

# Welcome to VMAP ECHO Deeper Dive

## Primary Care Tools for IECMH Assessment

23 February 2023

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**Our session will begin promptly at 12pm**

*Please enter your name in the chat box;  
include any guests attending with you*

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## Important information...

**Patient-provider relationship:**  
Project ECHO case consultations do not create or otherwise establish a provider-patient relationship between any VMAP clinician and any patient whose case is being presented in a Project ECHO setting.

**Video recording:**  
For educational and quality improvement purposes, we will be recording this session.  
By participating in this clinic you are consenting to be recorded. We appreciate and value your participation.

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## Important information...

### Respect Private Health Information

To protect patient privacy, please only display or say information that doesn't identify a patient or that cannot be linked to a patient.

- Names: Please do not refer to a patient's first/middle/last name or use any initials, etc.
- Locations: Please do not identify a patient's county, city or town.
- Dates: Please do not use any dates (dob) that are linked to a patient. Instead, please use the patient's age.
- Other common identifiers: Patient's family members, friends, co-workers, phone numbers, e-mails, occupation, place of employment

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## Welcome + introductions

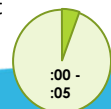
### Let us know you're here!

Please enter your name + any guests into the ZOOM "chat box" so we have a record of your attendance

### Agenda:

:00 - :05	Welcome + introductions
:05 - :30	Didactic: Primary Care Tools for IECMH Assessment
:30 - :55	Case presentation, discussion + recommendations
:55 - :00	Poll + wrap-up

**Our next session is scheduled for:**  
Thurs., Mar. 23 at 12:00 to 1:00 PM  
Anxiety + Related Attachment



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## VMAP ECHO QI Project Timeline

Date	Action	Your Next Step(s)
03.01.2023	<ul style="list-style-type: none"> <li>Receive project descriptions</li> <li>Receive baseline chart review instructions and link</li> </ul>	<ul style="list-style-type: none"> <li>Complete baseline chart review based on February visits; chart review <b>due March 15</b></li> <li>Start screening!!</li> </ul>
03.28.2023	<b>QI Session #1 @ 5:30 – 6:30 PM</b>	<ul style="list-style-type: none"> <li>Maintain a folder or other system for dated screeners – this will help you with your upcoming chart reviews</li> </ul>
05.01.2023	<ul style="list-style-type: none"> <li>Receive Chart Review #2 instructions and link</li> </ul>	<ul style="list-style-type: none"> <li>Complete chart review based on April visits;</li> <li>Chart review <b>due May 12</b></li> <li>Continue screening!</li> </ul>
05.23.2023	<b>QI Session #2 @ 5:30 – 6:30 PM</b>	<ul style="list-style-type: none"> <li>Improve your workflow?</li> <li>Add to your recommendations?</li> </ul>
07.03.2023	<ul style="list-style-type: none"> <li>Receive Chart Review #3 instructions and link</li> </ul>	<ul style="list-style-type: none"> <li>Complete chart review based on June visits;</li> <li>Chart review <b>due July 14</b></li> </ul>
07.25.2023	<b>QI Session #3 @ 5:30 – 6:30 PM</b>	<ul style="list-style-type: none"> <li>Review individual and cumulative results; this will help with the self-reflection portion of the attestation.</li> </ul>
11.15.2023	<ul style="list-style-type: none"> <li>Attestation link sent from UVA CME office</li> </ul>	<ul style="list-style-type: none"> <li>Email will come from Kathleen Meneses (virginia.edu)</li> <li>Attestation <b>due December 1</b></li> </ul>

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### VMAP ECHO 2023 Deeper Dive Cohort Members

<b>Suzanne Alonso, MSN, CPNP-PC</b> Lynchburg Pediatrics Forest	<b>Susan Ashton-Lazaroe, MD</b> ALL Pediatrics Lorton	<b>Leila Binder, MD</b> Sterling AllCare Pediatrics Potomac Falls
<b>Deana Buck</b> Richmond	<b>Brittany Butler, PA-C</b> Tri-Area Community Health Ferrum	<b>Walter Chun, MD</b> Pediatric Center Glen Allen
<b>Robin Church</b> The Arc of Virginia Richmond	<b>Ashley D'Angelo, CPNP-PC</b> Children's Medical Associates of Northern VA Alexandria	<b>Chrystal Doyle, APRN, FNP-BC, PMHNP-BC</b> Cumberland Hospital New Kent
<b>Jadig Garcia, PhD</b> Pediatric Center Richmond	<b>Jennifer Herrera</b> UVA Neurodevelopmental Behavioral Pediatrics in Charlottesville	<b>Vicki Holmes</b> Providence Forge
<b>Morgan Honickel, LCSW</b> Petersburg	<b>Nadia Islam, PhD</b> Pediatric Center Richmond	<b>Stephanie Konkus, MD</b> Town Pediatrics Leesburg

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**VMAP ECHO  
2023  
Deeper Dive  
Cohort  
Members**

<b>Paula Labriola MD</b> Woodbridge	<b>Nair Maya, MD</b> Capital Area Pediatrics Herndon	<b>Marina McBee, CPNP</b> Capital Area Pediatrics Herndon
<b>Ayanna McCray, MD</b> New Heights Pediatrics King George	<b>Nithyakalyani Panneerchelvam, MD</b> Fairfax	<b>Maria Sacoto, MD</b> Sacoto Pediatrics Falls Church
<b>Liv Gorla Schneider, MD, FAAP</b> The Pediatric Center Glen Allen	<b>Lowry C. Shropshire, MD</b> Pediatric Associates of Alexandria Alexandria	<b>Allison Siegel, MD</b> Capital Area Pediatrics Falls Church
<b>Tracy Walters</b> Virginia Department of Behavioral Health & Developmental Services, Richmond	<b>Jackie Winkelvoss, RN</b> Capital Area Pediatrics Oakton	

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**Hub Faculty**

**Questions?**  
[projectecho@vmap.org](mailto:projectecho@vmap.org)



Beth Ellen Davis, MD  
Moderator



Jacqueline Cotton, MD  
Pediatrics



Mary Margaret Gleason, MD  
Child Psychiatry



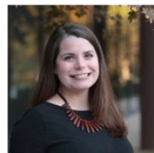
Michael Mintz, Psy.D  
Psychology



Polly Panitz, MD  
Developmental Pediatrics




Tammy Taylor-Musoke, LCSW  
LMHP




Robin Cummings, MSHA  
Program Coordinator

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# 4 Office Tools for Early Childhood Problem Emotions or Behaviors

**Beth Ellen Davis, MD**  
HUB Faculty, Developmental Behavioral Pediatrics  
University of Virginia



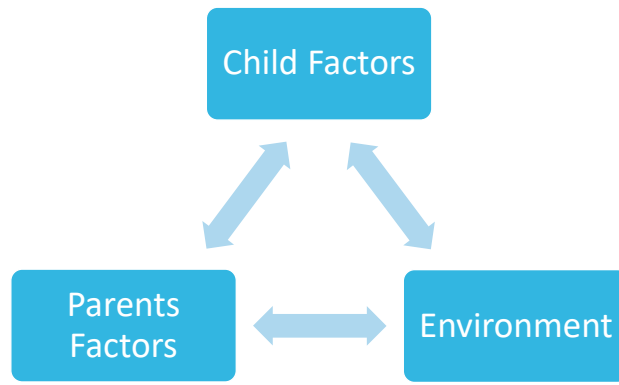
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34 month old:  
kicked out of childcare  
center due to aggressive  
tantrums and hitting  
behaviors



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## Why Do Problem Behaviors Occur?



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## Parent and Environmental Factors

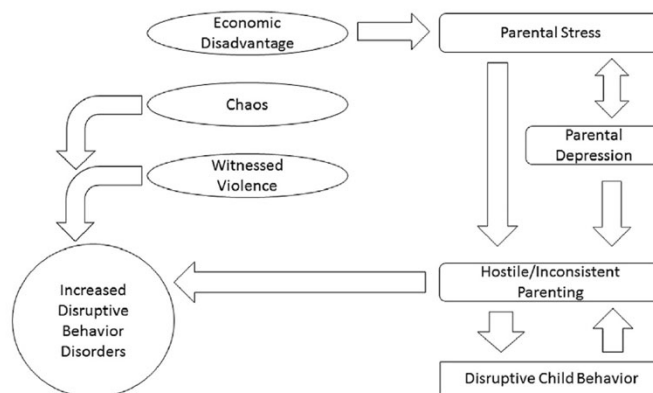


Fig. 1. Relationship of neighborhood effects and parenting factors to DBD risk.

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## OBJECTIVES:

At the end of this brief didactic, participants should be able to try to assess CHILD FACTORS INCLUDING:

1. A quick general early childhood behavioral screener (ECSA)
2. Surveillance of development, using the DQ!
3. Observe child/parent through play (paper ball, crayon/paper)
4. VOTE: Normal behavior/normal misbehavior/Clinical risk/Atypical

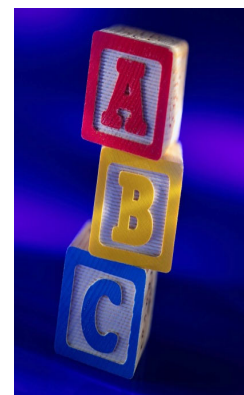
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## RECAP: Understanding the meaning of challenging behaviors

**Antecedent** : Understand the trigger, events or environment before the behavior,

**Behavior**: describe the behavior, the associated circumstances (FINDS)

**Consequences**: what happens after the behavior, what reinforces the behavior? Behaviors continue for a reason.....



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## DEEPER DIVE: F I N D S

### Behavior's .....

- Frequency and Flexibility (pliability)
- Intensity (strength, force)
- Number of associated circumstances
- Duration (predictability)
- Settings (pervasive, toward adults)



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## Red flags of Tantrums

- F: More than 20 out of 30 days, has a tantrum (persistent)
- F: Unable to self calm, or modify degree of tantrum
- I: SIB or aggression
- N: Tantrums more than 3-5 times/day
- D: Tantrums for more than 25 minutes (Inconsolable)
- S: Exaggerated for situation or occur without a clear pattern

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## Red flags for Hitting

- F: Frequency- often, versus occasionally toward sibling
- I: Destructive – intentional throwing, versus reactive
- N: hitting is initial strategy, before other strategies are tried
- D: Recurrent, despite consequences
- S: Toward adult versus sibling or another child

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## Brief ECSA: Early Childhood Screening Assessment

Please circle the number that best describes your child compared to other children the same age. The last 2 items are about you as a parent.

AND, please circle the "\*" if you are concerned and would like help with the item (please circle a number as well):

	Rarely/ Not true	Sometimes/ sort-of true	Almost always/ very true	I want help with this
1. Seems sad, cries a lot	0	1	2	+
2. Is difficult to comfort when hurt or distressed	0	1	2	+
3. Loses temper too much	0	1	2	+
4. Avoids situations that remind of scary events	0	1	2	+
5. Hurts others on purpose (biting, hitting, kicking)	0	1	2	+
6. Doesn't seem to listen to adults talking to him/her	0	1	2	+
7. Battles over food and eating	0	1	2	+
8. Is irritable, easily annoyed	0	1	2	+
9. Argues with adults	0	1	2	+
10. Breaks things during tantrums	0	1	2	+
11. Is easily startled or scared	0	1	2	+
12. Has trouble interacting with other children	0	1	2	+
13. Fidgets, can't sit quietly	0	1	2	+
14. Is clingy, doesn't want to separate from parent	0	1	2	+
15. Seems nervous or worries a lot	0	1	2	+
16. Blames other people for mistakes	0	1	2	+
17. Has a hard time paying attention to tasks or activities	0	1	2	+
18. Is always "on the go"	0	1	2	+
19. Reacts too emotionally to small things	0	1	2	+
20. Is very disobedient	0	1	2	+
21. Has unusual repetitive behaviors (rocking, flapping)	0	1	2	+
22. Doesn't seem to have much fun	0	1	2	+
23. I feel little interest or pleasure in doing things parent	0	1	2	+
24. I feel down depressed or hopeless	0	1	2	+

Are you concerned about your child's emotional or behavioral development? Yes      Somewhat      No  
Any comments you want to share:

One-page broad screener for both internalizing (anxiety, trauma) and externalizing (aggression, ADHD, trauma) symptoms as well as has two questions about parental stress / depression. Also, Dr. Gleason, one of our HUB faculty, has helped develop, validate and has published this tool, and can serve as a consultant, when we try this out in our QI project.

### SCORING

- 18 mo – 5 years
- For Qs 1-22, a total score ≥ 9
- For Qs 23-24, anything over 0 for either.

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## STOP AND DQ: at least language!

In children 18-36 months of age,

**LOW language skills are STRONGLY correlated to HIGH disruptive behaviors.**

**Stronger association for females and for low SES**

Roberts MY, Curtis P, Estabrook R, Norton ES, Davis MM, Burns J, Briggs-Gowan M, Petitchlerc A, Wakschlag LS. **Talking Tots and the Terrible Twos: Early Language and Disruptive Behavior in Toddlers.** J Dev Behav Pediatr. 2018 Dec;39(9):709-714. PMID: 30277894

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## Developmental Quotient

**DQ = Developmental Age/ Chronologic age X 100**

**DQ <70**

**Delay**

**DQ 70-85**

**Monitor**

**DQ >85**

**Typical range**

**\*Perform for each stream of development**

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AGE MOS.	GROSS MOTOR	FINE MOTOR	SELF-HELP	PROBLEM SOLVING	SOCIAL EMOTIONAL	RECEPTIVE LANGUAGE	EXPRESSIVE LANGUAGE
18	Crawps down stairs Runs well Sits self in small chair Throws ball - standing	4-cube tower Cradily initiates vertical stroke	Removes garment Climb onto adult chair Unzipped Mimes about house without adult	Matches pairs of objects Circle location after searching	Passes CHAT Plays in pretend play (e.g. tea party, birthday party - with other people) Begins to show shame (when does wrong) & embarrassment	Points to 2 of 3 objects Body parts 3 Points to self "Understands" "no" "Understands" "yes"	10-25 words Clear words (all gone, stop that) Initiates environmental sounds Sings on demand "I'm on demand"
20	Squats to play Carries large object Lip sticks building onto one hand	Completes round peg board who string 3-6 cube tower Completes square peg board	Places only clothes in mouth Feeds self w/ spoon entire meal	Identifies location of hidden object Plays with marbles	Begins to have thoughts about feelings Engages in tea party with stuffed animals Knows with pocket	Points to 3 pictures: 3 Plays with 4 pictures Begins to understand bar/bimble	Holographs ("Mommy" / "mine" picture keys) 2-sound combinations Attempts requests w/ "no"
22	Lip sticks with nail, marking time Kicks ball w/ one foot on walking board	Chain fork with tie Initiates vertical line Initiates circular scribble	Uses spoon well Drinks from cup well Unzips zippers Date shoes on pathway	Adapts to TV removal within 4 trials Completes form board		Pictures 4-5 Body parts 5-6 Colors 2 places	25-50 words Asks for more Asks 1-2 words/red
24	Reverses stairs with nail, marking time Jumps to place Kicks ball w/ one foot Throws overhead	Feeds of cubes who stack Initiates single circle Initiates horizontal line	Spins door using knob Sticks through a straw Takes off clothes who buttons Pulls off pants	Sorts objects Matches objects to pictures Shows use of familiar obj	Parallel play Begins to mock emotions for social etiquette	Understands any/you Points to 5-10 pictures	Follows 3-step commands Telegraphic speech 50+ words 50% intelligibility Refers to self by name Names 2 pictures
28	Jumps from bottom step - 1 foot landing Walks on toes after demo Walks backward 10 ft	Strings beads awkwardly Unzippers jar lid	Holds self/verbalizes sifts marbles Pulls pants off Closes	Matches shapes Matches colors		Understands "just one"	Repeats 2 digits Begins to use pronouns (I, me, you) Names 10-15 pictures
30	Runs with nail, alternating feet Jumps to place Stands w/ both feet on balance beam Walks w/ one foot on balance beam	8-cube tower Feeds of cubes with stick Builds stairs	Washes hands Put things away Brushes teeth w/ assistance	Reverses form board spontaneously Points to small details in pictures	Pretend play / imitates	Follows 2 prepositions: "put block in... on box" Understands actions words: "playing... washing... blowing"	Excludes & jargoning gone Names objects by use Refers to self of correct pronoun
33	Runs	9-10-cube tower 6-square page in pathway Initiates series	Toilet trained Puts on coat unassisted	Points to self in photos Points to body parts and to function Understands basic emotions		Understands 3 prepositions Understands dirty, wet Understands objects use: "ride on, put on feet, set up w/ ball"	Gives first & last name Counts to 3 Repeats 3-digit numbers
3 yr	Initiates 1 ft - 3 sec Upstairs, alternating feet, without nail Pedals tricycle Holds to toe walk Catches ball - arms stiff	Copy circle Cuts w/ scissors: side-to-side (awkwardly) Initiates bridge Strings small beads well	Independent eating Pours liquid from one container to another Puts on shoes who lace Spreads w/ knife Unzippers	Adds 2 parts to SNAP Understands long/short, high/low, more/less Knows own gender Knows own age	Starts to show with/without prompt Pours imaginary things Imaginative play Uses words to describe what someone else is thinking (Mom thought I was asleep)	Points to parts of pictures (nose of cow, door of car) Understands long/short Names body parts w/ function Understands negatives (strong objects (books, toys))	2000+ words 3-sound sentences Uses pronouns correctly 75% intelligibility Uses plurals Names body parts by use
4 yr	Initiates 1 ft 4-8 sec Hops 1 ft 2-3 times Shuffling broad jump: 1-2 ft Chalks Throws ball overhead 10 ft Catches bouncy ball (4 ft 10 sec)	Copy square Initiates gate Ties single knot Cuts 5-inch circle Uses transfer Builds stairs	Uses to toilet alone Wipes after BM Washes face/hands Brushes teeth alone Shaves Uses fork well	SNAP = 4-6 parts Number concepts to 2 Simple analogies - daddy/ mother??? - mommy/ dad??? - ceiling/ floor??? Points to 4 colors	Passes Sally & Anne test Deception - interested in "tricking" others & concerned about being tricked by others Has a preferred friend Labels happiness, sadness, fear, & anger in self Group play	Follows 3-step commands Points to 4 colors Understands action words: II - (swims in water, cuts with, is read, sit at, tells time...) Understands adjectives: bushy, long, thin, pointed	Logic: 3 forward 300-1000 words Tells stories Counts to 4 Names 4 colors 100% intelligibility Uses "ending" words
5 yr	Down stairs, alternate feet, w/ nail Initiates 1 ft 8-9 sec Hops 1 foot 15 times Skips Running broad jump 2-3 ft Walks backward heel-toe Jumps backward	Copy triangle Builds stairs from model Puts paper clip on paper Cuts out clothespins to transfer small objects	Spreads with knife Independent dressing Bathes independently	SNAP = 8-10 parts Number concepts to 3 Identifies coins Standardized IQ test needed	Has a group of friends Apologizes for mistakes Responds verbally to good fortune of others	II & I on self (5-7 yrs) Points to different one in a series Understands "on" endings (batter, skater)	Logic: 4 forward Counts to 10 Colors: 4-6 Defines simple words 2000 words Knows telephone number Responds to why questions
6 yr	Twirls walks	Builds stairs from memory Draws diamond Copies flag	Ties shoes Combs hair Looks both ways at street	SNAP = 12-14 parts Number concepts to 10 Simple addition Understands seasons	Has best friend of same sex Plays board games	Reads at first-grade level Use PPVT	Days of the week 10,000 words when enters first grade

What is 70% of 34 months?

34 months

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## Could it be Autism Spectrum Disorder?



- Lack of response to name
- Lack of eye gaze and monitoring
- Lack of non verbal gestures (waving, pointing, head nodding)
- Lack of requesting items or attention
- Lack of bringing and showing or pointing "out"

<https://www.m-chat.org/mchat.php>

Free, online MCHAT-R screener, follow-up questions with scoring, lots of languages.

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## Play strategies, in an empty office....

Roll up paper from table covering and make a ball. Try to toss or roll it. Ask child to play with parent.

- *Look for CHILD'S temperamental traits: intensity of reaction, threshold of responsiveness to novelty, mood, distractibility, persistence and attention, activity. Does child make eye contact, try to keep activity going??*
- *Look for PARENT'S response: to child's reaction, interest, comfort with changing activity to parent, facial expressions.*


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## Observing Parent-Child Interactions

Age	Parent	Child
4 months	Comfortable holding infant? Brought appropriate toy or food? Has thought about child's temperament	Recognizes parent, show delight with attention, play, giggles and smiles
9 months	Allows child to safely explore, has strategy to engage infant.	Stranger awareness, looking for comfort from parent, babbling and responding to name
1 year	Seems comfortable with a book and child, interprets child's behaviors and utterances	Explores, checking back with parent, self soothes? Responding to name, vocalizing
2 year	Parent is confident child will not run out of room, or when close to strangers, wont hurt them.	References parent when examiner engages child in play. Initiates interaction with parent.
4 years	Observe what topics parent discusses in front of child. Observe parents response to child's behavior in room	Does child listen to parent when parent gives instruction? Seeks permission before obtaining object or task

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	Normative variation		Clinically concerning	
	Normative behavior	Normative misbehavior	Of concern	Atypical
Noncompliance Domain: <i>Defiance</i>	None or fleeting	Low-level defiance (e.g., 'no'), but is compliant with prompt	Active defiance, argumentativeness and/or outright refusal but does respond to prompts	Persistently and actively defiant even after multiple prompts
Temper Loss Domain: <i>Difficulty Recovering from Negative Affect</i>	Easily and independently reestablishes positive mood	Mild difficulty—recovery takes a while or requires some adult support	Moderate difficulty even with adult support	Requires substantial adult support and even then has difficulty recovering
Aggression Domain: <i>Aggression Toward Adults</i>	None	Mild aggression or low intensity aggression that seems impulsive	Multiple incidents of mild aggression or some moderate aggression	Serious, intense aggression, (e.g., hitting, kicking, biting or directed throwing)

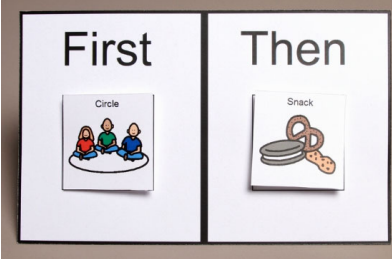


Wakschlag LS, Briggs-Gowan MJ, Carter AS, Hill C, Danis B, Keenan K, McCarthy KJ, Leventhal BL. A developmental framework for distinguishing disruptive behavior from normative misbehavior in preschool children. *J Child Psychol Psychiatry*. 2007 Oct;48(10):976-87. PMID: 17914998.

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## Next steps for PCP with this 34 month old?

- Day care problem solving....(smaller group? older children?)
- Check audiology?
- Ensure good sleep, nutrition
- Refer to private SLP for "Consult and make recommendations" OR if significant delays, refer to school system for ECSE evaluation.
- Add visual strategies at home-Practice!!
- ECSA Screener Score= 18 (>9, Positive) :
  - Parent Behavior Management Training with a LMHP
  - Might be psychology, LICSW, or others
- Return in 2-4 weeks. Discuss behavior strategies.



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## What to do?

**NORMATIVE OR  
NORMATIVE  
MISBEHAVIOR**

**CLINICAL  
CONCERN**

**ATYPICAL OR  
SEVERE-  
SAFETY ISSUES**


- **CDC videos: Essentials for Preschoolers: Parent Management training**  
<https://www.cdc.gov/parents/essentials/videos/index.html>  
(Great short 2–3 minute clips for parents on basics of effective parenting!). **Structure. Routine. Sleep. Nutrition. Exercise.**
- **Parent Focused Treatments**
  - Young Children: strongly recommend a therapist to teach behavior management skills. Many models for this, like Parent Child Interaction Training (PCIT), and 1-2-3 Magic.
  - Parent should create some regular positive time with their child (like “special time”) as this helps other discipline to be more effective.
  - Encourage parent to utilize bibliotherapy/video references on learning behavior management techniques.
- **Child Focused Treatments**
  - Individual psychotherapy focused on problem solving skills, and helping identify and institute tangible rewards for desired behavior. (Avoid group therapy as may reinforce negative behaviors.)
  - Parent involvement/training is essential to get positive results.
  - Encourage “special time” interactions between parent and child.
- **All of the above, and call child psychiatry VMAP. May need to consider medication such as Guanfacine to decrease hyperarousal, bridging to behavioral interventions**

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## Discussion...


1. What is something you observe for, in the room, with caregiver(s) and children?
2. What if the caregiver smacks the child in the office?
3. What are other tools that you try to have available? (e.g., a retractable measuring tape!)
4. Other pearls of the trade?

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# Case Presentation

**Susan Ashton-Lazaroae, MD**  
ALL Pediatrics  
Lorton



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Your name	Susan Ashton-Lazaroae
Case ID	4 ½ year old female with dysregulated anger and aggression for 2 years, home>> pre-school
Consult Question	<b>Best diagnosis to use? How to counsel parents who don't want PCIT? Is there a better medication to consider?</b>
Prior medical, MH dx	Full term, IVF to 34 year old primagravida
Symptoms	0-2 years: mild eczema and asthma- well controlled. No concerns identified 2-3 years: potty trained at 2.5 y. developmental milestones strong. 3- 4 years: angry, aggressive, worse with fatigue- parenting strategies not working. ADHD symptoms. Waxing and waning symptoms. Kicked out of a pre-school setting. 4 years: seen by PsyD (see below)-Diagnosed more with parent-child problems, anxiety and depression. Again, much improved after very difficulty Sept 2022, then reverted to severe behaviors over holidays.
Other assessments	PsyD 7/2022: Parent/grandparent questionnaire differences. Avg-above avg abilities. Could not rule out autism. Requested ADHD eval. Virtual CAP: Intermittent Explosive Disorder, see meds below. Rec ADOS and neuropsych testing. Current diagnoses: Behavior problem in child. Neurodevelopmental disorder, at risk ADHD, anxiety.
Related family/social hx (incl. dx, ACEs)	Mom endorses ADHD symptoms. Dad endorses anger. Parents decided they did not want to include child in therapy of PCIT so declined.
Other settings (incl. school, daycare)	In preschool: no concerns about behavior, even in setting where at home it is as severe as ever. Receiving OT for self regulation and sensory dysfunction
Medications	Mom tried Brillia Guanfacine 0.5 mg bid, increased to 1/1, 1/0.5, now on Guanfacine ER 1 mg Trial of Risperidone 0.25 mg bid with acute dystonic reaction after 4 doses.

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## Wrap-up

### Our next session...

Topic:	Anxiety + Related Attachment
Date:	Thursday, March 23 @ 12:00 to 1:00 PM
Case presenter:	TBD
Didactic presenter:	Michael Mintz, PsyD

Today's session recording will be posted to the cohort webpage @

<http://www.virginiapediatrics.org/vmap/echo/>

*VMAP ECHO 23 Deeper Dive → Password = 2019VMAP*

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