



Effective Strategies and Techniques to Address Complex Behaviors in Children

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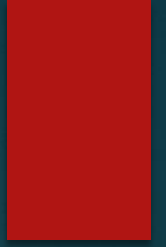
A little about me

- ▶ Ph.D. in Clinical Psychology from Hofstra (graduated 2019)
- ▶ Founded the Maryland Parent Child Clinic (MPCC) in 2020 and hired by first therapist in 2021
- ▶ MPCC clientele:
 - ▶ Ages 2+ with a variety of concerns including many featured in this presentation

Resources

- ▶ American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.).
<https://doi.org/10.1176/appi.books.9780890425596>
- ▶ Axelrod, M. I., & Santagata, M. L. (2021). Behavioral parent training. *Applications of behavior analysis in healthcare and beyond*, 135-154.
- ▶ Dekkers, T. J., Hornstra, R., van Der Oord, S., Luman, M., Hoekstra, P. J., Groenman, A. P., & van den Hoofdakker, B. J. (2022). Meta-analysis: which components of parent training work for children with attention-deficit/hyperactivity disorder?. *Journal of the American Academy of Child & Adolescent Psychiatry*, 61(4), 478-494.
- ▶ Law, C., & Boisseau, C. L. (2019). Exposure and Response Prevention in the Treatment of Obsessive-Compulsive Disorder: Current Perspectives. *Psychology research and behavior management*, 12, 1167–1174. <https://doi.org/10.2147/PRBM.S211117>
- ▶ Lebowitz, E. R., & Omer, H. (2013). *Treating childhood and adolescent anxiety: A guide for caregivers*. John Wiley & Sons.

What do you think of when you think of complex behaviors in children?



Here is what I think of:

- ▶ Impulsivity
- ▶ Hyperactivity
- ▶ Aggression
- ▶ Noncompliance
- ▶ High anxiety
- ▶ Avoidance

Learning Objectives

- ▶ Describe select diagnoses associated with complex behaviors in children: Attention-Deficit Hyperactivity Disorder (ADHD); Oppositional Defiant Disorder (ODD); Obsessive-Compulsive Disorder (OCD); Selective Mutism, Generalized Anxiety Disorder (GAD)
- ▶ Describe select evidence-based treatments to address complex behaviors: Behavioral Parent Training (BPT) or Parent Management Training (PMT); Supportive Parenting for Anxious Childhood Emotions (SPACE), Exposure and Response Prevention (ERP)
- ▶ List key components of these treatments, including how they are similar and different



Diagnoses (DSM 5)

Attention- Deficit/Hyperactivity Disorder (ADHD)

- ▶ “Persistent pattern of inattention and/or hyperactivity–impulsivity that interferes with functioning or development”
- ▶ Inattention criteria (Must have at least 6 occurring often)
 - ▶ Fails to give close attention to details or makes careless mistakes in schoolwork, at work, or with other activities
 - ▶ Trouble holding attention on tasks or play activities
 - ▶ Does not seem to listen when spoken to directly
 - ▶ Does not follow through on instructions and fails to finish schoolwork, chores, etc.
 - ▶ Trouble organizing tasks and activities
 - ▶ Avoids, dislikes, or is reluctant to do tasks that require mental effort over a long period of time
 - ▶ Loses things necessary for tasks and activities
 - ▶ Easily distracted
 - ▶ Forgetful

ADHD continued...

- ▶ Hyperactive/ Impulsive criteria (Must have at least 6 presenting often)
 - ▶ Fidgets with or taps hands or feet, or squirms in seat.
 - ▶ Leaves seat in situations when remaining seated is expected.
 - ▶ Runs about or climbs in situations where it is not appropriate (adolescents or adults may be limited to feeling restless).
 - ▶ **Unable** to play or take part in leisure activities quietly.
 - ▶ “on the go” or acting as if “driven by a motor”.
 - ▶ Talks excessively.
 - ▶ Blurts out an answer before a question has been completed.
 - ▶ Difficulty waiting their turn.
 - ▶ Interrupts or intrudes on others

Subtypes

- ▶ Predominantly Hyperactive/ Impulsive presentation
- ▶ Predominantly Inattentive presentation
- ▶ Combined presentation
- ▶ Other specified
- ▶ Unspecified

What does this really mean?

- ▶ ADHD is a neurodevelopmental disorder
- ▶ Children with ADHD have executive functioning difficulties (prefrontal cortex)
 - ▶ They need help from adults (teachers and parents)
- ▶ Can'ts versus won'ts of ADHD

Oppositional Defiant Disorder (ODD)

- ▶ Frequent difficulties with mood or noncompliance for 6 or more months
- ▶ At least 4 of the following:
 - ▶ “1. Often loses temper.
 - ▶ 2. Is often touchy or easily annoyed.
 - ▶ 3. Is often angry and resentful.
 - ▶ 4. Often argues with authority figures or, for children and adolescents, with adults.
 - ▶ 5. Often actively defies or refuses to comply with requests from authority figures or with rules.
 - ▶ 6. Often deliberately annoys others.
 - ▶ 7. Often blames others for his or her mistakes or misbehavior.
 - ▶ 8. Has been spiteful or vindictive at least twice within the past 6 months.”

Anxiety

- ▶ Anxiety can just be an emotion
- ▶ In order for it to be a diagnosis it must be “developmentally inappropriate and excessive”
- ▶ This can present in many ways in childhood: Generalized Anxiety Disorder (GAD), separation anxiety, social anxiety, selective mutism, specific phobias, etc.
- ▶ For simplicity of this presentation I will focus on Generalized Anxiety Disorder (GAD) and selective mutism

Generalized Anxiety Disorder (GAD)

- ▶ Excessive worry more days than not that is difficult to control
- ▶ Although 3 of the following are required in adults only one is required in children:
 - ▶ Restlessness or feeling on edge
 - ▶ Easily tired
 - ▶ Difficulty focusing or mind going blank
 - ▶ Irritability
 - ▶ Muscle tension
 - ▶ Sleep issues

Selective Mutism (SM)

- ▶ Consistently not speaking in one or more settings (while still speaking fluently in at least one setting - usually home)
- ▶ Must rule out speech issues

Obsessive-Compulsive Disorder (OCD)

- A. Either obsessions or compulsions or both
- B. The obsessions or compulsions are time-consuming (e.g., take more than 1 hour per day) or cause clinically significant distress or impairment in social, occupational, or other important areas of functioning
- C. The obsessive-compulsive symptoms are not attributable to the physiological effects of a substance or another medical/mental health condition
- D. The disturbance is not better explained by another mental disorder.

Obsessions

1. Recurrent and persistent thoughts, urges, images, or impulses that are experienced, at some time during the disturbance, as intrusive and unwanted, and that in most individuals cause marked anxiety or distress.
2. The individual attempts to ignore or suppress such thoughts, urges, images, or impulses, or to neutralize them with some other thought or action (i.e., by performing a compulsion).

Compulsions

1. Repetitive behaviors (e.g., hand washing, ordering, checking) or mental acts (e.g., praying, counting, repeating words silently) that the individual feels driven to perform in response to an obsession or according to rules that must be applied rigidly.
2. The behaviors or mental acts are aimed at preventing or reducing anxiety or distress, or preventing some dreaded event or situation; however, these behaviors or mental acts are not connected in a realistic way with what they are designed to neutralize or prevent or are clearly excessive.

Types of OCD

Types Of OCD



Contamination



Perfectionism



Checking



Harm



Superstitious



Religious or Moral



Sexual Orientation



Relationship

Overlapping symptoms that can be part of multiple diagnoses listed:

- ▶ Shutting down
- ▶ Difficulty completing schoolwork/ noncompliance
- ▶ Not speaking/ Unable to answer questions posed
- ▶ Inattention/ difficulty focusing
- ▶ Outbursts (can include crying, screaming, yelling, etc.)
- ▶ Physical aggression
- ▶ Physical symptoms (stomach aches, headaches, nausea, vomiting, etc.)

What if a child has severe behaviors but does not meet criteria for a diagnosis?

- ▶ Really important question when it comes to billing insurance
- ▶ There are many unspecified codes that can be used if full criteria is not met but check with the particular insurance to see if they are accepted (here are some examples):
 - ▶ F41.9 unspecified anxiety
 - ▶ F98.9 unspecified behavioral or emotional concern
 - ▶ F91.9 unspecified Conduct disorder

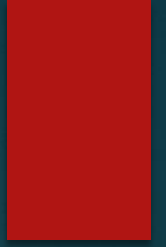


Select Treatments

Behavioral Parent Training (BPT) or Parent Management Training (PMT)

- ▶ Evidence-based treatment for children ages 2+ with a variety of behavioral concerns including noncompliance, aggression, and toileting concerns
- ▶ Has some overlap with Parent-Child Interaction Therapy (PCIT) which I mentioned in my last presentation
- ▶ Skills are taught to parents but the treatment is to address the target behaviors of the child
 - ▶ Can teach skills to any caregivers: often involves providing information on skills to teachers when possible

BPT or PMT Topics Covered



- ▶ Psychoeducation on symptoms and diagnoses
- ▶ Functions of behavior and differential attention
- ▶ Positive reinforcement in the forms of rewards
- ▶ One-on-one time
- ▶ Giving effective commands
- ▶ Effective Consequences

Supportive Parenting for Anxious Childhood Emotions (SPACE)

- ▶ Evidence-based parent only intervention for anxiety and OCD
 - ▶ Helps parents change their behavior
 - ▶ Designed for use with children in grades K-12 but also used for younger children sometimes
- ▶ Involves psychoeducation on anxiety for parents and creating a hierarchy to reduce parental accommodation
- ▶ Starts with letter that includes validation, reduction of accommodation and encouragement

Sample de-identified SPACE Letter

Dear XXX,

Mommy and Daddy love you and we are here to help you. We are so proud of you for all of the hard work you've put in to eating your lunch and snack during the day. However, we see that you are really worried that you are going to throw up or that you might throw up during the day. We are here to help you overcome that fear. After talking to [insert therapist name here], we have realized that us giving you unlimited pinky promises that you are not going to throw up is not helping you with your worries but is even making it worse. Therefore, we will only be giving one pinky promise a day when you ask about throwing up. We know that you can do this. We are excited to help you achieve this goal and we are here to support you. We only want the best for you and we think this will help you get rid of some of your worries and help you overcome worries in the future.

Love,

Mommy & Daddy

Another SAMPLE LETTER

Dear XXX,

We love you so much and we are so proud of how well you have been doing in school. We love that you come to us and that you trust us when you have difficult questions. We also see that you are really concerned about hygiene and spreading germs. Oftentimes, you are so worried that you ask us "is that okay?" We now realize that our response - answering these questions that you already know the answer to - has not helped you overcome your worries.

Therefore, from now on we are not going to answer these questions if it is something that we have already discussed with or explained to you. Going forward, when you ask "is this okay?" about hygiene, we are going to remind you that we have discussed this and we are confident that you can answer that question on your own.

We are still here to support you and answer any questions that you may have when new difficult questions come up. This might be difficult and it might seem like we don't want to answer your question but we think this new response to questions that you already know the answer to will help you overcome your worries on your own.

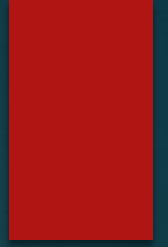
Love,

Mom and Dad

Evidence for Exposure and Response Prevention (ERP)

1. Several RCTs with significant effects sizes
 - ▶ ERP alone and ERP with SSRI superior to SSRI alone treatment
 - ▶ 50–60% of patients who complete ERP treatment show clinically significant improvement in OCD symptoms
2. First line evidence-based treatment for OCD
3. Evidence of continued positive impact after treatment ends
4. Evidence for effectiveness with children

Structure of Treatment - ERP

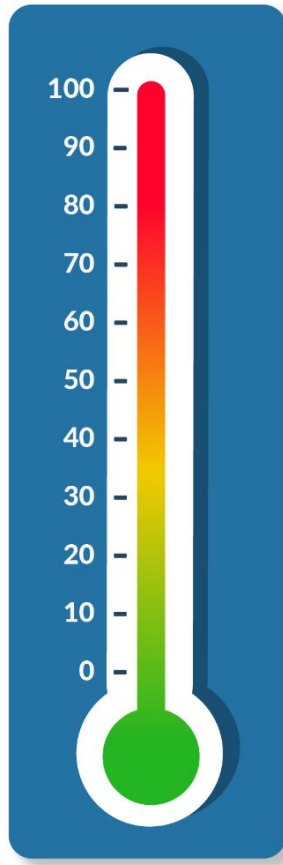


1. Intake
2. Assessment
3. Review of Treatment Plan/ Build First Hierarchy
4. Exposures
5. Build another hierarchy
6. Exposures
7. Repeat steps 5 and 6 until all themes addressed
8. Reassess symptoms and discuss maintenance of gains

What does a typical ERP session look like?

- ▶ Update including review of HW from previous session
- ▶ Discuss next steps in hierarchy and practice in session if possible
- ▶ Plan therapy homework (daily exposure practice) and format of next session including likely exposures to practice

Subjective Units of Distress (SUDS)



- 100 Highest anxiety/distress that you have ever felt.
- 90 Extremely anxious/distressed.
- 80 Very anxious/distressed; can't concentrate. Physiological signs present.
- 70 Quite anxious/distressed; interfering with functioning. Physiological signs may be present.
- 60 Moderate-to-strong anxiety or distress.
- 50 Moderate anxiety/distress; uncomfortable, but can continue to function.
- 40 Mild-to-moderate anxiety or distress.
- 30 Mild anxiety/distress; no interference with functioning.
- 20 Minimal anxiety/distress.
- 10 Alert and awake; concentrating well.
- 0 No distress; totally relaxed.

Example ERP Hierarchy for OCD

Situation/Action	Initial SUDS
I don't change clothes after being out	90-100
Other people don't change clothes after being out	90-100
People not washing hands right away when coming into the house	90-100
Use public pen - can't sanitize hands right after	90
Touch public door handles - can't sanitize hands right after	90
Outside bags coming into the house	70
Someone else touches credit card	60
Washing hands only one time after handling something "dirty"	60
Use public pen - sanitize hands after	50-60
Have visitors leave without Lysoling places they touched	50-60

Situation/Action	Initial SUDS
Bring purse into the house without spraying/wiping it	50-60
A piece of clothing touches the toilet - avoid changing clothes	50
Touch public door handles with sanitizer after	50
Clean phone only when coming from outside	50
Bring receipt inside the house if it's been handled a lot	40-50
Open laundry door or shower door without cleaning it after (depends on other factors)	30-60
Change clothes but don't shower after being out	30-40
Handle mail and packages without waiting for them to sit	30-40
Clothing from outside touches other surfaces without washing the surface	30
Put clothes in hamper instead of right in washing machine	10-20

Another OCD Example

Closet door creaking open – 2.4

Wrong fingering or playing during piano and not confessing – 2.6

Cutting fruit/ veggies and board slips and not confessing – 2.8

Not hard blinking right eye when you have the feeling – 3

Not washing dishes careful enough and not confessing – 3.1

Letting clothing tag be and doing nothing about it – 3.5

Procrastinating with videos or books and then turning in the assignment anyway – 3.6

Having a sexual thought and not confessing – 3.7

Didn't stop and pray before question and then continuing to answer – 3.8

Making a mistake with schoolwork and not apologizing and continuing writing – 3.9

Go to thin string on guitar too quickly and not apologize to God – 5


Want to do something but worry if it is right such as should I work on college essay or should I look at college websites – 6.9

Not raising feet to avoid Christian materials – 9

I feel like I sin too much and I'm on the devil's side and not saying Jesus – 10

Situation/Action	SUDS Rating
Other people touching something that I touched	10-20
Actively playing with my dog	20-30
Sexual Intimacy if he showers first	20-30
Shaking hands when not knowing how clean I am	20-40
Being around children after showering/clean clothes	30
Hug dad or grandma (fear of me contaminating them)	30-40
Open door without washing/sanitizing hands first	40
Being around children with clean clothes but not hands washed	50
Thinking/checking if hit somebody while driving	50
Shut door with foot after driving past utility trucks that may carry sewage, roadkill, or other possible contaminants	50

Hug husband (fear of him contaminating me)		50-60
Avoiding checking chair to see if there was toileting accident		50-60
Sexual Intimacy without him showering first		50-70
Hug mom (fear of me contaminating her/daycare)		50-70
Seeing unknown brown-colored things and for sure won't touch		60
touching shoes from trip out west		60
Getting in bed after playing with dogs, without changing clothes		60-70
Eating after playing with dogs, without washing hands		60-70
Needing to wash under nails after washing private parts in shower		60-70



Using a towel after showering	70
Potential exposure to asbestos without showering/washing clothes	70-100
Actively playing with Santana	70-80
Kiss husband (fear of him contaminating me)	70-80
Not washing hands before washing body in shower	80
Being around children with clothes possibly not clean	80-100
Seeing unknown brown-colored things and could touch	100

A non-OCD Exposure Hierarchy

Embarrassment in front of peers – fall in front of everyone in the lunchroom and stares 10/10

Imaginal exposure 7/10

Go to PSAT 8/10 (seeing people you haven't seen and unknown; mask less anxious)

Searching for colleges 6/10

Thinking about going to college 9/10

Submitting a job application online 6.5/10

Submitting a job application in person 8.5/10

Better if familiar with place

Better if familiar person/ esp. parent

Submitting a college application 6/10

Better if parent in room

Starting a college application 7.5/10 (worry about completing it well)

Starting college essay 7/10

Coming to office in person 7/10

Map it out ahead of time better

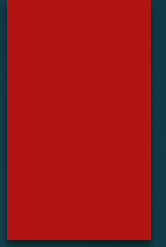
With friends and might see someone you know 3.5/10

Going into target 6.5/10

No talking 5/10

Organic market 4.5/10

Common FAQs for ERP

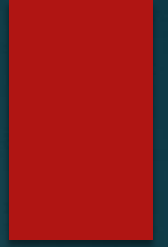


- ▶ Am I supposed to feel this anxious?
- ▶ What do I do if it's too hard?
- ▶ Why am I doing something that a reasonable person would not do?



Anyone have questions about
hierarchies or an example to
share?

Key Components of Treatment for Children



- ▶ Honesty/ transparency with children
- ▶ Caregiver involvement and support
 - ▶ Including teaching parents differential attention
- ▶ Homework outside of session
- ▶ Consistency
- ▶ Therapist modeling skills when interacting with child
- ▶ Behavioral treatments that often have a hierarchy

Finding Resources

- ▶ When helping families find resources, it is helpful to give them words related to diagnosis and specific interventions like those mentioned today
- ▶ Families can then search for these keywords on therapist pages or ask informed questions during consultation calls
- ▶ I keep a detailed referral list and also encourage people to contact their insurance and then use consult calls to find in-network providers that are a good fit
- ▶ For children especially, it is difficult to find providers especially those that take insurance so it is important to validate parents' concern and educate them that most places have waitlists



Questions ???