# Assessment of Aggression in Children and Adolescents

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

10/19/2026

ProjectTEACH
FAMILIES THRIVE WITH GOOD MENTAL HEALTH

NEW YORK STATE | Office of Mental Health



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**Project TEACH**

NEW YORK STATE | Office of Mental Health

# 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


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# 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 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 |

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# 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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NICHQ

National Initiative for Children's Healthcare Quality

McNeil

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# Cliff's Vanderbilt - Scored

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

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

A. Child's First Name: | 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: SBK | Project: 02 | Participant:
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 |
|---|---|---|---|
| 1. How many times did your child *shout angrily, curse,* or *insult people* but then stopped quickly? | ○ | ○ | ○ |
| 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? | ○ | ○ | ○ |
| 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? | ○ | ○ | ○ |
| 4. How many times did your child *threaten to hurt someone*? | ○ | ○ | ○ |

5. Other verbal incidents (Please describe):

## Incidents Toward Other People:

| | None | 1 - 2 times | 3 - 4 times | 5 or more times |
|---|---|---|---|---|
| 1. How many times did your child act like he/she was *about to hit* somebody or *took a swing at someone* without actually hitting another person? | ○ | ○ | ○ | ○ |
| 2. How many times did your child *hit someone* with hands or an object, *kick, push, scratch* or *pull hair,* without causing real injury? | ○ | ○ | ○ | ○ |
| 3. How many times did your child do any of the things in Item 2 and caused some mild injury (bruises, sprains, welts, etc.)? | ○ | ○ | ○ | ○ |
| 4. How many times did your child do any of the things in Item 2 and caused serious injury (fracture, lost tooth, loss of consciousness, etc.)? | ○ | ○ | ○ | ○ |

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

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Site: SBK | Project: 02 | 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? | ○ | ○ | ○ | ○ |
| 2. How many times did your child *throw things down, kick furniture,* or otherwise *misuse things angrily* but did not break them? | ○ | ○ | ○ | ○ |
| 3. How many times did your child *break things, smash windows,* or *damage or deface property* on purpose? | ○ | ○ | ○ | ○ |
| 4. How many times did your child *set a fire* or *throw things at people* in order to hurt them? | ○ | ○ | ○ | ○ |

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 scratch* his or her skin, *pull out hair,* or *hit himself or herself* while upset or angry? | ○ | ○ | ○ | ○ |
| 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? | ○ | ○ | ○ | ○ |
| 3. How many times did your child *cut, bruise,* or *burn* himself or herself on purpose? | ○ | ○ | ○ | ○ |
| 4. How many times did your child *severely injure* himself or herself, or *try to kill* himself or herself? | ○ | ○ | ○ | ○ |

5. Other incidents in which your child acted harmfully toward himself or herself (Please describe):

**Staff Use:**
VE.....
PH.....
PR.....
SE.....
Total.....

## THE MODIFIED OVERT AGGRESSION SCALE (MOAS)*

Patient _____

Rater _____ Date _____

**INSTRUCTIONS**

Rate the patient's aggressive behavior over the past week. Select as many items as are appropriate. Refer to the pocket guide for the full measure.

**SCORING**

1. Add items in each category
2. In scoring summary, multiply sum by weight and add weighted sums for total weighted score. Use this score to track changes in level of aggression over time.

***Verbal aggression***

_____ **0** No verbal Aggression
_____ **1** Shouts angrily, curses mildly, or makes personal insults
_____ **2** Curses viciously, is severely insulting, has temper outbursts
_____ **3** Impulsively threatens violence toward others or self
_____ **4** Threatens violence toward others or self repeatedly or deliberately
_____ **SUM VERBAL AGGRESSION SCORE**

***Aggression against Property***

_____ **0** No aggression against property
_____ **1** Slams door, rips clothing, urinates on floor
_____ **2** Throws objects down, kicks furniture, defaces walls
_____ **3** Breaks objects, smashes windows
_____ **4** Sets fires, throws objects dangerously
_____ **SUM PROPERTY AGGRESSION SCORE**

***Autoaggression***

_____ **0** No autoaggression
_____ **1** Picks or scratches skin, pulls hair out, hits self (without injury)
_____ **2** Bangs head, hits fists into walls, throws self onto floor
_____ **3** Inflicts minor cuts, bruises, burns, or welts on self
_____ **4** Inflicts major injury on self or makes a suicide attempt
_____ **SUM AUTOAGGRESSION SCORE**

***Physical Aggression***

_____ **0** No physical aggression
_____ **1** Makes menacing gestures, swings at people, grabs at clothing
_____ **2** Strikes, pushes, scratches, pulls hair of others (without injury)
_____ **3** Attacks others, causing mild injury (bruises, sprain, welts, etc.)
_____ **4** Attacks others, causing serious injury
_____ **SUM PHYSICAL AGGRESSION SCORE**

| CATEGORY | SUM SCORE | WEIGHTS | WEIGHTED SUM |
|---|---|---|---|
| Verbal Aggression | | x 1 | |
| Aggression against Property | | x 2 | |
| Autoaggression | | x 3 | |
| Physical Aggression | | x 4 | |
| **Total Weighted Score** | | | |

*Modified from Kay SR, Wolkenfeld F, Murrill LM (1988), Profiles of aggression among psychiatric patients: I. nature and prevalence. *Journal of Nervous and Mental Disease* 176:539-546

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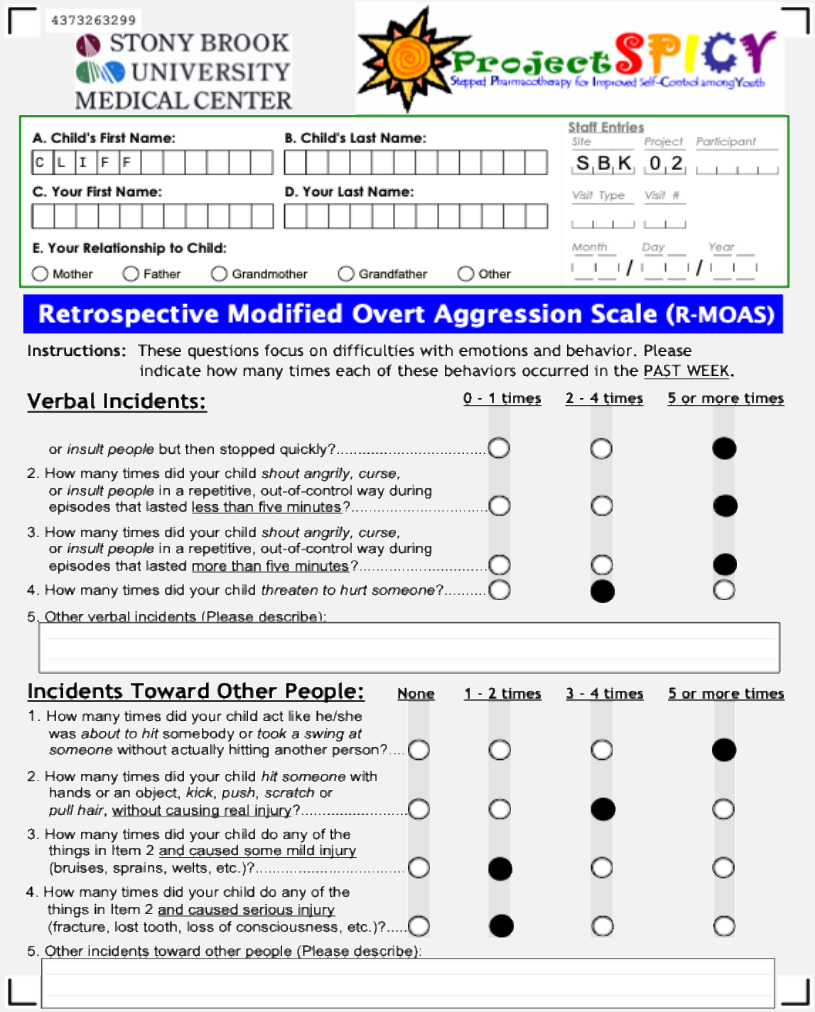
# Cliff's Initial MOAS



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ProjectSPICY
Stepped Pharmacotherapy for Improved Self-Control among Youth

A. Child's First Name: CLIFF
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 SBK Project 02 Participant
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:**

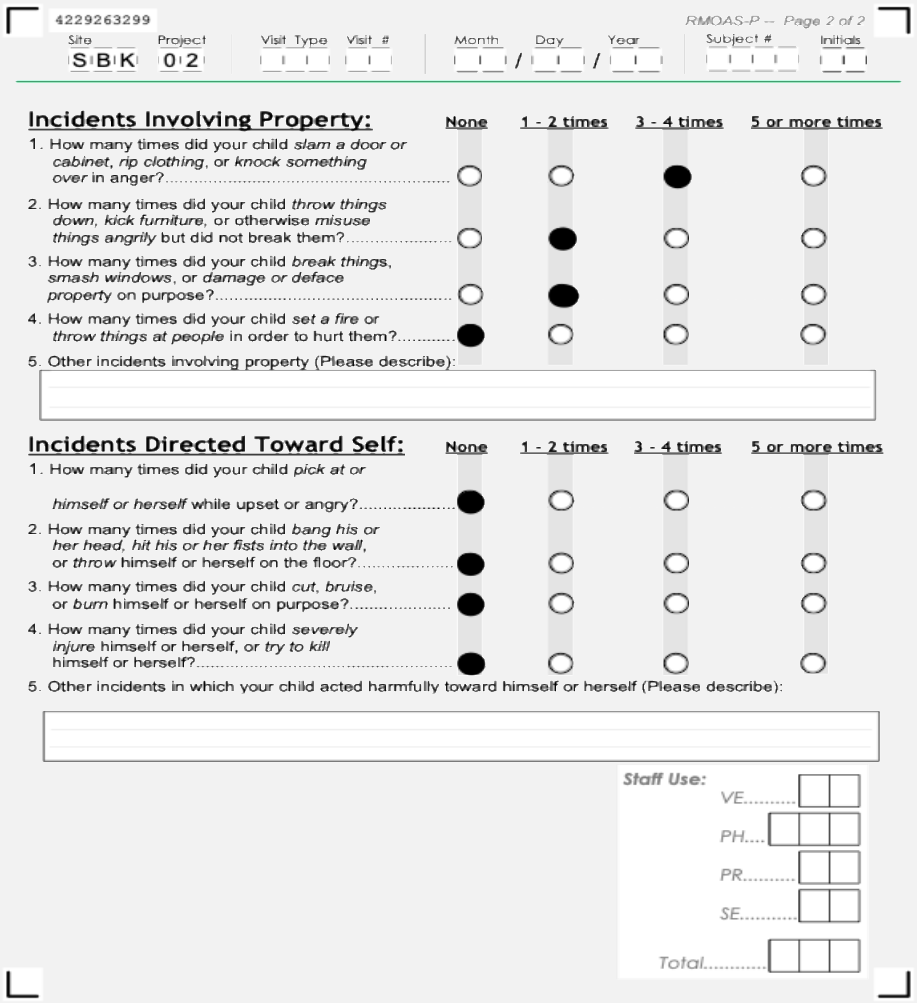
| | 0 - 1 times | 2 - 4 times | 5 or more times |
|---|---|---|---|
| or *insult people* but then stopped quickly? | ○ | ○ | ● |
| 2. How many times did your child *shout angrily, curse,* or *insult people* in a repetitive, out-of-control way during episodes that lasted less than five minutes? | ○ | ○ | ● |
| 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? | ○ | ○ | ● |
| 4. How many times did your child *threaten to hurt someone*? | ○ | ● | ○ |

5. Other verbal incidents (Please describe):

**Incidents Toward Other People:**

| | None | 1 - 2 times | 3 - 4 times | 5 or more times |
|---|---|---|---|---|
| 1. How many times did your child act like he/she was *about to hit* somebody or *took a swing at someone* without actually hitting another person? | ○ | ○ | ○ | ● |
| 2. How many times did your child *hit someone* with hands or an object, *kick, push, scratch* or *pull hair*, without causing real injury? | ○ | ○ | ● | ○ |
| 3. How many times did your child do any of the things in Item 2 and caused some mild injury (bruises, sprains, welts, etc.)? | ○ | ● | ○ | ○ |
| 4. How many times did your child do any of the things in Item 2 and caused serious injury (fracture, lost tooth, loss of consciousness, etc.)? | ○ | ● | ○ | ○ |

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



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

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 *slam a door or cabinet, rip clothing,* or *knock something over* in anger? | ○ | ○ | ● | ○ |
| 2. How many times did your child *throw things down, kick furniture,* or otherwise *misuse things angrily* but did not break them? | ○ | ● | ○ | ○ |
| 3. How many times did your child *break things, smash windows,* or *damage or deface property* on purpose? | ○ | ● | ○ | ○ |
| 4. How many times did your child *set a fire* or *throw things at people* in order to hurt them? | ● | ○ | ○ | ○ |

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? | ● | ○ | ○ | ○ |
| 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? | ● | ○ | ○ | ○ |
| 3. How many times did your child *cut, bruise,* or *burn* himself or herself on purpose? | ● | ○ | ○ | ○ |
| 4. How many times did your child *severely injure* himself or herself, or *try to kill* himself or herself? | ● | ○ | ○ | ○ |

5. Other incidents in which your child acted harmfully toward himself or herself (Please describe):

Staff Use:
VE.....
PH.....
PR.....
SE.....
Total.....

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# 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 $\leq$ 3
- *Rough clinical guide; NOT empirically validated on general population

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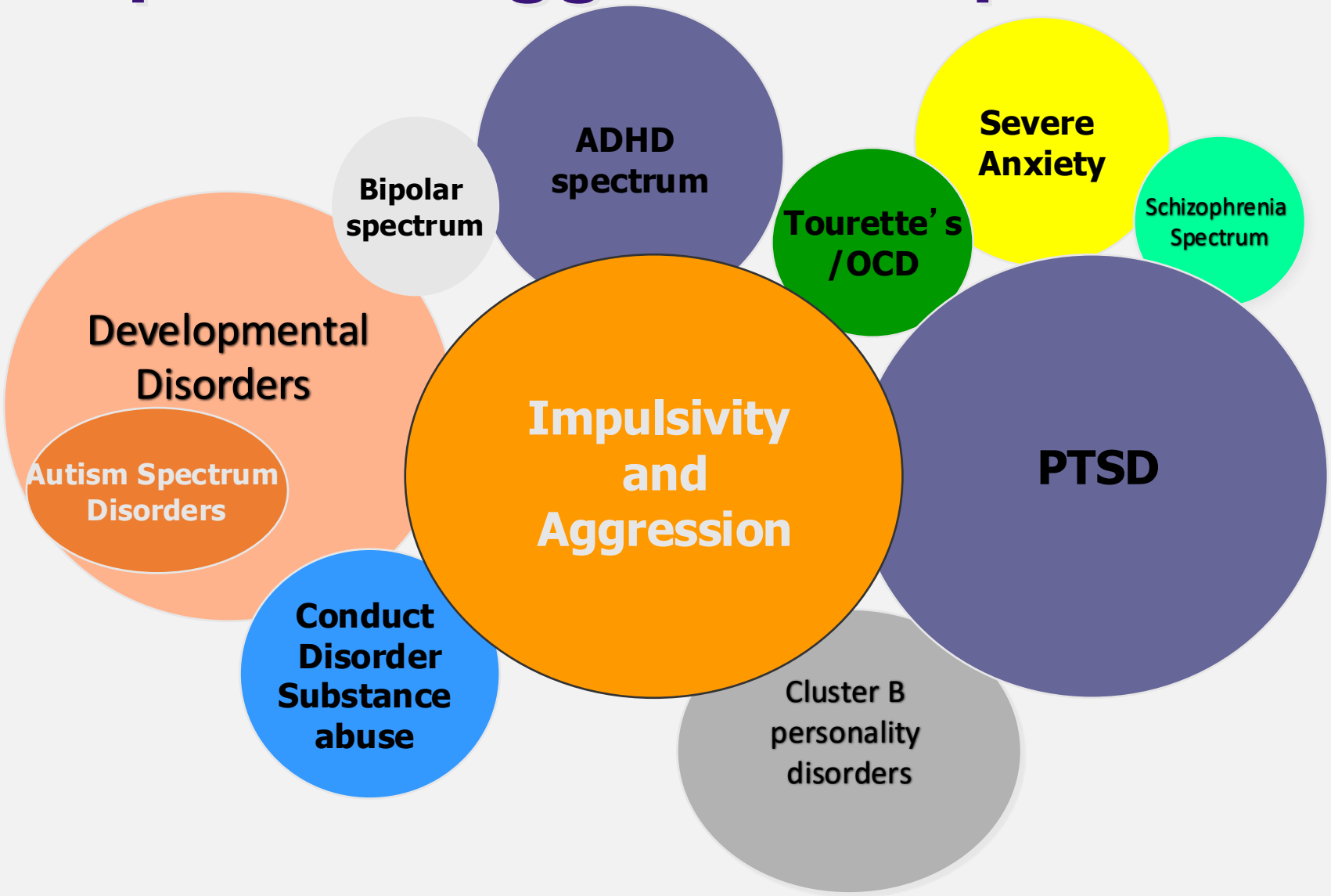
# 2. What is underpinning the aggression? Impulsive-Aggressive Spectrum

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# 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