

Aggression Management in Primary Care

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Speaker:

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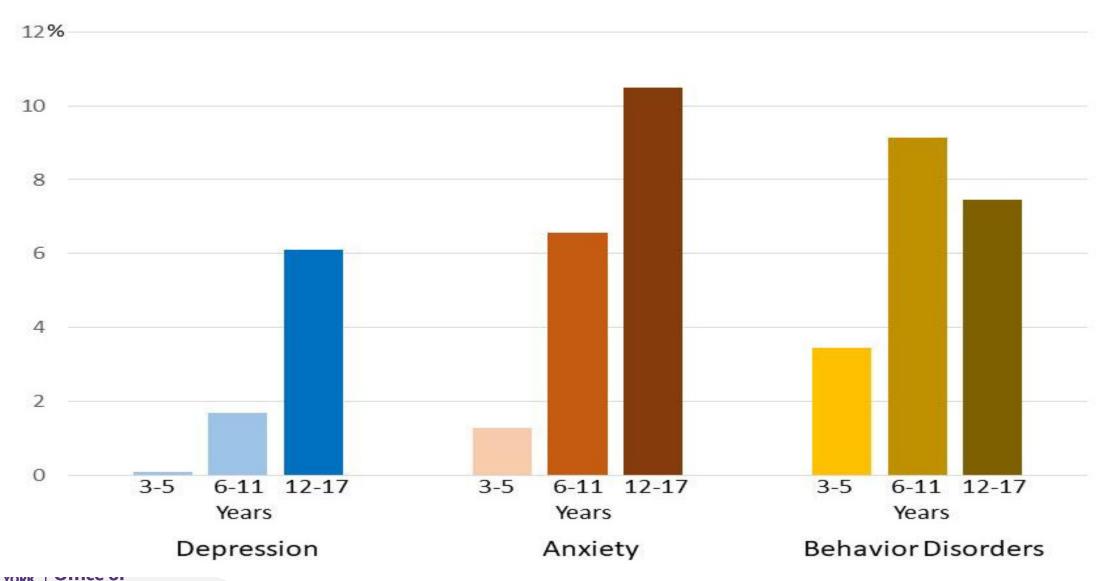
Disclosures

"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 childbased
- 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.

□ was on medication □ was not on medication □ not sure? Is this evaluation based on a time when the child Occasionally Often Very Often Symptoms Never Does not pay attention to details or makes careless mistakes 0 with, for example, homework 2. Has difficulty keeping attention to what needs to be done 0 3. Does not seem to listen when spoken to directly 0 4. Does not follow through when given directions and fails to finish activities 0 (not due to refusal or failure to understand) 5. Has difficulty organizing tasks and activities 0 2 3 6. Avoids, dislikes, or does not want to start tasks that require ongoing 0 2 mental effort 7. Loses things necessary for tasks or activities (toys, assignments, pencils, 0 2 3 8. Is easily distracted by noises or other stimuli 0 2 3 9. Is forgetful in daily activities 2 3 0 10. Fidgets with hands or feet or squirms in seat 0 2 3 11. Leaves seat when remaining seated is expected 3 0 12. Runs about or climbs too much when remaining seated is expected 2 3 13. Has difficulty playing or beginning quiet play activities 2 0 3 14. Is "on the go" or often acts as if "driven by a motor" 0 2 3 15. Talks too much 0 3 16. Blurts out answers before questions have been completed 0 3 17. Has difficulty waiting his or her turn 0 3 18. Interrupts or intrudes in on others' conversations and/or activities 0 3 19. Argues with adults 20. Loses temper (3 0 21. Actively defies or refuses to go along with adults' requests or rules 0 2 22. Deliberately annoys people 0 23. Blames others for his or her mistakes or misbehaviors 0 24. Is touchy or easily annoyed by others 3 0 25. Is angry or resentful 3 0 Q 26. Is spiteful and wants to get even 3 0 27. Bullies, threatens, or intimidates others 0 3 28. Starts physical fights 3 0 29. Lies to get out of trouble or to avoid obligations (ie, "cons" others) 0 3 30. Is truant from school (skips school) without permission 3 0 31. Is physically cruel to people 0 3 32. Has stolen things that have value 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)	\overline{Y}	2	3
35. Is physically cruel to animals	6	1	2	3
36. Has deliberately set fires to cause damage	0		2	3
37. Has broken into someone else's home, business, or car		1	2	3
38. Has stayed out at night without permission		1	2	3
39. Has run away from home overnight		1	2	3
40. Has forced someone into sexual activity	\sim	1	2	3
41. Is fearful, anxious, or worried	To the second	1	2	3
42. Is afraid to try new things for fear of making mistakes	0	\bigcirc	2	3
43. Feels worthless or inferior	0		2	3
44. Blames self for problems, feels guilty	(0)		2	3
45. Feels lonely, unwanted, or unloved; complains that "no one loves him or l	ner" 0		2	3
46. Is sad, unhappy, or depressed	0		2	3
47. Is self-conscious or easily embarrassed	0	\rightarrow	2	3

Performance	Excellent	Above Average	Average	of a Problem	Problematic
48. Overall school performance	1	2	(3)	4	5
49. Reading	1	2		4	5
50. Writing	1	2	9	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	
54. Relationship with peers	1	2	3	4	5
55. Participation in organized activities (eg, teams)	1	2	3	$\langle \uparrow \rangle$	5
·					<u> </u>

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







Somewhat





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: Office of Mental Health © 2019 New York State Office of Mental Health	



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C. Your First Name: D. Your Last Name: Main Type Val. A	
E, Your Relationship to Child: Month Day Year	
○ Mather ○ Tathai ○ Crandmethor ○ Crendfather ○ Other	
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 2-1 times 5 or more times	ies
1. How many times did your child shout augrity, corse, or travit people but their stopped quickly?	
2. How many times did your child shout angrily, curse, or insult people in a repetitive, out-of-centrel way during episodes (hat lasted less than five minutes?	
3. How many times did your child shout angrity, curse, or insult people in a repetitive, out-of-control way during episodes that tested more than five minutes? 4. How many times did your child threater to hurt someone?	1
episodes that lested more than five minutes?	
5. Other versal incidents (Pleass describe):	J
Incidents Toward Other People: None 1-2 times 3-4 times 5 or more times	ies
1. How many times did your chid act like he/she was about to nit somebody or took a swing at someone without ectually hiting enother person? 1. How many times did your chid act like he/she was about to nit somebody or took a swing at someone without ectually hiting enother person? 1. How many times did your chid act like he/she	
someone without ectually hiting enother person?	
pull hair, without causing real injury?	
4. How many times did your child do any of the lithings in item 2 and caused serious injury (fracture, lost rooth, lose of consciousness, stc.)?	
5. Other Incidents toward other people (Please describe):	1





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	Holle 1.47 times 2.4 times 2 of more chiles
cabnet, tip clothing, or triock surrelling	$\bigcirc 0$ $\bigcirc 2$ $\bigcirc 4$ $\bigcirc 6$
over in anger?	
2. How many times did your child throw things down, kick furniture, or otherwise misuse	
things engrily but did not break them?	$ \bigcirc 0 $
 How many times did your child break things, smach windows, or damage or defect 	
property on purpose?	0 0 6 12 18
 How many times did your child set a tire or throw things at people in order to hurt Inam? 	0 0 0 24
5. Other Incidents involving property (Please descr	ribe):
A. The second se	
Incidents Directed Toward Self:	None 1 - 2 times 3 - 4 times 5 or more times
1, How many times did your child <i>pick at or</i>	
scratch his or her skin, pull out hair, or hit himself or herself while upset or engry?	0 0 3 0 6 9
2. How many times did your child bang his or	
her head, hit his or her lists into the well, o: throw himself or herealf on the floor?	0 0 0 6 0 12 0 18
3 How many times did your child out, bruse, 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 0 12 0 24 0 36
5. Other incidents in which your child acted harmfu	
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A. Child's First Name: B. Child's Last Name: Staff Entries Str. Margaria Collection S. B., K. 0, 2 C. Your first Name: D. Your Last Name: Valid type Valid E. Your Rekaffonship to Child: Month Day Year
○ Molling ○ Father ○ Grandmother ○ Grandfisther ○ Uttler 1 1 / 1 1 / 1 1 1
Retrospective Modified Overt Aggression Scale (R-MOAS)
Instructions: These cuestions focus on difficulties with emotions and behavior. Please indicate how many times each of these behaviors occurred in the <u>PAST WEEK</u> .
Verbal Incidents: 9 - 1 times 2 - 4 times 5 or more times
1. How many times did your child shout angrity, curse, or insult people but then stopped quickly? 2. How many times did your child shout angrity, curse, or insult people in a repetitive, out-of-control way during episodes that lasted less than five minutes? 3. How many times did your child shout angrity, curse, or insult people in a repetitive, out-of-control way during opisodes that lasted more than five minutes? 4. How many times did your child threaten to hum someone? 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? 2. How many times did your child hit someone with
someone without actually hitting another person?
4. How many times did your child do any of the things in Item 2 and caused serious in unv (fracture, lost tooth, loss of consciousness, etc.)?
Other incidents toward other people (Please describe):

NEW YORK STATE	Office of Mental Health	
STATE	Mental Health	(



cidents involving Property:	None	<u>1 - 2 times</u>	3 - 4 times	5 or more times
How many times did your child slam a door or cabinet, rip clothing, or knock something over in anger?	0	2	04	06
How many times did your child #row things down, kick iumitine, or otherwise misuse things angrify but did not break them?	0	4	(8)	12
How many tries did your child break things, smash windows, or demaga or defaca property on purpose?		6	12	
How many times did your child set a fire or throw things at people in order to hurt them?	0	8	O 16	<u>24</u>
Other incidents involving property (Please descri	be):			
		20		
cidents Directed Toward Self:	None	1 - 2 times	3 - 4 times	5 or more times
How many times did your child plek at or scratch his or her skin, put out hair, or his throself or herself while upset or angry?		3	06	09
How many times did your child <i>kang his of</i> her head, hit his or her lists into the well, or throw himself or herself on the floor?		06	12	18
How many times did your child cut, braise. or burn himself or herself on purpose?		9		27
How many times old 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 harmful	ly Liward I	himself or he s	elf (Please des	cribe)
		0		
		4	Shriff (free) V Pi	28
		1	SI	0





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



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C. Your First Name: D. Your Lost Name:	Visi Type VS* #
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E. Your Reichonship to Child:	Morth Day Year
O Mother ○ Father ○ Grandmother ○ Grandfather ○ Ciner	
Retrospective Modified Overt Aggression	
Instructions: These questions focus on difficulties with emotions an- indicate how many times each of these behaviors occur	
Verbal Incidents: 0 - 1 times	2 - 4 times 5 or more times
1. How many times did your child shout anguly, curse, or insult people but then stopped quickly?	
2. How many times did your child shout angrity, curse, or insult people in a repetitive, out-of-contro, way during episodes that lasted less than five minutes? 3. How many times did your child shout angrity, curse, or insult people in a repetitive, out-of-control way during episodes that lasted more than five minutes? 4. How many times did your child threater to hurt compone?	2
3. How many times did your child shout engrity, curse, or insulf people in a repetitive, out-of-control way during episodes that lasted more than five minutes?	<u>3</u>
34. How many times did your child threater to hurt compane?	
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Incidents Toward Other People: None 1-2 times 1. How many times did your child act like he/she	3 - 4 times S or more times
was about to git somebody or took a swing at	8
someone without actually hitting chother person?	16 24
3. How many times did your child do any of the things In Item 2 and caused some mild injury (bruises, sprains, welte, etc.)?	24 36
4. How many times did your child do any of the things in item 2 and caused serious injury (fracture, jost booth, loss of consciousness, etc.)?	O 32 O 48
Other incidents toward other people (Please describe):	





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y weig	2.	low many fimes alld your child throw things down, kick furniture, or otherwise misuse things angrify but did not break then?
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	5.	Other incidents involving property (Picase describe):
	ll In	cidents Directed Toward Self: None 1 - 2 times 3 - 4 times 5 or more times
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Category weight	2.	How many firms did your child bang his or ther freed, I it his or her fisis into the wall, or throw himself or herself on the floor?
tego:	3.	How many times did your child out, bruise, or burn himself or nesself on purpose?
Š	4.	How many limes did your child severaly injure himself or herself, or try to kill himself or herself?
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C. Your first Name: O. Your Last Name: Visit First VAIL 1
E. Your R∋kalfonship to Child: Month Day Year
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Retrospective Modified Overt Aggression Scale (R-MOAS)
Instructions: These cuestions focus on difficulties with emotions and behavior. Please indicate how many times each of these behaviors occurred in the <u>PAST_WEEK</u> .
Verbal incidents: 0 - 1 times 2 - 4 times 5 or more times
1. How many times did your child shout angrity, curse, or insult people out then stopped guickly?
2. How many limes did your child shour angoly, curse, or insuit people in a repetitive, put-of-control way during episodes that lasted less than five minutes?
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 minules?
4. How many times did your child threaten to hun someone?
5. Other verbal incidents (Please describe):
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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 complody or took a swing of
someone without actually hitting another person?
2. How many times did your child bit someone with hands or an object, kick, push, screech or pull hair, without causing real injury?
someone without actually hitting another person?
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.)?
5. Other incidente toward other people (Please describe):
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" ... and, with the proper medication, they lived happily ever after."

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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?