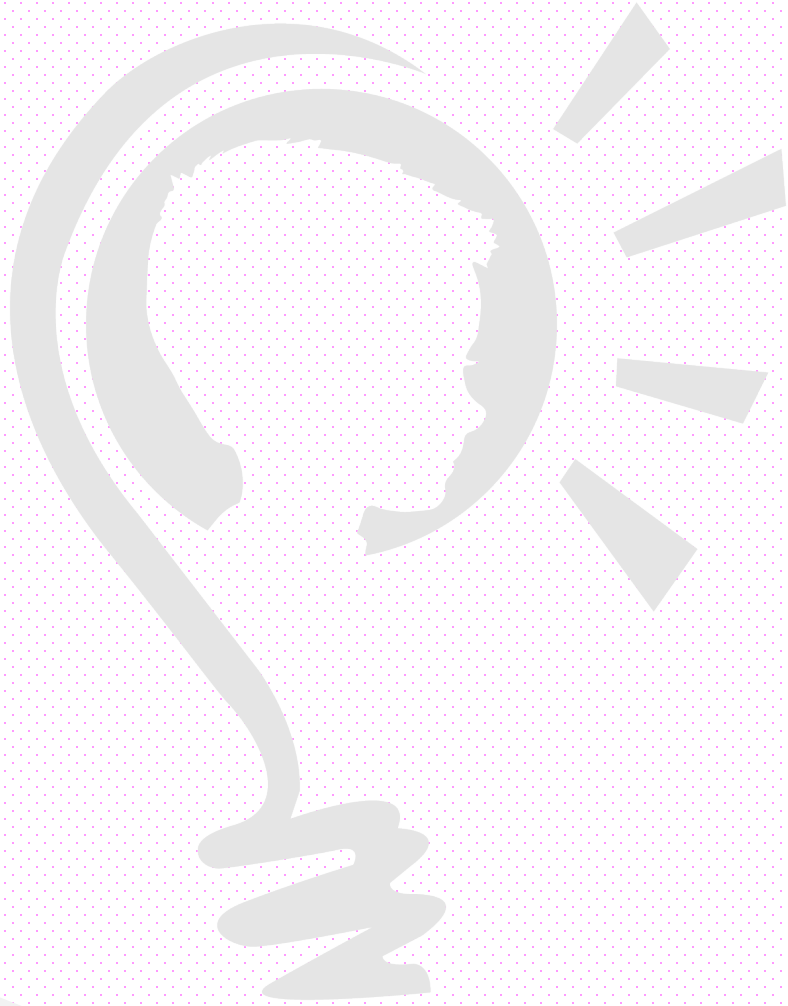




# Assessment of Aggression in Children and Adolescents





Speaker:

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# Disclosures

My family has no 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





# Let's Meet Cliff and his Mother







# Cliff

- Identifying Information:

Cliff is a 9 year old 4<sup>th</sup> grader who lives with his parents and 2 siblings.

- Chief Concern:

“We’ve had a tough spring and summer with Cliff. He gets his Concerta every morning. His problems with poor attention and hyperactivity have improved and his grades are better. But his temper is a real problem.”



# Cliff: History of Present Illness

## History of Present Illness:

Cliff has had difficulties with attention and hyperactivity for years.

He was started on Concerta 18 mg a year ago.

The dose was gradually raised up to 54 mg with continued improvement.

His mother now reports increased oppositional behaviors at home: he is constantly testing limits and tantrums when he does not get his way.

His tantrum episodes occur almost daily at home and out of the house, which is embarrassing for mom and is getting worse.

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 slammed a door and it broke a picture.

School staff have noticed oppositional and aggressive behaviors. He is mean to other children and his classmates do not want to play with him. He pushed a boy in the lunchroom.

Cliff gets mad when he does not get his way but at other times is a cheerful child.

Cliff denies feeling sad. He is not a worrier and has no thoughts of killing himself.

He punches walls when he gets angry but has no other self-injurious behavior.

He is sleeping and eating well.

Family denies stressors other than Aunt no longer able to babysit after school





# Cliff

- 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”



# ABCs

- Parents report that "nothing stops him!"
- Mom usually the disciplinarian as Dad works till later
- Mom sharply tells Cliff to stop but when he persists she often loses her temper and yells at him
- Mom at times tells him to take a time out but he refuses
- When Dad gets home he "talks to Cliff" about his behavior and urges him to stop



# 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  
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# Cliff's Vanderbilt - Scored

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



# What would you do?







# Assessment of Aggression The “Fever” of Psychiatry





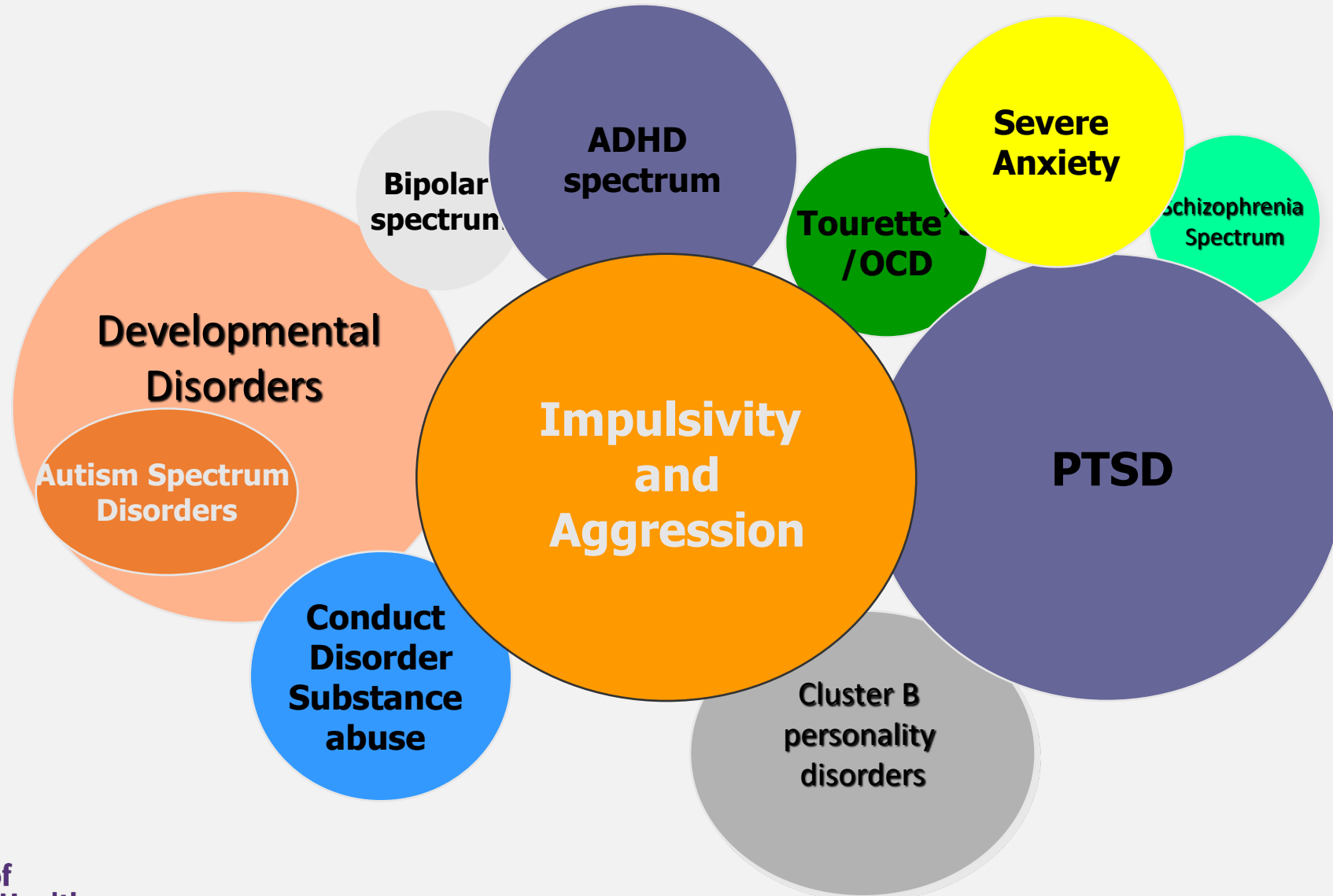
# Aggression in Children & Adolescents

- Most common reason for psychiatric referral
- Aggression is not a psychiatric diagnosis
- Complicates treatment and 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

- Aggression is “final common pathway” when system overwhelmed
- Associated with almost all DSM diagnoses
- Occurs when the demands of the world outstrip our resources (internal and external)
- Aggression typically stems from excessive anger and is 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   |
|----------------------------------|---|---|
| <b>1. Impulsive</b>              | Unprovoked, brief, rapid, thoughtless, inability to delay reward/recognize consequences; out of proportion and out of the blue                                    | <b>ADHD</b><br><b>TBI</b><br><b>ID</b><br><b>Bipolar</b>  |
| <b>2. Affective Storm/"Hot"</b>  | Exaggerated response to affectively provoked or charged (i.e. difficulty modulating arousal), reactive. "Hot blooded" aggression. Extended duration (30+ minutes) | <b>ADHD</b><br><b>ASD/ID</b><br><b>Substance abuse</b><br><b>MDD/DMDD</b><br><b>Bipolar</b>             |
| <b>3. Anxious/hyperarousal</b>   | Overstimulation, overwhelmed, response to xs anxiety; lash out with relief of tension   | <b>PTSD</b><br><b>PDD</b><br><b>OCD</b>   |
| <b>4. Cognitive/disorganized</b> | Distorted perceptions, impaired reasoning, delusions, paranoia  | <b>Psychosis</b><br><b>Bipolar</b><br><b>Schizophrenia</b><br><b>TBI/FASD</b><br><b>Substance Abuse</b> |
| <b>5. Predatory/"Cold"</b>       | Premeditated, consciously executed, instrumentally motivated, "cold blooded"  | <b>Conduct Disorder</b><br><b>Antisocial PD</b>   |



# Assessment of Aggression

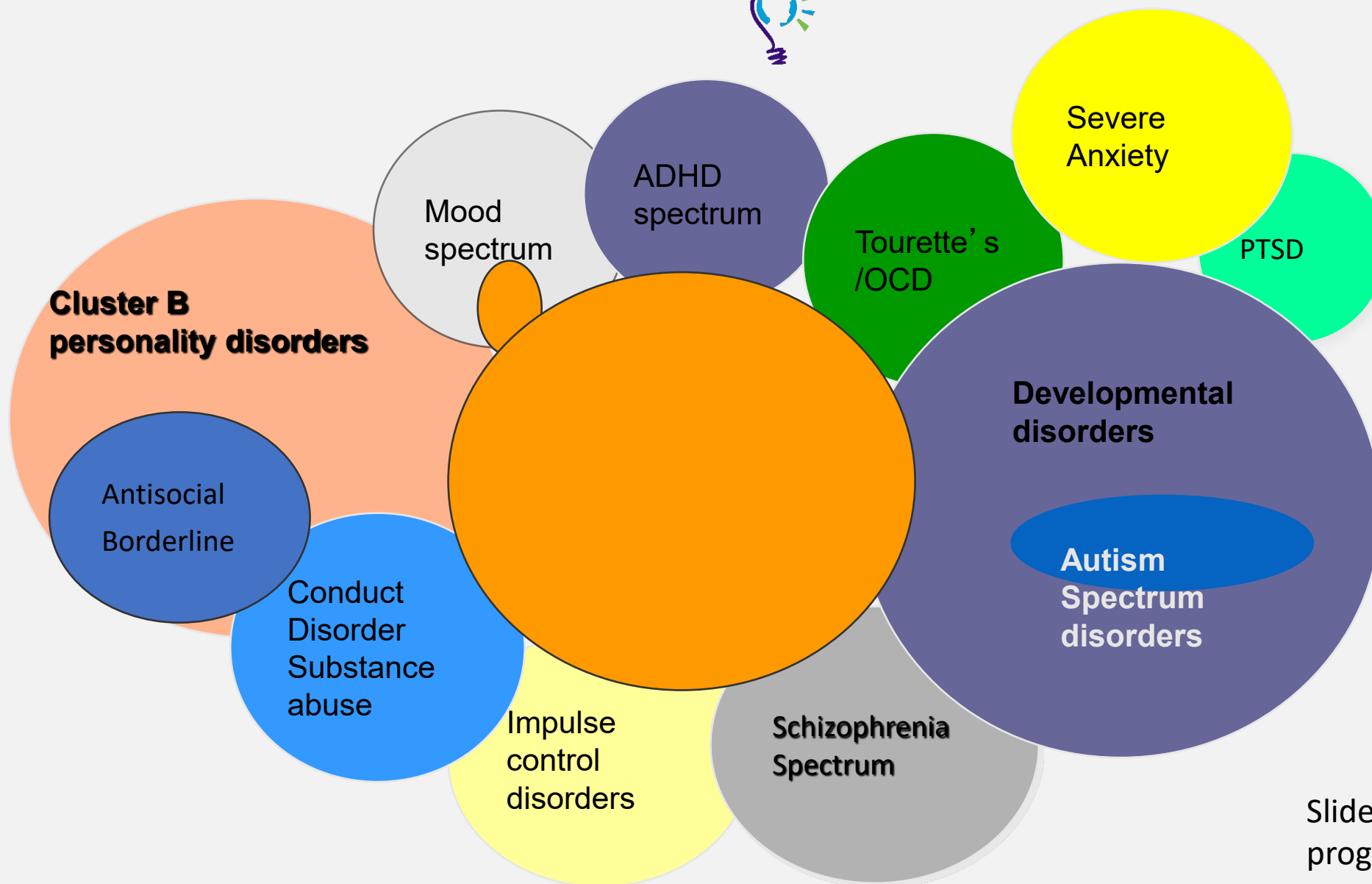




# Clinical Pearl

In children, **first consider trauma and loss**, then look for what condition(s) is underpinning aggression:

- ADHD
- Anxiety
- Depression



Slide from REACH  
program







# Assessing Aggression

- Characterize the aggression:
  - What kind of aggression? Verbal? Physical?
  - Who/what is target? Self? Others? Property?
  - How severe, frequent and dangerous is the aggression?
- Other important questions to answer:
  - Do they have a condition that might be underpinning the aggression?
  - What tipped the apple cart over and when?
  - Is the child being abused or bullied?
  - How do the parents respond to the aggression?





## Aggression Assessment: Take your time!

- Resist the need to prescribe on the first visit!
  - Interview family together – observe dynamics
  - Interview patient and parent/guardian separately
- Family History, Psychosocial History and strengths
- Get input directly from school
- Use standardized rating scales
- Physical examination and labs (typically none)



# Use Standardized Measures

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





# Modified Overt Aggression Scale (MOAS)

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



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|  |  |   |  |   |   |  |
|--|--|---|--|---|---|--|
| <b>A. Child's First Name:</b><br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |  | <b>B. Child's Last Name:</b><br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |  | <b>Staff Entries</b><br>Site: <input type="text"/> <input type="text"/> <input type="text"/> Project: <input type="text"/> <input type="text"/> Participant: <input type="text"/> <input type="text"/> <input type="text"/> |   |  |
| <b>C. Your First Name:</b><br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>    |  | <b>D. Your Last Name:</b><br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>    |  | Visit Type: <input type="text"/> <input type="text"/> Visit #: <input type="text"/> <input type="text"/> <input type="text"/>   |   |  |
| <b>E. Your Relationship to Child:</b><br><input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Grandmother <input type="radio"/> Grandfather <input type="radio"/> Other   |  |   |  |   | Month: <input type="text"/> <input type="text"/> Day: <input type="text"/> <input type="text"/> Year: <input type="text"/> <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 times    2 - 4 times    5 or more times

**Category weight = 1**

- How many times did your child *shout angrily, curse, or insult people* but then stopped quickly?..... ☐ 0 ☐ 1 ☐ 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
- 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
- How many times did your child *threaten to hurt someone*?..... ☐ 0 ☐ 4 ☐ 8
- Other verbal incidents (Please describe):

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

**Category weight = 4**

- 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
- 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
- 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
- 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
- Other incidents toward other people (Please describe):



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RMOAS-P -- Page 2 of 2

| Site  | Project | Visit Type | Visit # | Month | Day | Year | Subject # | Initials |
|-------|---------|------------|---------|-------|-----|------|-----------|----------|
| S B K | 0 2     |            |         |       |     |      |           |          |

**Incidents Involving Property:**

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

Category weight = 2

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:**

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

Category weight = 3

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..... ☐ ☐ ☐

## Conclusions: Assessment and First Steps

- Aggression is a symptom and need to understand what is underlying condition and precipitant(s)
- Engage the family and child
- Conduct a thorough assessment to understand
  - Severity and dangerousness of the aggression (use rating scales)
  - Rule out trauma
  - Factors relevant to aggression in the child/adolescent (what's driving the aggression and what tipped over apple cart?)
- Provide psychoeducation and support