Aggression in Children and Adolescents - Assessment

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Disclosures

Neither I nor my spouse/partner has a relevant financial relationship with a commercial interest to disclose.

Goals and Objectives

- Learn the various types of aggression presenting in clinical settings
- Differentiate among pediatric problems that present with aggression, including depression, ADHD, bipolar disorder, psychosis, and conduct disorder.
- Learn how to assess and evaluate for children who present with aggressive symptoms

Case Presentation: Cliff and his mother

Cliff

- <u>Identifying Information:</u>

  Cliff is a 9 year old boy who lives with his parents and 2 siblings. He attends 4th grade.

- <u>Chief Concern:</u>

  “Doctor, we have had a tough summer and fall with Cliff. I’ve been giving him his Concerta daily like we discussed. His attention and hyperactivity have improved but his behavior is a real problem.”

Cliff: History of Present Illness

History of Present Illness:

Patient has had difficulties with attention and hyperactivity for several years

He was started on Concerta several months ago

His symptoms improved partially on 18 mg and the dose was titrated up to 54 mg with continued improvement.

However his mother now complains of increased oppositional behaviors at home. Examples include constantly testing limits and throwing tantrums when he does not get his way. Tantrums occur both at home and when they are out of the house, which is especially embarrassing for mom. His behavior is escalating, and recently resulted in violent behavior. He threw a toy at his mother, and she needed to go to the emergency room for stitches.

Cliff: History of Present Illness cont.

On one occasion Cliff became so angry he that he slammed a door and it broke a picture. Cliff's school has also noticed some oppositional and aggressive behaviors. He is mean to other children several times a week and his classmates do not want to play with him. He pushed another boy in the lunchroom.

Both Cliff and his mom say that he gets sad when he does not get his way but that at other times he is a cheerful child. Cliff denies feeling sad. Both mom and Cliff deny that he worries or that he has any thoughts of killing himself. He has punched walls when he gets angry, but otherwise has no self-injurious behavior. He is sleeping and eating well. The only recent stressor at home (other than Cliff's behaviors) has been that Cliff's aunt is now working so she cannot help out with babysitting any more.

Cliff cont.

- Past Psychiatric Illness: Prior history of ADHD treated by PCP
- Medical History: Well child
- Developmental History: Normal pregnancy and delivery. Walked at 11 months, first words 14 months, phrases by 2 years
- Abuse: Denies. Mom and Dad have yelled at Cliff recently when they are frustrated with him
- Family Medical & Psychiatric History: Mom has been treated for depression. Dad had “behavioral problems as a child”

What would you do?

Look at Cliff's Vanderbilt

NICHQ Vanderbilt Assessment Scale:

Parent information

Directions: Each rating should be considered in the context of what is appropriate for the age of your child. When completing this form, please think about your child's behaviors in the past 6 months.

Is this evaluation based on a time when the child ☐ was on medication ☐ was not on medication ☐ not sure?

Symptoms	Never	Occasionally	Often	Very Often
1. Does not pay attention to details or makes careless mistakes with, for example, homework	0	1	2	3
2. Has difficulty keeping attention to what needs to be done	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by noises or other stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat when remaining seated is expected	0	1	2	3
12. Runs about or climbs too much when remaining seated is expected	0	1	2	3
13. Has difficulty playing or beginning quiet play activities	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks too much	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting his or her turn	0	1	2	3
18. Interrupts or intrudes in on others' conversations and/or activities	0	1	2	3
19. Argues with adults	0	1	2	3
20. Loses temper	0	1	2	3
21. Actively defies or refuses to go along with adults' requests or rules	0	1	2	3
22. Deliberately annoys people	0	1	2	3
23. Blames others for his or her mistakes or misbehaviors	0	1	2	3
24. Is touchy or easily annoyed by others	0	1	2	3
25. Is angry or resentful	0	1	2	3
26. Is spiteful and wants to get even	0	1	2	3
27. Bullies, threatens, or intimidates others	0	1	2	3
28. Starts physical fights	0	1	2	3
29. Lies to get out of trouble or to avoid obligations (ie, "cons" others)	0	1	2	3
30. Is truant from school (skips school) without permission	0	1	2	3
31. Is physically cruel to people	0	1	2	3
32. Has stolen things that have value	0	1	2	3

NICHQ Vanderbilt Assessment Scale:

Parent information

Symptoms (continued)	Never	Occasionally	Often	Very Often
33. Deliberately destroys others' property	0	1	2	3
34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)	0	1	2	3
35. Is physically cruel to animals	0	1	2	3
36. Has deliberately set fires to cause damage	0	1	2	3
37. Has broken into someone else's home, business, or car	0	1	2	3
38. Has stayed out at night without permission	0	1	2	3
39. Has run away from home overnight	0	1	2	3
40. Has forced someone into sexual activity	0	1	2	3
41. Is fearful, anxious, or worried	0	1	2	3
42. Is afraid to try new things for fear of making mistakes	0	1	2	3
43. Feels worthless or inferior	0	1	2	3
44. Blames self for problems, feels guilty	0	1	2	3
45. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	0	1	2	3
46. Is sad, unhappy, or depressed	0	1	2	3
47. Is self-conscious or easily embarrassed	0	1	2	3

Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
48. Overall school performance	1	2	3	4	5
49. Reading	1	2	3	4	5
50. Writing	1	2	3	4	5
51. Mathematics	1	2	3	4	5
52. Relationship with parents	1	2	3	4	5
53. Relationship with siblings	1	2	3	4	5
54. Relationship with peers	1	2	3	4	5
55. Participation in organized activities (eg, teams)	1	2	3	4	5

Comments:

For Office Use Only

Total number of questions scored 2 or 3 in questions 1–9: _____

Total number of questions scored 2 or 3 in questions 10–18: _____

Total Symptom Score for questions 1–18: _____

Total number of questions scored 2 or 3 in questions 19–26: _____

Total number of questions scored 2 or 3 in questions 27–40: _____

Total number of questions scored 2 or 3 in questions 41–47: _____

Total number of questions scored 4 or 5 in questions 48–55: _____

Average Performance Score: _____

American Academy of Pediatrics

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NICHQ

National Initiative for Children's Healthcare Quality

McNeil

NEW YORK STATE | Office of Mental Health

Cliff's Vanderbilt - Scored

Total number of questions scored 2 or 3 in questions 1-9: Inattention	2	
Total number of questions scored 2 or 3 in questions 10-18: Hyperactivity	1	
Total Symptom Score for questions 1-18: Inattention and hyperactivity	3	
Total number of questions scored 2 or 3 in questions 19-26: Oppositional	5	> 4 = ODD
Total number of questions scored 2 or 3 in questions 27-40: Conduct	0	
Total number of questions scored 2 or 3 in questions 41-47: Anxiety and depression	0	
Total number of questions scored 2 or 3 in questions 48-55: Performance	8	
Average Performance Score:		

Assessment of Aggression

Fever is a symptom!

And so is aggression!

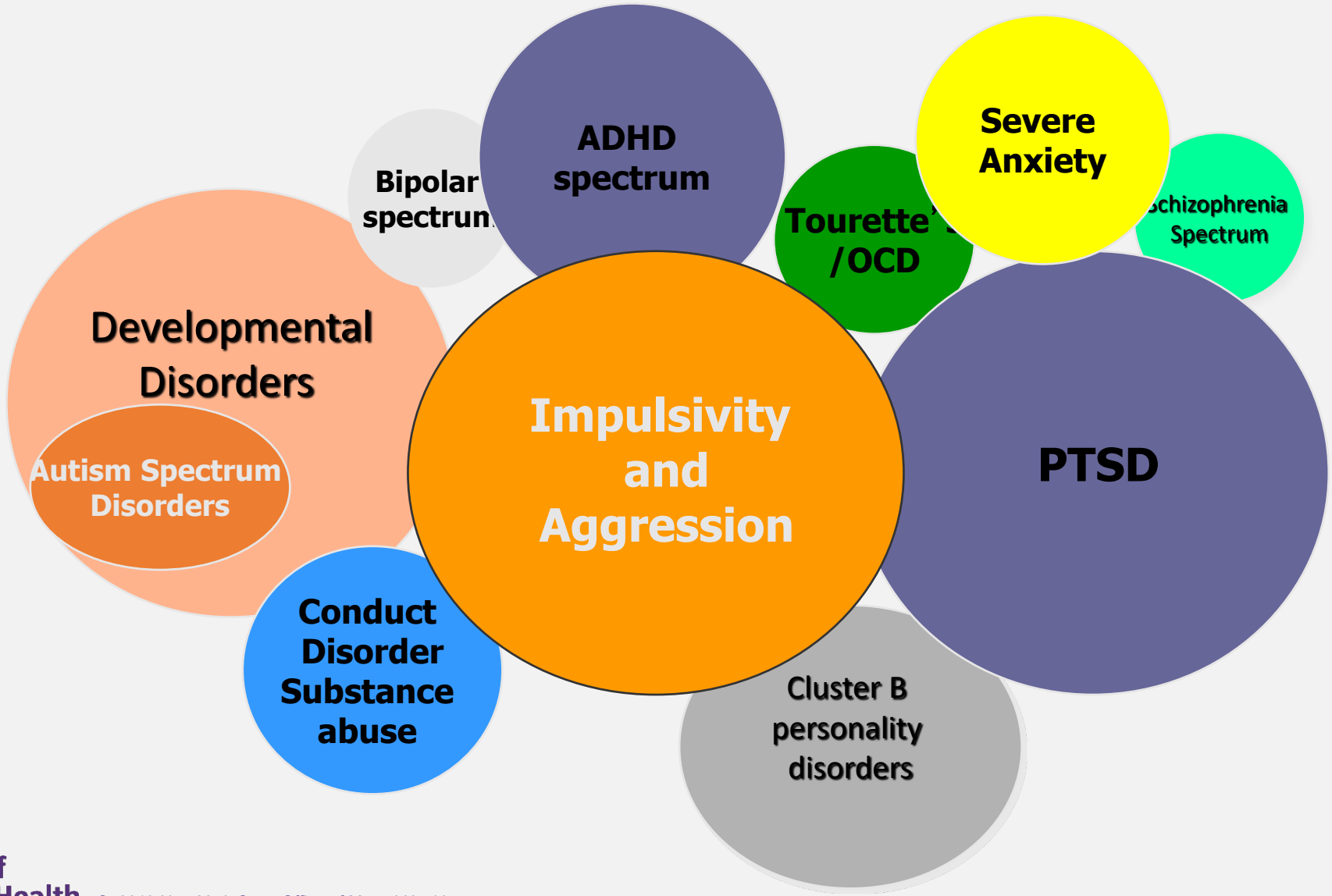
Aggression in Children & Adolescents: Critical Issues

- Most common reason for psychiatric referral
- Aggression is not a psychiatric diagnosis
- Complicates treatment/leads to poorer outcomes
- Frequent use of atypical antipsychotics and multiple medications
- Lack of controlled trials to inform physicians' prescribing practices

Aggression in Children & Adolescents: Critical Issues

- Aggression is “final common pathway” when system overwhelmed
- Associated with almost all DSM diagnoses
- Occurs when the demands of the world far outstrip our resources (internal and external)
- Typically aggression stems from excessive anger, a secondary emotion
- Questions to ask:
  - What changed? What tipped over the
  - What tipped over the apple cart??

Impulsive-Aggressive Spectrum



Type	Clinical Description	Representative DSM Dx
1. Impulsive	Unprovoked, brief, rapid, thoughtless, inability to delay reward/recognize consequences; out of proportion and out of the blue	ADHD TBI ID Bipolar
2. Affective Storm/"Hot"	Exaggerated response to affectively provoked or charged (i.e. difficulty modulating arousal), reactive. "Hot blooded" aggression. Extended duration (30+ minutes)	ADHD ASD/ID Substance abuse MDD/DMDD Bipolar
3. Anxious/hyperarousal	Overstimulation, overwhelmed, response to xs anxiety; lash out with relief of tension	PTSD PDD OCD
4. Cognitive/disorganized	Distorted perceptions, impaired reasoning, delusions, paranoia	Psychosis Bipolar Schizophrenia TBI/FASD Substance Abuse
5. Predatory/"Cold"	Premeditated, consciously executed, instrumentally motivated, "cold blooded"	Conduct Disorder Antisocial PD

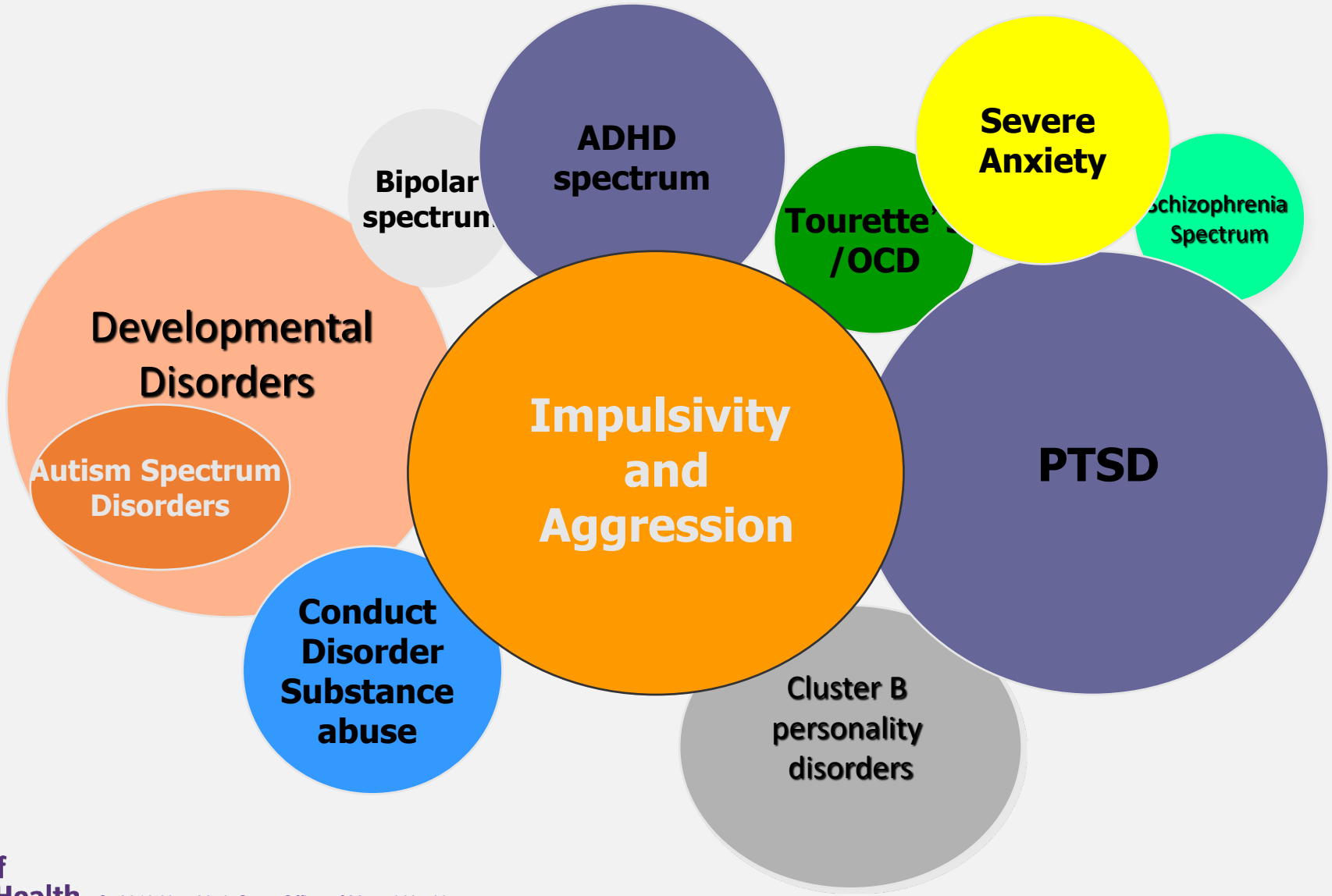
Assessment of Aggression

Clinical Pearl:

In clinically developing children, first R/O trauma, loss, then look for what condition is underpinning aggression:

- ADHD
- Anxiety
- Depression

Differential Diagnosis



Assessing Aggression

- Characterize the aggression
  - What kind of aggression? Verbal? Physical?
  - Who/what is target? Self? Others? Property?
  - How severe is the aggression?
  - How frequent is the aggression?
  - How dangerous is the aggression?
- Other important questions to answer
  - What condition is underpinning the aggression?
  - What tipped the apple cart over and when did it start?
  - Is the child being bullied?

Steps in Initial Assessment: Take your time!

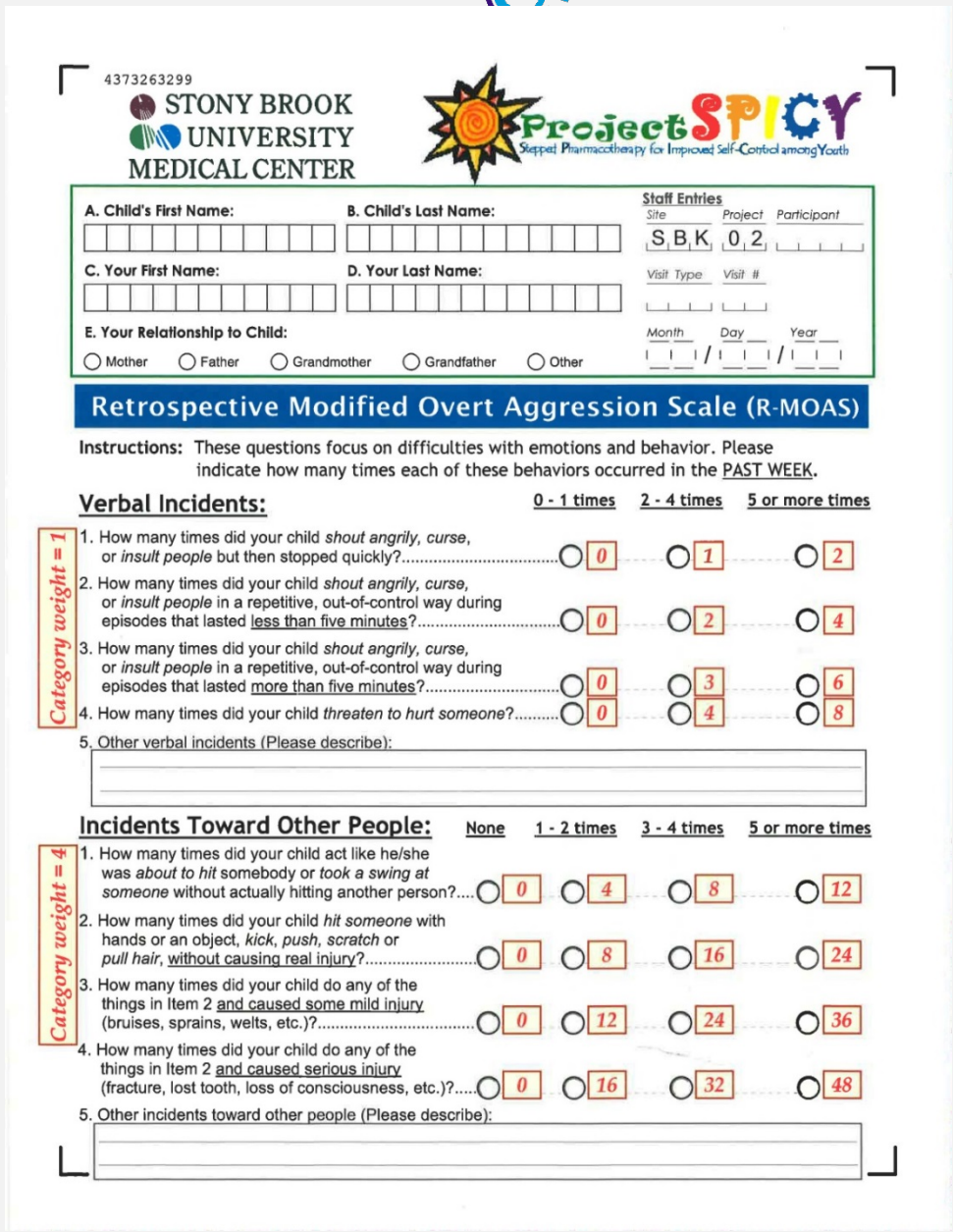
- Resist the need to prescribe on the first visit!
- Interview family together – observe dynamics
- Interview patient alone and parent/guardian
- Family history
- Psychosocial history
- Use standardized rating scales
- Physical examination
- Appropriate laboratory studies (typically none)
- Input from school

Use Standardized Measures to Assess

- Underlying condition
  - Vanderbilt, SCARED, PHQ, etc
- Aggression
  - Modified Overt Aggression Scale (MOAS)
  - Nisonger Child Behavior Rating Form (N-CBRF)

Modified Overt Aggression Scale (MOAS)

- Verbal Incidents
- Incidents towards other people
- Incidents involving property
- Incidents directed towards self



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STONY BROOK UNIVERSITY MEDICAL CENTER

Project SPICY
Skeppet Pharmacotherapy for Improved Self-Control among Youth

A. Child's First Name: | B. Child's Last Name:

C. Your First Name: | D. Your Last Name:

E. Your Relationship to Child:
○ Mother ○ Father ○ Grandmother ○ Grandfather ○ Other

Staff Entries
Site: SBK | Project: 02 | Participant:
Visit Type: | Visit #:
Month: / Day: / Year:

Retrospective Modified Overt Aggression Scale (R-MOAS)

Instructions: These questions focus on difficulties with emotions and behavior. Please indicate how many times each of these behaviors occurred in the PAST WEEK.

Verbal Incidents:

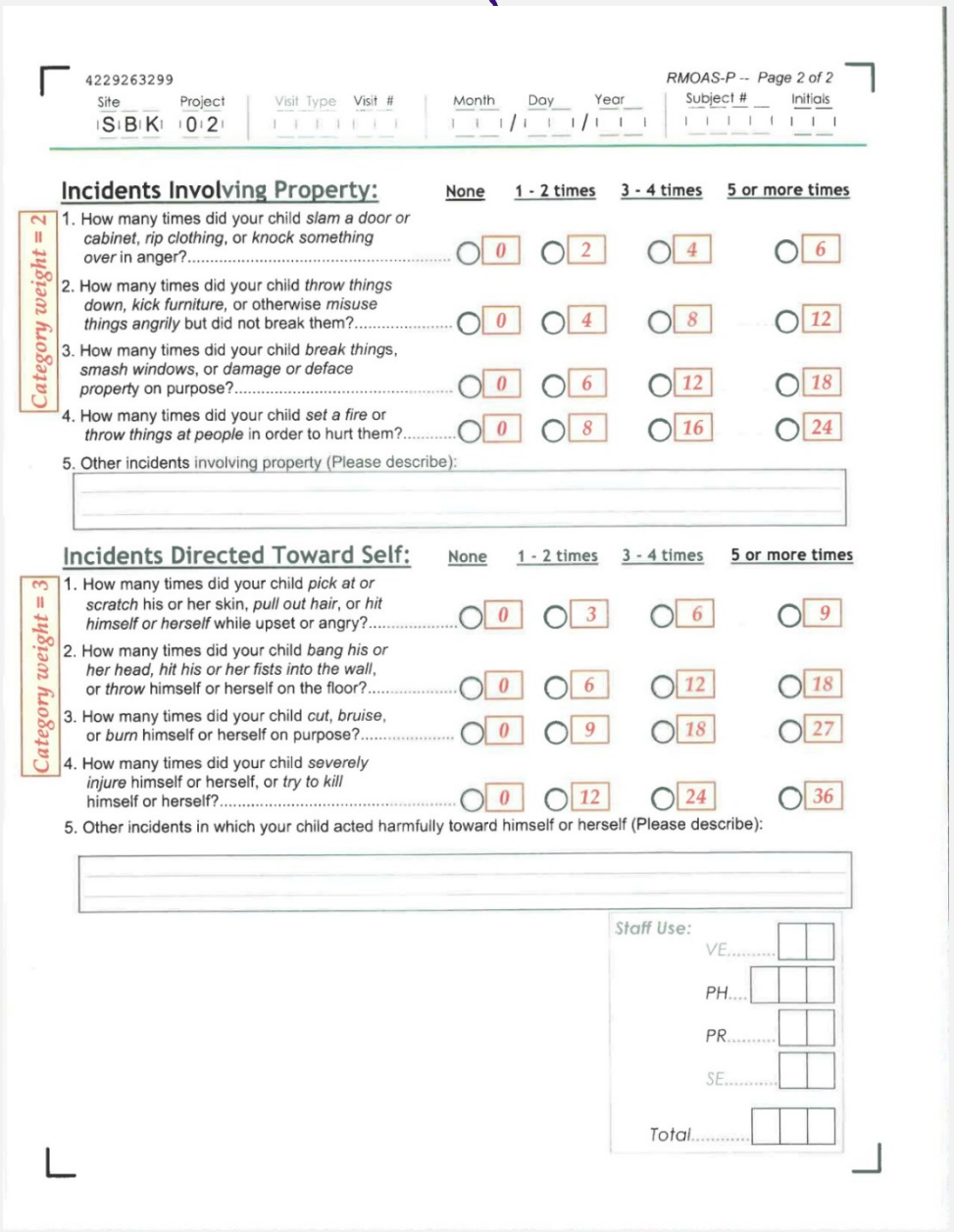
Category weight = 1	0 - 1 times	2 - 4 times	5 or more times
1. How many times did your child *shout angrily, curse, or insult people* but then stopped quickly?	○ 0	○ 1	○ 2
2. How many times did your child *shout angrily, curse, or insult people* in a repetitive, out-of-control way during episodes that lasted less than five minutes?	○ 0	○ 2	○ 4
3. How many times did your child *shout angrily, curse, or insult people* in a repetitive, out-of-control way during episodes that lasted more than five minutes?	○ 0	○ 3	○ 6
4. How many times did your child *threaten to hurt someone*?	○ 0	○ 4	○ 8

5. Other verbal incidents (Please describe):

Incidents Toward Other People:

Category weight = 4	None	1 - 2 times	3 - 4 times	5 or more times
1. How many times did your child act like he/she was *about to hit* somebody or *took a swing at someone* without actually hitting another person?	○ 0	○ 4	○ 8	○ 12
2. How many times did your child *hit someone* with hands or an object, *kick, push, scratch* or *pull hair*, without causing real injury?	○ 0	○ 8	○ 16	○ 24
3. How many times did your child do any of the things in Item 2 and caused some mild injury (bruises, sprains, welts, etc.)?	○ 0	○ 12	○ 24	○ 36
4. How many times did your child do any of the things in Item 2 and caused serious injury (fracture, lost tooth, loss of consciousness, etc.)?	○ 0	○ 16	○ 32	○ 48

5. Other incidents toward other people (Please describe):



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RMOAS-P -- Page 2 of 2

Site: SBK | Project: 02 | Visit Type | Visit # | Month / Day / Year | Subject # | Initials

Incidents Involving Property:

Category weight = 2

	None	1 - 2 times	3 - 4 times	5 or more times
1. How many times did your child *slam a door or cabinet, rip clothing,* or *knock something over* in anger?	0	2	4	6
2. How many times did your child *throw things down, kick furniture,* or otherwise *misuse things angrily* but did not break them?	0	4	8	12
3. How many times did your child *break things, smash windows,* or *damage or deface property* on purpose?	0	6	12	18
4. How many times did your child *set a fire* or *throw things at people* in order to hurt them?	0	8	16	24

5. Other incidents involving property (Please describe):

Incidents Directed Toward Self:

Category weight = 3

	None	1 - 2 times	3 - 4 times	5 or more times
1. How many times did your child *pick at or scratch* his or her skin, *pull out hair,* or *hit himself or herself* while upset or angry?	0	3	6	9
2. How many times did your child *bang his or her head, hit his or her fists into the wall,* or *throw* himself or herself on the floor?	0	6	12	18
3. How many times did your child *cut, bruise,* or *burn* himself or herself on purpose?	0	9	18	27
4. How many times did your child *severely injure* himself or herself, or *try to kill* himself or herself?	0	12	24	36

5. Other incidents in which your child acted harmfully toward himself or herself (Please describe):

Staff Use:
VE
PH
PR
SE
Total

Develop Initial Treatment Plan

- Triage safety risk assessment - referral to a Mental Health specialist or ER
- Assure no maltreatment/trauma
- Partner with family and child in developing an acceptable treatment plan
  - What has been tried?
  - Family and patient preference