

Welcome to VMAP ECHO Deeper Dive

Tantrums, Discipline and Spanking

26 October 2023

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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Today's agenda

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: Tantrums, Discipline & Spanking
:30 - :55	Case presentation, discussion + recommendations
:55 - :00	Wrap-up

Our next session is scheduled for:
Thurs., Nov. 9 at 12:00 to 1:00 PM
IECMH Resources in Virginia



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VMAP Early Childhood Line

Now accepting calls!



1-888-371-VMAP (8627)

Consultations with early childhood specialists!
















Such as **developmental/behavioral pediatricians** and **early childhood child psychiatrists**

In the next year, VMAP plans to expand its early childhood program to increase coverage and types of early childhood specialists available to PCPs via the VMAP line. This will include early childhood care navigation to help PCPs, patients, and families navigate and find referrals for services.

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**VMAP ECHO
2023
Deeper Dive
Cohort
Members**

slide 1 of 2

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

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VMAP ECHO 2023 Deeper Dive Cohort Members



Paula Labriola, MD
Woodbridge



Nair Maya, MD
Capital Area Pediatrics
Herndon



Marina McBee, CPNP
Capital Area Pediatrics
Herndon



Ayanna McCray, MD
New Heights Pediatrics
King George



Nithiyakalyani
Panneerchelvam, MD
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Maria Sacoto, MD
Sacoto Pediatrics
Falls Church



Liv Gorla Schneider, MD
The Pediatric Center
Glen Allen



Lowry C. Shropshire, MD
Pediatric Associates of
Alexandria



Allison Siegel, MD
Capital Area Pediatrics
Falls Church



Tracy Walters
Virginia DBHDS
Richmond



Jackie Winkelvoss, RN
Capital Area Pediatrics
Oakton

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Hub Faculty

Questions?
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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Tantrums & Discipline

VMAP Project ECHO: A deeper dive 0 – 5 years

October 26, 2023

Michael Mintz, Psy.D.

Clinical Psychologist

Associate Director

Child Development Clinic

Children's National Hospital

Clinical Associate Professor

Department of Psychiatry & Behavioral Sciences

George Washington University School of Medicine & Health Sciences

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Disclosures

- None

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Topics

- Self-regulation in infancy & toddlerhood
- Promoting appropriate self-regulatory routines
- Tantrums as developmental milestone
- Avoid inadvertent reinforcement
- Attention as a behavior modifier
- Time-outs
- Physical forms of discipline

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Self-regulatory milestones

- Newborn: oral soothing
- Mid-first year: shift from sensory to social
- Around 8/9m: separation anxiety
 - Social support/language to soothe

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Self-regulation & social development

- Self-regulatory skills develop hand-in-hand with social skills
- Soothing in early infancy: oral and tactile
- Soothing in later infancy: transitioning to social forms of soothing
 - Attention to language
 - Attachment to parents as a secure base

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Home-based self-regulatory routines

- Feeding routines
 - Staying seated at the table
- Sleeping routines
 - Settling independently (no bottle/rocking)
 - Sleeping through the night
- Attention
 - Following along with a book

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Self-regulation in toddlerhood

- Starting to test limits
 - Issues around control/power
- Attention-seeking behaviors
 - Intentional misbehavior

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Intervention in toddlerhood

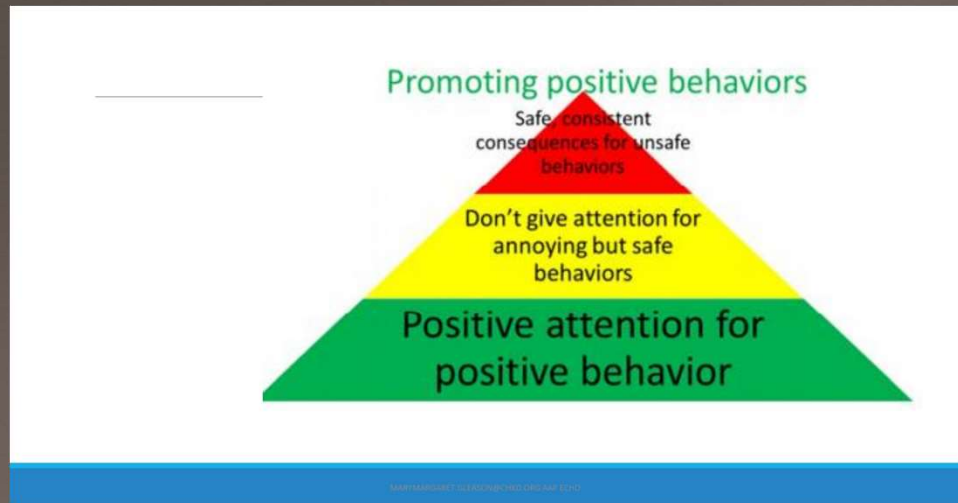
- Avoid inadvertent reinforcement
 - Eye contact, scolding, emotional response as reinforcing reactions
 - “All attention is good attention”
- Example re: throwing food
 - Avoid EC, avoid directing language, avoid emotional response

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Addressing challenging behaviors



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Tantrums in toddlerhood

- Tantrums as developmentally appropriate
 - “Normal,” “good,” “supposed to,” etc.
 - Aspect of individuation
- Goal is not to stop tantrums
 - Babies train their parents to respond to their cry
 - Parents of toddlers have to unlearn the responsibility of responding/soothing

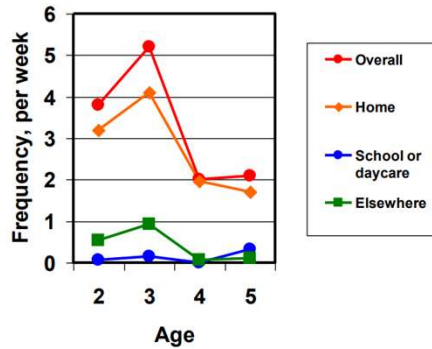
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"Normalcy" of tantrums

Mean frequency of preschool tantrums



Egger 2015

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Frequency of dysregulation

Dysregulation pattern	90 th % frequency for older children	90 th % frequency for preschoolers
Loses temper	At least 2 x/wk	2-3 x/day
Argues	At least 2 x/wk	2 x/wk
Annoys other people	At least 4 x/wk	5 x/wk
Touchy	At least 2 x/wk	> once in 3 months
Angry	At least 4 x/wk	Once a day
Spiteful	> once in 3 months	> 3 times in 3 months

Egger 2006, slide and data

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"Abnormalcy" of tantrums

When is a tantrum not just a tantrum?

- High Frequency (2-3 times per day)
- Aggression towards people or destruction of objects
- Happens outside the home
- Happens with adults other than parents



Egger 2006

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Goals with tantrums

- Tantrum prevention
 - Redirection
 - Distraction
- If unsuccessful
 - Avoid reinforcing tantrums
 - No 'giving in' to a tantrum
 - Don't say 'no' unless you will stick with it

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Goals with tantrums

- It's not your job to prevent tantrums
 - Babies train parents to respond to their tears, screams, etc.
 - Parents need to un-train themselves with toddlers
 - No longer your job to 'fix' it when they're crying
 - Only avoid reinforcement

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Discipline in toddlerhood

- Discipline as inadvertent reinforcement
 - Time outs = attention = reinforcement
 - Lack of understanding of time outs
- Balance between ignoring & doting
 - Avoid reinforcing but ready to provide support

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Preschool-aged kids

- Tantrums should start to fade
 - But the battles get more complex
- Time outs
 - Appropriate warnings (1...2...3)
 - Time = age (3 minutes for 3yo)
 - Consistent location (not the bedroom)
 - Consistent follow-through

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Time outs

- Save for extreme behavior
 - Aggressive behavior
 - Intentional acts
- Avoid time outs for crying, dysregulation, etc.

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Aggressive behaviors

Anger and aggression happens when

Frustration
or distress

Exceeds

Capacity to
organize
feelings

- Extreme, developmentally unmanageable stressor
- Atypical experience of typical stressors
- Limited emotional regulation skills

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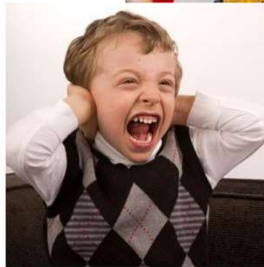
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Reconceptualizing preschool aggression

Reconceptualizing preschool anger and aggression

- Mood drives the behavior
- Irritability at the core



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Behaviorism 101

- Reinforce desired behaviors (versus diminishing undesired behaviors)
 - Sticker charts for appropriate behavior
 - Talking about alternatives/desired beh.
 - Helping kids apply language to feelings, actions, etc.

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Physical forms of discipline

- Research shows...
 - Neurologic response consistent with trauma/sexual abuse/etc
 - Higher level of perceived threats
 - Lower rates of school engagement
 - Poorer long-term self-regulation
 - Higher rates of anxiety/depression in adulthood

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Spanking

- Approximately 1/3 of parents report spanking
- Perhaps most importantly...
 - Spanking doesn't work!
 - Increased aggressive behavior
 - Children don't do what we say, they do what we do
 - "If we hit our child when we're upset, they will hit others when they're upset."

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Translation to primary care

Translating to primary care

- Screen for
 - Adverse social determinants
 - Caregiver MH
 - Child MH
- Have a low threshold for asking about trauma!
- Know the 3 elements of parent management training
 - Positive reinforcement for positive behavior
 - Remove attention for provocative/low level disruptive patterns



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Treatments for dysregulation

Evidence-based treatments that promote early childhood dysregulation

Strength-based

Relationship-focused

In-vivo practice

Provide support or skills to promote emotional regulation

- Support positive interactions
- Support caregiver reflective capacity
- Teach child (and caregiver) coping strategies

Promote positive behaviors with positive reinforcement

- Safe, consistent consequences for negative behaviors
- Relaxation strategies
- Avoiding avoidance of high affect situations/parent emotional regulation

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Resources/Flow Chart

[3.6 Disruptive Behavior-Aggression in Children Ages 2-10 6.7.22.pdf \(vmap.org\)](#)


[Pathways.org: Why do children have tantrums and what do they mean?](#)

[Sesame Street's Monster Meditation – FREE on YouTube -](#)

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Case Presentation

Jadig Garcia, PhD
The Pediatric Center, Richmond



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4y, 1m female with parents reporting tantrums, non-compliance	
Prior medical, MH dx	Non-remarkable
Symptoms	<ul style="list-style-type: none"> Will exhibit “tantrums” at home when things do not go her way. Behaviors include non-compliance, crying, yelling, throwing things and some hitting. The behaviors were viewed as “typical” until they began occurring at daycare. <ul style="list-style-type: none"> <i>On average last 5-10 minutes but have and can last over 20 minutes</i> <i>Triggers include transitions or when she is asked to do something she does not want to do</i> No concerns with her mood or anxiety were reported (nor observed in session).
Family, social hx	Lives at home with mother, father and 3 siblings (2 older, 1 younger). Family history of ADHD.
Other Settings	<ul style="list-style-type: none"> At the time of first our appointment, she was kicked out of daycare due to negative behaviors (knocking things off desks, and “escaping”). Parents chose to not find a new daycare until they could gain a better understand her behavior. Per mom, these behaviors were present at school in the past, but they would move her up a classroom and she would do well. Similar behaviors with other close family members (grandparents) and were sometimes observed in public (stores). Observed behaviors during a telehealth session. She was asked to complete a task and pt. immediately began to cry and scream. She also picked up a pillow and threw it on the ground.
Medications	None
Screens	None

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Wrap-up

Our next session...

Topic:	IECMH Resources in Virginia
Date:	Thursday, November 9 @ 12:00 to 1:00 PM
Case presenter:	n/a – it's our last session!
Didactic presenter:	Tammy Taylor-Musoke, LCSW

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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