



Aggression Management in Primary Care

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Speaker:

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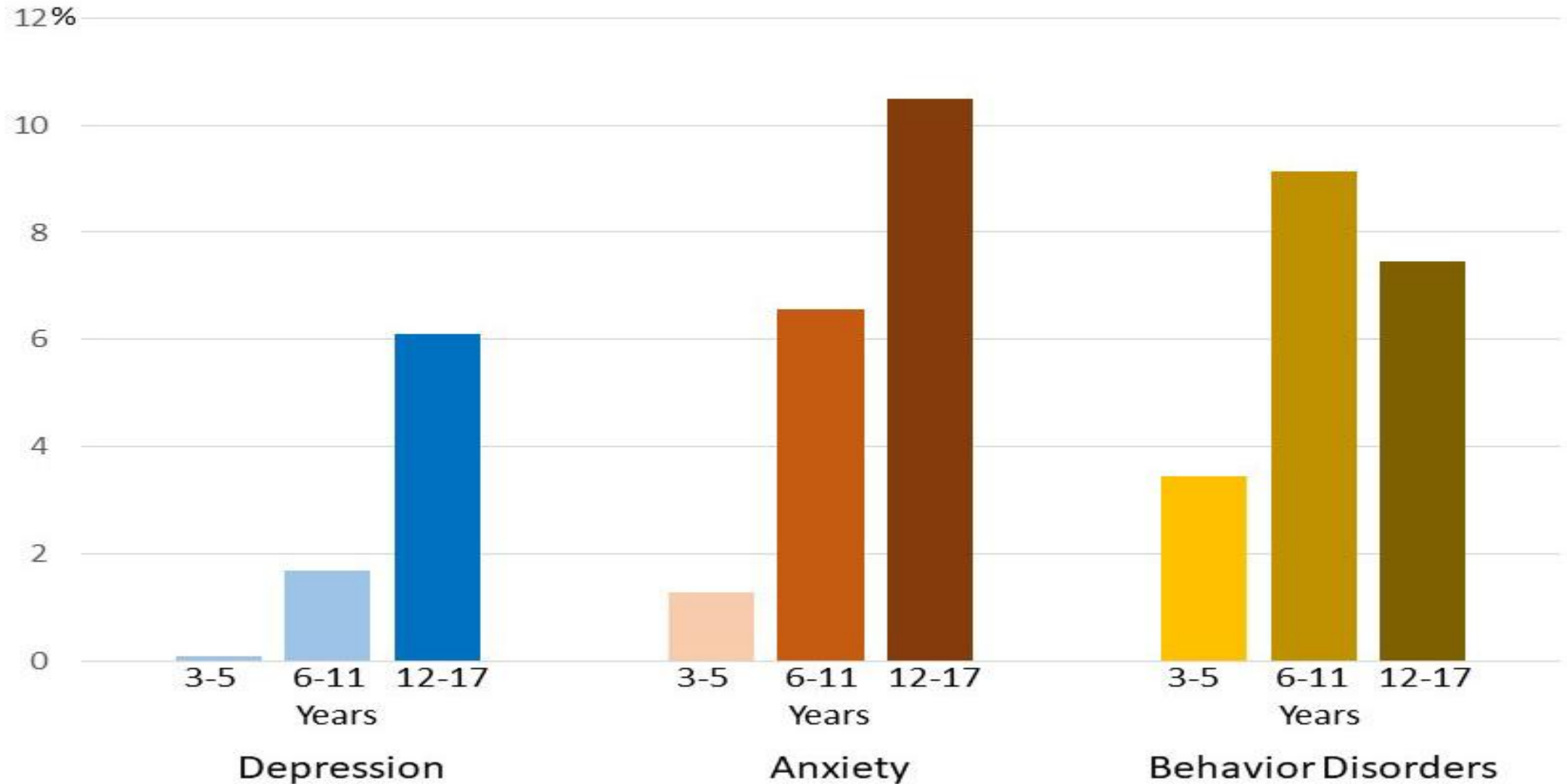


Disclosures

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



Depression, Anxiety, Behavior Disorders, by Age



40% of severe adult aggression begins before age 8

Medical Home Model: early identification of high risk

- psychosocial **surveillance** at all office visits (AAP)
- developmental and psychosocial **screening** at targeted well visits and prn (AAP)
- long standing **relationships** with families and patients

Role of PCP

- reframe aggression as family-based, not child-based
- build alliances (parents and child)
- “all hands on deck” approach
- identify strengths “What’s going well?”
- convey empathy, support, realistic hope and ongoing engagement

role of PCP cont.

- Thorough assessment
- Diagnosis and co-morbidities
- Referral for evidence-based therapies
- Medication management
- Co-ordination of care
- Ongoing monitoring for outcomes and side effects

Clinical pearls

How we talk to parents about the complex factors that play a role in oppositional/aggressive behaviors sets the stage for treatment

Children's aggressive behaviors are not just symptoms to treat but to understand

REMEMBER CLIFF?

Remember Cliff?



NICHQ Vanderbilt Assessment Scale: Parent information

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

ProjectTEACH

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**



DEDICATED TO THE HEALTH OF ALL CHILDREN™

11-19/rev1102

NICHQ

National Initiative for Children's Healthcare Quality



**Office of
Mental Health**

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Cliff is back: Vanderbilt

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:	

STONY BROOK
UNIVERSITY
MEDICAL CENTER



A. Child's First Name: <input type="text" value="CLIFF"/>		B. Child's Last Name: <input type="text"/>		Staff Entries Site: <input type="text" value="SBK"/> Major: <input type="text" value="02"/>	
C. Your First Name: <input type="text"/>		D. Your Last Name: <input type="text"/>		Visit Type: <input type="text"/> Visit #: <input type="text"/>	
E. Your Relationship to Child: <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Grandmother <input type="radio"/> Grandfather <input type="radio"/> Other				Month: <input type="text"/> Day: <input type="text"/> Year: <input type="text"/>	

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: 0 = 1 time 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: 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):

Incidents Involving Property:

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 destroy 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:

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 ☐ ☐ ☐

4373203299 PRE-TREATMENT

STONY BROOK UNIVERSITY MEDICAL CENTER

Project SPICY
Stalled Problem-Solving for Improved Self-Control in 4 Years

A. Child's First Name: CLIFF
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: S, B, K
 Target: 0, 2
 Visit type:
 Date: / /

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: 0 - 1 times 1 - 4 times 5 or more times

Category weight = 1

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):
7

Incidents Toward Other People: None 1 - 2 times 3 - 4 times 5 or more times

Category weight = 4

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, wets, 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):
28

Incidents Involving Property:

	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?.....	<input type="radio"/> 0	<input checked="" type="radio"/> 2	<input type="radio"/> 4	<input type="radio"/> 6
2. How many times did your child throw things down, kick furniture, or otherwise misuse things angrily but did not break them?.....	<input type="radio"/> 0	<input checked="" type="radio"/> 4	<input type="radio"/> 8	<input type="radio"/> 12
3. How many times did your child break things, smash windows, or damage or deface property on purpose?.....	<input type="radio"/> 0	<input checked="" type="radio"/> 6	<input type="radio"/> 12	<input type="radio"/> 18
4. How many times did your child set a fire or throw things at people in order to hurt them?.....	<input type="radio"/> 0	<input checked="" type="radio"/> 8	<input type="radio"/> 16	<input type="radio"/> 24
5. Other incidents involving property (Please describe):	<div style="border: 1px solid black; padding: 5px; text-align: center;">20</div>			

Incidents Directed Toward Self:

	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?.....	<input checked="" type="radio"/> 0	<input type="radio"/> 3	<input type="radio"/> 6	<input type="radio"/> 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?.....	<input checked="" type="radio"/> 0	<input type="radio"/> 6	<input type="radio"/> 12	<input type="radio"/> 18
3. How many times did your child cut, bruise, or burn himself or herself on purpose?.....	<input checked="" type="radio"/> 0	<input type="radio"/> 9	<input type="radio"/> 18	<input type="radio"/> 27
4. How many times did your child severely injure himself or herself, or try to kill himself or herself?.....	<input checked="" type="radio"/> 0	<input type="radio"/> 12	<input type="radio"/> 24	<input type="radio"/> 36
5. Other incidents in which your child acted harmfully toward himself or the self (Please describe):	<div style="border: 1px solid black; padding: 5px; text-align: center;">0</div>			

VE
 PH
 FR
 SE
TOTAL =

Cliff: Treatment

Cliff and his parents have participated in therapy. The therapist has collaborated closely with his school personnel.

Cliff was prescribed a low dose of Risperdal (initially .25 mg qhs, and later increased to .25 mg bid).

Cliff 3 months later

4373263299

POST TREATMENT

STONY BROOK UNIVERSITY MEDICAL CENTER

ProjectSPICY
Stepped Pharmacotherapy for Improved Self-Control among Youth

A. Child's First Name:
C L I F F

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: S B K Region: U, 2 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:

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:

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):

455492634399

Site: IS-BIK Project: Q12 Visit Type: Visit #: Month: Day: Year: HMCRIS P: Page 2 of 2

Subject #: Initials:

Incidents Involving Property:

None 1 - 2 times 3 - 4 times 5 or more times

Category weight = 2

- How many times did your child slam a door or cabinet, rip clothing, or knock something over in anger? ☐ 0 ☒ 2 ☐ 4 ☐ 6
- 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
- How many times did your child break things, smash windows, or damage or deface property on purpose? ☐ 0 ☒ 6 ☐ 12 ☐ 18
- How many times did your child set a fire or throw things at people in order to hurt them? ☐ 0 ☒ 8 ☐ 16 ☐ 24
- Other incidents involving property (Please describe):

Incidents Directed Toward Self:

None 1 - 2 times 3 - 4 times 5 or more times

Category weight = 3

- 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
- 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
- How many times did your child cut, bruise, or burn himself or herself on purpose? ☒ 0 ☐ 9 ☐ 18 ☐ 27
- How many times did your child severely injure himself or herself, or try to kill himself or herself? ☒ 0 ☐ 12 ☐ 24 ☐ 36
- Other incidents in which your child acted harmfully toward himself or herself (Please describe):

Staff Use:

VF ☐ ☐

PH ☐ ☐

PR ☐ ☐


SF ☐ ☐

Total ☐ ☐

POST TREATMENT

4373263299

**STONY BROOK
UNIVERSITY
MEDICAL CENTER**



A. Child's First Name:
CLIFF

B. Child's Last Name:
S, B, K

C. Your First Name:
[] [] [] [] [] [] [] [] [] [] [] []

D. Your Last Name:
[] [] [] [] [] [] [] [] [] [] [] []

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

Staff Entries

Site: S, B, K Project: 0, 2 Version: [] [] [] [] [] [] [] [] [] [] [] []

Visit Date: [] [] [] [] [] [] [] [] [] [] [] []

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: 0 - 1 times 1 - 4 times 5 or more times

Category weight = 1

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):

7

Incidents Toward Other People: None 1 - 2 times 3 - 4 times 5 or more times

Category weight = 4

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, wets, 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):

12

4229263299

Site: S B K Project: 02 Visit Type: Visit #: Month: Day: Year: Subject #: Initials:

NMCHS P -- Page 2 of 2

Incidents Involving Property:

None 1 - 2 times 3 - 4 times 5 or more times

Category weight = 2

- How many times did your child slam a door or cabinet, rip clothing, or knock something over in anger? ☐ 0 ☒ 2 ☐ 4 ☐ 6
- 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
- How many times did your child break things, smash windows, or damage or deface property on purpose? ☐ 0 ☒ 6 ☐ 12 ☐ 18
- How many times did your child set a fire or throw things at people in order to hurt them? ☒ 0 ☐ 8 ☐ 16 ☐ 24
- Other incidents involving property (Please describe):

12

Incidents Directed Toward Self:

None 1 - 2 times 3 - 4 times 5 or more times

Category weight = 3

- 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
- 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
- How many times did your child cut, bruise, or burn himself or herself on purpose? ☒ 0 ☐ 9 ☐ 18 ☐ 27
- How many times did your child severely injure himself or herself, or try to kill himself or herself? ☒ 0 ☐ 12 ☐ 24 ☐ 36
- Other incidents in which your child acted harmfully toward himself or herself (Please describe):

0

Staff Use:

VF 7
PH 12
PR 12
SF 0

Total = 31



“ ... and, with the proper medication, they
lived happily ever after.”

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phone: 216.371.8600 / email: ft@funnytimes.com

Cliff 6 months later

- Doing well.
- Continues in therapy.
- MOAS score has dropped further
- Self esteem has improved
- Consider tapering Risperdal to .25 mg qd for a few months
- Follow-up and **discontinue Risperdal** if appropriate

- PCP can and should be skilled in prescribing atypical antipsychotics for severe aggression
- Use of atypical antipsychotics is indicated only after completion of a thorough work-up and failure of E/B treatments
- Use of atypical antipsychotics in primary care is time limited and includes careful follow up and monitoring of side effects

QUESTIONS?