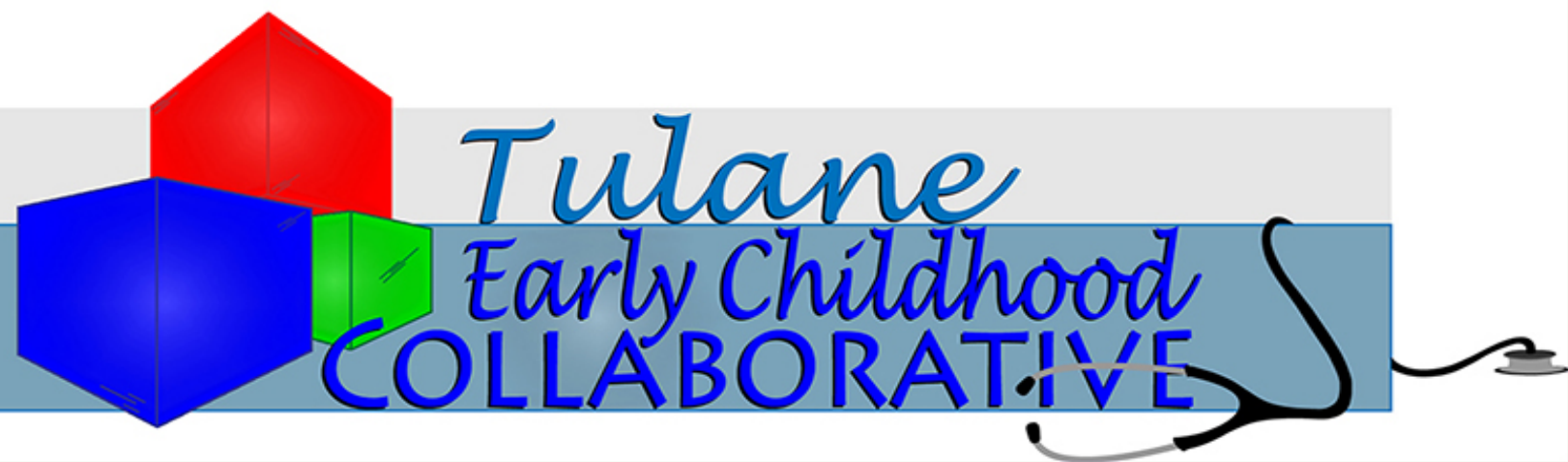


Assessing disruptive behaviors in young children

As simple as OPQRST!



O	Onset	When did it start? Sudden? Gradual?
P	Precipitating events	What is going on when the behavior happens? Related to sleep patterns? hunger? frustration?
	Palliative factors	What makes it better? What has been done to address the problem (including punishment strategies)? What has worked?
Q	Qualities & Characteristics	What does it look like? Does it include hyperactivity? Not following directions? Talking back or defiance? Disobedience? Aggressive behaviors? Inattention? Crying? Emotions?
R	Region/ Relationships	Where does it happen? Home? school? which people does it happen with? parent? teacher? children?
S	Severity	How does it compare to developmentally typical behavior in this age group? What level of impairment is associated? suspensions? expulsions? lacerations? fractures?
T	Timing	When does it usually happen? End of day? Beginning of day? Only weekends? Only weekdays? AND How long does it last? how does it end?

- Signs of ADHD?
- Signs of anxiety?
- Signs of mood disorder (irritability, sadness?)
- Signs of autism spectrum?
- Developmental status?
- Sleep, growth

Review of systems

- Prematurity?
- Lead exposure?
- Sleep apnea?
- Evidence of thyroid dysfunction?
- CNS issue (LOC, Sz)

Medical history

- Anyone with ADHD, depression, anxiety, bipolar disorder, psychosis, substance use disorder
- In biological family OR in home

Family history

- Who lives in home/is in family
- School/child care
- History of adversity of traumatic events
- Family support
- USE SEEK SCREEN!

Social history

- Physical exam for dysmorphology, size for age, vital signs, signs of non-accidental injury
- Observe: parent-child interactions
- Labs: consider Pb, genetics
- Screens: SEEK for all
- ECSA if < 5 yo; VADRS if > 5

PE, labs, screens