Emotional, behavioral, and relationship problems can develop in very young children, especially those living in high-risk families or communities. These early problems interfere with the normative activities of young children and their families and predict long-lasting problems across multiple domains. A growing evidence base demonstrates the efficacy of specific family-focused therapies in reducing the symptoms of emotional, behavioral, and relationship symptoms, with effects lasting years after the therapy has ended. Pediatricians are usually the primary health care providers for children with emotional or behavioral difficulties, and awareness of emerging research about evidence-based treatments will enhance this care. In most communities, access to these interventions is insufficient. Pediatricians can improve the care of young children with emotional, behavioral, and relationship problems by calling for the following: increased access to care; increased research identifying alternative approaches, including primary care delivery of treatments; adequate payment for pediatric providers who serve these young children; and improved education for pediatric providers about the principles of evidence-based interventions.

INTRODUCTION

Emotional, relationship, and behavioral problems affect nearly as many preschoolers as older children, with prevalence rates of 7% to 10%.1–3 Emotional, behavioral, and relationship problems, including disorders of attachment, disruptive behavior disorders, attention-deficit/hyperactivity disorder (ADHD), anxiety and mood disorders, and disorders of self-regulation of sleep and feeding in children younger than 6 years, interfere with development across multiple domains, including social interactions, parent–child relationships, physical safety, ability to participate in child care, and school readiness.4–6 Importantly, if untreated, these problems can persist and have long-lasting effects, including measurable abnormalities in brain functioning and persistent emotional and behavioral problems.7–10 In short, early emotional,
behavioral, and relationship problems in preschool-aged children interfere with their current well-being, jeopardize the foundations of emotional and behavioral health, and have the potential for long-term consequences.\textsuperscript{11}

Pediatricians and other child health care providers can reduce the risk of childhood emotional and behavioral problems by reducing exposure to toxic stress, promoting protective factors, and systematically screening for risk factors for emerging clinical problems.\textsuperscript{12, 13} Existing policy statements address universal approaches, early identification, and strategies for children at risk. The present policy statement focuses on clinical interventions for children with clinical disorders that warrant targeted treatment. Treatment planning is guided by a comprehensive assessment of the clinical presentation with attention to the child, the parent–child relationships, and community stressors. Beyond assessment, effective treatment of clinical disorders requires the following: (1) access to evidence-based treatments; and (2) primary care providers’ sufficient familiarity with evidence-based treatments to implement first-line approaches, make informed and effective referrals, and collaborate with specialty providers who have expertise in early childhood emotional and behavioral well-being.\textsuperscript{14} Currently, most young children with an emotional, relationship, or behavioral problem receive no interventions for their disorder. This policy statement provides a summary of empirically supported approaches, describes readily identifiable barriers to accessing quality evidence-based interventions, and proposes recommendations to enhance the care of young children. This statement has been endorsed by Zero to Three and the American Academy of Child and Adolescent Psychiatry.

**EVIDENCE-BASED TREATMENTS**

Awareness of the relative levels of evidence supporting pharmacologic and nonpharmacologic therapies for emotional, behavioral, and relationship problems can guide clinical decisions in the primary care setting. The evidence base related to psychopharmacologic agents in children younger than 6 years is limited and has only addressed ADHD.\textsuperscript{15} Only 2 rigorous trials have examined the safety and efficacy of medications in this age group. Both the trial of methylphenidate and the study of atomoxetine for moderate to severe ADHD demonstrated that the trial medication was more effective than placebo but was less effective for younger children than for older children and produced higher rates of adverse effects in younger children.\textsuperscript{16, 17} Other medications have been less rigorously evaluated in preschool-aged children, although the rates of prescriptions for atypical antipsychotic agents, with their potential for substantial metabolic morbidity, have increased steadily in this age group.\textsuperscript{18, 19}

Nonpharmacologic treatments have more durable effects than medications, with documented effects lasting for years.\textsuperscript{21, 22, 23} A first step in reducing the barriers to evidence-based treatments is to ensure that primary care pediatricians are familiar with these approaches, which should be available to young children with emotional, behavioral, or relationship problems.\textsuperscript{24}

For infants and toddlers with clinical-level emotional, behavioral, or relationship concerns, dyadic interventions promote attachment security and child emotional regulation and can promote regulation of stress hormones. Examples of these interventions include infant–parent psychotherapy, video feedback to promote positive parenting, and attachment biobehavioral catch-up. These interventions often use real-time infant–parent interactions to support positive interactions, enhance parents’ capacity to reflect on their parenting patterns, and promote sensitivity and an understanding of the infant’s needs.\textsuperscript{25}

For preschool-aged children, parent management training models, including parent–child interaction therapy (PCIT), the Incredible Years series, the New Forest Program, Triple P (Positive Parenting Program), and Helping the Noncompliant Child,\textsuperscript{26} are effective in decreasing symptoms of ADHD and disruptive behavior disorders. Parents are actively involved in all of these interventions, sometimes without the child and sometimes in parent–child interactions. All share similar behavioral principles, most consistently engaging parents as partners to: (1) reinforce positive behaviors; (2) ignore low-level provocative behaviors; and (3) provide clear, consistent, safe responses to unacceptable behaviors. Table 1 presents some of the characteristics of the best-supported programs for disruptive behavior disorders and ADHD.\textsuperscript{25, 27}

Posttraumatic stress disorder can be treated effectively with cognitive behavioral therapy and child–parent psychotherapy in very young children. In cognitive behavioral therapy for posttraumatic stress disorder, preschool-aged children learn relaxation techniques and are gradually exposed to their frightening memories while using these techniques. Child–parent psychotherapy focuses on supporting parents to create a safe, consistent relationship with the child through helping them understand the child’s emotional experiences and needs.\textsuperscript{31} Cognitive behavioral therapy is also effective for other common anxiety disorders, and recent promising studies report effectiveness of modified PCIT for selective mutism and depression.\textsuperscript{38, 39} Adaptations for use in primary care, including...
Triple P, the Incredible Years series, and PCIT, similarly show positive outcomes, although further research is warranted.37–39

Ensuring that parents have access to appropriate support or clinical care is often an important component of clinical intervention for children.

Effective parental treatment (eg, for depression) may reduce child symptoms substantially.40

**SYSTEMIC BARRIERS**

Despite the strong empirical support for these interventions, most young children with emotional, behavioral, and relationship problems do not receive nonpharmacologic treatments.81 Physical separation, challenges coordinating across systems, stigma, parental beliefs, and provider beliefs about mental health services may interfere with identification of concerns and success of referrals. New models
such as co-located care, in which mental health professionals work together with medical care providers in the same space, improve care coordination and referral success, decrease symptoms compared with traditional referrals. There are insufficient numbers of skilled providers to meet the emotional, behavioral, and relationship needs of children (and young children in particular) who require developmentally specialized interventions. Therefore, when a primary care pediatrician identifies an emotional, relationship, or behavioral problem in a young child, it is often difficult to identify a professional (eg, social worker, psychologist, child and adolescent psychiatrist, developmental-behavioral pediatrician) with expertise in early childhood to accept the referral and provide evidence-based treatments.

Mental health coverage systems may also reduce access to care. Although mental health parity regulations took effect in 2014, there are still “carved out” mental health programs that prohibit payment to primary care pediatricians for care of a child with an emotional, relationship, or behavioral health diagnosis and may limit access to trained specialists. Even when a trained provider of an evidence-based treatment is identified, communication, coordination of care with primary care pediatricians, and adequate payment can be challenges. Many health care systems do not pay for, or underpay for, necessary components of early childhood care such as care conferences, school observations, discussions with additional caregivers, same-day services, care coordination, and appointments that do not include face-to-face treatment of the child.

**RECOMMENDATIONS**

1. In the context of the focus of the American Academy of Pediatrics on early child and brain development, pediatricians have the opportunity to advocate for legislative and research approaches that will increase access to evidence-based treatments for very young children with emotional, behavioral, and relationship problems.

2. At the community and organizational levels, pediatricians should collaborate with local governmental and private agencies to identify local and national clinical services that can serve young children and explore opportunities for innovative service delivery models such as consultation or co-location.

3. Primary care pediatricians and developmental-behavioral pediatricians, together with early childhood mental health providers, including child and adolescent psychiatrists, and developmental specialists, can create educational materials for trainees and providers to enhance the care young children receive.

4. Without adequate payment for screening and assessment by primary care providers and management by specialty providers with expertise in early childhood mental health, treatment of very young children with emotional and behavioral problems will likely remain inaccessible for many children. Given existing knowledge regarding the importance of early childhood brain development on lifelong health, adequate payment for early childhood preventive services will benefit not only the patients but society as well and should be supported. Mental health carve-outs should be eliminated because they provide a significant barrier to access to mental health care for children. Additional steps toward equal access to mental health and physical health care include efficient prior authorization processes; adequate panels of early childhood mental health providers; payment to all providers, including primary care providers, for mental health symptoms in the primary care setting could decrease barriers to care.
To ensure that all providers caring for children are knowledgeable participants and partners in the care of young children with emotional, behavioral, and relationship problems, graduate medical education and continuing medical education should include opportunities for training that ensure that pediatric providers: (1) are competent to identify young children with emotional, behavioral, and relationship problems as well as risk and protective factors; (2) are aware that common early childhood emotional, behavioral, and relationship problems can be treated with evidence-based treatments; (3) recognize the limitations in the data supporting use of medications in very young children, even for ADHD; (4) are prepared to identify and address parental factors that influence early child development; and (5) can collaborate and refer across disciplines and specialties, including developmental-behavioral pediatrics, child and adolescent psychiatry, psychology, and other mental health services.

Marian Earls, MD, FAAP  
Danette Glassy, MD, FAAP  
Terri McFadden, MD, FAAP  
Alan Mendelsohn, MD, FAAP  
Seth Scholer, MD, FAAP  
Jennifer Takagishi, MD, FAAP  
Douglas Vanderbilt, MD, FAAP  
Patricia Gail Williams, MD, FAAP

LIAISONS
Lynette M. Fraga, PhD – Child Care Aware  
Abby Alkon, RN, PNP, PhD – National Association of Pediatric Nurse Practitioners  
Barbara U. Hamilton, MA – Maternal and Child Health Bureau  
David Willis, MD, FAAP – Maternal and Child Health Bureau  
Claire Lerner, LCSW – Zero to Three

STAFF
Charlotte Zia, MPH, CHES

COMMITTEE ON PSYCHOSOCIAL ASPECTS OF CHILD AND FAMILY HEALTH, 2015–2016
Michael Yogman, MD, FAAP, Chairperson  
Nerissa Bauer, MD, MPH, FAAP  
Theresa B. Gamon, MD, FAAP  
Arthur Lavin, MD, FAAP  
Keith M. Lemmon, MD, FAAP  
Gerri Mattson, MD, FAAP  
Jason Richard Rafferty, MD, MPH, EdM  
Lawrence Sagin Wissow, MD, MPH, FAAP

LIAISONS
Sharon Berry, PhD, LP – Society of Pediatric Psychology  
Terry Carmichael, MSW – National Association of Social Workers  
Edward Christophersen, PhD, FAAP – Society of Pediatric Psychology  
Norah Johnson, PhD, RN, CPNP-BC – National Association of Pediatric Nurse Practitioners  
Leonard Read Sulik, MD, FAAP – American Academy of Child and Adolescent Psychiatry

CONSULTANT
George J. Cohen, MD, FAAP

STAFF
Stephanie Domain, MS, CHES

SECTION ON DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS EXECUTIVE COMMITTEE, 2015–2016
Nathan J. Blum, MD, FAAP, Chairperson  
Michelle M. Macias, MD, FAAP, Immediate Past Chairperson  
Nerissa S. Bauer, MD, MPH, FAAP  
Carolyn Bridgemohan, MD, FAAP  
Edward Goldson, MD, FAAP  
Peter J. Smith, MD, MA, FAAP  
Carol Cohen Weitzman, MD, FAAP  
Stephen H. Contompasis, MD, FAAP, Web site Editor  
Damon R. Korb, MD, FAAP, Discussion Board Moderator  
Michael I. Reiff, MD, FAAP, Newsletter Editor  
Robert G. Voigt, MD, FAAP, Program Chairperson

LIAISONS
Beth Ellen Davis, MD, MPH, FAAP – Council on Children with Disabilities  
Pamela C. High, MD, MS, FAAP – Society for Developmental and Behavioral Pediatrics

STAFF
Linda Paul, MPH

ABBREVIATIONS
ADHD: attention-deficit/hyperactivity disorder  
PCIT: parent–child interaction therapy

REFERENCES


11. Garner AS, Shonkoff JP; Committee on Psychosocial Aspects of Child and Family Health; Committee on Early Childhood, Adoption, and Dependent Care; Section on Developmental and Behavioral Pediatrics. Early childhood adversity, toxic stress, and the role of the pediatrician: translating developmental science into lifelong health. Pediatrics. 2012;129(1). Available at: www.pediatrics.org/cgi/content/full/129/1/e224

12. Shonkoff JP, Garner AS; Committee on Psychosocial Aspects of Child and Family Health; Committee on Early Childhood, Adoption, and Dependent Care; Section on Developmental and Behavioral Pediatrics. The lifelong effects of early childhood adversity and toxic stress. Pediatrics. 2012;129(1). Available at: www.pediatrics.org/cgi/content/full/129/1/e232


46. Kautz C, Mauch D, Smith SA. Reimbursement of Mental Health Services in Primary Care Settings. Rockville, MD: Center for Mental Health Services, Substance Abuse; 2008


### Addressing Early Childhood Emotional and Behavioral Problems

COUNCIL ON EARLY CHILDHOOD, COMMITTEE ON PSYCHOSOCIAL ASPECTS OF CHILD AND FAMILY HEALTH and SECTION ON DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS

*Pediatrics*; originally published online November 21, 2016; DOI: 10.1542/peds.2016-3023

<table>
<thead>
<tr>
<th>Updated Information &amp; Services</th>
<th>including high resolution figures, can be found at: /content/early/2016/11/17/peds.2016-3023.full.html</th>
</tr>
</thead>
<tbody>
<tr>
<td>References</td>
<td>This article cites 44 articles, 9 of which can be accessed free at: /content/early/2016/11/17/peds.2016-3023.full.html#ref-list-1</td>
</tr>
<tr>
<td>Subspecialty Collections</td>
<td>This article, along with others on similar topics, appears in the following collection(s): <strong>Developmental/Behavioral Pediatrics</strong> /cgi/collection/development:behavioral_issues_sub <strong>Psychosocial Issues</strong> /cgi/collection/psychosocial_issues_sub</td>
</tr>
<tr>
<td>Permissions &amp; Licensing</td>
<td>Information about reproducing this article in parts (figures, tables) or in its entirety can be found online at: /site/misc/Permissions.xhtml</td>
</tr>
<tr>
<td>Reprints</td>
<td>Information about ordering reprints can be found online: /site/misc/reprints.xhtml</td>
</tr>
</tbody>
</table>

PEDIATRICS is the official journal of the American Academy of Pediatrics. A monthly publication, it has been published continuously since 1948. PEDIATRICS is owned, published, and trademarked by the American Academy of Pediatrics, 141 Northwest Point Boulevard, Elk Grove Village, Illinois, 60007. Copyright © 2016 by the American Academy of Pediatrics. All rights reserved. Print ISSN: 0031-4005. Online ISSN: 1098-4275.
Addressing Early Childhood Emotional and Behavioral Problems
COUNCIL ON EARLY CHILDHOOD, COMMITTEE ON PSYCHOSOCIAL ASPECTS OF CHILD AND FAMILY HEALTH and SECTION ON DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS

Pediatrics; originally published online November 21, 2016;
DOI: 10.1542/peds.2016-3023

The online version of this article, along with updated information and services, is located on the World Wide Web at:
/content/early/2016/11/17/peds.2016-3023.full.html