



Incorporating Aggression Management into Practice

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Objectives

- Explore the presentation and management of aggression in the pediatric office setting
- Learn about the “T-MAY” guideline and toolkit, and its use in assessing, treatment planning, and managing aggression
- Discuss role and the safe/effective use of atypical neuroleptics in children and adolescents with severe aggression



How do cases with symptoms of aggression make you feel?



Key Take Home #1

Aggression \neq Bad Kid





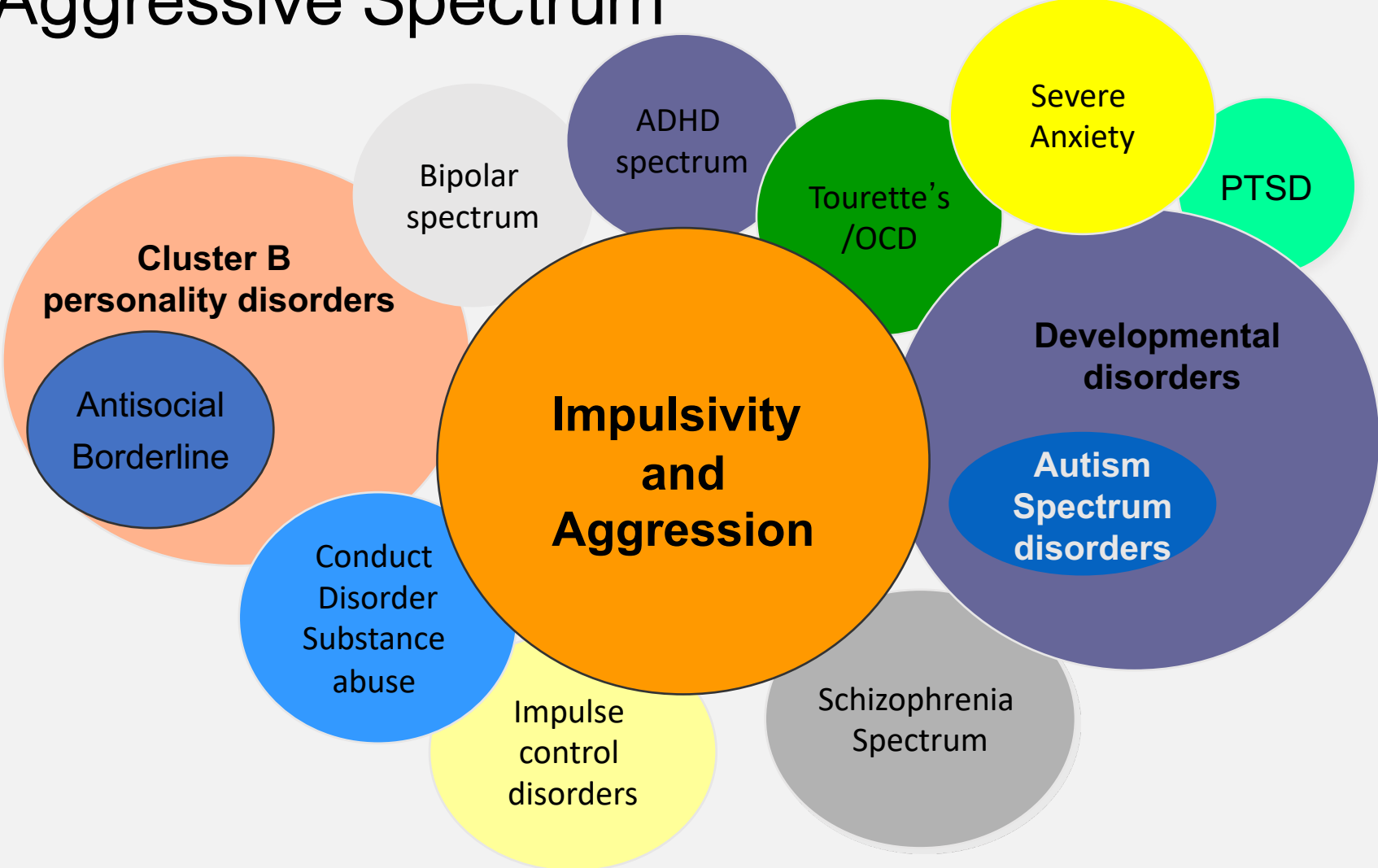
Key Take Home #2: Aggression is not a Diagnosis

Aggression is
a SYMPTOM

What is the
Underlying
Cause?

We must
investigate!!!

Impulsive-Aggressive Spectrum





Key Take Home #3: Not all Aggression is Created Equally

Impulsive



Anxious/Hyperarousal



Predatory



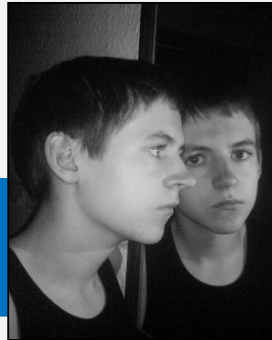
Affective/Hot



Cognitive/ Disorganized



Key Take Home #4 T-MAY Algorithm:



TREATMENT OF
MALADAPTIVE
AGGRESSION
IN YOUTH

T-MAY

The Rutgers CERTs Pocket Reference Guide
For Primary Care Clinicians and Mental Health Specialists

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T-MAY RECOMMENDATIONS

ASSESSMENT + DIAGNOSIS

- Engage patients and parents (emphasize need for their on-going participation)
- Conduct a thorough initial evaluation and diagnostic work-up before initiating treatment
- Define target symptoms and behaviors in partnership with parents and child
- Assess target symptoms, treatment effects and outcomes with standardized measures



INITIAL TREATMENT + MANAGEMENT PLANNING

- Conduct a risk assessment and if needed, consider referral to mental health specialist or ER
- Partner with family in developing an acceptable treatment plan
- Provide psychoeducation and help families form realistic expectations about treatment
- Help the family to establish community and social supports



PSYCHOSOCIAL INTERVENTIONS

- Provide or assist the family in obtaining evidence-based parent and child skills training
- Identify, assess and address the child's social, educational and family needs, and set objectives and outcomes with the family
- Engage child and family in maintaining consistent psychological/behavioral strategies



MEDICATION TREATMENTS

- Select initial medication treatment to target the underlying disorder(s); follow guidelines for primary disorder (when available)
- If severe aggression persists following adequate trials of appropriate psychosocial and medication treatments for underlying disorder, add an AP, try a different AP, or augment with a mood stabilizer (MS)
- Avoid using more than two psychotropic medications simultaneously
- Use the recommended titration schedule and deliver an adequate medication trial before adjusting medication



SIDE-EFFECT MANAGEMENT

- Assess side-effects, and do clinically-relevant metabolic studies and laboratory tests based on established guidelines and schedule
- Provide accessible information to children and parents about identifying and managing side-effects
- Use evidence-based strategies to prevent or reduce side-effects
- Collaborate with medical, educational and/or mental health specialists if needed



MEDICATION MAINTENANCE + DISCONTINUATION

- If response is favorable, continue treatment for six months.
- Taper or discontinue medications in patients who show a remission in aggressive symptoms \geq 6 months

Note: The order of these recommendations may be tailored to each patient's specific condition and needs.





Step 1: Assessment and Diagnosis

ASSESSMENT + DIAGNOSIS

- Engage patients and parents (emphasize need for their on-going participation)
- Conduct a thorough initial evaluation and diagnostic work-up before initiating treatment
- Define target symptoms and behaviors in partnership with parents and child
- Assess target symptoms, treatment effects and outcomes with standardized measures

Be specific in history taking and use the rating scales



Step 2: Initial Treatment and Management Planning

INITIAL TREATMENT + MANAGEMENT PLANNING

- Conduct a risk assessment and if needed, consider referral to mental health specialist or ER
- Partner with family in developing an acceptable treatment plan
- Provide psychoeducation and help families form realistic expectations about treatment
- Help the family to establish community and social supports

Psychoeducation

Behavior is adaptive

Let's minimize the triggers and not reinforces aggressive behavior





Step 3: Psychosocial Interventions

PSYCHOSOCIAL INTERVENTIONS

- Provide or assist the family in obtaining evidence-based parent and child skills training
- Identify, assess and address the child's social, educational and family needs, and set objectives and outcomes with the family
- Engage child and family in maintaining consistent psychological/behavioral strategies

- Assess and address the child's social, medical, educational and family needs
- Engage the child and family in maintaining consistent strategies
- Build your rolodex: Find therapists for referral





Step 4: Medication Treatments/ Treat the underlying disorder

MEDICATION TREATMENTS

- Select initial medication treatment to target the underlying disorder(s); follow guidelines for primary disorder (when available)
- If severe aggression persists following adequate trials of appropriate psychosocial and medication treatments for underlying disorder, add an AP, try a different AP, or augment with a mood stabilizer (MS)
- Avoid using more than two psychotropic medications simultaneously
- Use the recommended titration schedule and deliver an adequate medication trial before adjusting medication

Call Project TEACH





Step 5: Side Effect Management

SIDE-EFFECT MANAGEMENT



Assess side-effects, and do clinically-relevant metabolic studies and laboratory tests based on established guidelines and schedule

Provide accessible information to children and parents about identifying and managing side-effects

Use evidence-based strategies to prevent or reduce side-effects

Collaborate with medical, educational and/or mental health specialists if needed

- Communicate with prescriber, define roles, and make sure labs are drawn
- Monitor weight
- Encourage healthy habits



Step 6: Maintenance and Discontinuation

MEDICATION MAINTENANCE + DISCONTINUATION



- If response is favorable, continue treatment for six months.
- Taper or discontinue medications in patients who show a remission in aggressive symptoms ≥ 6 months

Note: The order of these recommendations may be tailored to each patient's specific condition and needs.

Work with the prescribers and call Project TEACH





Key Take Home #5:

Aggressive kids can improve and so treatment needs to change along with the child.



