

FAQ

FREQUENTLY ASKED QUESTIONS



PODCAST WEBINAR

What to Teach your Registrars about Behavioural Issues in Children

Being part of a patient's life from infancy through adulthood is one of the most rewarding aspects of general practice. The GP can identify and address conditions /situations at a time in the child's development that can have a substantial impact on their future health and wellbeing. But this opportunity comes a burden of responsibility that can make child-related issues quite challenging, particularly for more inexperienced practitioners.

Common presentations

The typical reasons parents/carers present about their child's behavioural issues are:

- Is my child normal?
- What do I do about tantrums?
- The kindergarten teacher said I had to come because my child bit another child
- My child fidgets all the time, or the teacher says they can't sit still or concentrate
- Has my child got autism / anxiety / ADHD?

Anticipate your registrar's knowledge/ blind spots

Your registrar:

- May not have had children or be struggling in the early stages of parenthood/caring themselves.
- May not have had personal, nor professional experiences to understand the diverse range of 'normal' in child behaviour and parental styles.
- May feel unqualified or suffer 'imposter syndrome' in advising on behavioural issues in children when they themselves feel unsure.
- May feel pressure from a school or parent/carer to diagnose so that the child can receive additional resources.
- May struggle to identify the interplay between a difficult child and a parent/carer who is not coping, in determining who needs my help the most.

What do registrars commonly struggle with or want to know?

The common responses from registrars dealing with child behavioural issues are:

- What is 'normal'?
- What is a red flag in a child's presentation or history that I need to look out for?
- What weight should I give to flags raised during history taking?
- How far back into the child's history or even the parent's history or circumstances around the child's birth should I go?
- How do I assess a history of childhood trauma, abuse if the child is in the room or the parent is in the room?
- What are the normal stages and range of children's development?
- What do I do if it sounds like the parent/carer is not coping with reasonably normal behaviour?
- Where do I go next when I think there is a clinical problem?
- What do I have to do before I refer a child?
- If the child has been suspended from school for behavioural issues can I/ should I write a fitness to return certificate?
- What do I do when the child is waiting (often for a long time) for assessment or treatment?

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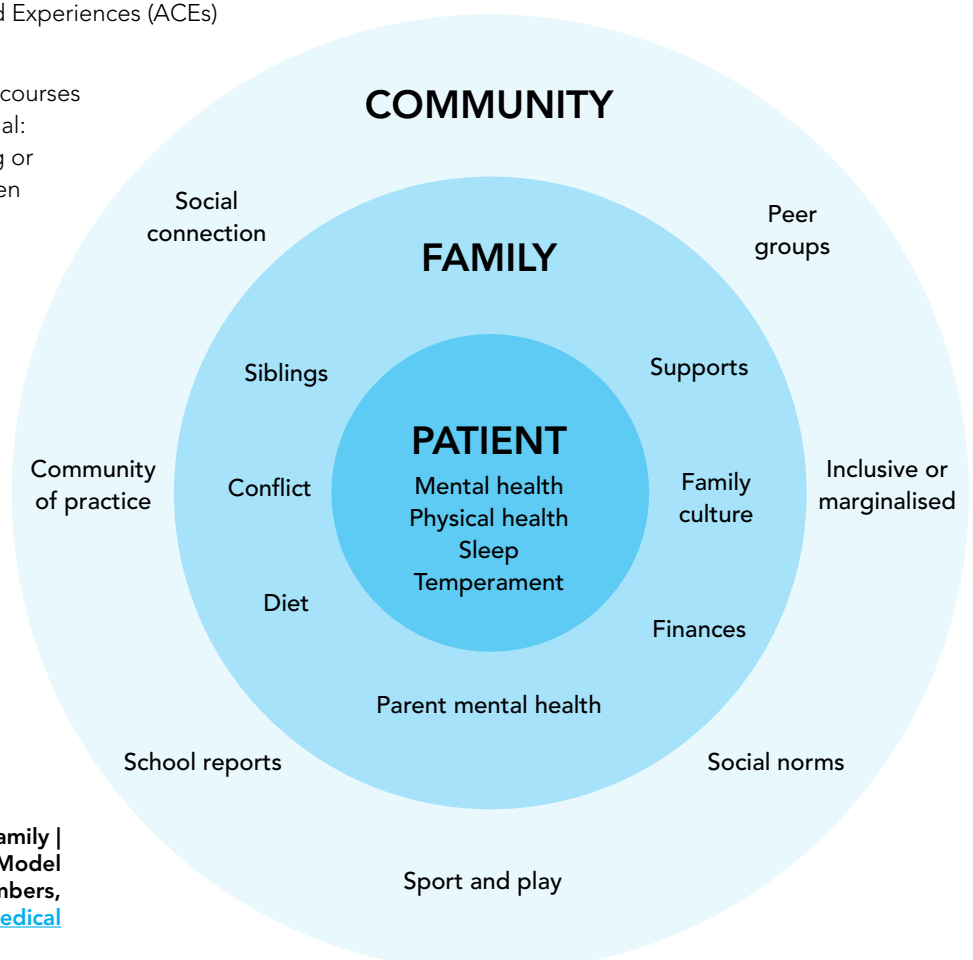
Key Messaging from Supervisors to Registrars

Our role as GP Supervisors is to help our registrars to approach all consultations with an open mind and, with specific reference to children's behavioural issues within the context of their lived environment. This includes helping them to learn:

- that it is OK to have uncertainty. They do not have to have all of the answers immediately;
- to use time and listening as a diagnostic tool - break down consultations with planned follow-up;
- that rapport with children and their parents/carers is important if this is the first attendance. Without it, the parent/carer doesn't have a relationship with the clinician may be sensitive to feeling judged;
- always REFER EARLY for other opinions, when there are concerns about child behaviour - it is a team effort;
- look for signs of Adverse Childhood Experiences (ACEs) / domestic violence, etc;
- where possible, attend a parenting courses either as a parent or as a professional: Circle of Security, toolbox parenting or the Positive Parenting Program (often referred to as triple P);
- contribute to the creation of a practice environment that scaffolds patients, families, the community and the GP.

How do we create a practice environment that Scaffolds Patients, Families, our Community and our Registrars?

- Encourage your registrar to use resources about integrated care models.
- These models place the child at the centre of a care model, along with their family, which embodies things like siblings, conflict, culture, finances and parental health.
- Wrapped around this is the community where children participate in activities like education and community events, experiencing social norms and facing developmental transitions.
- This provides a lens for breaking down the problems that children and families might present with.



**Growlife Patient | Family |
Community Model**
by Dr Aaron Chambers,
[Growlife Medical](#)

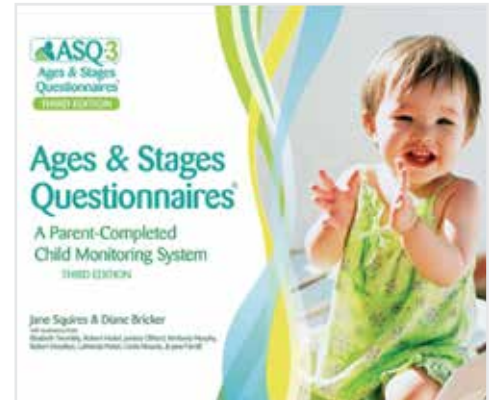
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What can we do to help our registrars identify what is 'normal' at what age?

Encourage your registrar to have some useful tools at hand and keep them visible for use with parents. Two effective tools to engage parents with are:

- [The Ages and Stages Questionnaire – Third Edition \(ASQ3\)](#)
- The Parents Evaluation of Development Status ([PEDS](#)) Tool and [Frequently Asked Questions \(FAQ\) for Clinicians](#)



Ages and Stages Questionnaires, Third Edition (ASQ-3) is a registered trademark of and the ASQ-3 logo is owned by Paul H. Brookes Publishing Co., Inc. All rights reserved.

ADDITIONAL RESOURCES

- PEDS Brief Administration and Scoring Guide.
<https://secure.rch.org.au/survey/index.php/544571/>
Practitioners will be prompted to complete a short, 10 item questionnaire before they come to the .pdf of the PEDS Brief Administration and Scoring Guide which can be downloaded, saved and/or printed.
- PEDS training and eLearning.
Information about PEDS face to face and eLearning here:
https://www.rch.org.au/ccch/peds/Training_and_eLearning/
PEDS eLearning is accredited with RACGP and ACRRM for CPD points.
To receive a certificate of completion noting one of those organisations, GPs need to enrol in PEDS eLearning at the relevant site:
 - For RACGP CPD points register here: <https://mcri.learnupon.com/store/287147-the-royal-australian-college-of-general-practitioners-racgp-peds-courses-1-2>
 - For ACRRM CPD points register here: <https://mcri.learnupon.com/store/289054-the-australian-college-of-rural-and-remote-medicine-acrrm-peds-courses-1-2>
 Note these courses are identical in content. The certificates of completion are the only difference.
- If GPs don't have a background in early childhood health, development and wellbeing for children 0-8 years, we often recommend completing Laying the Foundations eLearning before undertaking PEDS eLearning. There is a Victorian version and a national version of Laying the Foundations eLearning. These courses are also accredited with:
 - RACGP
<https://mcri.learnupon.com/store/289048-the-royal-australian-college-of-general-practitioners-racgp-laying-the-foundations>
 - ACRRM
<https://mcri.learnupon.com/store/234259-the-australian-college-of-rural-and-remote-medicine-acrrm-laying-the-foundations-victorian-version>
<https://mcri.learnupon.com/store/688738-the-australian-college-of-rural-and-remote-medicine-acrrm-laying-the-foundations>





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Identifying Red Flags

The Red Flags Early Identification Guide will help assist with red flag identification in developmental milestones, suited to the children's age.

Younger children:

Red Flags Early Identification Guide									Red flags at any age
Area	6 months	9 months	12 months	18 months	2 years	3 years	4 years	5 years	
 <p>Social emotional</p>	<ul style="list-style-type: none"> Does not smile or interact with people 	<ul style="list-style-type: none"> Not sharing enjoyment with others using eye contact or facial expression 	<ul style="list-style-type: none"> Does not notice someone new Does not play early turn-taking games (e.g. peekaboo, rolling a ball) 	<ul style="list-style-type: none"> Lacks interest in playing and interacting with others 	<ul style="list-style-type: none"> When playing with toys tends to bang, drop or throw them rather than use them for their purpose (e.g. cuddle dolls, build blocks) 	<ul style="list-style-type: none"> No interest in pretend play or interacting with other children Difficulty noticing and understanding feelings in themselves and others (e.g. happy, sad) 	<ul style="list-style-type: none"> Unwilling or unable to play cooperatively 	<ul style="list-style-type: none"> Play is different than their friends 	<ul style="list-style-type: none"> Strong parental concerns Significant loss of skills Lack of response to sound or visual stimuli
 <p>Communication</p>	<ul style="list-style-type: none"> Not starting to babble (e.g. aahh; oohh) 	<ul style="list-style-type: none"> Not using gestures (e.g. pointing, showing, waving) Not using two part babble (e.g. bubu, dada) 	<ul style="list-style-type: none"> No babbled phrases that sound like talking No response to familiar words (e.g. bottle, daddy) 	<ul style="list-style-type: none"> No clear words Not able to understand short requests (e.g. 'Where is the ball?') 	<ul style="list-style-type: none"> Not learning new words Not putting words together (e.g. 'push car') 	<ul style="list-style-type: none"> Speech difficult for familiar people to understand Not using simple sentences (e.g. 'Big car go') 	<ul style="list-style-type: none"> Speech difficult to understand Not able to follow directions with two steps (e.g. 'Put your bag away and then go play') 	<ul style="list-style-type: none"> Difficulty telling a parent what is wrong Not able to answer questions in a simple conversation (e.g. 'What's your name? Who is your family? What do you like to watch on TV?') 	<ul style="list-style-type: none"> Poor interaction with adults or other children Lack of, or limited eye contact
 <p>Cognition, fine motor and self care</p>	<ul style="list-style-type: none"> Not reaching for and holding (grasping) toys Hands frequently clenched Does not explore objects with hands, eyes and mouth Does not bring hands together at midline 	<ul style="list-style-type: none"> Does not hold objects Does not 'give' objects on request Cannot move toy from one hand to another 	<ul style="list-style-type: none"> Does not feed self finger foods or hold own bottle/cup Unable to pick up small items using index finger and thumb 	<ul style="list-style-type: none"> Does not scribble with a crayon Does not attempt to stack blocks after demonstration 	<ul style="list-style-type: none"> Does not attempt to feed self using a spoon and/or help with dressing 	<ul style="list-style-type: none"> Does not attempt everyday self care skills (such as feeding or dressing) Difficulty in manipulating small objects (e.g. threading beads) 	<ul style="list-style-type: none"> Not toilet trained by day Not able to draw lines and circles 	<ul style="list-style-type: none"> Concerns from teacher about school readiness Not able to independently complete everyday routines such as feeding and dressing Not able to draw simple pictures (e.g. stick person) 	<ul style="list-style-type: none"> Differences between right and left sides of body in strength, movement or tone Marked low tone (floppy) or high tone (stiff and tense) and significantly impacting on development and functional motor skills
 <p>Gross motor</p>	<ul style="list-style-type: none"> Not holding head and shoulders up with good control when lying on tummy Not holding head with control in supported sitting 	<ul style="list-style-type: none"> Not rolling Not sitting independently/without support Not moving (e.g. creeping, crawling) Not taking weight on legs when held in standing 	<ul style="list-style-type: none"> No form of independent mobility (e.g. crawling, commando crawling, bottom shuffle) Not pulling to stand independently and holding on for support 	<ul style="list-style-type: none"> Not standing independently Not attempting to walk without support 	<ul style="list-style-type: none"> Not able to walk independently Not able to walk up and down stairs holding on 	<ul style="list-style-type: none"> Not able to walk up and down stairs independently Not able to run or jump 	<ul style="list-style-type: none"> Not able to walk, run, climb, jump and use stairs confidently Not able to catch, throw or kick a ball 	<ul style="list-style-type: none"> Not able to walk, run, climb, jump and use stairs confidently Not able to hop five times on one leg and stand on one leg for five seconds 	












Updated July 2016

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Red Flags School-aged Guide

Supporting conversations and service engagement for children with neurodevelopmental concerns

Your concerns	<p>Developmental concerns</p> <ul style="list-style-type: none"> Poor school performance Difficulties with talking/listening/playing/co-ordination Loss of skills 	<p>Behavioural concerns</p> <ul style="list-style-type: none"> Distracted Overactive Disruptive Aggressive 	<p>Emotional concerns</p> <ul style="list-style-type: none"> Socially withdrawn Frequent meltdowns Frequently worried/sad 
We will ask about	<p>Child/young person's history</p> <ul style="list-style-type: none"> Medical history Family and social history Developmental history Parental mental health 	<p>What else?</p> <ul style="list-style-type: none"> Information from school/other settings Options tried Family functioning External factors (e.g. illicit substance, cyber bullying) 	<p>Trauma</p> <ul style="list-style-type: none"> Current trauma/s Historical trauma/s Family trauma/s 
Together we will explore	<p>Difficulties with</p> <ul style="list-style-type: none"> Learning new things Understanding another's view Understanding jokes Giving relevant information Taking turns in conversation Following directions Finishing tasks 	<p>Difficulties with</p> <ul style="list-style-type: none"> Sleep Toileting/Dressing Changes in routines Diet and mealtimes Organising self and belongings Achieving everyday tasks 	<p>Difficulties with</p> <ul style="list-style-type: none"> Calming after being upset Making and keeping friends Recognising emotions Separating from parent Sharing/cooperating Playing with others (would rather be alone) 
Frequency/severity scale	<p>One task One environment Some tasks Some environments Most tasks Most environments All tasks All environments</p>		

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School aged children

School aged children need a **TEAM** approach. Families, schools, communities and specialist services can work together to ensure:

- T** **TRANSITIONS** are supported. Starting/ leaving primary or high school, age 9, grade 9 are some key transitions where young people with developmental concerns may require extra support.
- E** **EXPLORATION** and identification of **other conditions**. Developmental difficulties often occur with other conditions (e.g. mental health, medical complexity). They may be hidden by behavioural or emotional concerns. If a young person is having behavioural or emotional concerns, it is important to ask about their development.
- A** **ACROSS CONTEXT** presentations are considered to determine impact of developmental challenges. It can also help identify developmental strengths that can support a young person's function and participation.
- M** **MONITORING** of development of children with identified vulnerabilities occurs. Research shows that children who have a history of medical complexity; a history of trauma and/or a parent with mental health concerns are more likely to present with developmental concerns.

Children's Health Queensland Hospital and Health Service
Child and Youth Community Health Service

Red Flags School-aged Guide

Supporting conversations and service engagement for school-aged children with neurodevelopmental concerns

First edition



Please contact **Child Development Program Access Service** on **1300 366 039** (prompts 2, 2) for more information regarding referrals. Call **13HEALTH** (13 432 584) 24 hours, 7 days to speak to a Child Health Nurse.

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What are some behavioural management strategies to teach parents and carers?

Other resources cover behavioural management strategies that registrars could use for working with parents and carers.



EMERGING MINDS: NATIONAL WORKFORCE CENTRE FOR CHILD MENTAL HEALTH

This operates under the Australian Government's Institute of Family Studies and is delivered in partnership with the Australian National University.

This project aims to help to identify, assess and support children (0–12 years) at risk of mental health difficulties. GP registrars are able to access free resources from this project to:

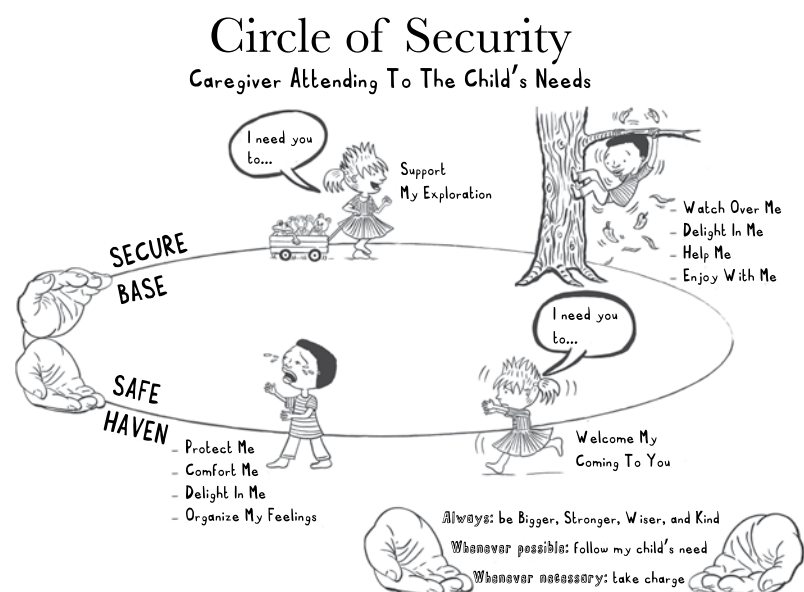
- get training and practical tools to help them learn about infant and child mental health. View the training available on the [Emerging Minds website](#).
- get implementation support where there are Child Mental Health Consultants at the Centre who can facilitate the development of mental health action plans for infants and children.



CIRCLE OF SECURITY APPROACH

This stems from the "Bigger, Stronger, Wiser and Kind" approach to childhood development. GP registrars may find this a helpful framework for gently helping a parent:

- identify their own vulnerabilities
- know what is normal behaviour as children develop from infants into young adults



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When should I refer a child to a specialist(s)?

If a GP registrar notes any significant concerns regarding, or functional impairment, using available tools, then it is important to refer the child to a specialist early.

Guide your registrar to prepare a comprehensive report by gathering together all relevant information using the PEDS and/ or Red Flags tools.

How do I go about managing children or families at risk?

Some issues have specific legislation around them and children and families rely on GPs to take particular action. When consulting children, you should always encourage your registrar to:

- think about the possibility of ACEs
- develop the GP/patient relationship to a sufficient level of trust before delving into ACEs
- when exploring an ACE:
 - listen actively
 - validate what is being heard
 - give the client time to talk
 - be non-judgmental and discuss issues confidentiality
 - remind them they are in a safe place to discuss sensitive issues
 - explore and summarise the possibility of underlying ACEs / domestic violence / bullying based on the assessment
- make a plan for addressing any concerns raised:
 - consider whether the information fits the threshold for reporting to child safety
 - develop a report
 - contact authorities
 - engage with supporting client safety
 - engage in regular follow-up
 - provide referrals and access to local resources

The process of caring for children in Out of Home Care (OOHC / Foster Care) has its own set of requirements. The registrar should be encouraged to scan for:

- emotional or behavioural problems
- ADHD
- substance abuse or tobacco use
- anxiety, mood, or personality disorders

In all cases, comprehensive, coordinated management is essential for an ACE. The registrar should be guided to use the National Clinical Assessment Framework.

Resources

[Personal Health Record booklet](#)

www.raisingchildren.net.au

[Integrated care](#)

[Red Flags Early Identification Guide](#)

[Red Flags School-aged Guide - Supporting conversations and service engagement for children with neurodevelopmental concerns](#)

<http://www.emergingminds.com.au/>

<https://www.circleofsecurityinternational.com/>

<https://aifs.gov.au/projects/emerging-minds-national-workforce-centre-child-mental-health>

<https://www.smilingmind.com.au/>

<https://www.zonesofregulation.com/index.html>

<https://www.rocoeducational.com/resilience>

[Supporting Children's Mental Health During a Pandemic Toolkit](#)