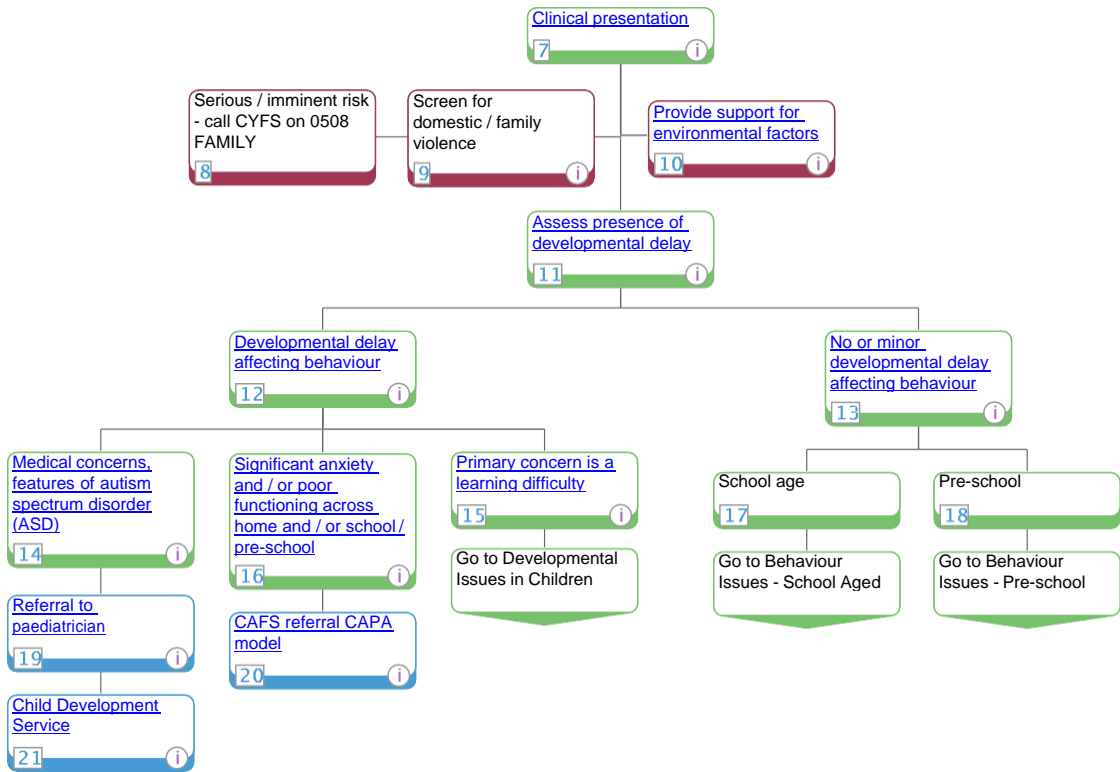


# Behaviour Issues - Presentation

Paediatrics > Child development > Behaviour Issues in Children

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## 1. Care map information

This map covers children aged 0-18 years.

### In scope:

- effective early intervention strategies for children and young people presenting with behavioural difficulties

### Out of Scope:

- children already diagnosed with autism spectrum disorder (ASD)

NB: All the service providers cater for slightly different age ranges - these will be highlighted throughout the map.

### References:

See Provenance Certificate for full list of references.

## 2. Information resources for patients and carers

### Support services:

- Support or advocacy through [parent 2 parent](#)
- Special education - [Ministry of Education](#)
- [Women's Refuge](#)
  - Women's Refuge provides the support and information you need when you are dealing with violence in your life
  - freephone: 0800 REFUGE (0800 733 843)
- [The National Network of Stopping Violence Services](#)
  - works to enable all people in Aotearoa/New Zealand to live free of all forms of violence, abuse and oppression

### Te Ara Whānau Ora Brochure

- [Te Ara Whānau Ora Brochure](#)

## 3. Resources for providers

### Assessment/screening tools:

- [Denver Developmental Screening Tool Version II](#)
- MidCentral Health Behavioural Assessment:
  - [Home Questionnaire](#)
  - [School Questionnaire](#)
- Strengths and Difficulties Questionnaire (SDQ) (Robert Goodman, 2005):
  - [2-4 year olds](#)
  - [4-17 year olds](#)
  - [SDQ scoring website](#)
- NICHQ Vanderbilt Assessment Scales (used for diagnosing ADHD):
  - [questionnaire for parent informant](#)
  - [questionnaire for teacher informant](#)
  - [follow-up questionnaire for parent informant](#)
  - [follow-up questionnaire for teacher informant](#)
  - [scoring instructions](#)

- Adult ADHD Self-Report Scale (ASRS-v1.1):
  - [Symptom Checklist Instructions and Checklist](#) (the checklist takes about 5 minutes to complete)
  - [MCHAT Questionnaire](#)

#### **Support Services:**

- [Manawatu Abuse Intervention Network](#)
  - prevention of family violence through information, referral and intervention services
  - phone: (06) 351 3633
  - fax: (06) 351 3616
  - email: main.nz@gmail.com
  - availability: 9.00am to 4.00pm Monday to Friday
- [HALT \(Horowhenua Abuse Liaison Team\)](#)
  - a network of agencies working together to reduce family violence in the Horowhenua
  - does not provide direct intervention services itself
  - operates as a referral and monitoring service as well as a point of collaboration
  - referrals received by HALT come mostly through police reports of family violence - people or agencies can also refer people into the system
  - phone: (06) 366 0540
  - email: Coordinator@halt.org.nz
- MidCentral DHB Emergency Mental Health Team:
  - 0800 653 358
- [Child, Youth & Family](#)
  - Child, Youth and Family is a service of the Ministry of Social Development, and is part of a network of agencies aiming to build an environment where child abuse is not tolerated
- [Women's Refuge](#)
  - freephone: 0800 REFUGE (0800 733 643)
- [Voyage](#)
  - a nine week programme for children aged 5-11 years who have suffered abuse
  - suspected Child Abuse and Neglect: Recommended referral process for General Practitioners
  - for more information contact the VOYAGE Co-ordinator, Ruth Steven, on 06 356 5868 or 027-462-1987 (voicemail)

## 4. Updates to this care map

Date of re-publication: February 2016

This care map has been updated in line with consideration to evidenced based guidelines. Below summarises changes made to the pathway following review:

- service information updated
- inclusion of new/other services where relevant e.g. Horowhenua/Otaki Children's Team, Massey University Psychology services
- inclusion of guidance on screening for domestic/family violence
- added the following resources to improve usefulness and relevance of pathway:
  - assessment and screening tools to assist with initial diagnosis e.g. home and school questionnaires, strengths and difficulties questionnaires, ADHD screening tool for primary care
  - links to referral forms and information
  - inclusion of a new node 'resources for providers' to provide a one-stop-shop for all resources

For further information on contributors and references please see the care map's Provenance.

NB: This information appears on each page of this care map.

## 5. Hauora Māori

Māori are a diverse people and whilst there is no single Māori identity, it is vital practitioners offer culturally appropriate care when working with Māori Whānau. It is important for practitioners to have a baseline understanding of the issues surrounding Māori health.

This knowledge can be actualised by (not in any order of priority):

- acknowledging [Te Whare Tapa Wha \(Māori model of health\)](#) when working with Māori Whānau
- asking Māori clients if they would like their Whānau or significant others to be involved in assessment and treatment
- asking Māori clients about any particular cultural beliefs they or their Whānau have that might impact on assessment and treatment of the particular health issue ([Cultural issues](#))
- consider the importance of [whānaungatanga \(making meaningful connections\) with their Māori client / Whānau](#)
- knowledge of [Whānau Ora, Te Ara Whānau Ora and referring to Whānau Ora Navigators where appropriate](#)
- having a historical overview of legislation that has impacted on Māori well-being

### For further information:

- [Hauora Māori](#)
- [Central PHO Māori Health website](#)

## 6. Pasifika

[Pacific Cultural Guidelines \(Central PHO\) 6MB file](#)

### Our Pasifika community:

- is a diverse and dynamic population:
  - more than 22 nations represented in New Zealand
  - each with their own unique culture, language, history, and health status
  - share many similarities which we have shared with you here in order to help you work with Pasifika patients more effectively

The main Pacific nations in New Zealand are:

- Samoa, Cook Islands, Fiji, Tonga, Niue, Tokelau and Tuvalu

Acknowledging [The FonoFale Model \(pasifika model of health\)](#) when working with Pasifika peoples and families.

Acknowledging general pacific guidelines when working with Pasifika peoples and families:

- [Cultural protocols and greetings](#)
- [Building relationships with your pasifika patients](#)
- [Involving family support, involving religion, during assessments and in the hospital](#)
- [Home visits](#)
- [Contact information](#)

### Pasifika Health Service - Better Health for Pasifika Communities:

- the Pasifika Health Service is a service provided free of charge for:
  - all Pasifika people living in Manawatu, Horowhenua, Tararua and Otaki who have long term conditions
  - all Pasifika mothers and children aged 0-5 years
- an appointment can be made by the patient, doctor or nurse
- the Pasifika Health Service contact details are:
  - Palmerston North Office - 06 354 9107
  - Horowhenua Office - 06 367 6433

- [Better Health for Pasifika Communities brochure](#)

**Additional resources:**

- Ala Mo'ui - [Pathways to Pacific Health and Wellbeing 2014-2018](#)
- Primary care for pacific people: [a pacific health systems approach](#)
- Tupu Ola Moui: [The Pacific Health Chart Book 2004](#)
- Pacific Health [resources](#)
- [List of local Māori/Pacific Health Providers](#)
- [Central PHO Pacific Health website](#)

## 7. Clinical presentation

Assess child's:

- history from caregiver
- behaviour presentation

Consider use of the following assessment/screening tools:

- [Denver Developmental Screening Tool Version II](#)
- MidCentral Health Behavioural Assessment:
  - [Home Questionnaire](#)
  - [School Questionnaire](#)
- Strengths and Difficulties Questionnaire (SDQ) (Robert Goodman, 2005):
  - [2-4 year olds](#)
  - [4-17 year olds](#)
  - [SDQ scoring website](#)
- NICHQ Vanderbilt Assessment Scales (used for diagnosing ADHD):
  - [questionnaire for parent informant](#)
  - [questionnaire for teacher informant](#)
  - [follow-up questionnaire for parent informant](#)
  - [follow-up questionnaire for teacher informant](#)
  - [scoring instructions](#)
- Adult ADHD Self-Report Scale (ASRS-v1.1):
  - [Symptom Checklist Instructions and Checklist](#) (the checklist takes about 5 minutes to complete)

Atypical presentation:

- outside expected age appropriate behaviour

Significant behaviour concerns could include:

- presence of aggression
- absence of age expected milestones (e.g. toilet training, language)
- someone is concerned about the behaviour (parent, preschool, school, family members, others etc)

## 9. Screen for domestic/family violence

**Screen for domestic/family violence:**

- be alert to the symptoms or signs of domestic violence
- give women the opportunity to disclose domestic violence in a secure environment

**Screening Questions could include:**

- has anyone in your family kicked, punched, scratched or physically hurt you in the past year?
- does anyone in your family put you down, make you feel small, make you feel like you are walking on egg shells?
- has anyone made you do something sexual that you didn't want to do?
- have you any concerns regarding a previous spouse?

**Resources:**

- [Child and Partner Abuse \(Nov 2002\) - Family Violence Intervention Guidelines](#) (Ministry of Health)
- [Child Abuse and Neglect brief intervention](#)
- [Partner abuse framing questions](#)
- [Partner abuse risk assessment](#)
- [Te Manawa Services](#) (family violence - men and women)
- [Men Against Violence](#)

## 10. Provide support for environmental factors

**Consider impact of environmental factors which may need to be addressed in the first instance:**

- environmental factors:
  - [Child and Partner Abuse \(Nov 2002\) - Family Violence Intervention Guidelines](#) (Ministry of Health)
  - [Child Abuse and Neglect brief intervention](#)
  - [Partner abuse framing questions](#)
  - [Partner abuse risk assessment](#)
- TV and gaming - appropriate screen time/programmes:
  - for more information see [Common Sense Media](#)
  - for more information see the [American Academy of Paediatrics recommendation](#) regarding screen times for children
- developmental factors:
  - hearing and vision
- social situation changes:
  - job loss
  - additional family members in the home/exposure to a different parenting style
  - bullying
  - parent or family member/carer in prison
- parental separation:
  - [Parenting Through Separation](#) (free parenting information programme)
  - [Family Dispute Resolution](#) (funding is means tested)
- unresolved grief and loss
- family member with serious medical condition(s):
  - [Cancer Psychology Service \(Massey University\)](#) - free service for people and whānau affected by cancer - [referral information](#) and [Massey Cancer Psychology Service referral form](#)
  - [Health Conditions Service \(Massey University\)](#) - for adults and young people with long-term health conditions. To make a referral ring (06) 350-5180 - [Massey Psychology Service Referral Form](#)
- family member with mental health or addiction issues contact the local community social work services for support and intervention:
  - [Directory of social services](#)
- care and protection concerns:
  - family violence in the home
  - sexual assault/abuse
  - other abuse

- useful links:
  - [CYF website](#)
  - [Ministry of Health Child abuse and Neglect: Brief Intervention Guide](#)
  - [Child Abuse and Neglect Risk Assessment](#)
  - [Family Violence Intervention Guidelines: Child and Partner Abuse \(Nov 2002\)](#)
- parent wellness concerns:
  - parents not coping with the child's behaviour
  - parents that have their own mental health/physical health needs

## 11. Assess presence of developmental delay

Consider use of the following assessment/screening tool:

- [Denver Developmental Screening Tool Version II](#)

## 12. Developmental delay affecting behaviour

### Consider the following:

- delay affects function and is significantly behind the child's chronological/adjusted age
- ensure a recent vision and hearing screen has occurred:
  - Vision/Hearing Screening Technicians (06) 350 4560 (Public Health Service, Health on Main)
- parents not coping with the child's behaviour:
  - consider referral to Enable NZ Needs Assessment Service Coordination (NASC):
    - [needs assessment referral form](#)
- parents that have their own mental health needs
- use of the following assessment/screening tools:
  - [Denver Developmental Screening Tool Version II](#)

## 13. No or minor development delay affecting behaviour

### No obvious cause of behaviour problems:

- includes mild, escalating or severe behaviour that is not related to a disability previously identified
- consider a vision and hearing screen - refer to:
  - Vision/Hearing Screening Technicians (06) 350 4560 (Public Health Service, Health on Main)

## 14. Medical concerns, features of autism spectrum disorder (ASD)

People who have autism spectrum disorder (ASD) show difficulties in all three of the following areas, commonly known as the 'triad of impairments':

- understanding and using verbal and non-verbal communication
- understanding social behaviour, which affects their ability to interact with other people
- thinking and behaving flexibly, which may be shown in restricted, obsessional or repetitive activities or interests [6]

A person of any age with ASD will have some delay or difficulty in all three development areas:

- communication
- social interaction
- thinking (cognition) or behaviour

ASD shows up differently with each individual depending on their age, gender, personality, family and cultural circumstances, severity and intellectual ability [4,5,6].

All children aged 1–3 years with any of the following findings must be referred for a general developmental assessment:

- no babble, pointing to or showing of objects or other gesture by 12 months
- no meaningful single words by 18 months
- no 2-word spontaneous (non-echoed or imitated) phrases by 24 months
- any loss of any language or social skills at any age [4, 6]

**Useful links:**

- [MCHAT Questionnaire](#)
- [Ministry of Health \(2013\) Autism Spectrum Disorder \(ASD\) Quick Card for Referral](#)
- [New Zealand Autism Spectrum Disorder Guidelines \(2008\)](#)

## 15. Primary concern is a learning difficulty

Families need to be empowered to approach the school and teachers to find out what support services are available to assist them e.g. RTLB.

**Services:**

- [Ministry of Education](#)
- Support or advocacy through [parent 2 parent](#)

## 16. Significant anxiety and/or poor functioning across home and/or school/pre-school

Characteristics of presentation can include:

- anxiety-related behaviour
- developing mental health illness that needs further investigation
- attention deficit hyperactivity disorder (ADHD) component
- poor functioning across home and/or school/pre-school

## 19. Referral to paediatrician

**Criteria for referral:**

- significant caregiver/parent concern about child's development
- developmental concerns from other agencies involved with child
- developmental progression delayed or uneven
- ongoing physical health concerns

**Referral information needed:**

- demographic data
- birth, developmental and medical history
- family and social history
- copies of previous mental health, language, cognitive and audiology assessments
- early intervention: recommended/delivered
- response to early intervention
- hearing and vision screen



- completed home and school questionnaire:
  - [Home Questionnaire](#)
  - [School Questionnaire](#)

## 20. CAFS referral CAPA model

### Child, Adolescent and Family Mental Health & Coexisting Disorder Service (CAFS)

#### Criteria for referral:

- significant caregiver/parent concern about child's behaviour
- behaviour concerns from other agencies involved with child

Child/family seen to assess risk and appropriateness for CAFS Service. If child/family do not meet criteria, other services will be recommended.

- [CAFS referral form](#)
- [CAFS website](#)

#### Kaupapa Māori service:

- if family would prefer a kaupapa Māori service, consider Oranga Hinengaro Māori Mental Health (MDHB) service
- this service provides assessment, treatment and care to Māori consumers / tangatawhaiora of all ages and their whānau
- the service is made up of trained medical professionals, including Kaumatua, consultant psychiatrist, community psychiatric nurses, social workers and clinical psychologists
- there is also a clinic based at Horowhenua Health Centre once a week
- both teams travel to our outreach areas - the geographical boundaries cover Manawatu, Horowhenua and Kapiti region
- contact details:
  - tel: (06) 350 9155
  - fax: (06) 350 8024
  - email: [oranga.hinengaro@midcentraldhb.govt.nz](mailto:oranga.hinengaro@midcentraldhb.govt.nz)

#### CAFS - contact details:

- Palmerston North:
  - Konini House - Community Village, PN Hospital, Ruahine Street, Palmerston North, 4414, tel: (06) 350 8373, fax: (06) 350 8374
- Horowhenua:
  - Horowhenua Health Centre, 62 Liverpool Street, Levin, 5510, tel: (06) 366 0031, fax: (06) 366 0064

## 21. Child Development Service

**Access to this service is through the paediatrician** - the paediatrician will forward referrals as appropriate.

The Child Development Service is comprised of allied health professionals working in a multidisciplinary way. Children referred may be seen by only one team member or by several, depending upon the needs identified. Each family will be offered the opportunity to meet with a social worker as part of the service. Referrals are accepted if they meet the specific entry criteria developed by the service. Any waiting times will be identified when the referral is acknowledged.

#### The service offers:

- speech language therapy
- clinical psychology
- social work
- occupational therapy

- physiotherapy
- neuro-developmental therapy
- coordination of services

**Aims of the service:**

- a coordinated service which liaises with the family and other providers
- to collaborate with parents and families when setting goals and reviewing progress
- to inform and educate as to the reasons why therapy programmes are undertaken and what role the family or others have with therapy
- to provide the most appropriate therapy to each child when it is needed

For children with behavioural difficulties who have input from the paediatricians or the Child Development Service, additional supports may be considered, including [Enable NZ / NASC](#) , [Idea Services](#) and [Explore Services](#).

# Behaviour Issues in Children

## Provenance Certificate

[Overview](#) | [Editorial methodology](#) | [References](#) | [Contributors](#) | [Disclaimers](#)

### Overview

This document describes the provenance of MidCentral District Health Board's **Behaviour Issues in Children** pathway. This pathway is regularly updated to include new, quality-assessed evidence, and practice-based knowledge from expert clinicians. Please see the Editorial Methodology section of this document for further information.

This localised pathway was last updated in February 2016.

For information on changes in the last update, see the information point entitled 'Updates to this care map' on each page of the pathway.

One feature of the "Better, Sooner, More Convenient" (BSMC) Business Case, accepted by the Ministry of Health in 2010, was the development of 33 collaborative clinical pathways (CCP).

The purpose of implementing the CCP Programme in our DHB is to:

- Help meet the Better Sooner More Convenient Business Case aspirational targets, particularly the following:
  - Reduce presentations to the Emergency Department (ED) by 30%
  - Reduce avoidable hospital admissions to Medical Wards and Assessment Treatment and Rehabilitation for over-65-year-olds by 20%
  - Reduce poly-pharmacy in the over-65-year-olds by 10%
- Implement a tool to assist in planning and development of health services across the district, using evidence-based clinical pathways.
- Provide front line clinicians and other key stakeholders with a rapidly accessible check of best practice;
- Enhance partnership processes between primary and secondary health care services across the DHB.

To cite this pathway, use the following format:

Map of Medicine. Medicine. MidCentral District View. Palmerston North: Map of Medicine; 2014 (Issue 1).

### Editorial methodology

This care map was based on high-quality information and known Best Practice guidelines from New Zealand and around the world including Map of medicine editorial methodology. It has been checked by individuals with front-line clinical experience (see Contributors section of this document).

Map of Medicine pathways are constantly updated in response to new evidence. Continuous evidence searching means that pathways can be updated rapidly in response to any change in the information landscape. Indexed and grey literature is monitored for new evidence, and feedback is collected from users year-round. The information is triaged so that important changes to the information landscape are incorporated into the pathways through the quarterly publication cycle.

## References

This care map has been developed according to the Map of Medicine editorial methodology. The content of this care map is based on high-quality guidelines and practice-based knowledge provided by contributors with front-line clinical experience. This localised version of the evidence-based, practice-informed care map has been peer-reviewed by stakeholder groups and the CCP Programme Clinical Lead.

1	Contributors representing the Child Health Behaviour Issues Collaborative Clinical Pathway Working Group – MidCentral DHB (2012)
3	Mental Health and Conduct Disorder Available at: <a href="http://www.webmd.com/mental-health/mental-health-conduct-disorder">http://www.webmd.com/mental-health/mental-health-conduct-disorder</a>
4	Ministries of Health and Education. (2008). New Zealand Autism Spectrum Disorder Guideline. Wellington: Ministry of Health
5	New Zealand Guidelines Group. (2010). What does ASD look like? A resource to help identify autism spectrum disorder. Wellington: New Zealand Guidelines Group.
6	Ministries of Health and Education. (2013) Autism Spectrum Disorder (ASD) Quick Card for Referral. Wellington: Ministry of Health Available at: <a href="http://www.health.govt.nz/publication/does-person-have-asd-quickcard">http://www.health.govt.nz/publication/does-person-have-asd-quickcard</a>

## Contributors

MidCentral DHB's Collaborative Clinical Pathway editors and facilitators worked with clinical stakeholders such as front-line clinicians and pharmacists to gather practice-based knowledge for its care maps.

### The following individuals contributed to the update of this care map:

- Dr Megan Pybus, Paediatrician, Child Health, MidCentral DHB (Secondary Care Clinical Lead)
- Dr Naomi Dunwoodie, General Practitioner, Te Waiora Community Health Services (Primary Care Clinical Lead)
- Robyn Girling-Butcher, Child, Adolescent and Family Mental Health, MidCentral DHB
- Gabrielle Scott, Child Health Development Team, MidCentral DHB
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- Eve Fone, Child, Youth and Family (CYF)
- Denise Kingi, Pacifica Liaison, MidCentral District Health Board
- Jacqui Moynihan, Police
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## Disclaimers

### Clinical Board Central PHO, MidCentral DHB

It is not the function of the Clinical Board Central PHO, MidCentral DHB to substitute for the role of the clinician, but to support the clinician in enabling access to know-how and knowledge. Users of the Map of Medicine are therefore urged to use their own professional judgement to ensure that the patient receives the best possible care. Whilst reasonable efforts have been made to ensure the accuracy of the information on this online clinical knowledge resource, we cannot guarantee its correctness and completeness. The information on the Map of Medicine is subject to change and we cannot guarantee that it is up-to-date.