



# Aggression Management in Primary Care





Speaker:

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Student Health Center



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Mental Health

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





# Remember Cliff?



# NICHQ Vanderbilt Assessment Scale: Parent information



Vanderbilt ADHD Diagnostic Parent Rating Scale				
Child's Name:		Parent's Name:		
Today's Date:		Date of Birth:	Age:	
<b>Directions:</b> 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: <input type="checkbox"/> was on medication <input type="checkbox"/> not on medication <input type="checkbox"/> not sure				
Behavior:	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 on instructions 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 games	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 comply with adult's 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. Often lies to get out of trouble, obtain goods or favors, or to avoid obligations (ie, "cons" others)	0	1	2	3
30. Is often 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
33. Deliberately destroys other's property	0	1	2	3



# NICHQ Vanderbilt Assessment Scale: Parent information

Vanderbilt ADHD Diagnostic Parent Rating Scale (DSM-5), Cont.					
Child's Name:		Parent's Name:			
Today's Date:		Date of Birth:		Age:	
Behavior:	Never	Occasionally	Often	Very Often	
34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)	0	1	2	3	
35. Has been 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	
Academic & Social Performance:	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
1. Overall school performance	1	2	3	4	5
2. Reading	1	2	3	4	5
3. Writing	1	2	3	4	5
4. Mathematics	1	2	3	4	5
5. Relationship with parents	1	2	3	4	5
6. Relationship with siblings	1	2	3	4	5
7. Relationship with peers	1	2	3	4	5
8. Participation in organized activities (eq. teams)	1	2	3	4	5
<b>How old was your child when you first noticed the behaviors?</b>					
<b>Tic Behaviors:</b> To the best of your knowledge, please indicate if this child displays the following behaviors:					
1. <b>Motor Tics:</b> Rapid, repetitive movements such as eye-blinking grimacing, nose twitching, head jerks, shoulder shrugs, arm jerks, body jerks, rapid kicks. <input type="checkbox"/> No tics present. <input type="checkbox"/> Yes, they occur nearly every day, but go unnoticed by most people. <input type="checkbox"/> Yes, noticeable tics occur nearly every day.					
2. <b>Phonic (Vocal) Tics:</b> Repetitive noises including but not limited to throat clearing, coughing, whistling, sniffing, snorting, screeching, barking, grunting, repetition of words or short phrases. <input type="checkbox"/> No tics present. <input type="checkbox"/> Yes, they occur nearly every day, but go unnoticed by most people. <input type="checkbox"/> Yes, noticeable tics occur nearly every day					
3. If YES to 1 or 2, Do these tics interfere with the child's activities (like reading, writing, walking, talking, or eating)? <input type="checkbox"/> No <input type="checkbox"/> Yes					
<b>Previous Diagnosis and Treatment:</b> Please answer the following questions to the best of your knowledge.					
1. Has the child been diagnosed with ADHD or ADD? <input type="checkbox"/> No <input type="checkbox"/> Yes					
2. Is he/she on medication for ADHD or ADD? <input type="checkbox"/> No <input type="checkbox"/> Yes					
3. Has the child been diagnosed with a Tic Disorder or Tourette's Disorder? <input type="checkbox"/> No <input type="checkbox"/> Yes					
4. Is he/she on medication for Tic Disorder or Tourette's Disorder? <input type="checkbox"/> No <input type="checkbox"/> Yes					



# Cliff is back: Vanderbilt

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:	



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Cliff: Pretreatment

**Project SPICY**  
Stepped Pharmacotherapy for Improved Self-Control among Youth

A. Child's First Name:		B. Child's Last Name:		Staff Entries		
<input type="text"/>		<input type="text"/>		Site	Project	Participant
<input type="text"/>		<input type="text"/>		S, B, K	0, 2	<input type="text"/>
C. Your First Name:		D. Your Last Name:		Visit Type	Visit #	
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>	
E. Your Relationship to Child:				Month	Day	Year
<input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Grandmother <input type="radio"/> Grandfather <input type="radio"/> Other				<input type="text"/>	<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	1. How many times did your child <i>shout angrily, curse, or insult people</i> but then stopped quickly?.....	<input type="radio"/> 0	<input type="radio"/> 1	<input checked="" type="radio"/> 2
	2. How many times did your child <i>shout angrily, curse, or insult people</i> in a repetitive, out-of-control way during episodes that lasted <u>less than five minutes</u> ?.....	<input type="radio"/> 0	<input checked="" type="radio"/> 2	<input type="radio"/> 4
	3. How many times did your child <i>shout angrily, curse, or insult people</i> in a repetitive, out-of-control way during episodes that lasted <u>more than five minutes</u> ?.....	<input type="radio"/> 0	<input checked="" type="radio"/> 3	<input type="radio"/> 6
	4. How many times did your child <i>threaten to hurt someone</i> ?.....	<input checked="" type="radio"/> 0	<input type="radio"/> 4	<input type="radio"/> 8
5. Other verbal incidents (Please describe): <input type="text"/>				

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 <i>about to hit</i> somebody or <i>took a swing at</i> someone without actually hitting another person?....	<input type="radio"/> 0	<input type="radio"/> 4	<input checked="" type="radio"/> 8	<input type="radio"/> 12
	2. How many times did your child <i>hit someone</i> with hands or an object, <i>kick, push, scratch</i> or <i>pull hair, without causing real injury</i> ?.....	<input type="radio"/> 0	<input type="radio"/> 8	<input checked="" type="radio"/> 16	<input type="radio"/> 24
	3. How many times did your child do any of the things in Item 2 <i>and caused some mild injury</i> (bruises, sprains, welts, etc.)?.....	<input type="radio"/> 0	<input checked="" type="radio"/> 12	<input type="radio"/> 24	<input type="radio"/> 36
	4. How many times did your child do any of the things in Item 2 <i>and caused serious injury</i> (fracture, lost tooth, loss of consciousness, etc.)?.....	<input checked="" type="radio"/> 0	<input type="radio"/> 16	<input type="radio"/> 32	<input type="radio"/> 48
5. Other incidents toward other people (Please describe): <input type="text"/>					



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Site	Project	Visit Type	Visit #	Month	Day	Year	Subject #	Initials
SIBIK	012							

**Incidents Involving Property:**

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

Category weight = 2

- |   |                         |                                    |                          |                          |
|---|-------------------------|------------------------------------|--------------------------|--------------------------|
| 1. How many times did your child <i>slam a door or cabinet, rip clothing, or knock something over in anger?</i> .....                       | <input type="radio"/> 0 | <input checked="" type="radio"/> 2 | <input type="radio"/> 4  | <input type="radio"/> 6  |
| 2. How many times did your child <i>throw things down, kick furniture, or otherwise misuse things angrily but did not break them?</i> ..... | <input type="radio"/> 0 | <input checked="" type="radio"/> 4 | <input type="radio"/> 8  | <input type="radio"/> 12 |
| 3. How many times did your child <i>break things, smash windows, or damage or deface property on purpose?</i> .....                         | <input type="radio"/> 0 | <input checked="" type="radio"/> 6 | <input type="radio"/> 12 | <input type="radio"/> 18 |
| 4. How many times did your child <i>set a fire or throw things at people in order to hurt them?</i> .....                                   | <input type="radio"/> 0 | <input checked="" type="radio"/> 8 | <input type="radio"/> 16 | <input type="radio"/> 24 |

5. Other incidents involving property (Please describe):

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**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 <i>pick at or scratch his or her skin, pull out hair, or hit himself or herself while upset or angry?</i> .....  | <input checked="" type="radio"/> 0 | <input type="radio"/> 3  | <input type="radio"/> 6  | <input type="radio"/> 9  |
| 2. How many times did your child <i>bang his or her head, hit his or her fists into the wall, or throw himself or herself on the floor?</i> ..... | <input checked="" type="radio"/> 0 | <input type="radio"/> 6  | <input type="radio"/> 12 | <input type="radio"/> 18 |
| 3. How many times did your child <i>cut, bruise, or burn himself or herself on purpose?</i> .....   | <input checked="" type="radio"/> 0 | <input type="radio"/> 9  | <input type="radio"/> 18 | <input type="radio"/> 27 |
| 4. How many times did your child <i>severely injure himself or herself, or try to kill himself or herself?</i> .....                              | <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 herself (Please describe):

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Staff Use:

VE.....  PH....  PR.....  SE.....  Total.....  

### Retrospective Modified Overt Aggression Scale (R-MOAS)

### Verbal Incidents:

0 - 1 times

2 - 4 times

5 or more times

Category weight = 1	1	2	3	4	5
1. How many times did your child <i>shout angrily, curse, or insult people</i> but then stopped quickly?.....	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. How many times did your child <i>shout angrily, curse, or insult people</i> in a repetitive, out-of-control way during episodes that lasted <u>less than five minutes</u> ?.....	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. How many times did your child <i>shout angrily, curse, or insult people</i> in a repetitive, out-of-control way during episodes that lasted <u>more than five minutes</u> ?.....	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. How many times did your child <i>threaten to hurt someone</i> ?.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Other verbal incidents (Please describe):					

5. Other verbal incidents (Please describe):



### Incidents Toward Other People:

None

1 - 2 times

3 - 4 times

5 or more times

Category weight = 4	0	4	8	12
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):				

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

36

Site	Project	Visit Type	Visit #	Month	Day	Year	Subject #	Initials
SIBK	02							

**Incidents Involving Property:**

Category weight = 2

	None	1 - 2 times	3 - 4 times	5 or more times
1. How many times did your child <i>slam a door or cabinet, rip clothing, or knock something over in anger?</i> .....	<input type="radio"/> 0	<input checked="" type="radio"/> 2	<input type="radio"/> 4	<input type="radio"/> 6
2. How many times did your child <i>throw things down, kick furniture, or otherwise misuse things angrily but did not break them?</i> .....	<input type="radio"/> 0	<input checked="" type="radio"/> 4	<input type="radio"/> 8	<input type="radio"/> 12
3. How many times did your child <i>break things, smash windows, or damage or deface property on purpose?</i> .....	<input type="radio"/> 0	<input checked="" type="radio"/> 6	<input type="radio"/> 12	<input type="radio"/> 18
4. How many times did your child <i>set a fire or throw things at people in order to hurt them?</i> .....	<input type="radio"/> 0	<input checked="" type="radio"/> 8	<input type="radio"/> 16	<input type="radio"/> 24
5. Other incidents involving property (Please describe):				
	20			

**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 <i>pick at or scratch his or her skin, pull out hair, or hit himself or herself while upset or angry?</i> .....	<input checked="" type="radio"/> 0	<input type="radio"/> 3	<input type="radio"/> 6	<input type="radio"/> 9
2. How many times did your child <i>bang his or her head, hit his or her fists into the wall, or throw himself or herself on the floor?</i> .....	<input checked="" type="radio"/> 0	<input type="radio"/> 6	<input type="radio"/> 12	<input type="radio"/> 18
3. How many times did your child <i>cut, bruise, or burn himself or herself on purpose?</i> .....	<input checked="" type="radio"/> 0	<input type="radio"/> 9	<input type="radio"/> 18	<input type="radio"/> 27
4. How many times did your child <i>severely injure himself or herself, or try to kill himself or herself?</i> .....	<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 herself (Please describe):				
	0			

Staff Use:

VE..... 7

PH.... 36

PR..... 20

SE..... 0

Total=..... 63





# Cliff - clinical summary

- assessment completed, including standardized rating scales
- Diagnosis: ADHD with severe aggression
- No additional co-morbidities
- No history of trauma, bullying or substance use
- ADHD symptoms are well controlled on stimulant medication but remaining ODD symptoms





# What would you do next?



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# Psychoeducation Pearls

- Present your understanding that the child's "system is on overload" and what is underpinning the aggression
- "No fault" position with parents and child
- Parents need support but also strategies
- Tension often builds up to a "red zone": encourage observing the precipitants, evolution, places of detouring
- Positive approach
  - Positive reinforcement
  - "Catch the child being good"
  - Don't reward negative behaviors unwittingly





# School

- Make contact (or ensure parents do) with school point person
- Obtain information and identify resources that school may be able to provide
- 504 or IEP





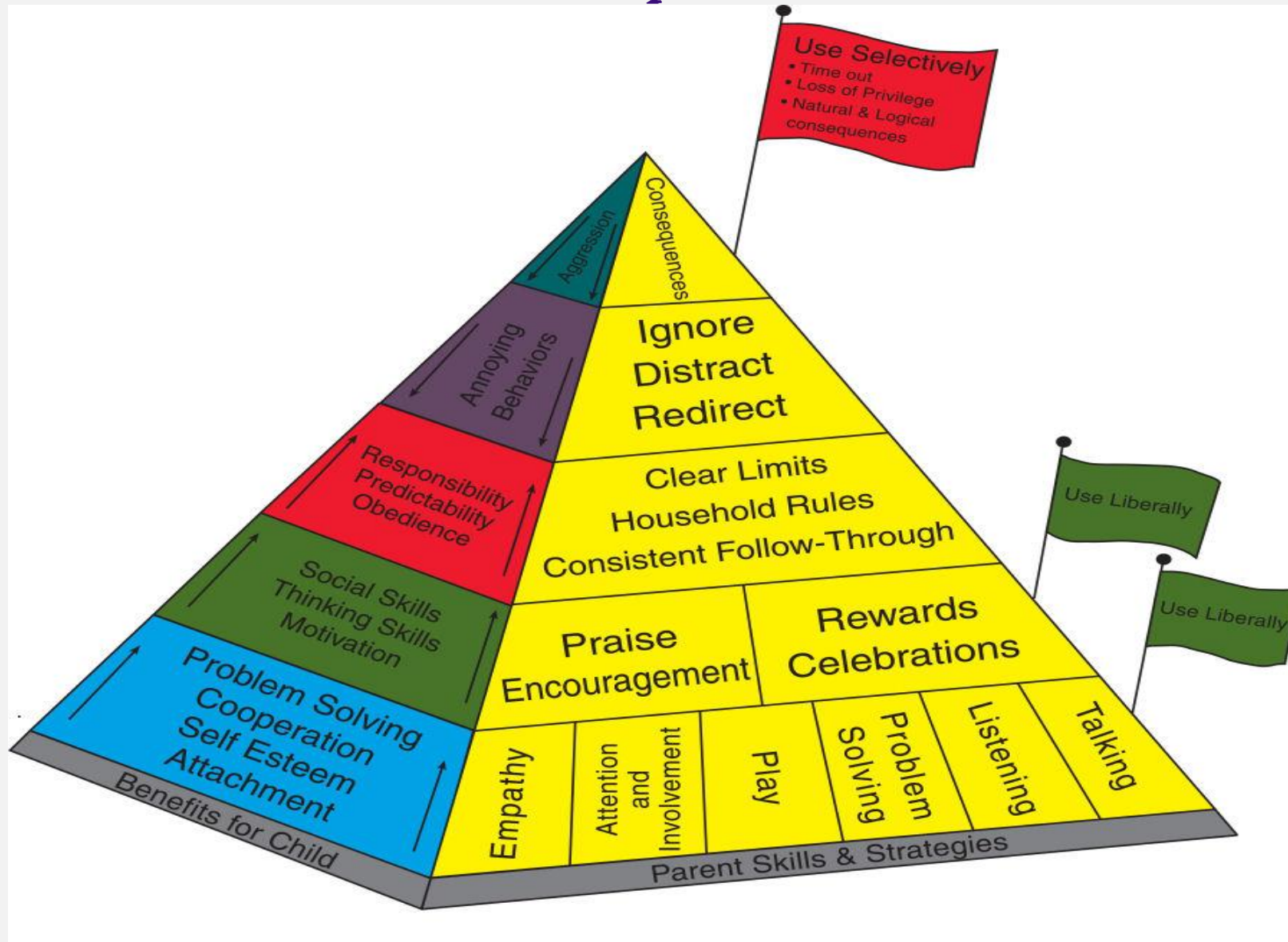
# Psychosocial Treatment First Line: Connect before you Correct!

- Provide or assist the family in obtaining evidence based psychotherapy (*first line*).
- Assist and support in maintaining consistent behavioral strategies
- Generally referred to as
  - parent management training or behavior management
  - Coping skills for child
- For severe situations consider more intensive or “wraparound” services





# Incredible Years Parenting Pyramid





## Now We Get to Medication Management: Treat the Underlying Condition First

- Cliff's ADHD symptoms well managed
- No other comorbidities
- Level of aggression severe and major life consequences appear likely
  - Injured mother
  - Frequent episodes of verbal and physical aggression at home, school
  - Removed from after school program





# Poll # What would you do next?

- A) Switch to a different class of stimulant
- B) Add an alpha agonist
- C) Start Risperidone
- D) Increase dose of Concerta
- E) Call Project Teach





## Optimize Stimulant

- MTA showed that ODD symptoms often responded to higher doses of stimulants
- Concerta increased to 72 mg
- Parents called 3 days later to report that he had become much more irritable and aggression worse





## Poll #2 :Now what would you do?

- A) Switch to a different class of stimulant
- B) Add an alpha agonist
- C) Start Risperidone
- D) Call Project Teach





# Clinical Judgment

- Switch stimulant class
  - Pros: lower side effect burden, will see response immediately (or not)
  - Con: has responded well to MPH prep and low likelihood that the aggression will respond better to an AMP preparation
- Start alpha agonist
  - Pros: lower side effect burden
  - Con: less likely to be effective, may take weeks to see effect
- Start Risperidone
  - Pros: more likely to be effective, quickly
  - Cons: higher side effect burden, especially weight gain, need lab monitoring





Cliff was prescribed a low dose of Risperdal, initially 0.25 mg hs and later increased to 0.25 mg bid





**Cliff 2 weeks later**







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**Project SPICY**  
Stepped Pharmacotherapy for Improved Self-Control among Youth

<b>A. Child's First Name:</b> <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> <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> Site: <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>C. Your First Name:</b> <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> <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"/>		Region: <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>E. Your Relationship to Child:</b> <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Grandmother <input type="radio"/> Grandfather <input type="radio"/> Other				Visit Type: <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"/>	
				Month: <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"/>	

### 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 1 - Verbal Aggression	1. How many times did your child shout angrily, curse, or insult people but then stopped quickly?	<input type="radio"/> 0	<input type="radio"/> 1	<input checked="" type="radio"/> 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?	<input type="radio"/> 0	<input checked="" type="radio"/> 2	<input type="radio"/> 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?	<input type="radio"/> 0	<input checked="" type="radio"/> 3	<input type="radio"/> 6
	4. How many times did your child threaten to hurt someone?	<input checked="" type="radio"/> 0	<input type="radio"/> 4	<input type="radio"/> 8
	5. Other verbal incidents (Please describe):	<input type="text"/>		

#### Incidents Toward Other People:

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

Category 2 - Physical Aggression	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?	<input type="radio"/> 0	<input checked="" type="radio"/> 4	<input type="radio"/> 8	<input type="radio"/> 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?	<input type="radio"/> 0	<input checked="" type="radio"/> 8	<input type="radio"/> 16	<input type="radio"/> 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.)?	<input checked="" type="radio"/> 0	<input type="radio"/> 12	<input type="radio"/> 24	<input type="radio"/> 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.)?	<input checked="" type="radio"/> 0	<input type="radio"/> 16	<input type="radio"/> 32	<input type="radio"/> 48
5. Other incidents toward other people (Please describe):	<input type="text"/>				



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Site	Project	Visit Type	Visit #	Month	Day	Year	Subject #	Initials
IS-BIK	Q12							

**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

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MEDICAL CENTER



Project SPICY  
Special Procedures for Improving & Controlling Your Child

A. Child's First Name:		B. Child's Last Name:		Staff Entries	
CLIFF				Site: S, B, K Period: 0, 2	
C. Your First Name:		D. Your Last Name:		Visit time: Visit #:	
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: / 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**

- 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):  
..... **7** .....

#### 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):  
..... **12** .....



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Visit type

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Initials

SBIK

02

**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):

12

**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):

0

Staff Use:

VF.....

7

PH.....

12

PR.....

12

SF.....

0

Total =

31





# What would you do next?





### Poll #3

- A) Switch from Concerta to an amphetamine based stimulant
- B) Add an alpha agonist
- C) Increase Risperidone to 0.5 mg BID
- D) Call Project Teach





Cliff's Risperdal was increased to 0.5 BID





## Cliff 1 month later

- Much improved, doing well at home, school
- Continues in therapy.
- MOAS score has dropped further to 8
- Continue risperidone 0.5 BID







## Cliff 6 months later

- Doing well.
- Continues in therapy.
- MOAS score 3
- Self esteem has improved
- Consider tapering Risperdal by .25 mg Q1-2 months
- Follow-up and **discontinue Risperdal** if appropriate





# Summary: Aggression management in primary care

- Aggression - common **symptom** in primary care
- Multifactorial - associated with many mental health dx
- STEP 1 - Thorough assessment (identify primary diagnosis and co-morbidities, severity, ABCs)
- STEP 2 – Link for E/B psychosocial treatment
- STEP 3 – Medications: treat primary diagnosis to remission if possible
- STEP 4 -If aggression persists and is severe (safety), consider **SHORT TERM** use of atypical antipsychotic
- Call Project Teach for assistance





# QUESTIONS?



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