

Assessment of Aggression in Children and Adolescents

NY Statewide Intensive Training:
Child and Adolescent Mental Health for Primary Care Clinicians

10/27/25



Presenter:

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Disclosures

Neither I nor my spouse have a relevant financial relationship with a commercial interest to disclose.

Goals and Objectives

- Understand aggression as a "final common pathway" symptom
- Recognize the factors that contribute to the vulnerability to aggression
- Describe the underlying conditions most frequently associated with aggression in children
- Learn how to assess and evaluate children who present with aggressive symptoms

Why Is Aggression Addressed In Intensive Training?

- Frequently reason for seeking help from primary care
- Most common reason for psychiatric referral
- Complicates treatment and leads to poorer outcomes
- Frequently leads to use of atypical antipsychotics and multiple medications
- Lack of controlled trials to inform physicians' prescribing practices



Let's Meet Cliff





Cliff

- Identifying Information:

Cliff is a 9-year-old 4th 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. His after-school program asked us to keep him home until he is better.”

**What additional information
would you like?**

Cliff: History of Present Illness

Difficulties with attention and hyperactivity dating back to preschool.

Started on Concerta 18 mg a year ago.

The dose gradually raised to 54 mg with continued improvement.

In the past few months his parents report increased oppositional behaviors at home

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

Recently he threw a toy at his mother and she needed to go to the emergency room for stitches.

School reports oppositional and aggressive behaviors

Sleeping and eating well; denies sadness, worrying

Cliff: Additional History

- 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
- Stressors: No maltreatment, recent losses.
- Family Medical & Psychiatric History: Mom has been treated for depression. Dad had “behavioral problems as a child”

Cliff's Vanderbilt

NICHQ Vanderbilt Assessment Scale: Parent information

Directions: Each rating should be considered in the context of what is appropriate for the age of your child.

When completing this form, please think about your child's behaviors in the past 6 months.

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

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

NICHQ Vanderbilt Assessment Scale: Parent information

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

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

Comments:

For Office Use Only

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

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

Total Symptom Score for questions 1–18: _____

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

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

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

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

Average Performance Score: _____

American Academy
of Pediatrics



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11-19/rev1102

NICHQ

National Initiative for Children's Healthcare Quality



Cliff's Vanderbilt - Scored

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

What would you do now?

Complete our Assessment!

Understanding Aggression in Children & Adolescents: The “Fever” of Psychiatry

- Aggression is not a diagnosis
- Aggression IS a “final common pathway” when system overwhelmed
- Associated with almost all DSM diagnoses
- Occurs when the demands of the world outstrip our resources
 - Internal (child strengths)
 - External (family, community, school)

Mindset to bring: Engagement Pearls

- Assume kids feel guilty and ashamed (parents too)
- Take a “no fault” spirit
 - Kids do well *if they can*
 - Parents do the best they know how
- Aggression is a “final common pathway and result of a confluence of factors (not one thing)
- Actively involve the parent: *“I can’t do it without you. Pills alone won’t give your child the skills he/she needs.”*
- Actively involve child/youth in recognizing “red zone”, monitoring and controlling aggressive outbursts

Evaluation: General Principles

- Take the time needed to understand the child and problems!
- Bring child back to assure confidence that you understand
- Resist the need to prescribe on the first visit!
 - Interview family together – observe dynamics
 - Interview patient and parent/guardian separately
- HPI, Family History, Psychosocial History and Strengths
- Get input directly from school
- Use standardized rating scales
- Physical examination (as indicated) and labs (typically none)

The Four Questions: Assessment of Children with Aggression

1. How severe/dangerous is the aggression?
2. What is underpinning the aggression? (Check for maltreatment)
3. What changed—what tipped the apple cart over?
4. How have the parents responded?

1. How Severe: Modified Overt Aggression Scale (MOAS)

- Parent or Teacher Report
- Verbal Incidents
- Incidents involving property
- Incidents towards other people
- Incidents directed towards self

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STONY BROOK
UNIVERSITY
MEDICAL CENTER



A. Child's First Name: <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. Child's Last Name: <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"/>		Staff Entries 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"/>		
C. Your First Name: <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"/>		D. Your Last Name: <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"/>		
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"/> <input type="text"/> / Day: <input type="text"/> <input type="text"/> / Year: <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

- 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.....

Outburst Monitoring Scale

OUTBURST MONITORING SCALE-PARENT VERSION

Child's Name: _____ Child's Sex: M F Child's Date of Birth: _____

Your Name: _____ Your Relationship to Child: _____ Today's Date: _____

How Familiar Are You With This Child's Behavior During the Past Week? Very Somewhat Not Very Not at All

Instructions: Please answer the following questions based on this Child's behavior during the LAST WEEK. Please circle your answers, and answer all questions (make your best guess if you are uncertain).	Never (Not At All)	Rarely (1-2 times total during the week)	Sometimes (3-6 times Total during the week)	Often (1-2 times in a typical day)	Very Often (3 or more times in a typical day)
1. Shouted, cursed, or insulted people, but with a reasonable cause.	0	1	2	3	4
2. Shouted, cursed, or insulted people, but more than the people (or situation) deserved.	0	1	2	3	4
3. Really blew up at someone (shouting or cursing) with a lot of hate or Anger.	0	1	2	3	4
4. Threatened to hurt someone.	0	1	2	3	4
5. Slammed a door, ripped clothing, or knocked something over Because angry or upset.	0	1	2	3	4
6. Physically threw or hit/kicked things (not people) because angry or upset.	0	1	2	3	4
7. Broke or smashed things because angry or upset.	0	1	2	3	4
8. Threw or destroyed things while trying to hurt people (e.g., threw things as people in order to hurt them; set fires).	0	1	2	3	4
9. Hit or picked at self (e.g., picked/scratched skin, pulled out hair, or hit self without causing injury) because angry or upset.	0	1	2	3	4
10. Threw self into objects (banged head, hit walls with fists, threw self on floor) because angry or upset.	0	1	2	3	4
11. Injured (cut, bruised, burned, etc.) self because angry or upset.	0	1	2	3	4
12. Seriously hurt or tried to kill self.	0	1	2	3	4
13. Acted like s/he was about to start a fight, pushed, raised fists, took a swing because angry or upset	0	1	2	3	4
14. Got into a fight involving punching, pushing, scratching, kicking or pulling hair.	0	1	2	3	4
15. Got into a fight and caused some mild injuries (bruises, sprains, welts, etc.).	0	1	2	3	4
16. Got into a fight and caused serious injury (fracture, loss of teeth, deep cut, loss of consciousness).	0	1	2	3	4
17. Shouted at, cursed at, or insulted an adult or authority (teacher, coach, parent).	0	1	2	3	4
18. Physically threatened an adult or authority (either by action or words).	0	1	2	3	4
19. Physically pushed, shoved or hit and adult authority	0	1	2	3	4
20. Deliberately threatened or tried to harm self.	0	1	2	3	4

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A. Child's First Name:		B. Child's Last Name:		Staff Entries	
C L I F F				Site	Project
				S, B, K	0, 2
C. Your First Name:		D. Your Last Name:		Visit Type	Visit #
E. Your Relationship to Child:				Month	Day
<input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Grandmother <input type="radio"/> Grandfather <input type="radio"/> Other				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 <i>insult people</i> but then stopped quickly?..... | <input type="radio"/> | <input type="radio"/> | <input checked="" 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"/> |
| 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"/> |
| 4. How many times did your child <i>threaten to hurt someone</i> ?..... | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 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 <i>about to hit</i> somebody or <i>took a swing at</i> someone without actually hitting another person?.... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |
| 2. How many times did your child <i>hit someone</i> with hands or an object, <i>kick, push, scratch or pull hair, without causing real injury</i> ?..... | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 3. How many times did your child do any of the things in Item 2 and <i>caused some mild injury</i> (bruises, sprains, welts, etc.)?..... | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. How many times did your child do any of the things in Item 2 and <i>caused serious injury</i> (fracture, lost tooth, loss of consciousness, etc.)?..... | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Other incidents toward other people (Please describe): | | | | |

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RMOAS-P -- Page 2 of 2

Incidents Involving Property:

- | | 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"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 2. How many times did your child <i>throw things down, kick furniture, or otherwise misuse things angrily</i> but did not break them?..... | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. How many times did your child <i>break things, smash windows, or damage or deface property on purpose</i> ?..... | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. How many times did your child <i>set a fire or throw things at people</i> in order to hurt them?..... | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 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 <i>pick at or himself or herself</i> while upset or angry?..... | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 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"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. How many times did your child <i>cut, bruise, or burn himself or herself on purpose</i> ?..... | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 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"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Other incidents in which your child acted harmfully toward himself or herself (Please describe): | | | | |

Staff Use:

VE.....

PH.....

PR.....

SE.....

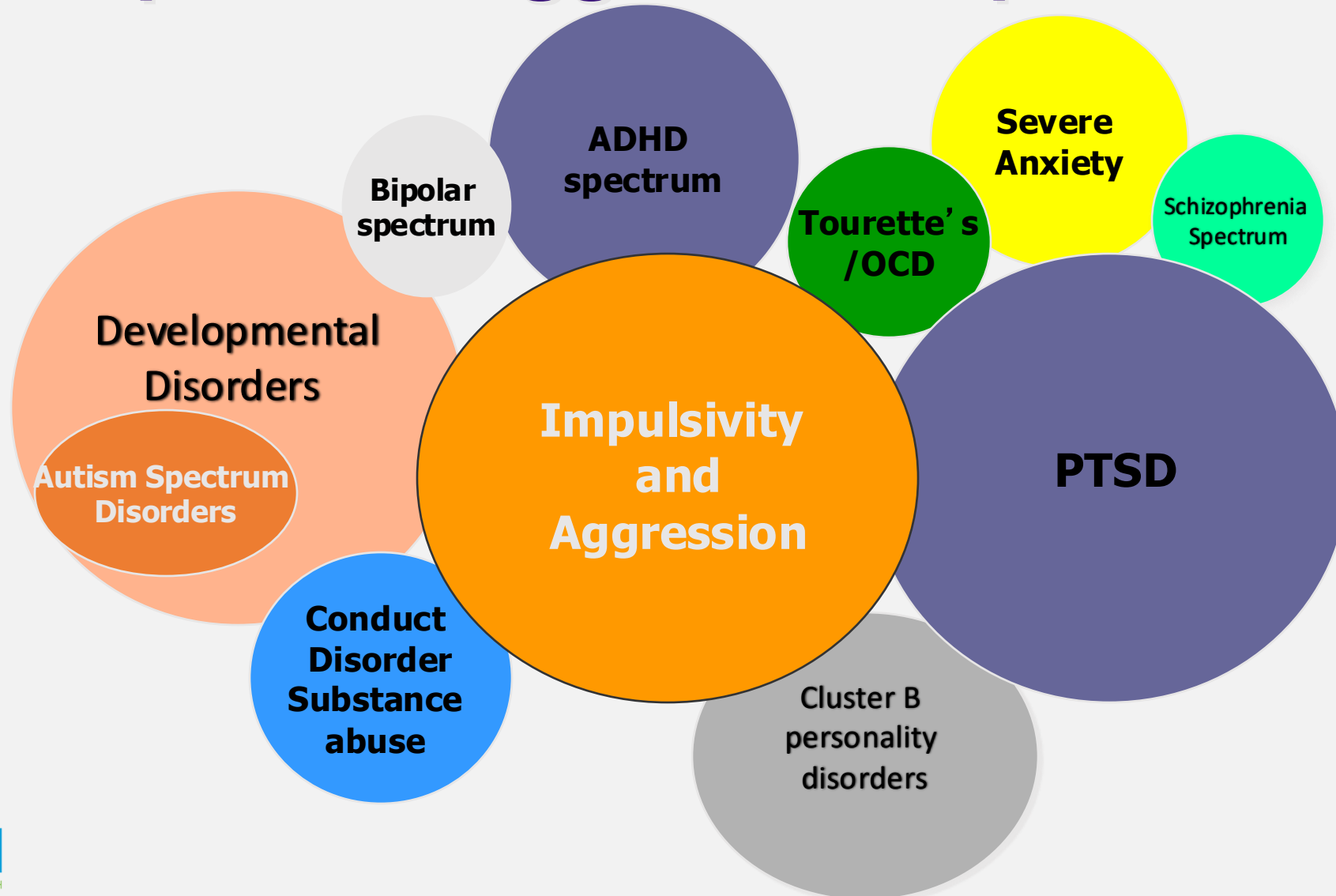
Total.....

Scoring MOAS-R

- Verbal aggression: 0-2 for each item= 7
- Incidents towards other people: 0-3 for each item=7
- Incidents towards property: 0-3 for each item=4
- Incidents towards self: 0-3 for each item=0

- TOTAL: 18
- Prepubertal children*: 11 serious concern, 17 major problem
- Adolescents: 8 serious concern and 15 major problem
- Typical kids ≤ 3
- *Rough clinical guide; NOT empirically validated on general population

2. What is underpinning the aggression? Impulsive-Aggressive Spectrum



Clinical Pearl:

What's underpinning the aggression?

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

- ADHD
- Anxiety
- Depression

Use your standardized measures (e.g. Vanderbilt, SCARED, CES-D, PHQ, etc)!

3. What Changed?

- When did this start?
- Did the **demands of life** (family, peers, academic, emotional, behavioral, physical) change?
- Did the **internal resources change**?
 - Onset or worsening of mental illness
 - Physical illness or medications
 - Accident
 - Substance misuse
- Did the **external circumstances or resources change**?
 - Recent traumatic experience or loss?
 - Parental availability change?
 - Extended family changes?
 - Peers change? Move?
 - School? Teachers change? Bullying?
 - Community? Safety?

4. How are Parent(s) Responding: ABC's *Antecedent, Behavior, Consequences*

- What precipitates the aggressive incidents?
- How do the parents respond?
- Do they reward/notice good behavior?
- What kind of consequences do they use?
- What is the interactional cycle that takes place?
- Do the parents/adults work together?
- Are the consequences reasonable and practical?
- Can they be carried out?
- Are they carried out?

Cliff's Parents Response

- 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

Conclusions: Assessment and First Steps

- Aggression is a "final common pathway" symptom; we need to understand what is leaving child vulnerable
- Engage the family and child
- Conduct a thorough assessment to understand
 - Severity and dangerousness of the aggression (use rating scales)
 - Rule out trauma
 - What is underpinning the aggression?
 - What changed? Factors relevant to aggression in the child/adolescent (what's driving the aggression and what tipped over apple cart?)
 - Parent response
- Provide psychoeducation and support