Incorporating Aggression Management into Practice

Amy Jerum, DNP, FNP, CPNP, PMHS
University of Rochester Medical Center, Pediatrics
Assistant Professor, Golisano Institute for Developmental Disabilities Nursing, St. John Fisher College
Speaker:

Amy Jerum, DNP, FNP, PNP, PMHS

University of Rochester Medical Center, Div. of Transitional Care Medicine, Pediatrics
Golisano Institute for Developmental Disabilities Nursing, St. John Fisher College
AJerum@sjfc.edu
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• Cori Green, MD
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Objectives

• Explore the presentation and management of aggression in the pediatric office setting

• Learn about the “T-MAY” guideline and toolkit, and its use in assessing, treatment planning, and managing aggression

• Discuss role and the safe/effective use of atypical neuroleptics in children and adolescents with severe aggression
How do cases with symptoms of aggression make you feel?
Key Take Home #1

Aggression ≠ Bad Kid
Key Take Home #2: Aggression is not a Diagnosis

Aggression is a SYMPTOM

What is the Underlying Cause?

We must investigate!!!
Impulsive-Aggressive Spectrum

- Cluster B personality disorders
- Antisocial Borderline
- Conduct Disorder Substance abuse
- Impulse control disorders
- Impulsivity and Aggression
- Developmental disorders
- Schizophrenia Spectrum
- Tourette’s/OCD
- Severe Anxiety
- ADHD spectrum
- Bipolar spectrum
- PTSD
- Autism Spectrum disorders
Key Take Home #3: Not all Aggression is Created Equally

- Impulsive
- Affective/Hot
- Anxious/Hyperarousal
- Predatory
- Cognitive/ Disorganized
Key Take Home #4

T-MAY Algorithm:

TREATMENT OF MALADAPTIVE AGGRESSION IN YOUTH

T-MAY

ASSESSMENT + DIAGNOSIS

Engage patients and parents (emphasize need for their on-going participation)
Conduct a thorough initial evaluation and diagnostic work-up before initiating treatment
Define target symptoms and behaviors in partnership with parents and child
Assess target symptoms, treatment effects and outcomes with standardized measures

INITIAL TREATMENT + MANAGEMENT PLANNING

Conduct a risk assessment and if needed, consider referral to mental health specialist or ER
Partner with family in developing an acceptable treatment plan
Provide psychoeducation and help families form realistic expectations about treatment
Help the family to establish community and social supports

PSYCHOSOCIAL INTERVENTIONS

Provide or assist the family in obtaining evidence-based parent and child skills training
Identify, assess and address the child’s social, educational and family needs, and set objectives and outcomes with the family
Engage child and family in maintaining consistent psychological/behavioral strategies

MEDICATION TREATMENTS

Select initial medication treatment to target the underlying disorder(s); follow guidelines for primary disorder (when available)
If severe aggression persists following adequate trials of appropriate psychosocial and medication treatments for underlying disorder, add an AP, try a different AP, or augment with a mood stabilizer (MS)
Avoid using more than two psychotropic medications simultaneously
Use the recommended titration schedule and deliver an adequate medication trial before adjusting medication

SIDE-EFFECT MANAGEMENT

Assess side-effects, and do clinically-relevant metabolic studies and laboratory tests based on established guidelines and schedule
Provide accessible information to children and parents about identifying and managing side-effects
Use evidence-based strategies to prevent or reduce side-effects
Collaborate with medical, educational and/or mental health specialists if needed

MEDICATION MAINTENANCE + DISCONTINUATION

If response is favorable, continue treatment for six months.
Taper or discontinue medications in patients who show a remission in aggressive symptoms ≥ 6 months

Note: The order of these recommendations may be tailored to each patient’s specific condition and needs.
Step 1: Assessment and Diagnosis

**ASSESSMENT + DIAGNOSIS**

- Engage patients and parents (emphasize need for their on-going participation)
- Conduct a thorough initial evaluation and diagnostic work-up before initiating treatment
- Define target symptoms and behaviors in partnership with parents and child
- Assess target symptoms, treatment effects and outcomes with standardized measures

Be specific in history taking and use the rating scales
Step 2: Initial Treatment and Management Planning

INITIAL TREATMENT + MANAGEMENT PLANNING

- Conduct a risk assessment and if needed, consider referral to mental health specialist or ER
- Partner with family in developing an acceptable treatment plan
- Provide psychoeducation and help families form realistic expectations about treatment
- Help the family to establish community and social supports

Psychoeducation
Behavior is adaptive
Let’s minimize the triggers and not reinforces aggressive behavior
Step 3: Psychosocial Interventions

**PSYCHOSOCIAL INTERVENTIONS**

- Provide or assist the family in obtaining evidence-based parent and child skills training
- Identify, assess and address the child’s social, educational and family needs, and set objectives and outcomes with the family
- Engage child and family in maintaining consistent psychological/behavioral strategies

• Assess and address the child’s social, medical, educational and family needs
• Engage the child and family in maintaining consistent strategies
• Build your rolodex: Find therapists for referral
Step 4: Medication Treatments/
Treat the underlying disorder

MEDICATION TREATMENTS

Select initial medication treatment to target the underlying disorder(s); follow guidelines for primary disorder (when available)
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Call Project TEACH
Step 5: Side Effect Management

- Communicate with prescriber, define roles, and make sure labs are drawn
- Monitor weight
- Encourage healthy habits
Step 6: Maintenance and Discontinuation

**MEDICATION MAINTENANCE + DISCONTINUATION**

If response is favorable, continue treatment for six months. Taper or discontinue medications in patients who show a remission in aggressive symptoms ≥ 6 months.

Note: The order of these recommendations may be tailored to each patient’s specific condition and needs.

Work with the prescribers and call Project TEACH
Key Take Home #5:

Aggressive kids can improve and so treatment needs to change along with the child.