Curricular Components That Support the Functions of EPA 4: Recognize and Longitudinally Manage Behavioral Variations, Problems and Disorders in Typically Developing Children and Children with Developmental Disorders

1. Describing the spectrum of behavioral concerns and risk factors for behavioral problems
   - Traces the spectrum of behavioral concerns from behavioral variation to problem to disorder
   - Explains the critical role between a child’s underlying developmental abilities and the demands and expectations placed upon them in interpreting presenting behavioral concerns
   - Identifies neurobiological risk factors for behavioral problems
   - Identifies adverse childhood events and psychosocial influences that constitute risk factors for behavioral problems
   - Identifies resiliency factors to promote and community resources to address adverse childhood events/psychosocial risk
   - Defines the roles of temperament, adaptive styles, “goodness of fit,” attachment, autonomy, and family, social, and cultural background in influencing behavior

2. Providing behavioral consultations for patients presenting with behavioral variations and problems
   - Performs psychosocial screening, using standardized psychosocial screening tests and home and parent risk assessment tools
   - Performs behavioral screening, using standardized behavioral screening tests
   - Analyzes the antecedents and consequences of presenting behaviors before initiating behavior management recommendations and follows up on targeted outcomes for the interventions recommended
   - Describes the basic principles of behavior management (consistency in behavior management strategies across providers and environments, positive reinforcement of desired behaviors, ignoring minor transgressions, labeling the act not the child, establishing routines, modeling, progressive expectations, choices, natural consequences, logical consequences, time-out, contingency charts, rewards/punishment)
   - Provides anticipatory guidance for and counsels families in the management of common behavioral variations and problems, including:
     - Crying/colic
     - Problems with feeding, sleep, toileting (including enuresis/encopresis)
     - Variations in development of gender identity
     - Aggressive-resistant behavior (negativism, noncompliance, defiance, temper tantrums, breath-holding spells, hitting/biting, sibling rivalry, bullying)
     - Overdependent/withdrawing behavior (demanding behavior, separation upset, clinging, whining, excessive fearfulness)
     - Habits (head banging, thumb sucking, nail biting, teeth grinding, masturbation)
Entrustable Professional Activities
Curricular Components Supporting EPA 4 for Developmental-Behavioral Pediatrics

- Adaptation to general health problems and their treatments
- Somatic symptoms
- Experimentation with alcohol, drugs

- Identifies evidence-based interventions for parents to address problem behaviors (Parent-Child Interaction Therapy; Positive Parenting Program (Triple P); The Wonder Years)

3. Identifying and managing behavioral disorders in children and adolescents

- Identifies and manages behavioral disorders in infants, children, and adolescents with and without associated developmental problems, including:
  - Attachment disorders
  - Post-traumatic stress disorder
  - Selective mutism
  - Attention-deficit/hyperactivity disorder
  - Oppositional defiant disorder
  - Conduct disorder
  - Anxiety
  - Obsessive-compulsive disorder
  - Depression/mood disorders
  - Sleep disorders
  - Elimination disorders (enuresis, encopresis)
  - Stereotypic movements/self-injury
  - Tourette syndrome
  - Substance use disorders
  - Eating disorders

- Identifies school-based services mandated by federal law to address behavioral concerns (Individualized Education Program for Emotional/Behavioral Disorder) or to provide accommodations (Section 504 Plan) at school

- Identifies community-based services to address behavioral concerns


- Counsels families about the large number of nonevidence-based interventions proposed for treatment of behavioral disorders

- Identifies indications for use of psychotropic medications for behavioral disorders, including:
  - Hyperactivity/disruptive behavior
  - Aggression/self-injury
Entrustable Professional Activities
Curricular Components Supporting EPA 4 for Developmental-Behavioral Pediatrics

- Anxiety/mood disorders
- Difficulty with transitions/compulsive behavior
- Sleep problems

- Longitudinally monitors dose and side effects of psychotropic medications
- Differentiates behavioral problems that are most appropriately managed by DBP physicians from those that require referral to other mental health professionals
- Recognizes children and adolescents with suicidal behavior and makes emergent referrals to child psychiatry or other mental health services as needed

Problems that can be referred back to primary care physicians:

- Given the prevalence of behavioral variations, problems, and disorders in the general pediatric population, the limited number of board-certified DBP’s, and the long waiting lists for developmental-behavioral consultation, DBP’s must be competent in providing comprehensive consultative services for primary care physicians and must also be confident in referring patients back to their primary care physicians, co-managing patients as necessary. Problems that generally can be referred back to primary care include:
  - Behavior variations and problems in children with typical development
  - Mild sleep disorders
  - Enuresis
  - Encopresis
  - ADHD without significant comorbidity

Problems that \textbf{generally} require referral/interprofessional co-management:

- Given the prevalence of pediatric behavioral/mental health disorders, DBPs often collaborate with other subspecialists, including child psychiatrists, child psychologists, and pediatric sleep medicine specialists. DBPs may co-manage patients with these professionals, particularly those patients with behavioral disorders who also have associated developmental disorders. Given the significantly larger number of board-certified psychologists, board-certified child psychiatrists, and board-certified sleep medicine specialists relative to the number of board-certified DBPs, many patients with the problems listed below may need to be managed primarily by these child professional resources. The list of problems that generally require referral depends greatly on the context in which one practices. Those DBPs practicing in areas where access to these subspecialists is difficult will likely provide more of the care and may do so with telephone advice from a trusted subspecialist as needed. Problems that generally require referral include:
  - Moderate to severe psychiatric disorders including psychosis, substance use disorders, eating disorders, and suicidal ideation
  - Moderate to severe sleep disorders