

# **Incorporation into Your Practice: Aggression Management in Primary Care**

**Presenter:**

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# Disclosures

“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

**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 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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**STONY BROOK UNIVERSITY MEDICAL CENTER**



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

**B. Child's Last Name:**

**C. Your First Name:**

**D. Your Last Name:**

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

**Staff Entries**

Site	Project	Participant
S, B, K	0, 2	

Visit Type: Visit #

Month: Day: Year:

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

**Instructions:** These questions focus on difficulties with emotions and behavior. Please indicate how many times each of these behaviors occurred in the PAST WEEK.

### Verbal Incidents:

- |  | 0 - 1 times           | 2 - 4 times                      | 5 or more times                  |
|--|-----------------------|----------------------------------|----------------------------------|
| or insult people but then stopped quickly?.....  | <input type="radio"/> | <input type="radio"/>            | <input checked="" type="radio"/> |
| 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"/> | <input type="radio"/>            | <input checked="" type="radio"/> |
| 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"/> | <input type="radio"/>            | <input checked="" type="radio"/> |
| 4. How many times did your child threaten to hurt someone?.....  | <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 about to hit somebody or took a swing at 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 hit someone with hands or an object, kick, push, scratch or pull hair, without causing real injury?.....           | <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 caused some mild injury (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 caused serious injury (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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Site: S, B, K Project: 0, 2 Visit Type: Visit #: Month: Day: Year: Subject #: Initials:

### Incidents Involving Property:

- |   | None                             | 1 - 2 times                      | 3 - 4 times                      | 5 or more times       |
|---|----------------------------------|----------------------------------|----------------------------------|-----------------------|
| 1. How many times did your child slam a door or cabinet, rip clothing, or knock something over in anger?.....                       | <input type="radio"/>            | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/> |
| 2. How many times did your child throw things down, kick furniture, or otherwise misuse things angrily but did not break them?..... | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/> |
| 3. How many times did your child break things, smash windows, or damage or deface property on purpose?.....                         | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/> |
| 4. How many times did your child set a fire or throw things at people 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 pick at or himself or herself while upset or angry?.....   | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. How many times did your child bang his or her head, hit his or her fists into the wall, or throw himself or herself on the floor?..... | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. How many times did your child cut, bruise, or burn himself or herself on purpose?.....   | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. How many times did your child severely injure himself or herself, or try to kill himself or herself?.....                              | <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.....



# Cliff's Baseline MOAS-R

- TOTAL: 18
- Prepubertal children\*: 11 serious concern, 17 major problem
- Adolescents: 8 serious concern and 15 major problem
- Typical kids  $\leq 3$

\*Rough clinical guide; NOT empirically validated on general population

# Cliff - clinical summary so far

- ⚡ Assessment completed, including standardized rating scales
- ⚡ Diagnosis: ADHD with ODD/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?

## 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

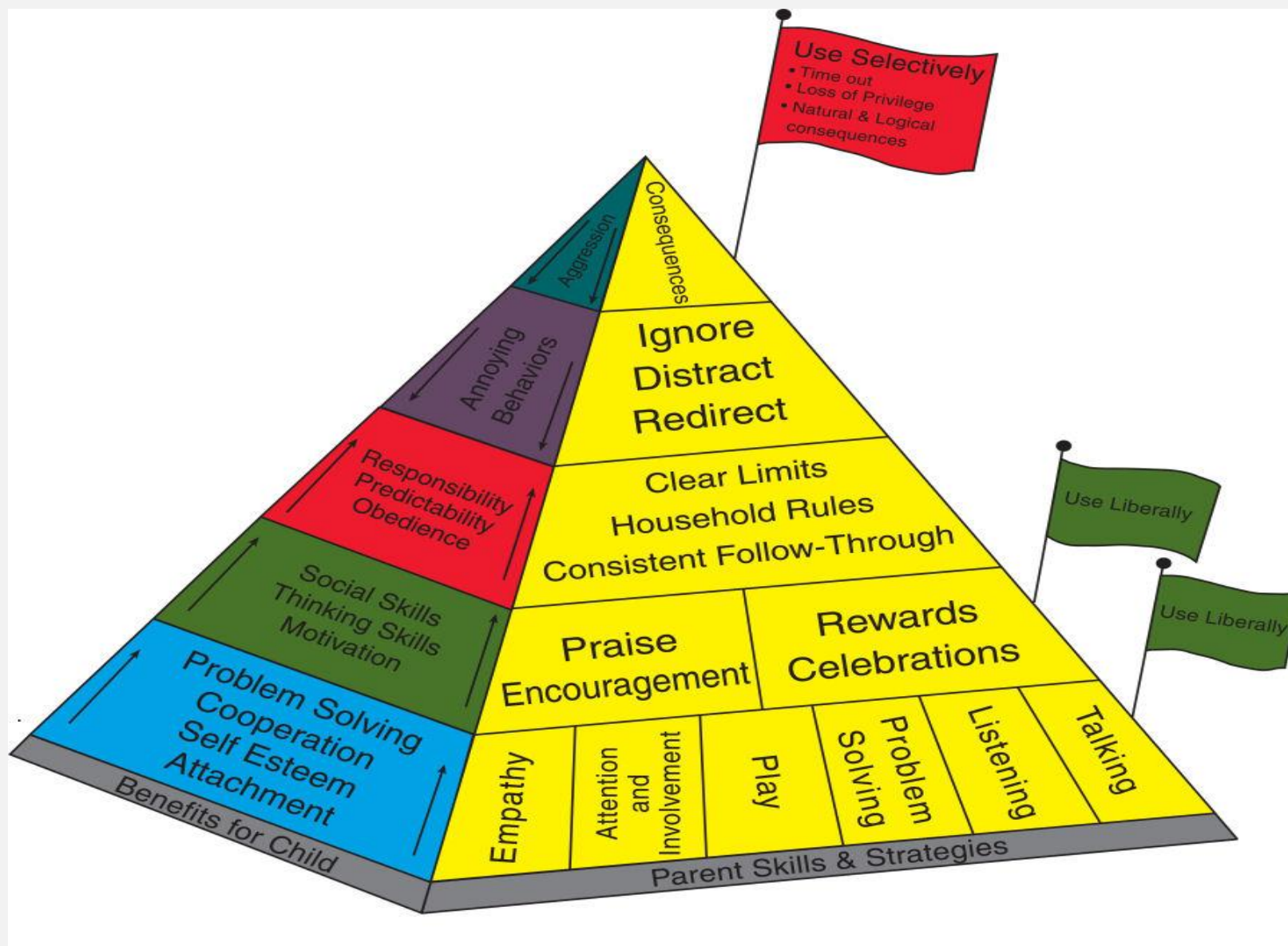
## School

- 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



We've engaged the family and child.....provided support, psychoeducation....linked for parent management....BUT his aggression remains severe...NOW we consider medications



# Principle 1: Treat the Underlying Condition

- Cliff's ADHD symptoms well managed on Concerta 54 mg
- Level of ODD/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
- No other comorbidities

## Poll #1: 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

## Principle 1a: Optimize Treatment of Underlying Condition

- 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

## Principle 2:

### Reserve use of atypical antipsychotics when optimization of treatment insufficient or severe consequences likely

Because it was thought that serious consequences were imminent Cliff was prescribed a low dose of risperdal, initially 0.25 mg hs and 5 days later increased to 0.25 mg bid\*

\*total dose could be given at HS (e.g. if also has difficulty sleeping)

Cliff 2 weeks later

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

Total.....			
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## Poll #3: MOAS now 10

### What would you do next?

- 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 3
- ⌄ Has gained 3 pounds
- ⌄ Continue risperidone 0.5 BID

## Cliff – 4 Months Later

- Seen monthly for monitoring and managing medications
- Continues to do well; no physical aggression in months and few ODD behaviors
- Continues in therapy.
- MOAS score 2
- Self esteem has improved
- Weight now 13 pounds higher than when started
- Consider tapering Risperdal by 0.25 mg Q1-2 months (take into account child's upcoming events/schedule)
- Follow-up and **discontinue Risperdal** if remains stable

# 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?