**Aggressive behavior in the preschool age child**

**Oppositional defiant disorder (ODD):** occurs in 2% to 16% of children; problem more common in boys until puberty; usual onset <8 yr of age.

**DSM-IV definition of ODD**: “Persistent pattern of angry and irritable mood, with defiant and vindictive behavior, as evidenced by 4 or more symptoms displayed with ≥1 person other than sibling,” including:

* Mood symptoms— losing temper; “touchy” or easily annoyed by others; angry and resentful
* Behavior symptoms — headstrong (arguing with adults, actively defying or refusing to comply); deliberately annoying or blaming others; spiteful or vindictive ≥2 times in last 6 mo (of prognostic features, vindictiveness most worrisome)

**DSM-V** **changes to ODD diagnosis:**

* Children of mental age <5 yr must have symptoms most days for ≥6 mo
* Sex and culture relevant (“some cultures expect [and experience] better behavior”)
* Diagnosis requires clinically significant impairment in only one setting (social, educational, or vocational)

**But all preschoolers have some behavior problems! Won’t they just grow out of it? Why should we care at such a young age?**

* *Frustration-aggression hypothesis:* Frustration and helplessness🡪anger and aggression🡪later conduct, social and academic problems🡪dysfunction as an adult
* It isn’t necessarily a run-of-the-mill behavior problem or ODD, need to rule out things like learning disorders, ADHD, adjustment disorder, and depression.
* Plus, it shows up in clinic!

**Causes of (or contributors to) oppositional behavior to consider:**

* Environment of anger – angry parents/parents ill-equipped to deal with aggression in kids, marital discord, domestic or environmental violence (including on television)
* Stressors at home – poverty, unstable housing, parental depression, substance abuse in parents, divorce or death of parent🡪ADJUSTMENT DISORDER
* Dysfunctional parenting – Underregulation, overregulation, inappropriate regulation (expectations inappropriate for the child’s age), chaotic regulation (inconsistent enforcement), affective mismatch (parents misunderstanding their child)
* AD/HD – frequently underlying and often diagnosable by age 3 or 4
* Painful feelings – physical pain (2/2 illness, corporal punishment, constipation), hunger, fatigue, medication side-effects
* Guilty feelings – kids misbehave because they believe they deserve to be punished.
* Trauma – physical or emotional, witnessed in person or through media
* Frustration – with “failure to master one’s world”
* Lack of sleep/sleep apnea
* Lack of attention from parents/authority figures
* Disability – Neurological damage 2/2 lead poisoning, learning disability/developmental delay, hearing impairment, autism, sensory dysregulation
* Child maladapted to their daycare – insufficient space/positive attention/stimulation, inadequate # of providers, lack of anticipation of misbehavior and redirection🡪acting out at home as a result of a “bad day”

**Tips for working up aggressive/oppositional behavior:**

* Get the child’s input FIRST, because they probably won’t want to share after the parent talks about how bad they are. Ask them, “is there anything bad or scary that happened to you?” “So, how is X?” (going through family members starting at pet or siblings and ending with parents), “what do your parents do if you do something bad?”
* Ask for specific examples of oppositional behavior:
  + Antecedents (setting, events)
  + Behavior (what happened)
  + Consequence (result for child)
* To get a further sense for home environment/parenting, ask, “tell me about a typical day, starting when (s)he gets up,” “how are meals?” “how does (s)he do when (s)he has to leave for preschool?” “how does (s)he do with friends?”
* Get some social and family history: Family composition, emotional/learning problems, educational/work history of relatives looking for ADHD, mood problems, juvenile delinquency; ask parents about social supports, “what is the hardest part of parenting right now for you?” and “do you agree with your partner on discipline?”
* To assess whether parents are tacitly accepting behavior (thinking it is inevitable), ask “who does (s)he take after?” – The answer may be the jailed uncle!
* Pull out the developmental assessment tools to assess for delays (the ASQ is extensive)
* Physical exam: Look for signs of physical abuse; vision and hearing
* Labs: Not likely needed, but think about lead poisoning, anemia, other medical problem (apnea – sleep study).

**Children can act out *without* having ODD. In fact, aggression is common and normal in preschool age children; the key is helping kids learn to self-regulate.**

**Clinic interventions to try:**

* Address child’s need for state regulation:
  + Explain that (especially young) children respond to their environment.
  + Encourage keeping scheduled routines (bedtime and mealtime), appropriate numbers of meals and snacks, increased sleep time, talking softly to the child.
  + Encourage setting firm rules and sticking to them (not giving in to tantrums), consistent consequences for undesired behaviors especially in young kids.
  + Teach parents to give effective commands – minimize distraction (turn off TV) before issuing commands, get child’s attention, and “make one request, then move” – ask once, then grasp child (firmly/gently) while you complete task if they do not comply. Minimize # of requests.
* Teach self-regulation**:**
  + Set up a “cool-off” space (NOT a time out space), a comfy space where the child can go to calm down, then return to activities when they feel ready.
  + Encourage talking instead of acting on feelings
  + Provide acceptable outlets for energy/acceptable ways to experience pleasure (sports, limited video games, dancing)
  + Give POSITIVE REINFORCEMENT for improvements
* Encourage affection, positive attention for positive behaviors (if parents can’t identify ANY positive behaviors in the child, they aren’t thinking small enough), and modeling admitting mistakes and apologizing for them.
* Timeout guidelines – Timeout should be used for big infractions (dangerous/destructive behaviors), not small ones. Give only one warning before use, briefly state offense (<6 words), put child in uninteresting place. 15 seconds/year of age might be more realistic than 1 minute/year; end timeout when child shows evidence of giving in. Afterward, do not further discuss incident, praise positive/neutral behavior, do not force child to apologize (this promotes lying). Try not to use >1x/day.
* In kids with ADHD, break tasks into small parts to avoid frustration/failure.
* Decrease TV time, especially exposures to sexually explicit media and violent media.
* If the child feels guilty, reinforce “it isn’t your fault that X is happening,” and get the parents to say so.
* Give parents homework:
  + Have parents keep a diary of misbehavior, identifying triggers/stressors, so you have something to work off of at the next visit, and can plan to avoid identified triggers.
  + Initiate “special time,” 10-15 minutes of undivided attention per day, with the parent with whom the oppositional behaviors emerge.
  + If applicable, have parents drop in unannounced at the daycare to see what it is like.
  + If homework assignments don’t work, on follow-up ask “what went wrong?”

**When to Seek Additional Help**

Some aggressive behavior is a typical part of early childhood development. However, if a child’s aggression is interfering with his ability to interact with others in positive ways, in his ability to explore and learn, or if the child’s aggressive behavior prevents him/her from playing with other children or engaging in other activities, consider referral to a child development professional.

Additionally, if interventions are ineffective, do evaluate for ADHD, disabilities, etc.

**Certain behaviors warrant additional attention when they happen often and continue over time, and should be red flags.** *Examples include when a child:*

• Appears fearless or reckless, taking a “daredevil” approach to life. This approach often leads to breaking things or intrusive behavior (getting into other people’s space).

• Seems to crave high-intensity sensory stimuli. Sometimes children who need lots of “touch” to feel centered get this sensory input in unacceptable ways (hitting, shoving, pushing, etc.)

• Engages in unprovoked hitting; acts aggressively “out of the blue” or for no reason that you can see.

• Shows a preoccupation with aggressive themes in pretend play.

• Begins acting aggressively following a traumatic episode or major life change.

**Patient handouts:**

**Long form:**

http://www.zerotothree.org/child-development/challenging-behavior/coping-with-aggression.pdf

**Short form:**

http://www.zerotothree.org/child-development/challenging-behavior/coping-with-aggression-one-page-handout.pdf

**Resources and referrals:**

http://www.zerotothree.org/child-development/social-emotional-development/helping-young-children-channel-their-aggression.html

Audio-Digest Pediatrics: Oppositional Behavior in Preschool Age Children

**Adolescent, Adult and Children’s Psychiatric Programs:** 1-800-680-6555

**Early Childhood Mental Health:** (510)412-9200. Follows kids with mental illness or at risk due to mental illness in parent until age 5. MediCal only.

**Child Mental Health: West County:** Richmond (510) 374-3261. Antioch (925)427-8664; Concord (925)646-5468

**Community counseling resources:** https://ccrmc.wikispaces/com/Counseling+Resources

**Regional Center of East Bay:** For developmental disabilities including motor, speech, or learning. (925)691-2300, located in Concord.

**First Five:** Services for expectant parents and children ages 0-5, with home visits, parenting/child development classes, free parent-child playgroups, mental health evals and services for at risk children, family homeless shelters, and child literacy programs. 211 phone referral or http://www.firstfivecc.org

**CCS** (CA Children’s Services) for disabled children under 21 yo: http://www.dhcs.ca.gov/services/ccs/Pages/default.aspx

**CHDP:** Child Health and Disability Prevention for WCC for infants through teens. For thos <21 on MediCal, Non-MediCal under 19 if famil income <200% poverty line.

**CFS** (Children & Family Services): http://www.childsworld.ca.gov/