October/2019

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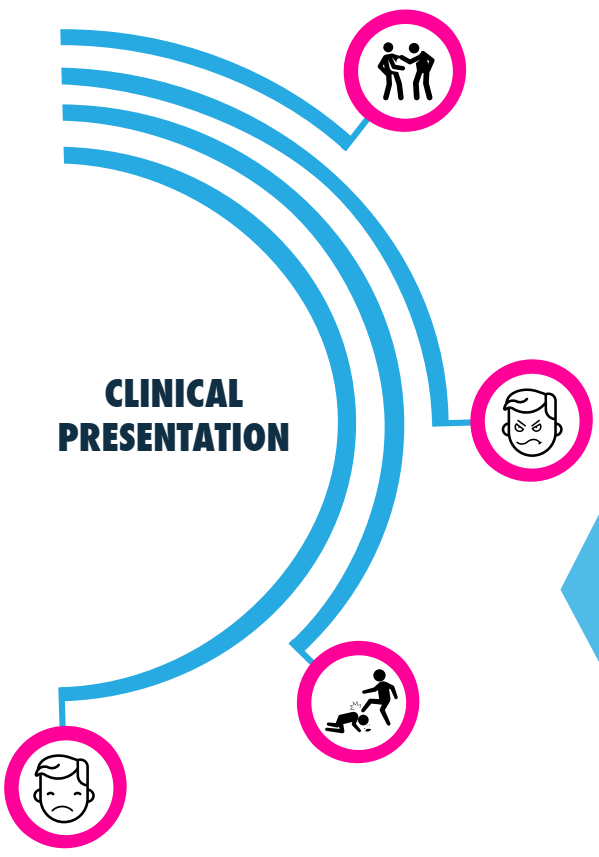
Standard Treatment Workflow (STW) for the Management of CHILDHOOD BEHAVIORAL DISORDERS

ICD10- F90-98

CLINICAL PRESENTATION



OPPOSITIONAL DEFIANT DISORDER (ODD)
- Doesn't obey or listen, back-answers, rude behaviors
- Demanding, stubborn, throws tantrums when demands are not met

CONDUCT DISORDER
- Aggressive – angry, abusive, fights, hits or hurts people, bullies other children, damages articles
- Stealing, lying, threatening or misbehaving with people, truant (keeps away from school without parents' knowledge), runs away from home, bad company, cruelty to animals

ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)
- Restless, always on the move / running, can't sit in a place,talkative
- Can't focus attention on a task, poor concentration, gets easily distracted, disorganized, does not complete school work
- Too mischievous, can't be left alone, troubles people or damages things, or gets injured
- Impatient, always in a hurry, can't wait for his turn, does not care for danger, acts without thinking

ALL 3 DISORDERS
Poor or erratic school performance and / or complaints about behaviour from school

DIAGNOSIS

- Symptoms are present and persistent over several months
- Attempt further classification into ADHD, ODD and CD (ADHD may be present with or without ODD and CD

CAUTION

- Abrupt onset
- Recent onset (few weeks to few months)
- Sudden increase in severity (consider another psychiatric disorder such as bipolar affective disorder, hypomanic or manic episode -> follow the relevant STW)

ASSESSMENT (History From Multiple Sources)

PARENT INTERVIEW
- Symptoms- onset, duration, type(ODD, Conduct, ADHD-as above) and severity
- Developmental problems, emotional disturbances and stress
- Alcohol and substance use /misuse
- Impact on child and family

FAMILY SITUATION
- Health (including mental health) and wellbeing of family members
- Cohesion, mutual understanding and harmony in the family
- Parenting and childrearing practices: caring and disciplining, criticism, unfair comparison and physical punishments, mutual blaming of parents for child's problem

SCHOOLING
- Attendance
- Performance
- Learning problems,
- Classroom behaviors
- Recent changes in syllabus and/or school

CHILD INTERVIEW
- Develop rapport(discuss neutral topics; avoid direct tackling of misbehaviors)
- Observe:
  - Features of ADHD (restless, fidgety, easily distracted, attention keeps shifting)
  - Speech and language ability, intelligence, academic skills and mood
- Enquire about any stress or difficulties child is facing at home, school, and with peers and anger control

MANAGEMENT

WORK WITH FAMILY
- PSYCHOEDUCATION
  - Explain the child's behaviours are not intentional
  - Not child's fault, do not blame the child
  - Multifactorial causes-lack of self-regulation, and adverse environment
  - Can be improved with proper management
  - Parents can directly contribute to the child's improvement
- Help parents deal with their own worries and stress (listening, giving space to ventilate, validate and empathize their difficulties, reassure)
- Recognize and manage mental health problems such as depression and alcohol problem in parents
- Parent management training*

WORK WITH THE CHILD
- Avoid advice
- Anger management (count from 10 -1 backwards, move away from situation, deep breaths, relax, self-talk to cool down)
- Children with ADHD: "stop-think-act" or "halt and proceed" technique

WORK WITH THE SCHOOL
- Feedback to school regarding child's condition
- Teachers to give extra attention, help and support for the child
- Extra coaching, if needed in case of learning problems

*PARENT MANAGEMENT TRAINING
- Analyse the problem behaviors and understand patterns : time of occurance, triggers, duration and consequencies
- Engage with child in mutually enjoyable, pleasurable activities (playing games, discussing interesting things or doing activities together)
- Set clear do's and don'ts and explain to child in clear, simple, short instructions the consequencies (like withholding privileges following misbehavior; use star-charting (contingency management) and rewards based on number of stars earned
- In children with ADHD, develop clear daily routines, supervise activities and appreciate on completion of taks
- Limit screen time/ monitor use of electronic devices

• Dos
- Consistency in enforcing rules
- Catch the child being good and praise
- Ignore negative behaviours
- Child can be put in a boring place till he/ she becomes quiet for a few minutes (time-out)
- Encourage age appropriate responsibilities

• Don'ts
- Bribe
- False promises and threats
- Harsh punishments
- Excessive criticism and blaming especially in front of others
- Unfair comparison
- Yielding to unreasonable demands

MEDICATION (AVOID BEFORE 5 YEARS)
- **Severe and persistant aggression:**
  - **T. Risperidone** under close supervision (starting dose-0.25 mg, single daily morning dose after breakfast. Based on response, increase by 0.25 mg weekly up to 1 mg single daily dose).
    Not to exceed 1 mg/day
  - **Response + :** continue 3 months f/b slow taper
  - **Response - :** 4 weeks trial, then refer
  - Monitor adverse effects: weight gain, extra-pyramidal symptoms (EPS)
    [if EPS : add I mg Trihexyphenidyl OD morning]
- **Severe hyperactivity and impulsivety:**
  - T. Clonidine (starting dose-25 µg single daily dose before sleep, increase by 25 µg weekly up to100 µg per day in 2-3 divided doses
- Monitor BP and drowsiness
- Advise against sudden discontinuation

REASONS FOR REFERRAL

Severe, complicated presentation | Lack of response to treatment | Severe aggression | Highly dysfunctional family | Alcohol and substance abuse

SECONDARY CARE (DISTRICT HOSPITAL)
- Review and reassess diagnosis (clinical evaluation using Rutter's multi-axial system) and all the pointers given above
- If failed trial of Clonidine/ Moderate ADHD: T. Atomoxetine (starting dose-10 mg single daily morning dose after breakfast. Increase up to 1mg/ kg/day under close supervision). Monitor adverse effects and response
- Systematic parent management training / behavioral management and individual therapy (as given above)

TERTIARY CARE (MEDICAL COLLEGE / REGIONAL REFERRAL CENTRE)
- Evaluate and manage severe behavior disorders – severe ADHD, ODD, and CD, if necessary on short-term inpatient basis
- Multi-modal management with clear individualized plan
- Trial of Methylphenidate in moderate / severe ADHD under expert supervision
- Recognize and treat comorbid disorders such as bipolar disorder, substance use disorder, and internalizing disorders and manage
- Pharmacological management of older children / adolescents with severe aggression / impulsivity with Risperidone and/or Lithium
- Family therapy for dysfunctional / discordant families, contributing to child's condition
- Management of children in difficult circumstances with mental health issues (children in need of care and protection; children in conflict with law)

REFERENCES

- World Health Organization. mhGAP intervention Guide–Version 2.0 for mental, neurological and substance user disorders in non-specialized health settings. Geneva: WHO. 2016.
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- Steiner H, Remsing L. Practice parameter for the assessment and treatment of children and adolescents with oppositional defiant disorder. Journal of the American Academy of Child & Adolescent Psychiatry. 2007 Jan 1;46(1):126-41.

KEEP A HIGH THRESHOLD FOR INVASIVE PROCEDURES

This STW has been prepared by national experts of India with feasibility considerations for various levels of healthcare system in the country. These broad guidelines are advisory, and are based on expert opinions and available scientific evidence. There may be variations in the management of an individual patient based on his/her specific condition, as decided by the treating physician. There will be no indemnity for direct or indirect consequences. Kindly visit our web portal (**stw.icmr.org.in**) for more information.