



Behavioural Disorders



Behavioural Disorders-Overview

- All parents concerns about behaviour warrant attention
- When assessing behavioural concerns in children and young people consider in the wider context of family, school and social influences-the cause is rarely confined to the patient
- Resist parental pressure (and own internal pressure) to quickly give a diagnosis-this can potentially cause longer term harm
- Reassure parents that in most case, behaviour difficulties are temporary, and occur as children strive to achieve normal developmental milestones

Behaviour Disorders

- Treat any underlying medical problems like glue ear, iron deficiency, constipation and eczema
- Address developmental concerns using the 'Developmental Concerns in Children' pathway
- Provide behaviour management advice
- If problem at school encourage parents to liaise with school

Behavioural disorders

Red flags

- Child abuse and neglect
- Sexualised behaviours
- Severe harm to self and others
- Severe social withdrawal e.g. school refusal
- Suicidal ideation

Children should be referred if there are

- concerns about their development,
- concerns about safety (red flags)
- complex medical problems
- behavioural concerns having a significant effect on the child or family



Child Development Service Presentation

Dr Joanne Edward's Presentation





COMMUNITY PAEDIATRIC AND CHILD HEALTH SERVICE





Community Paediatric and Child Health Service

- The Community Paediatric and Child Health Service (CP&CHS) provides investigation and/or management of children and young people with:
- Suspected or established developmental delay or disability
- Suspected biological / medical / developmental causes of behavioural / emotional disturbance

Eligibility criteria

Children and young people:

- under 16 years
- with suspected or established developmental delay or disability
- with intellectual or physical disability or with chronic medical conditions which interfere with development or education
- at risk of developmental problems as a result of prematurity, neonatal complications or with complex problems requiring definition and development of a management plan
- with behavioural or emotional disturbances likely caused by biological, medical, or developmental issues

Our Team

The service has

- 4 Paediatricians
- 1 Child Health Medical Officer
- 1 Registered Nurse
- 1 Psychologist
- 2 Administrative Officers

Referral Process

- Referral form CPCHS
- A referral is needed from a GP, Medical Specialist or Child Health Medical Officer
- The referral needs to be directed to one of the Community Paediatricians
- Dr Mary Burke, Dr Amanda Graham, Dr Hilary Holmes or Dr Katie Morgan
- The referral form can be completed and supporting additional information attached (e.g. reports) then faxed to the Community Health Intake (CHI) on: (02) 5124 1082 (operating hours between 8am and 5pm weekdays)
- SmartForms –a new online referral form- was piloted in August and implemented in September
- Referrals are considered by the Community Paediatric and Child Health Service (CPCHS) team at a weekly intake meeting. Priority is given to younger children and children with complex developmental needs
- The referrer and / or client will be advised of the outcome of the referral as soon as possible

Referral Process

The service is unable to accept referrals for:

- children currently seeing another paediatrician
- children with acute medical problems unrelated to development or behaviour

Community Paediatric and Child Health Service

Location of Service

 Child Development Service Building, 26 Weingarth St, cnr Weingarth Street and Blackwood Terrace, Holder-now known as The Holder Centre

Contact

For further information please contact:

- Community Health Intake (CHI) on (02) 5124 9977 between 830am and 5pm for appointments and location
- The CP&CHS Intake Team are available to discuss eligibility on (02) 6205 1464
- Information can be obtained through the ACT Government Health website-Women Youth and Children programs, as well as via Community HealthPathways





Behavioural Disorders



Behaviour Disorders

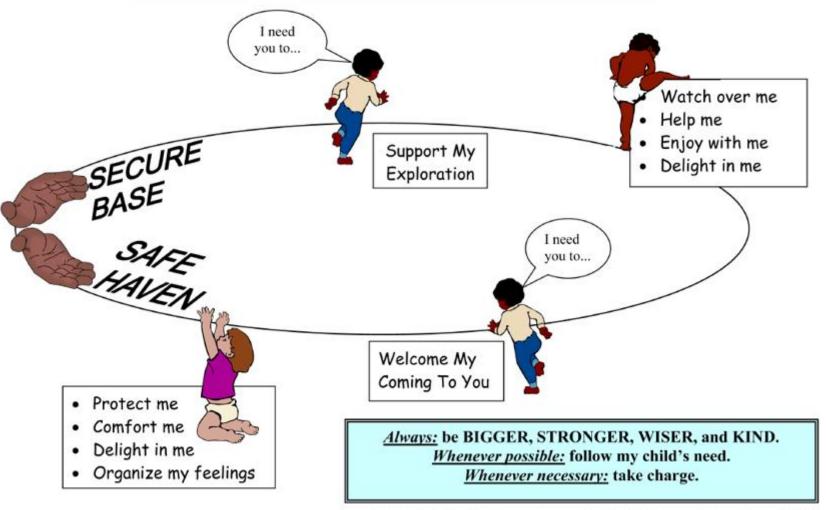
- It's normal for toddlers and young children to have tantrums and break rules while their social and emotional skills develop
- Don't assume children know what is expected of them

Management options

- Setting clear consistent rules
- Ignore minor misbehaviours
- Distraction
- Encouraging empathy
- Positive attention for positive behaviours e.g. praise, reward charts
- Effective proportional consequences for more serious behaviours e.g. time out but don't delay
- Avoid physical punishment like smacking, shouting or isolation as these can be harmful

CIRCLE OF SECURITY ®

PARENT ATTENDING TO THE CHILD'S NEEDS



Web page: Circleofsecurity.org

© 2000 Cooper, Hoffman, Marvin & Powell

Behaviour disorders

- About 12% of Australian children aged 4 to 12 show externalising behaviours e.g hyperactivity, impulsivity, challenging behaviour like defiance, hurting others including biting and kicking, excessive anger if doesn't get own way and tantrums
- About 12% of Australian children aged 4 to 12 have internalising behaviours e.g. fearfulness, social withdrawal and somatic complaints
- Concerns distinguishing normal from abnormal arise as a result of the interaction between biological vulnerability and environmental stressors
- The term disorder should be used cautiously for children under 5 years-In children under 3 behavioural problems are highly likely to be due to relationship difficulties

Behaviour disorders

- Exposure to adversity has the potential to disrupt a child's development, their social and emotional wellbeing and their physical and mental health
- Adverse Childhood Experiences (ACES) are the single most unaddressed health problem-they can cause and co-exist with behaviour problems
- Understanding a person's life events is part of giving good care
- ACES survey to be added to the Kindy check in 2020-evidence suggests this may assist with prevention, early intervention and improved outcomes when managing behaviour disorders



Emerging Minds.

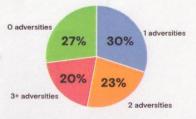
National Workforce Centre for Child Mental Health

Prevalence:

Australian research suggests that two thirds of children will have experienced a potentially traumatic event by the time that they are 16 years of age.



Around 20% of children are likely to experience three or more adversities.



This level of exposure to adversity has the potential to disrupt the child's development, their social and emotional wellbeing, and their physical and mental health.



Trauma and Adversity:

Physical abuse
Sexual abuse
Emotional abuse
Frome
Environment

- Parental separation
 Mental illness
- Domestic violence
 Substance abuse
 Incarcerated parent

Neglect

Physical neglect
Emotional neglect

Children can experience trauma and adversity from a range of difficult or stressful life experiences. If these experiences are overwhelming for the child (too frightening, too painful), they can lead to a traumatic response.



In many cases children will receive support and care from their family and community and will be able work through these experiences.



However, these experiences often impact the whole family, and caring relationships within the family can also be affected.

Types of Trauma:

Abuse

Approximately 20% of Australian children will experience an incident of physical or sexual abuse, or child maltreatment at some stage during their childhood.



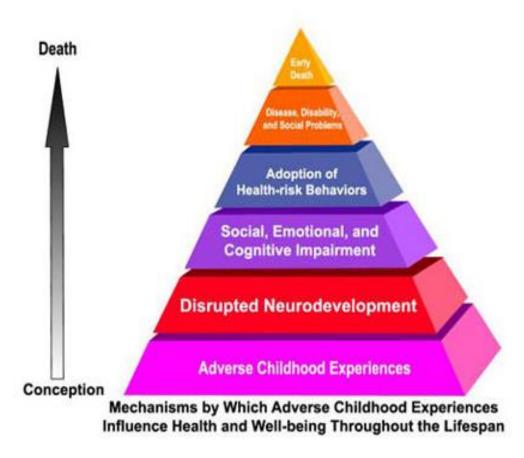
Around 5-6% of children are affected by natural disasters, such as bushfires, floods and storms.



Children who arrive in Australia from areas of conflict, war or similar traumatic environments may also be affected by the impact of trauma.



The Impact of ACE's



http://www.americasangel.org/research/adverse-childhood-experiences-ace-study/

Marie S. Dezelic, PhD @ 2013

WINDOW OF TOLERANCE- TRAUMA/ANXIETY RELATED RESPONSES: Widening the Comfort Zone for Increased Flexibility

◆ANXIETY

◆OVERWHELMED

◆CHAOTIC RESPONSES

◆OUTBURSTS (EMOTIONAL OR AGGRESSIVE)

◆ANGER/ AGGRESSION/ RAGE

HYPER- AROUSED

Fight/Flight Response

*RIGIDIDNESS

*OBSESSIVE-COMPULSIVE
BEHAVIOR OR THOUGHTS

*OVER-EATING/RESTRICTING

*ADDICTIONS

*IMPULSIVITY

CAUSES TO GO OUT OF THE WINDOW OF TOLERANCE:

*Fear of ...

Unconscious Thought/

Feeling:

It is unsafe, I do not exist, Abandonment, Rejection

◆Trauma-Related Core Beliefs about self are

triggered:

occurs

Emotional Disregulation

Widening the window for psychological flexibility

COMFORT ZONE
EMOTIONALLY REGULATED

Caim, Cool, Collected, Connected

ABILITY TO SELF-SOOTH
ABILITY TO REGULATE EMOTIONAL STATE

Staying within the window allows for better relationship interactions

TO STAY IN THE WINDOW:

- Mindfulness—being present, in here-n-now
 Techniques for self-
- soothing, calming the body & emotional regulation
- Deep, slow breathing
- *Recognize limiting beliefs, counter with positive statements about self, new choices

Freeze Response

◆FANE DEATH RESPONSE

◆DISSOCIATION

◆NOT PRESENT

◆UNAVAILABLE/ SHUT DOWN

◆MEMORY LOSS

HYPO-AROUSED

ODISCONNECTED
OBJECT
OB

Adverse Childhood Experience (ACE) Questionnaire Finding your ACE Score ra hbr 10 24 06

While you were growing up, during your first 18 years of life:

Did a parent or other adult			
Swear at you, insult	you, put you down, or hur	niliate you?	
Act in a way that ma	de you afraid that you mig	oht he physically hurt?	
Yes		If yes enter 1	
Did a parent or other adult			
Push, grab, slap, or the	hrow something at you?		
Ever hit you so hard	that you had marks or we	ere injured?	
Yes		If yes enter 1	
Did an adult or person at le	east 5 years older than you	ı ever	
Touch or fondle you	or have you touch their be	ody in a sexual way?	
Try to or actually have	ve oral, anal, or vaginal se	ex with you?	
Yes		If yes enter 1	
Did you often feel that			
	v loved you or thought yo	ou were important or special?	
or	, , ,		
Your family didn't lo	ook out for each other, fee	l close to each other, or support each	ch other?
Yes	No	If yes enter 1	
Did you often feel that			
You didn't have enou	agh to eat, had to wear dir	ty clothes, and had no one to protect	et you?
or			
		re of you or take you to the doctor	
Yes	No	If yes enter 1	
Were your parents ever se	parated or divorced?		
Yes	No	If yes enter 1	
Was your mother or stepm	other:		
Often pushed, grabb	ed, slapped, or had someth	hing thrown at her?	
or			
Sometimes or often or	kicked, bitten, hit with a	fist, or hit with something hard?	
		s or threatened with a gun or knife?	
Yes	No	If yes enter 1	
Did you live with anyone v	who was a problem drinke	er or alcoholic or who used street dr	rugs?
Yes	No	If yes enter 1	
		or did a household member attempt	suicide?
Yes	No	If yes enter 1	
0. Did a household member	go to prison?		
Yes		If yes enter 1	
N 11	44%7 - 49	TILL L A CIT C	
Now add up your	res answers:	This is your ACE Score	

'Let's raise children who don't have to recover from their childhoods'

(Pam Leo)



Support organisations and information

- Capital Health Network Health Pathways
 (link https://actsnsw.healthpathways.org.au/
 password-together user name-for health
- Raising Children Network-Australian parenting website
- Child and Family Centres
- Child Development Service
- Primary health care workers-MACH nurses, GPs, speech therapists, occupational therapists, psychologists, teachers, social workers
- Emerging Minds- National Workforce Centre for Child Mental Health – emerging minds.com.au
- Kids Health Info app available on the App Store and android app on Google play-The Royal Children's Hospital Melbourne
- Marymead Autism Centre
- National Disability Insurance Scheme
- Carer's allowance

Useful Contacts

Emergency contacts-24 hour services

- Emergency: 000
- Mental Health ACT Triage-Crisis Assessment:
- 1800 629 354
- Mental Health Service (Queanbeyan):
- (02) 6128 9900
- Domestic Violence Crisis Line: (02) 6280 0900
- Lifeline: 13 11 14

Useful Contacts

Child Protection (reporting)

Child and Youth Protection Services (where child in the ACT)

General Public 1300 556 729

Mandated reporters 1300 556 728

- Child Abuse Prevention Service-Mon to Fri 9am-5pm: 1800 688 009
- NSW Department of Family & Community (where the child is in NSW) 24 hours :13 21 11

Useful Contacts

- Child and Family Centres ACT (Mon-Fri: 9am-5pm) Gungahlin 6207 0120, Tuggeranong 6207 8228, West Belconnen 6205 2904
- ACT Child Development Service (Mon-Fri: 9am-5pm)
 (02) 6205 1277
- Child at Risk Health Unit (Mon-Fri: 8.30am-5pm) (02 6244 2712)
- Children's Services program 6207 1103
- Childcare Access Hotline (Mon-Fri: 8am-9pm)

1800 670 305

- Community Health Intake (Mon-Fri: 8am-5pm)
 6207 9977 MACH nurses, Women, Youth & Children programs
- OneLink 1800 176 468
- Parentline ACT 6287 3833
- 1800 RESPECT 1800 737 732

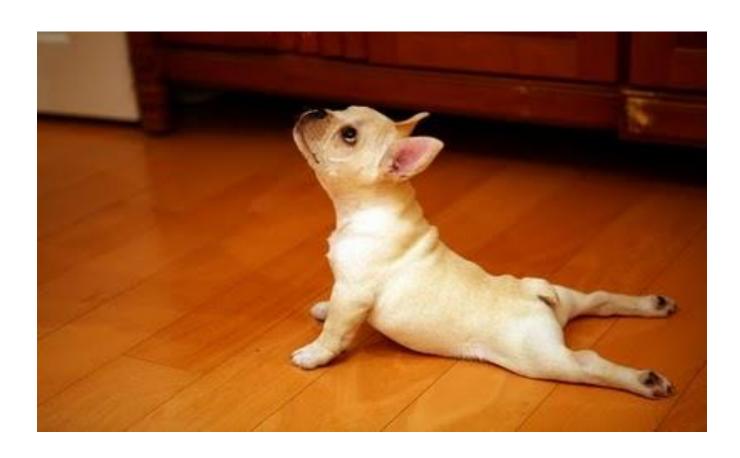
Self Care

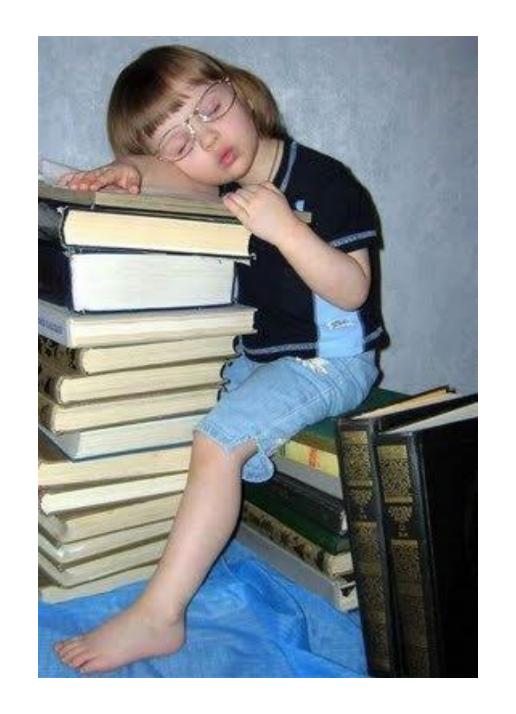
"The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk on water without getting wet"

(Dr Rachel Remen)

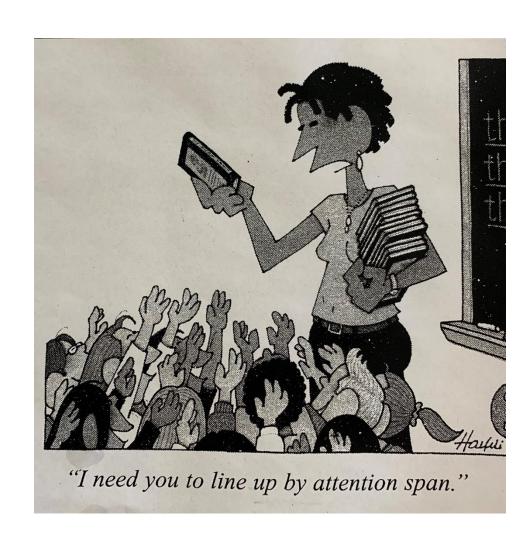


Stretch.....





Any Questions?



References

- Capital Health Network Health Pathways
- Link https://actsnsw.healthpathways.org.au/
- Afp (Australian Family Physician) Child Development Sept 2011 Vol 40 No 9 p678-681
- Kids Health Info –The Royal Children's Hospiatl Melbourne-RCH.org.au
- Emerging Minds-National Workforce Centre for Child Mental Health-emerging minds.com.au
- www.health.act.gov.au
- www.communityservices.gov.au