

# Managing Behavioral Concerns in Pediatric Primary Care: A Collaborative Panel Discussion

Children's National Hospital  
Pediatric Health Network

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**Children's National**



# Introduction and Welcome



# Notes About Today's Webinar

All lines are muted throughout the presentation.

Please use the Q&A to ask questions or make comments.

We will be recording the session.

Today's recording and materials will be posted to the PHN website following the presentation:

<https://pediatrichealthnetwork.org/>



# CE Learner Slides

- Code: DABJEF
  - Cannot input until you've been in the session for 30 min

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## Pediatric Health Network-

4.22.2026

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**Participants may obtain CE Contact Hours for this education if you attend the entire education session and complete an evaluation. A code and link/text number will be provided at the end.**

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### Financial and In-Kind Commercial Support

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1. **Text attendance code **DABJEF** to 301-273-7643** or enter it at [ce.childrensnational.org/code](https://ce.childrensnational.org/code)
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  - a) Set up your profile:
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    - ✓ Input mobile number used to text attendance code
3. Go to pending activities and **complete the course evaluation** if required.
4. Generate and **download CE certificate**

***Credit can be claimed up to 60 days from the date of the live event.***

# Today's Speakers



Lindsay Poole, PhD



Nikita Rodrigues,  
PhD



Sharon Shih, PhD



Paige  
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# Why this topic matters

- 1 in 5 youth experience a mental health concern
- Most present first in primary care, not specialty care
- PCPs are uniquely positioned to:
  - Identify early
  - Intervene briefly
  - Prevent escalation





# We know it's not easy

- Limited time
- Competing demands for what to prioritize
- Limited access to specialty care



# When a behavioral health concern comes up:

- Empathize
- Normalize
- Provide Hope
- Ask Permission to Partner
- Educate
- Make a Plan

*"That sounds really stressful. A lot of families with kids your age are dealing with this right now. There are things we can try that can help. Would it be okay if we think through this together?"*



# AAP Mental Health Strategies for Pediatric Care

1. Recognize concern through screening, observation, patient/parent report
2. Assess severity, safety, and functional impact
  - Use motivational interviewing stance: open ended questions, reflective listening, assess readiness to act/change
3. Respond with:
  - Psychoeducation
  - Brief intervention
  - Supportive Guidance
4. Refer when needed
5. Follow-up and monitor

*"What have you already tried?"*  
*"It sounds like this has been really exhausting"*  
*"What would you like to see different?"*  
*"On a scale of 1-10, how big of an issue is this for your family?"*

# Early Childhood

## Selective Eating



# Selective Eating

- **Eating is a charged subject.**
- **Food practices are fundamentally influenced by culture and social determinants of health.**
- Normative
  - 50% of 1.5-6-year-olds display selective eating
    - Refuse a food based on a certain color or texture
    - Prefer familiar foods and fear trying new things
  - 10-20 tastes to develop a preference!
  - While up to 50% of young children are reported by caregivers to have feeding difficulties, only ~10% require intensive intervention.



# Selective Eating Clinical Conversation

“I’m hearing that you have a lot of concerns about XXX’s eating, particularly about how much they’re eating and what they’re willing to try. That can be so stressful as a parent! [**empathy**] Would it be O.K. if we spent a few minutes talking about typical eating at this age and some small steps you can take to help?” [**partnering**]

“Ok, great. First, I want you to know that you are not alone. A lot of parents worry about their 4-year-olds’ eating. [**normalizing**] And, ‘picky’ eating is very common at this age. Most parents see a decrease in picky eating by age 6. [**psychoed**] But, some simple steps you can take to encourage eating a wide variety are ...

How might one or more of these suggestions fit into your family’s routine? [**targeted goal setting**]”

# Preventive Feeding Advice for Parents

- Start variety early!
- Eat family meals
- Model trying new foods
- Offer new foods multiple times
  - Offer new foods first
  - Small portions, especially initially
- Follow regular meal/snack times
- Options (“do you want carrots or peppers with lunch?”) - child chooses how much to eat
- Involve kids in food prep
- Remove negativity and demands around eating
- Avoid screens/toys at mealtimes



# Problems

- Child complains or makes negative comments about food
- Child throws food
- Caregivers are forcing new foods
- Child swallows food whole
- Child is pocketing food
- Parental preoccupation with amount of food consumed

# Solutions

- Say nothing or ignore behavior
- Have “reserve plate” of food to replace thrown food
- Implement positive praise for trying new foods
- Only provide praise if chewed
- Encourage sips of water in between bites; only reward for chewing and swallowing
- Hunger will lead to more willingness to try new foods



Expect difficulties  
– don't expect  
gratitude!

# Selective Eating warranting intervention



- If selective eating persists, consider Avoidant Restrictive Food Intake Disorder (ARFID) as a differential
  - Nutritional deficiency
  - Psychosocial impact/impairment
  - Eating is not influenced by body image
  - Not due to food availability
- Referral to specialist for feeding therapy (e.g., CBT-AR and graduated exposure for adolescents)
  - Exploring foods nonjudgmentally using the 5 senses

# Selective Eating Resources

- General Balanced Plate Education: <https://nutritionsource.hsph.harvard.edu/healthy-eating-plate/>
- Elyn Satter Institute: <https://www.elynsatterinstitute.org/practice-resources/family-meals-focus/>
- Zero to Three – how to handle 'picky' eaters: [How to Handle Picky Eaters | ZERO TO THREE](#)
- ARFID Treatment: [Equip Health - Virtual Eating Disorder Treatment](#)



# Supporting Positive Behavior Change for Common Behavioral Challenges

# Common Behavioral Challenges

- Temper tantrums/meltdowns
- "Acting out"
- Big emotional responses
- Hitting behaviors
- Pushing boundaries
- Difficulty with being told "no"
- Difficulty with following directions
- Difficulty with transitions
- Seeking attention
- and many more...

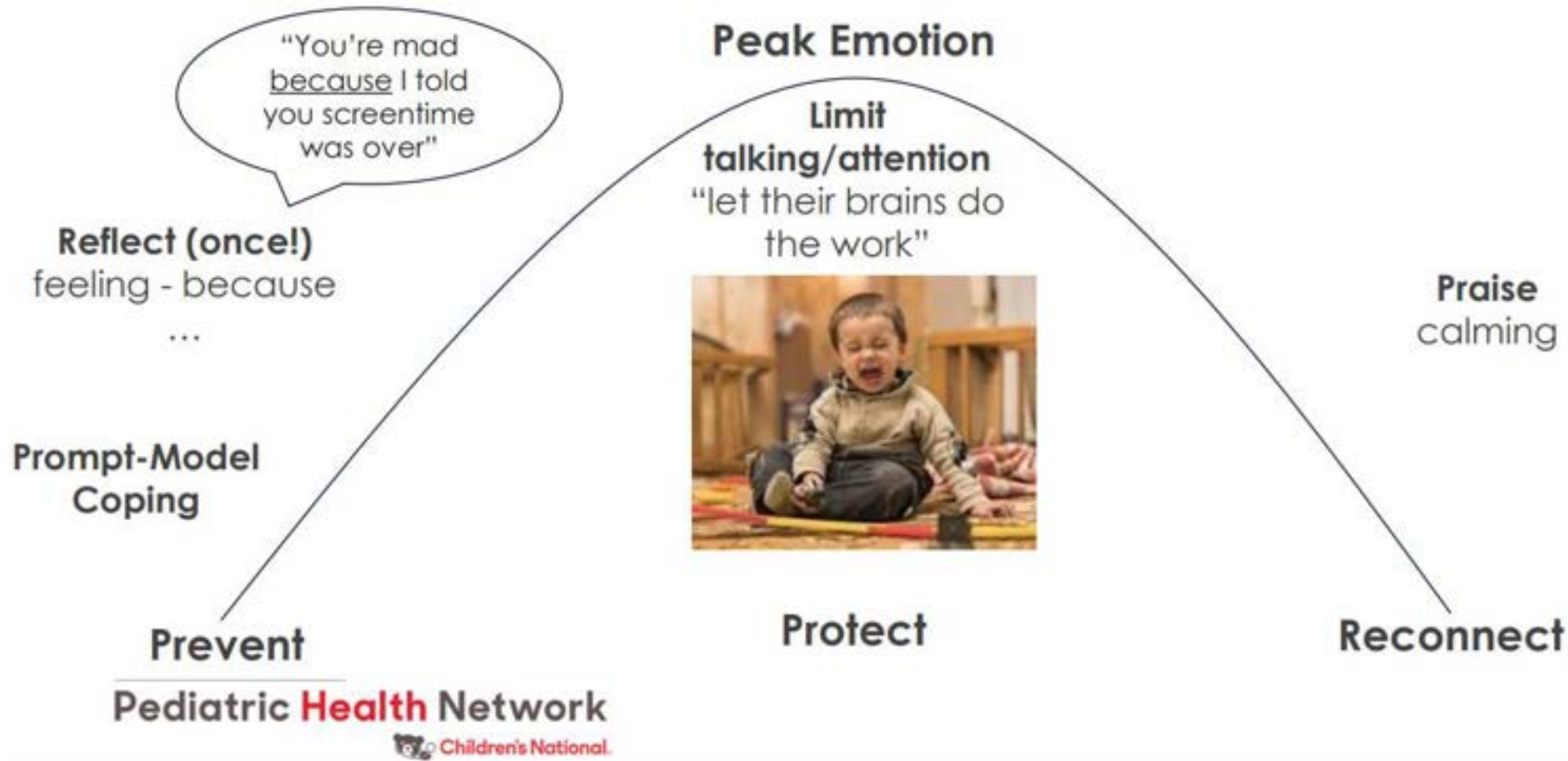


# Managing Parent Responses to Behavioral Challenges

- Behavioral challenges are often a signal and form of communication for a child's feelings, emotions, and/or response to environmental changes
- How adults respond can determine how children respond in the future
- Adults should offer a safe, supportive environment by naming and validating their feelings, setting limits, and coach/model/teach their child how to cope with their emotions

"I can see you're really mad that your sister took your toy. It's okay to feel angry. But it's not okay to hit. Let's figure out another way to handle this. Instead, you can say, 'I was still using that.'"

# Quick Strategies: Emotion Coaching



Source: PHN: Difficult Behaviors in Young Children (April 9,2025) [Link](#)

# The Role of Attention in Shaping Behavior

- Adults help shape behavior through their reactions and the attention they give to specific behaviors
- Children may repeat behaviors that successfully attract adult attention, regardless if it is positive or negative
  - Negative behaviors often gets an immediate response and is easy to reinforce unintentionally
- Focusing less on negative behaviors and more on positive ones can help encourage meaningful behavioral change
- Prevention is key! Provide clear, consistent positive behavioral expectations so children know what they SHOULD be doing

# Using Differential Attention to Promote **Positive** Behavior Change

- Negative Behavior (Instead of...)
  - *"Don't hit your sister"*
  - *"You still haven't done what I asked you to do"*
  - *"Stop fighting over the toys"*

Actively Ignore

- Positive Behavior (Say instead...)
  - "Thank you for using gentle hands, walking away when upset"
  - "Nice job getting that done right away"
  - "That was kind of you to let your friend/sibling have a turn."

Positively Praise (Labeled)

What can you do? As their physician you can encourage parents to assess the types of behaviors they are attending to and emphasize focusing more on behaviors they want to see more from their child

# Additional Brief strategies to Promote Positive Behavior Change

- Special Time: a short daily one-on-one playtime where the parent follows the child's lead and provides positive attention to strengthen the relationship and encourage positive behavior.
  - 5-10 minutes
  - Parent describes, praises, reflects
  - Parent avoids commands, corrections, teaching
  - Interactive play is most ideal, avoid use of electronics
- "Catch Being Good": intentionally noticing and giving attention to desired behaviors to encourage children to repeat them
  - Be Specific
  - Immediate
  - Seal with physical affection (e.g., hug, high five, fist bump)
- Monitoring the ratio of positive/negative statements for behavior
  - Aim for 3:1



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# Behavior Management Resources

- [Tips for Using Positive and Negative Attention | Essentials for Parenting Toddlers | CDC](#)
- [Tips for Praise, Imitation, and Description | Essentials for Parenting Toddlers | CDC](#)



# Early Childhood

## Sleep Problems



# Recognize the Concern

- Normalize that sleep issues are common and developmentally expected, but worth addressing early.
- Common concerns by age:
  - 0-12 months: frequent night waking, day/night confusion, feeding-to-sleep associations
  - 1-3 years: bedtime resistance, separation anxiety, night wakings
  - 3-5 years: fears, nightmares, stalling, inconsistent routines
  - 5-7 years: difficulty falling asleep, screen-related delay, anxiety-driven insomnia



# Assess Severity & Impact

- Quick screening questions:
  - Frequency: "How many nights per week is this happening?"
  - Duration: "How long has this been going on?"
  - Sleep onset latency: "How long does it take them to fall asleep?"
  - Night waking: "How often do they wake and need help?"
  - Daytime impact: irritability, behavior issues, parent exhaustion
  - Sleep environment & routines: consistency, screens, co-sleeping

# Respond: Psychoeducation

Psychoeducation (basics):

- Sleep is learned behavior + biology
- Kids naturally wake overnight: goal is independent return to sleep
- Inconsistent responses reinforce night wakings
- Overtired kids often sleep worse, not better

If a parent needs more convincing to intervene:

- Sleep supports memory, learning, and language development
- The brain organizes and stores what kids learned during the day
- Growth hormone is released during sleep- better sleep leads to better physical and brain development
- Poor sleep leads to more behavior problems, weaker immune system, long-term health risks
- Parent sleep disruption leads to more stress and can impact parent-child interactions

# Respond: Brief Interventions

1. Consistent Bedtime Routine (All ages)
  - 20-40 minutes, same order nightly
  - Calm, predictable (bath -> book -> bed)
  - Ends with child awake, not asleep before you leave the room
2. Independent Sleep Skills
  - Put child down drowsy but awake
  - Gradually reduce parent involvement:
    - Sit next to bed -> move father away -> out of room
3. Night Waking Plan
  - Keep responses brief, boring, and consistent
  - Avoid introducing new habits at 2am (e.g., feeding, screens, co-sleeping if not baseline)


# Respond: Brief Interventions

1. Limit Setting (Toddlers/Preschoolers)
  - Use clear, calm boundaries
  - "Check-in" method (brief reassurance at intervals)
  - Visual schedules or bedtime passes
    - Give 1-2 tokens for requests after bedtime; unused passes earn morning reward
2. Environment Optimization
  - Dark, cool, quiet
  - No screens 1 hour before bed
  - Consistent sleep/wake times (even weekends)
3. Parasomnias (Sleepwalking, Night Terrors, Sleep Talking)
  - Reassurance: most resolve spontaneously by adolescence
  - Safety precautions (gates, locks, remove hazards)
  - Address sleep hygiene and stress

**In general: tailor to family capacity; emphasize small, realistic changes**

# Respond: Supportive Guidance

## Sleep Habits



Good sleep is important for children to have enough energy during the day and feel their best. When kids don't sleep well or get enough sleep, it can affect their behavior and mood the next day. If you have questions or concerns about your child or teen's sleep habits, talk to your child's primary care provider.

Recommended amount of sleep for children and adolescents by the American Association of Sleep Medicine\*

Age	Total sleep per night
1-2 years	11-14 hours (including naps)
3-5 years	10-13 hours (including naps)
6-12 years	9-12 hours
13-18 years	8-10 hours

\* American Academy of Sleep Medicine  
aaasmembership.com/pressandpublicaffairs/

### What impacts sleep?

Younger children tend to go to sleep earlier in the evening and may wake up earlier in the morning, while teenagers tend to go to bed later and wake up later. Teens may want to stay up late to watch television or videos, play games, or talk to friends or family.

Children with anxiety may have trouble falling asleep due to worries. Children with ADHD may have challenges relaxing before bed.

Sleep apnea, a type of breathing difficulty, can lead to poor sleep. Children with sleep apnea may snore loudly (even when not sick), gasp while sleeping, or feel tired during the day. Ask your doctor if you are concerned.

### What does treatment look like?

- Developing **good sleep** habits and a type of therapy called **Cognitive Behavioral Therapy for Insomnia (CBT-I)** are typically more effective for most people than medications in improving sleep.
- Some families may use **supplements** like melatonin, which is a hormone, for sleep. Melatonin is best used in the short term and at low doses. Melatonin doesn't put someone to sleep, but it helps with feeling sleepy. If melatonin is taken too late at night, it may affect that person's sleep schedule the next night.
- Sometimes doctors may prescribe other medications for sleep if there is another reason a child can't fall asleep.

(Continued on back)

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## What can I do?



- Create a **sleep routine**. Try to do the same things each night to get your child's brain in the mood for sleep.
- Establish a **schedule**. Have your child go to bed at the same time each night and wake up around the same time each morning to help set their internal clock.
- Try to **turn off screens** at least 60 minutes before bed to relax and "wind down." Bright lights, fun sounds, and constant videos are engaging and keep our minds active, making it difficult to fall asleep.
- Make the bedroom a **calm, cool environment**. Turn off the lights or use only a nightlight.
- Use the bed **just for sleeping** and not for other activities, like homework or games.
- Try to **avoid naps** after school (if developmentally appropriate), or keep them short.
- Make bedtime a time when everyone in the house **winds down** so kids aren't tempted to stay up with family.
- Worries can make it hard for some kids to fall asleep. **Relaxing** the body and mind with deep breathing or pleasant imagery can help.
- Some **apps** can help lead children through relaxation strategies. There are also apps with CBT-I strategies.
- Avoid **caffeinated sodas and coffee/tea**, especially in the afternoon or evening.
- If your child's sleep cycle is already very off, **adjust their schedule gradually**. For example, if they are currently going to sleep at 2 am, try going to bed 15-30 minutes earlier each night until you get to the desired bedtime.

### How do I get help?



If you need more help, talk to your **primary care provider** or get support from a **mental health provider**. To find a mental health provider, call the phone number on the back of your child's insurance card and ask for a list of covered mental health providers in your area. You can also search for providers on your insurance company's website. For support finding resources for housing, food, and more, visit the **Children's National Hospital Community Resources website**.

Scan below or [click here](#) for more for more information about how to find a mental health provider and how to get help in a crisis.



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# Follow Up and Monitor

- Monitor: sleep duration and quality improvement, improvement in daytime functioning, family stress levels, adherence to intervention
- Reinforce effort, not just outcome
- Use MI strategies to assess breakdown in adhering to plan
- Adjust plan based on what worked/didn't



# When to Refer

- Behavioral Health Referral:
  - Persistent insomnia despite basic strategies
  - Anxiety, trauma, or significant behavioral dysregulation
  - Parent-child interaction challenges impacting sleep
- Medical Referral
  - Snoring, apnea concerns
  - Restless sleep, unusual movements
  - Feeding/growth concerns in infants

# Managing Screen Time



# Managing Screen Time






- AAP's screen time recommendations
  - Recognize that we are part of a digital ecosystem and individual level change is hard
- Engage families based on observation
  - "I notice that your 9-month-old is loving your phone! Would it be ok if we talk about screens today?"
  - "I see you're very into your phone right now, [older adolescent]. I'm curious what you're watching? [acknowledge response] Would you be willing to open your screentime app so we can see get a sense of your screen use?"
- **Prevention: Encourage limit setting at the outset!**
  - "I ask all my families if they're thinking about buying a tablet/smart phone/game console. If you are, I'd love to have a proactive conversation about managing the risks of screen use."
  - AAP [Phone Readiness Questionnaire](#)



# Screen Time

- **Screens are a privilege!**
- Screen ground rules
  - Screen-free zones
    - Bedrooms
    - Family meals
  - Time allowed per day
  - Regular co-viewing
  - One screen at a time
  - Parents have passwords
- 5 C's Discussion: child-specific reactions/motivations for screens, content, calming, crowding out, communication
  - Mindful phone use
  - Online safety
  - Continual process, not a one-time conversation – be curious!

Stay Consistent!

	<p><b>Model it!</b></p>	<p>Kids learn what's "normal" by watching you. Set phones aside during family time including meals, play, and bedtime. Model how you'd like them to use their phone someday when they have one.</p>
	<p><b>Turn off background screens</b></p>	<p>Playing screens in the background contributes to speech and attention problems for toddlers and kids. Try music instead of TV during family time.</p>
	<p><b>Avoid screens at bedtime</b></p>	<p>Screen lights trick our brain into waking up instead of falling asleep. Turn off screens at least 1 hour before bedtime. Make sure there are no screens in the room where your child sleeps.</p>
	<p><b>Tweak their algorithm</b></p>	<p>Watch videos from who your child follows on platforms like YouTube Kids. Ask yourself- how does this video make me feel? Unfollow age-inappropriate channels. Follow educational, slow moving, or calming content.</p>
	<p><b>Watch together</b></p>	<p>Consider a rule that screens must be used in common areas with screens visible to parents. This supports monitoring and discussion about new or surprising things they see.</p>

## Bonus 1.2. Creating a Family Media Plan

Use this worksheet to create screen boundaries for your home. If this feels like too much change at once, pick just one limit on this form to start with this week. Create your family's personalized Family Media Plan at [www.healthychildren.org](http://www.healthychildren.org)

### What are "screen-free" zones in your house?

- |   |                                |
|---|--------------------------------|
| <input type="checkbox"/> Dining table/kitchen counter | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Kids' bedrooms               | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Car                          | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Kitchen                      |                                |

### What are "screen-free" times of the day?

- |   |                                |
|---|--------------------------------|
| <input type="checkbox"/> Before school                      | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Mealtimes                          | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Until homework and chores are done | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Between dinner and bedtime         | <input type="checkbox"/> _____ |
| <input type="checkbox"/> If guests are visiting             |                                |

### Other Screen Limits

When will kids end screens each day? \_\_\_\_\_

What is your time limit for child screens on.... Weekdays: \_\_\_\_\_ Weekends: \_\_\_\_\_

Where will screens be kept overnight? \_\_\_\_\_

What's the reward if kids follow screen rules? \_\_\_\_\_

*Idea: Add 10 extra min of screens the next day*

What is the consequence if child won't turn off screen? \_\_\_\_\_

*Ideas: Lose 15 min of screens the next day, or that device is off limits the next day*

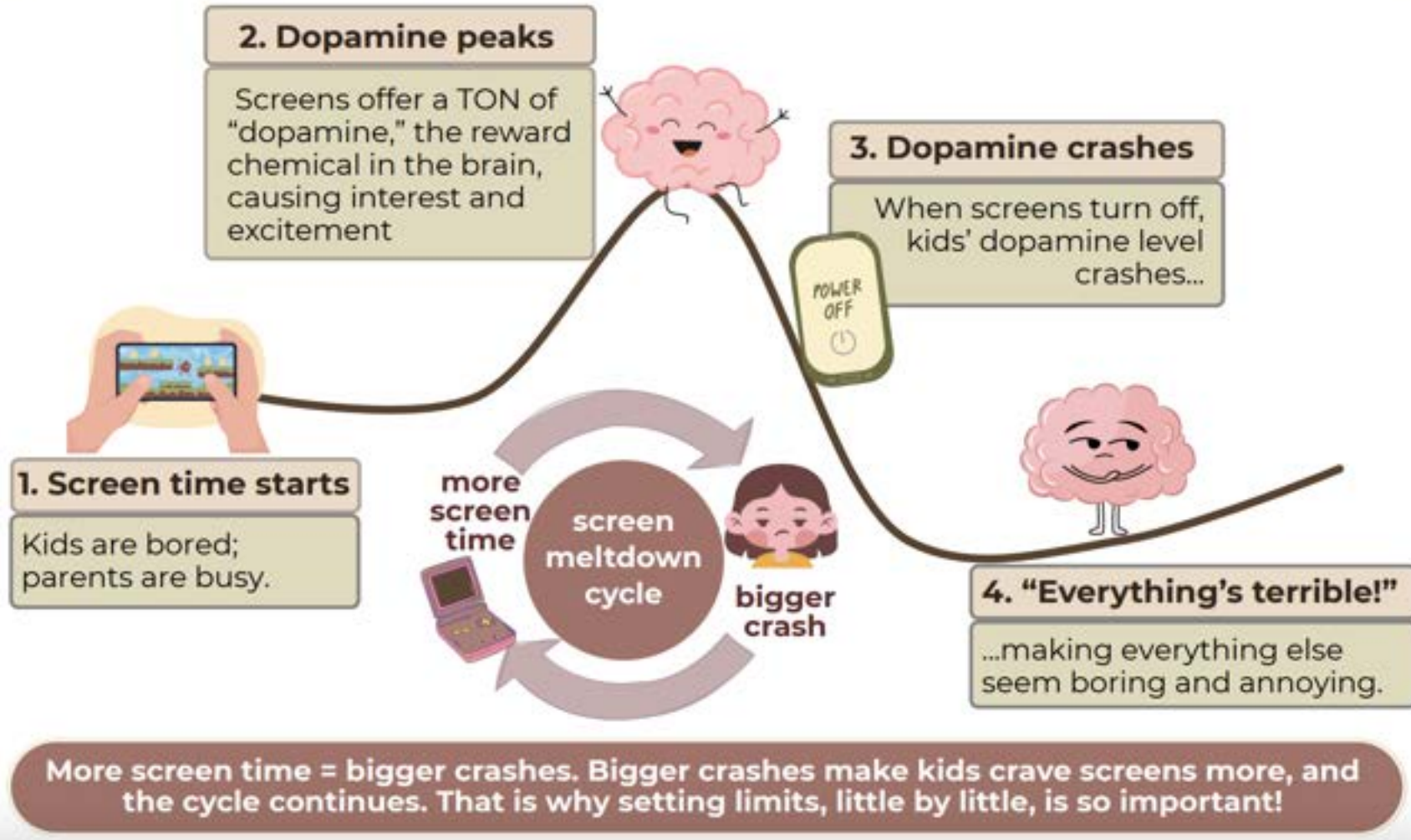
### How will adults monitor and model their own screen limits?

- |   |   |
|---|---|
| <input type="checkbox"/> Turn off the TV and screens if no one is actively using them | <input type="checkbox"/> No phones during meals                                     |
| <input type="checkbox"/> Put phone away from after school until kids' bedtime         | <input type="checkbox"/> App use tracking: keep certain apps to under _____ per day |
| <input type="checkbox"/> Keep phone out of sight if not using                         | <input type="checkbox"/> _____  |



# Screen Transitions

Why does my child have a meltdown when screen time ends?



# How can we help kids manage screen time transitions?

## Try this!

- Fill out your FAST Family Media Plan together
- Schedule together. Make a visual schedule of screen time, so they know when and when not to ask for it.
- Set a visual timer that shows time passing, like a sand timer, to help your child better predict when time is up.
- Give a "wrap up window" of 1-3 minutes, one episode, or one level, to finish before power off.
- Use pre-set controls like timers to automatically shut off the screen, or turn off auto-play on streaming.
- Transition from screens to a positive activity (meal, free time) instead of a hard activity (homework, bedtime)
- Make a "screen parking lot" where all devices stay plugged in in a common area when not in use.
- Set a reward for turning off screens on time (e.g., 10 bonus min tomorrow, 10 min later bedtime, etc.).



Different module from FAST materials



# Screen Time Resources

- First Approach Skills Training for primary care ([FAST Program, Seattle Children's Hospital](#))
  - [Managing Screen Time Transitions handout](#)
  - [Family Media Plan handouts](#)
- Setting Parental Controls: [Parental controls and privacy settings guides | Internet Matters](#)
- AAP [Center for Excellence and Social Media and Youth Mental Health and 5 C's](#)
  - AAP [Phone Readiness Questionnaire](#)
- Open Evidence Prompt:
  - *Create a handout for pediatricians to provide caregivers about the best strategies to effectively manage their children's screen time and social media use broken down by age*

