

Young Child: VMAP Behavioral Screening Worksheet

Developed as a QI Resource for VMAP Project ECHO participants

Updated 2.24.2023



Goal

To increase broad emotional and behavioral screening in preschoolers in order to prevent or mitigate current or future severe problems. The Brief ECSA has sound validity and reliability in the primary care setting to identify children (age 18 months - 60 months) who have severe and impairing emotional or behavioral symptoms.

Rationale

The Early Childhood Screening Assessment is a 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 in this QI project.

Steps

1. **Identify your denominator.** Decide who is your target population (ages 2, 3, and 4 well-child checks) and calculate the number of well-child visits in your target population during the month of February. Your denominator should be at least 20 patients; if it is not, you will want to expand the age group you are using to make sure you have at least 20 patients in your denominator for each chart review. Enter this information into the Baseline survey tool.
2. **Review your screening tool.** For this project, we are using the Brief Early Childhood Screening Assessment (ECSA) - attached.
3. **Define your workflow.** The easiest thing to do is to print out copies of the tool and have your nurse or medical assistant instruct family to complete it while they are waiting for you in the room. You can score and discuss results with family.
4. **Start screening.** Capture as many of your targeted well child visits as you can with a screener from March to June. (And ongoing, of course!)
5. **Keep a folder.** For ease in completing chart reviews, keep the completed screeners in a folder so you can count them. Make sure they are dated.
6. **Use recommendations below.**

The TOOL

- The Brief ECSA is available at <https://medicine.tulane.edu/sites/g/files/rdw761/f/Brief%20ECSA.pdf>.
- Ask parent to score all items to get the most accurate score. The ECSA is not valid if more than 2 child items are skipped.
- Parents are asked to circle a (+) if they are “concerned about a behavior and want help with it.”
- Child score: A score of greater or equal to 9, when totaling questions 1-22, suggests that the child may be at higher risk of having a mental health problem. A score of 9 or higher, or any (+) should trigger a conversation with the parent and consideration for further assessment or referral.
- Parent depression score: Any response greater than zero on items 23 and 24 is considered positive and should trigger conversation with parent, and recommendation for parent to seek support.

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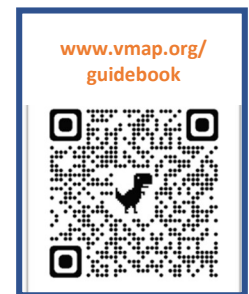


Visit Diagnoses

- For aggression or other externalizing symptoms such as opposition you can use **Behavior Problem in Child (R46.89)**
- For inattention or hyperactivity or externalizing symptoms that are disruptive you can use **Behavior Disturbance (F91.9)**
- For anxious symptoms, you can use **Anxiety-like Symptoms (F41.9)**
- For mostly **Oppositional Behaviors**, you can use **(F91.3)**, but this code also includes an oppositional defiant disorder (ODD) and so you may want to stick to a descriptor term **Disruptive Behaviors (F98.9)**
- **Screening Code CPT 96127: Use if you documented score and an interpretation.**

FOR PROVIDER - to get up to speed - be confident in your content knowledge

- [VMAP Care Guide on Disruptive Behavior and Aggression](https://www.vmap.org/guidebook) includes medication guidance, provider tips, and family resources
- Dr. Gleason's [Mental Health Minute](https://services.aap.org/en/patient-care/mental-health-minute/): <https://services.aap.org/en/patient-care/mental-health-minute/>
- Language deficits highly associated with problem behaviors – consider SLP and audiology eval.
- Has child had adverse childhood experience? Trauma? Toxic stress? Consider trauma informed therapy.



Recommendations FOR PATIENT AND FAMILY – MILD elevations

Offer parent resources and monitor:

Parenting children with aggression often requires specific training. There are some research-based Parent Management Training strategies available that parents can self-train and/or seek the support of a Child Behavioral Counselor/Therapist. See below for additional PATIENT AND FAMILY RESOURCES.

Resources that may be helpful:

- 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!)
- *Your Defiant Child: Eight Steps to Better Behavior* (2013), by Russell Barkley, PhD
- *The Explosive Child* (2001), by Ross Greene, PhD
- *The Difficult Child* (2000), by Stanley Turecki, MD and Leslie Tonner
- *1-2-3 Magic: Effective Discipline for Children 2-12* (2004), by Thomas Phelan, PhD
- *Raising an Emotionally Intelligent Child* (1998), by John Gottman, PhD
- *SOS Help for Parents* (2006), by Lynn Clark, PhD

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Recommendations FOR PATIENT AND FAMILY – MODERATE, ELEVATED symptoms

Get collateral information such as Day Care PSC-17, School Vanderbilts (consider use, if age 4-6)

Parent Focused Treatments

- Young Children: strongly recommend a therapist to teach behavior management skills. Many models for this, like Parent Child Interaction Training (PCIT), the Barkley method 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 (see above) 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.
- If ADHD present, consider use of stimulant medication if child has impulsive unsafe behaviors and/or if trial of behavior therapy is insufficient or not available.

If SEVERE, and you think medication is needed

- Call VMAP
- Refer to local CSB, order in-home behavior therapy (you may not get it), ask for a school Functional Behavioral Assessment and Behavior Intervention Plan and/or school evaluation of language.
- Although not preferred, if very severe symptoms or if unable to make progress with child/parent counseling after a reasonable counseling effort over a few months, consider medication as symptom focused treatment trial. Note planned, purposeful aggression is not helped by medication. If using a medication, identify child specific treatment goals which can be monitored to measure treatment effects, like the frequency/severity of violent incidents. Stop any failed medication trials before beginning any new prescription (avoiding polypharmacy). Non-specific medication options for maladaptive impulsive aggression and hyperarousal include stimulants and a-2 agonists. The a-2 agonists are often preferred as a first trial due to overall lower side effect risks. Antipsychotics like risperidone have greater cumulative medical risks, and should be considered as a last resort.

Definitely consider calling VMAP before considering meds other than low dose guanfacine or low dose stimulant.

Additional patient and family resources

- <https://www.zerotothree.org/parenting/discipline-and-limit-setting>
- The Incredible Years training programs: www.incredibleyears.com
- Lives in the Balance: www.livesinthebalance.org
- Center for Effective Parenting (great website with specific handouts: teasing, mealtime battles, etc.) <http://parenting-ed.org/parenting-information-handouts/early-childhood/>
- CDC Parenting Essentials for Toddlers and Preschoolers: <http://www.cdc.gov/parents/essentials/>

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Tips for Promoting Positive Behavior:

- **Use specific praise:** Be very clear and specific! You should describe the behavior that you are seeing and that you like that you want to see more of that good behavior. "Oh thank you! I love it when you pick up your toys!"
- **Catch your child being good!** You should give labeled praise more than you correct. Aim for a goal of 4 labeled praises for every 1 time you respond to misbehavior.
- **Give clear and calm instructions:** Be sure to have your child's full attention, be at their eye level, and give a simple, calm, instruction. Your child should be given 5 seconds to comply and praised for compliance. If your child is non-compliant, repeat the instruction and give another 5 seconds to follow through. Do not give the instruction more than twice. If they do not follow through with your instruction, it should be followed by an immediate logical consequence.
- **Teach your child to label their emotions:** If your child looks upset say something like "It looks like you are upset that you have to wait your turn." Encourage your child to label their emotions throughout the day by asking "How are you feeling right now?" This can help to reduce tantrums, meltdowns, aggression, and destructive behavior over time.

Following are examples that might help with your child's behavior:

- **Create a routine. Preschoolers LOVE ROUTINE!** Try to follow the same schedule every day, from wake-up time to bedtime.
- **Get organized.** Encourage your child to put schoolbags, clothing, and toys in the same place every day so your child will be less likely to lose them.
- **Manage distractions.** Turn off the TV, limit noise, and provide a clean workspace when your child is doing homework. Some children with ADHD learn well if they are moving, or listening to background music. Watch your child and see what works.
- **Limit choices.** Offer choices between a few things so that your child doesn't get overwhelmed and overstimulated. For example, offer choices between a few options, such as this outfit or that one, this meal or that one, or this toy or that one.
- **Be clear and specific when you talk with your child.** Let your child know you are listening by describing what you heard them say. Use clear, brief directions when they need to do something.
- **Help your child plan.** Break down complicated tasks into simpler, shorter steps. For long tasks, starting early and taking breaks may help limit stress.
- **Use goals and praise or other rewards.** Use a chart to list goals and track positive behaviors, then let your child know they have done well by telling your child or rewarding efforts in other ways. Be sure the goals are realistic—baby steps are important!
- **Discipline effectively.** Instead of yelling or spanking, use [timeouts](https://www.zerotothree.org/parenting/discipline-and-limit-setting) or removal of privileges as consequences for inappropriate behavior. <https://www.zerotothree.org/parenting/discipline-and-limit-setting>
- **Create positive opportunities.** Children with ADHD may find certain situations stressful. Finding out and encouraging what your child does well — whether it's school, sports, art, music, or play — can help create positive experiences.
- **Provide a healthy lifestyle.** [Nutritious food, lots of physical activity](#), and sufficient sleep are important; they can help keep ADHD symptoms from getting worse.
- **Monster Meditation.** Sesame Street and Mindspace created [these youtube videos](#) to help kids learn mindfulness, self-regulation, and improved affect.