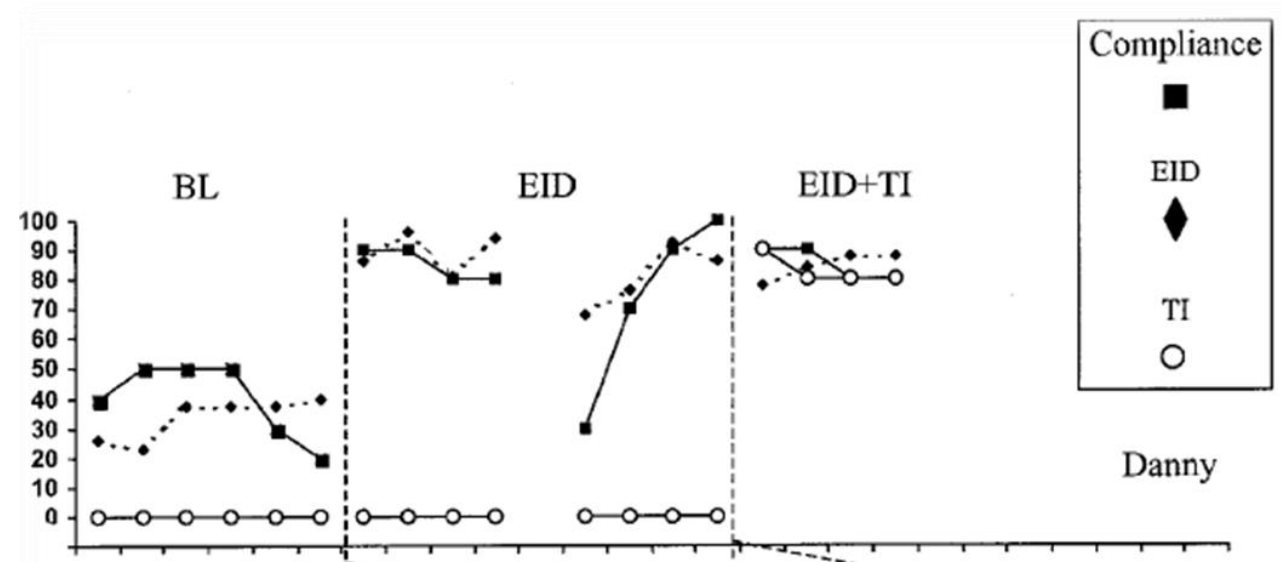
Please pick your toys.



See: *Giving Great Instructions* handout/video.

Applying Guiding Principles: Effective Instructions

- Common component of different empirically supported treatment packages
- Evidence as stand-alone treatment across settings and developmental levels
- Can be taught quickly



Benoit et al. (2001). *Child & Family Behavior Therapy*. Everett et al. (2005). *Education and Treatment of Children*. Ford et al. (2001). *School Psychology Quarterly*. Mandal et al. (2000). *Child & Family Behavior Therapy*. Riley et al. (2016). *Clinical Practice in Pediatric Psychology*. Stephenson & Hanley (2010). *Journal of Applied Behavior Analysis*.

Applying Guiding Principles: Strategic Attention/Ignoring

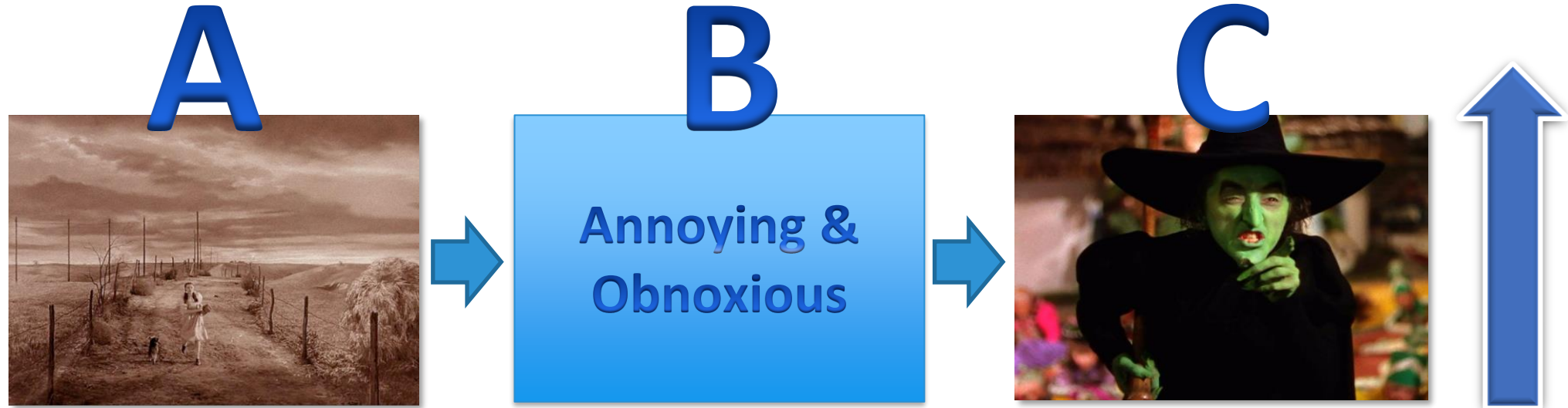


- *Presentation*: “Annoying and obnoxious” behavior (e.g., screaming, whining, excessive crying, cursing, name calling)
- *Critical issue*: Inadvertent positive reinforcement via contingent attention - attempts to persuade, soothe, threaten, cajole, etc., backfire and maintain misbehavior
- *Goal*: Direct parental attention to appropriate behavior while minimizing attention for misbehavior
- *Intervention*: Selective Attention/Strategic Ignoring (create contrast)

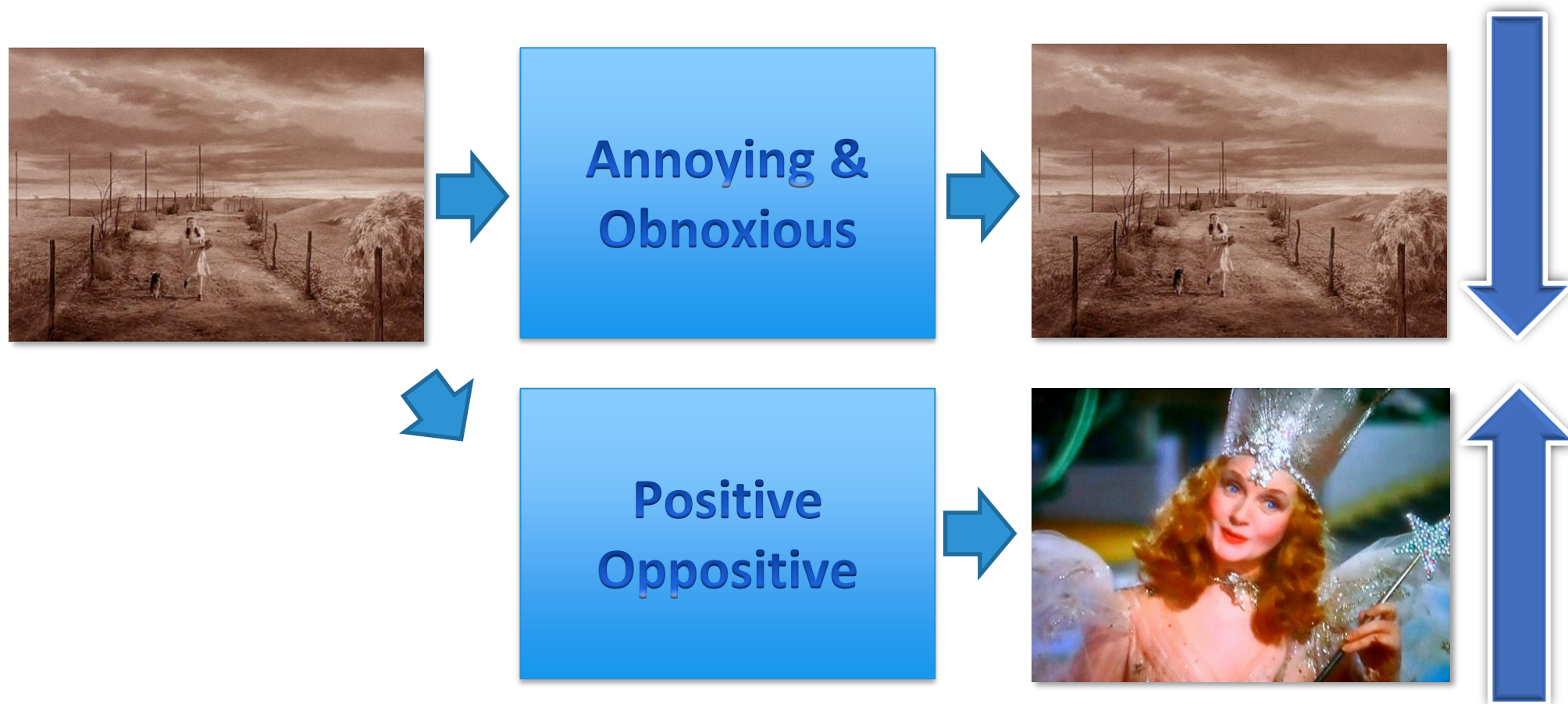


See: *Paying Attention, So Attention Pays Off, Power of Praise, and Figuring Out Frustration* handouts/videos

Applying Guiding Principles: Strategic Attention/Ignoring

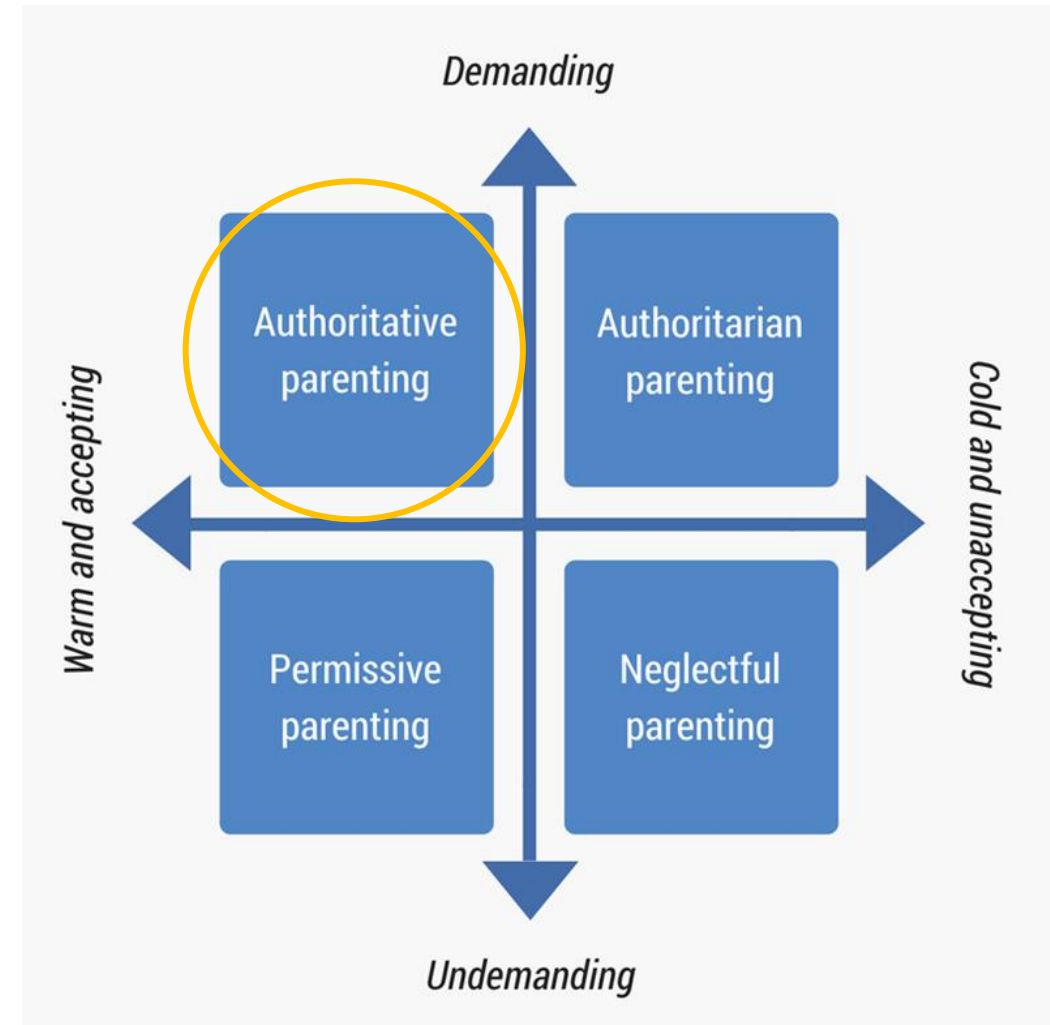


Applying Guiding Principles: Strategic Attention/Ignoring

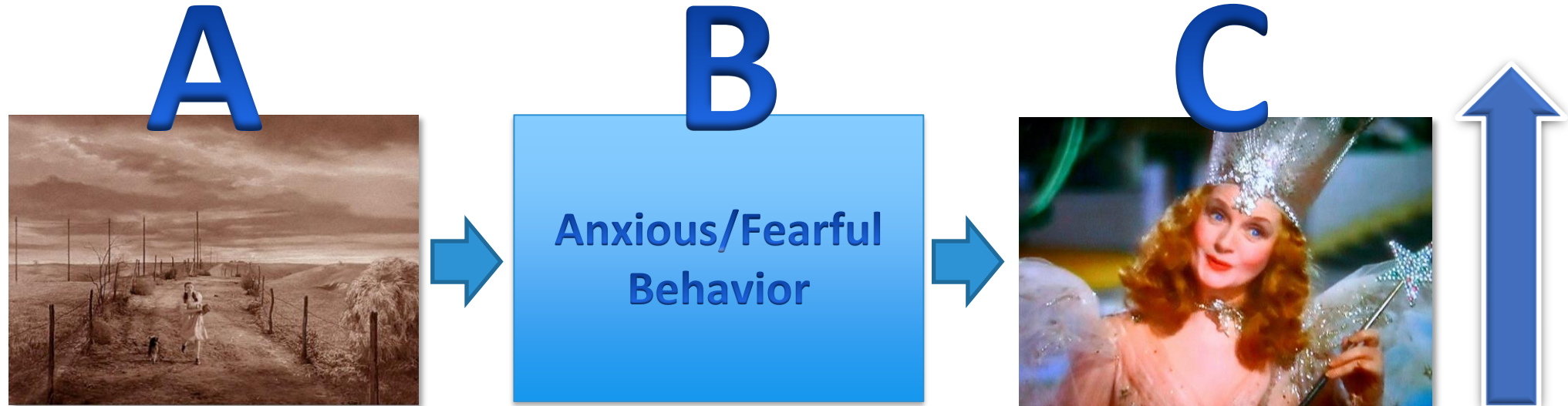


Anxiety and other “Big Feelings”

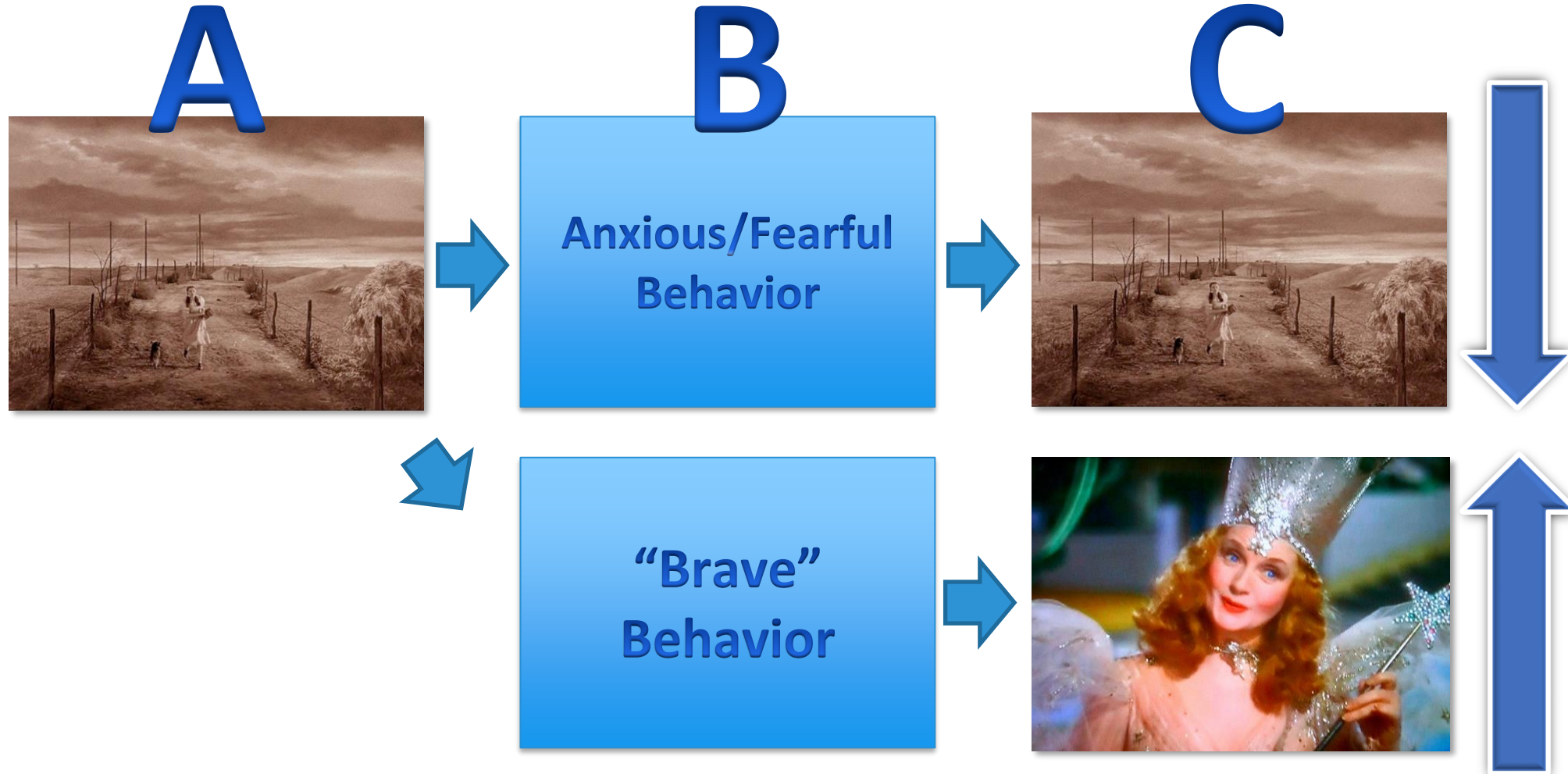
- Child temperament and certain parenting styles interact to produce more significant and stable anxiety
- Overprotective, overcritical, and permissive parenting is especially linked with child anxiety
- Response to child anxious behavior is especially important
 - Effective responses encourage confronting feared stimuli



Applying Guiding Principles: Strategic Attention/Ignoring



Applying Guiding Principles: Strategic Attention/Ignoring



- **Delivery:**
 - Behavioral Keys: Kids are trying to unlock your attention. It's up to you to make sure they find the right key.
- **Great combo with Effective Instructions!**
 - Direct kids to positive opposites, then praise/attend when they hit the target



- Ignore behaviors, not children
 - It is possible to be physically and emotionally present while ignoring misbehavior
- Ignoring may be passive or active
 - Passive – Acting as if the behavior didn't happen, staying calm
 - Active – Withdrawing attention (e.g., turning away)
- Depending on history, ignoring may result in a significant *extinction burst*
 - To be effective, ignoring must continue. Consider tolerability.
 - If ignoring is untenable, redirecting to a more appropriate behavior via Effective Instructions is a great 2nd option.

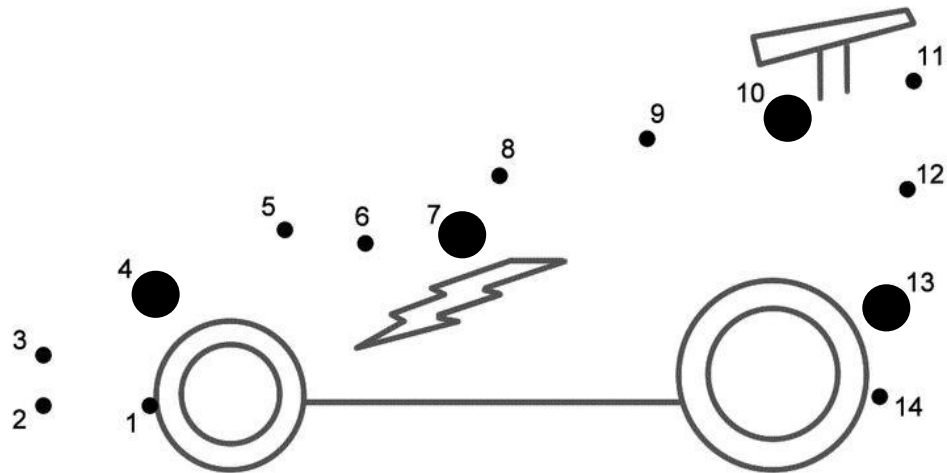
Applying Guiding Principles: Rewards

- *Presentation*: Encouraging new skills or habits (e.g., toilet training, new chores) or positive opposites of problem behaviors
 - “Rewards don’t work”
- *Critical issue*: Reward systems often are not optimally designed or become too complicated and unwieldy.
- *Goal*: Enhance both the effectiveness and usability of rewards
- *Intervention*: Dot-to-Dot System



See: *Dot-to-Dot handout*
and *Reworking Rewards*
handout/video.

Dot-to-Dot Reward System



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

Rewards: Common Concerns and Misconceptions



- *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 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



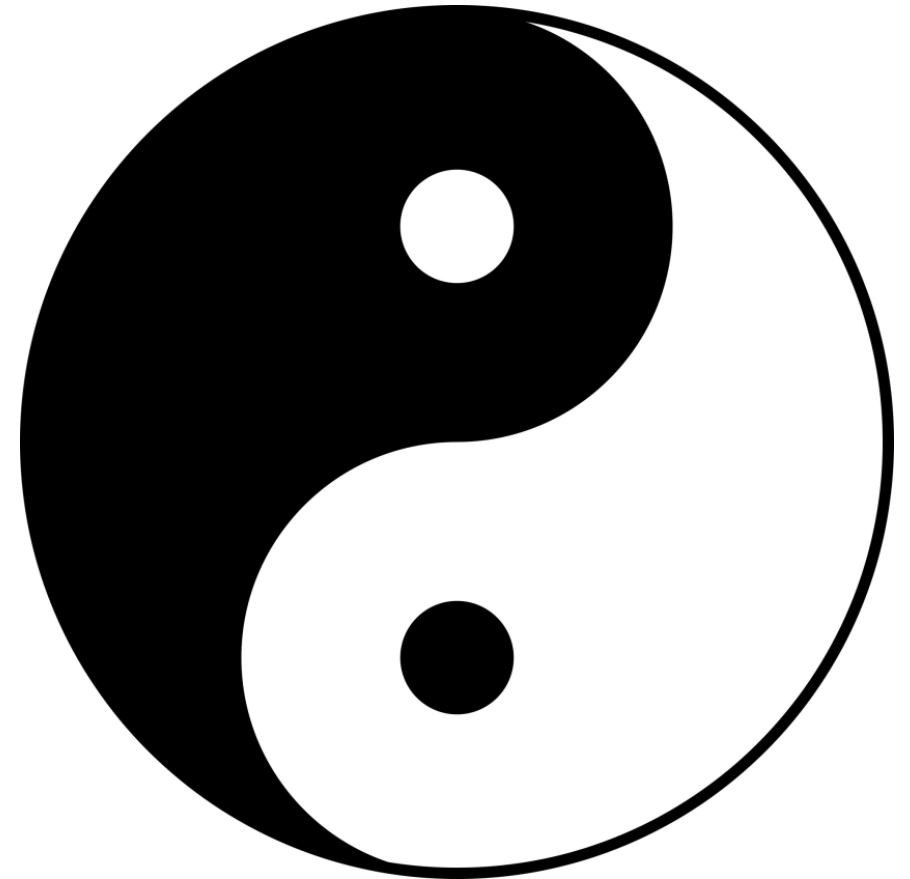
General Rule	Common Mistake
Focus on behaviors you want to increase	Focusing on the absence of misbehavior
Limit access to create motivation for rewards	Too much free access; interpreted as “lazy” or “unmotivated”
Provide rewards as soon as possible after behavior	Delayed rewards
“Tokens” can be used, but must be exchanged for the terminal reward frequently	Waiting too long or requiring too much good behavior before exchanging tokens
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 (the behavior must happen in order to reward it)	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

Applying Guiding Principles: Time-Out

- *Presentation:*
 - “Dangerous & destructive” behavior that cannot be safely ignored (e.g., aggression, destruction, unsafe behavior, persistent noncompliance)
 - Parents who use corporal punishment or other harsh methods
- *Critical issue:* Many have tried “time-out” and found it doesn’t work.
 - 85% implement time-out sub-optimally
- *Goal:* Teach or refine time-out procedures to make them more effective by maximizing contrast
- *Intervention:* Time-Out and the 2 Kinds of Nothing



- Time-Out from opportunity for positive reinforcement (Time-In)
 - Create contrast!
- Not a single technique, but a concept
- Time-Out is effective when you have “Two Kinds of Nothing”



Nothing going on

Nothing going on
Nothing they can do about it

Time-Out and the Stages of Grief



DENIAL



ANGER



BARGAINING



DEPRESSION



ACCEPTANCE

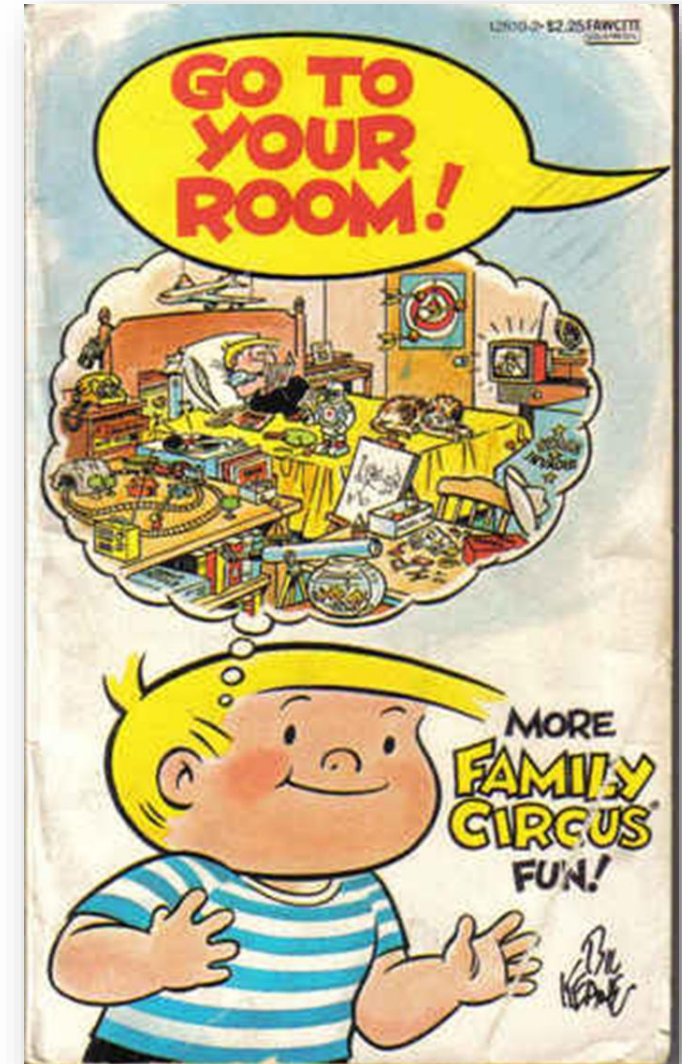
Prototype Time-Out

- When to do Time-Out (TO)
 - Immediately after misbehavior
- Where to do TO
 - Quiet corners/wall spaces, hallways, bottom steps of stairwells, or dining tables often work well
 - Adult size chair or other physically defined space is useful (e.g., small rug or towel)
 - Toddlers can often just be turned away from their parent on the floor or placed in playpen
- Beginning TO
 - Single, brief, unemotional warning (e.g., “You’re not listening. If you don’t do what I say, that’s timeout”).
 - Quickly label the misbehavior (e.g., “No hitting, that’s time-out”).
 - Send or escort the child to the TO area with as little interaction as possible.
- During TO
 - Restrict access to any activities, objects, or attention.
 - Ignore anything the child as long as they remain safe and in the TO area.
- Ending TO
 - 2 minutes is usually sufficient for preschool ages and 30 seconds may be sufficient for toddlers
 - Require a short period (10-15 seconds) of calm before ending the TO.
 - Signal the end of the TO with a brief explanation (e.g., “You’re being calm, so time-out is over. You were in time-out because you hit”).
 - If the TO was given for noncompliance, reissue the initial instruction.
- After TO
 - Praise appropriate behavior as soon as possible.



We Tried that and it Didn't Work!

- Is there sufficient positive reinforcement (Time-In) in place?
- Is there something going on?
- Is there something they can do about it?
- Escape from TO is most likely reason for ineffectiveness
 - Persistence
 - Shorter TO interval to start
 - Back-up space
 - Deferred TO

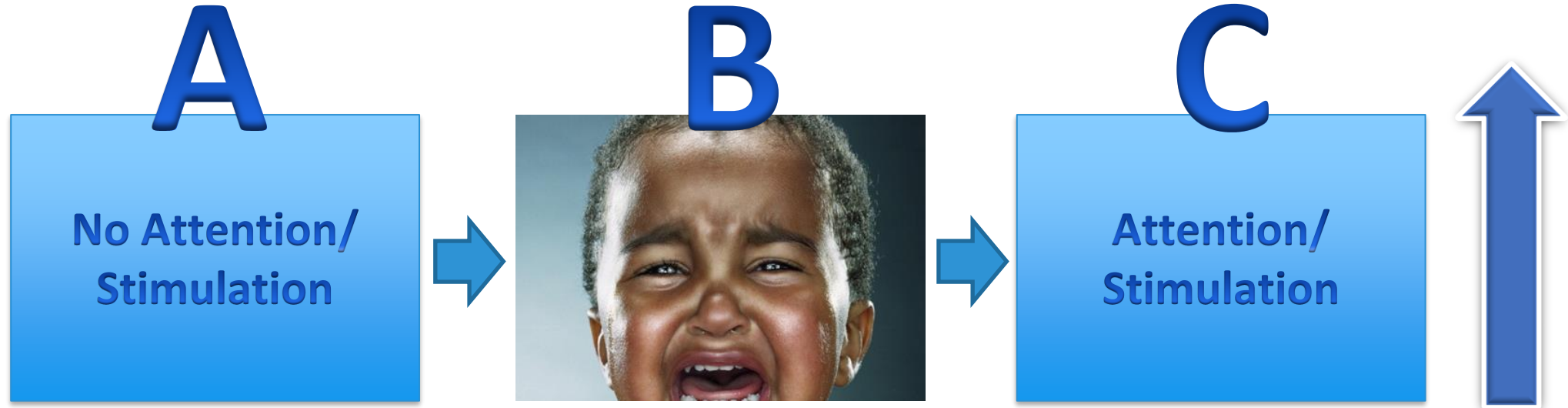


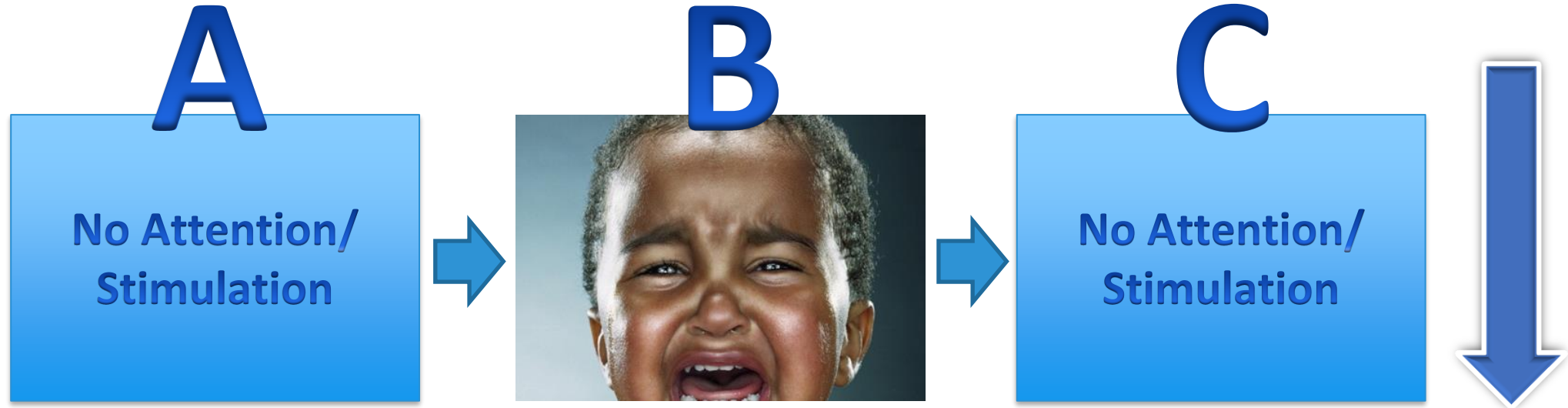
Applying Guiding Principles: Bedtime Resistance



- *Presentation*: Bedtime yelling, crying, negotiating, leaving room, etc.
- *Critical issue*: Bedtime is a “Kansas” environment. Acting out results in parental attention and other “Oz” stimulation.
- *Goal*: Limit inadvertent reinforcement of disruptive behavior
- *Intervention*: Ignoring?

Applying Guiding Principles: Bedtime Resistance

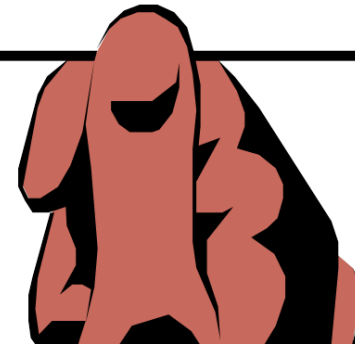
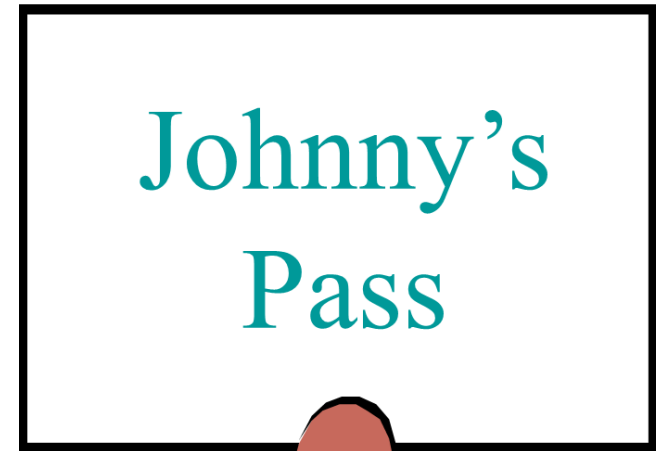




- Ignoring/Extinction methods are efficacious – and a good option for some families
- Remember the extinction burst! Tolerability can be poor.

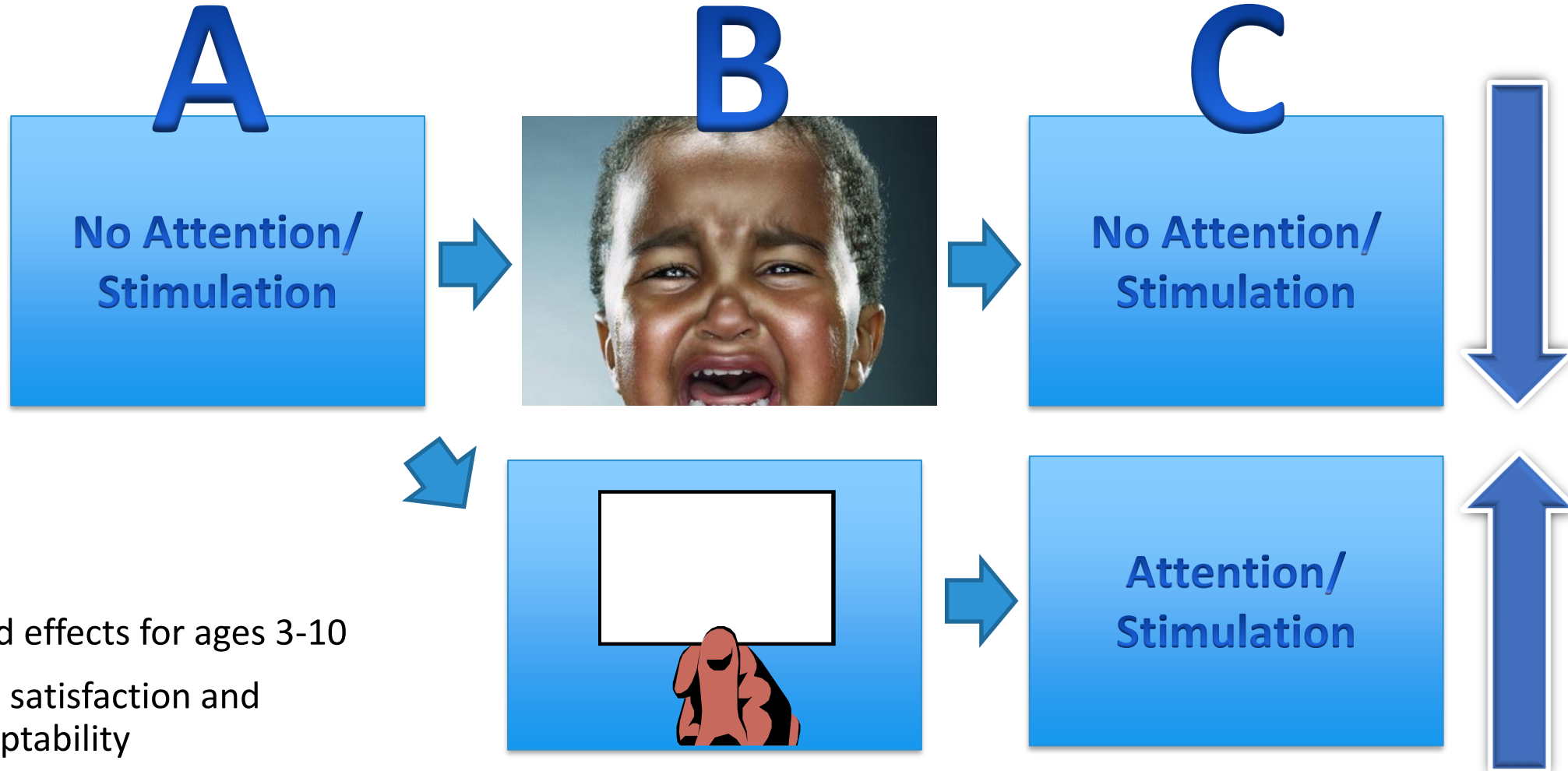
Applying Guiding Principles: Bedtime Pass

- Alternative to extinction-based methods that specifies an appropriate behavior that will result small amount of attention/stimulation.
- Steps
 1. Decorate an index card with the child's help
 2. Exchangeable for a short (< 5 m), specific trip out of bed
 3. After that, ignore
 4. Small morning time rewards



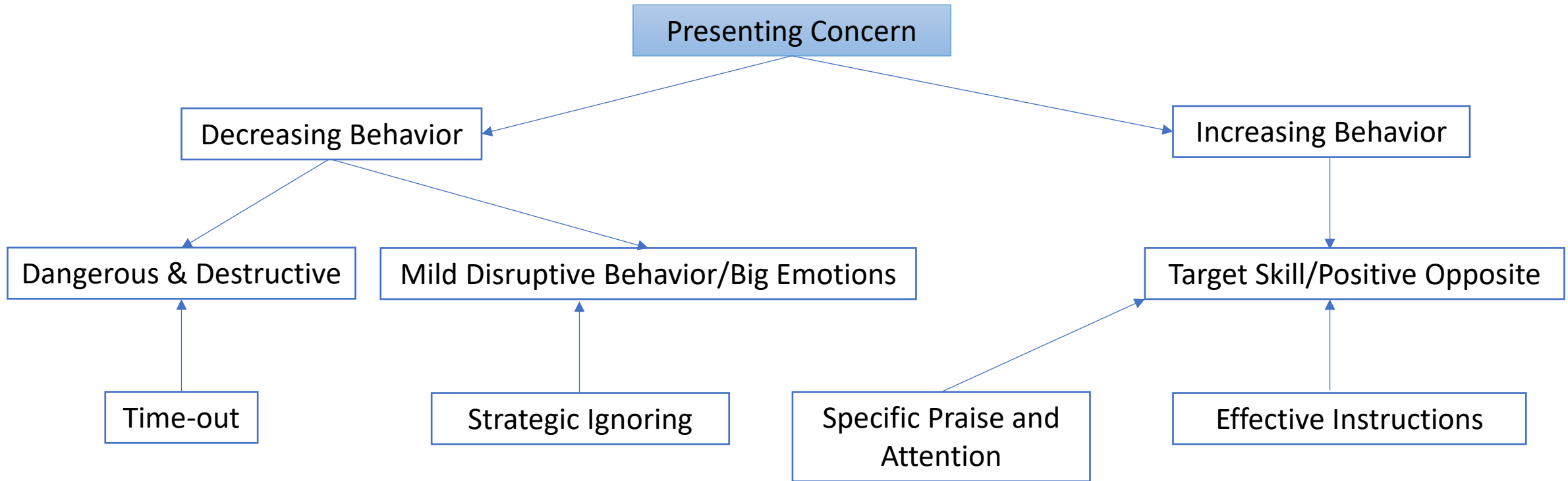
See: *Bedtime Pass Handout*

Applying Guiding Principles: Bedtime Pass



- Good effects for ages 3-10
- High satisfaction and acceptability

Putting it All Together



Final Thoughts



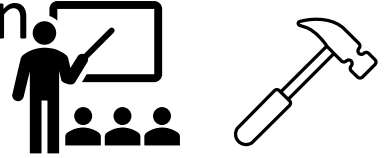
- Parents greater value conversations about behavior with PCPs.
- You may need to ask/prompt.
- Trust the fundamentals.
- Normal is tough! When in doubt, listen and empathize.

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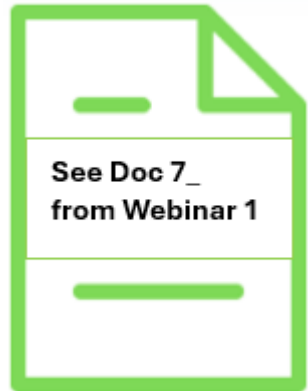
Overview of Brief Strategies Primary Care Providers Can Use



Potential follow-up steps and strategies to consider implementing in your clinic:



- Develop a packet of parent education sheets about common social-emotional health issues. Identify priority handouts from the ones provided today.
- Enhance your electronic health record templates with information provided today.
- If integrated behavioral health providers are available in your clinic, engage them to share coaching strategies for parents with PCPs and to advise PCPs on what services they can provide.





This webinar series is financially supported by Health Share of Oregon.

