From Tantrums to Takedowns: Taming Tempers with Psychiatric Precision

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Disclosures

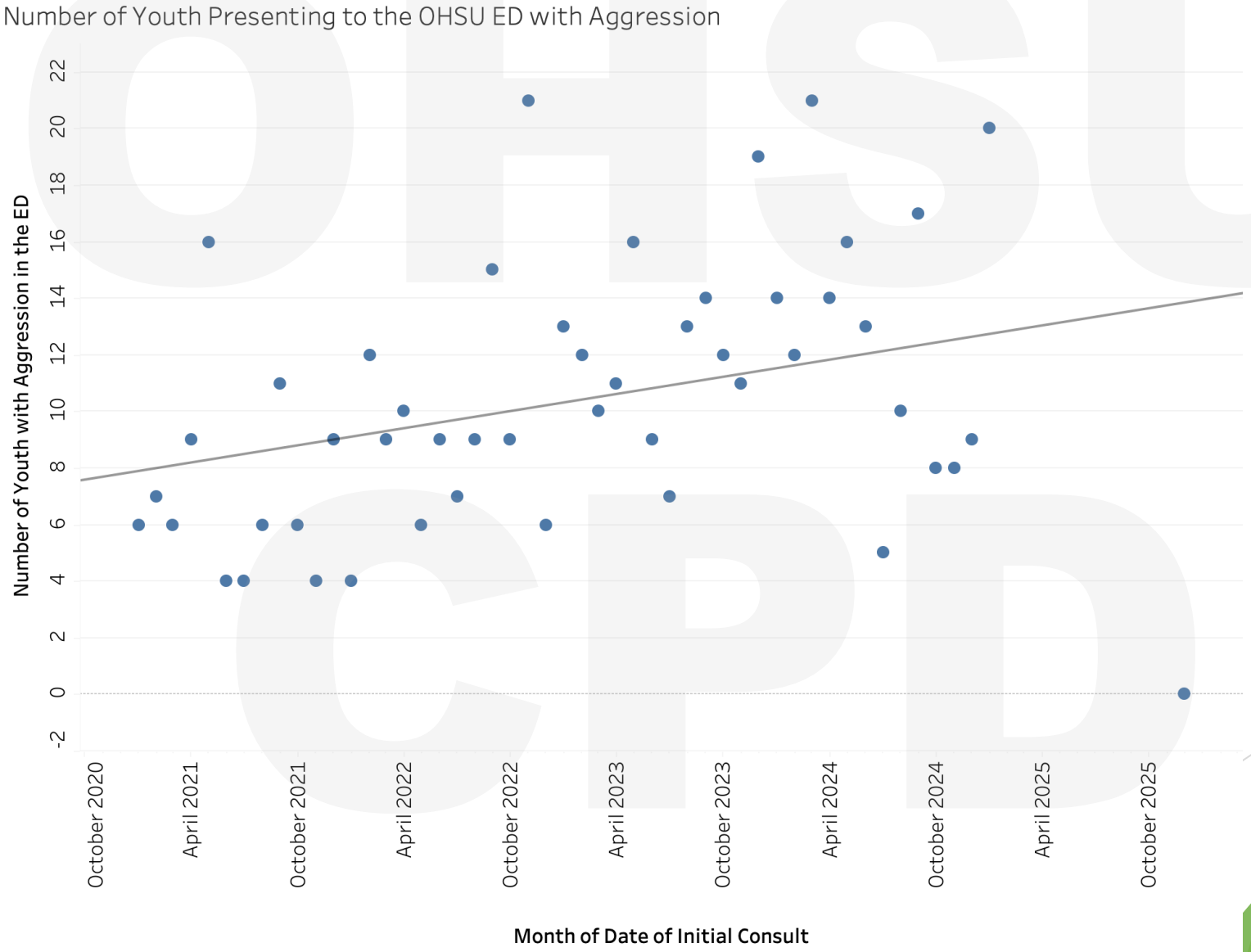
None

Objectives

Discuss	Discuss trends in youth presenting with aggression
Discuss	Discuss common psychiatric presentations of children with aggression
Discuss	Discuss interventions in children with varying acuities of aggression

Trends in youth presenting with aggression

OHSU CAP CL Service:

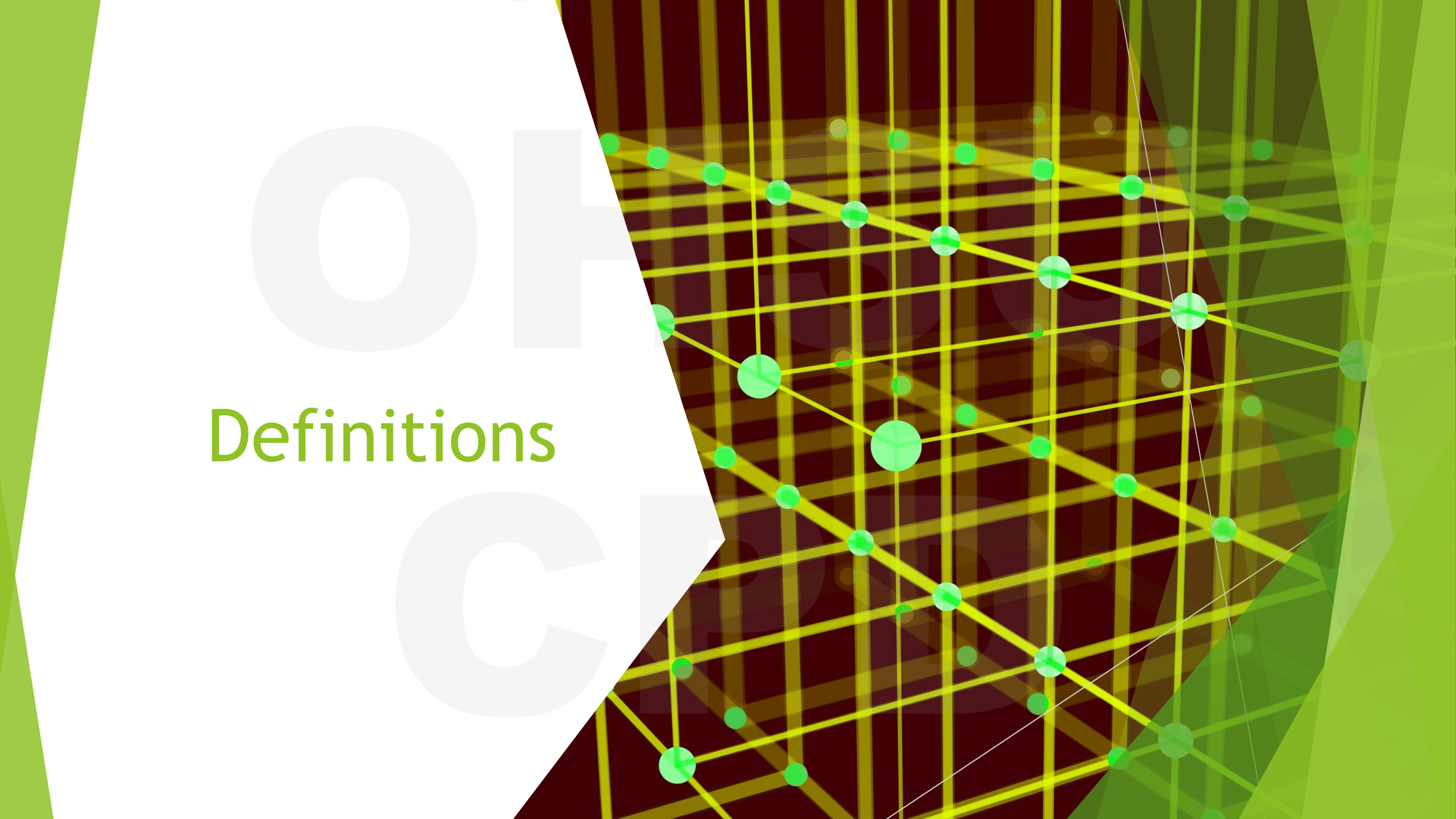


OHSU CAP CL Service:

Number of Youth Presenting to the OHSU ED with Aggression

	2021	2022	2023	2024	2025
January	6	4	13	14	20
February	7	12	12	12	
March	6	9	10	21	
April	9	10	11	14	
May	16	6	16	16	
June	4	9	9	13	
July	4	7	7	5	
August	6	9	13	10	
September	11	15	14	17	
October	6	9	12	8	
November	4	21	11	8	
December	9	6	19	9	0
Grand Total	**88**	**117**	**147**	**147**	**20**

Definitions



Definitions

- **Irritability**
  - "a proneness [or tendency] to react with negative affect to a variety of negative stimuli, often with an increased sensitivity to frustration" (Brotman et al., 2017).
  - It is commonly associated with mood disorders and is considered a temperament trait that predisposes individuals to anger and aggression.
- **Anger**
  - "an emotional state that varies in intensity from mild irritation to intense fury and rage" (Spielberger, 1988).
  - It is often triggered by perceived threats, frustrations, or injustices and can be expressed in constructive or destructive ways.
- **Aggression**
  - "behavior directed toward another individual carried out with the proximate (immediate) intent to cause harm" (Anderson & Bushman, 2002).
  - It can be physical or verbal and may be categorized as reactive (impulsive, in response to a perceived provocation) or proactive (planned, goal-directed).

Definitions

- **Homicidal Ideation**
  - "thoughts about killing another person, ranging from fleeting considerations to detailed, formulated plans without necessarily acting on them" (Douglas & Poythress, 2012).
  - It is often assessed in clinical and forensic settings to evaluate risk and underlying psychopathology.
- **Agitation**
  - "a state of increased psychomotor activity characterized by restlessness, excessive talking, pacing, and, in some cases, aggressive behavior" (Cohen-Mansfield, 1991).
  - It is commonly associated with psychiatric disorders, substance intoxication, or neurocognitive conditions such as dementia.

Definitions

- **Aggression**
  - **"behavior directed toward another individual carried out with the proximate intent to cause harm, where the target is motivated to avoid that harm"** (Anderson & Bushman, 2002).
- **Reactive Aggression**
  - "an impulsive, emotionally driven response to a perceived threat or provocation, often accompanied by anger or frustration" (Card & Little, 2006).
  - This type of aggression is typically unplanned and defensive in nature.
- 4. **Proactive Aggression**
  - "deliberate, goal-directed behavior intended to dominate or harm others, often motivated by instrumental gain rather than emotional arousal" (Hubbard et al., 2010).
  - It is associated with psychopathic traits and strategic forms of aggression.

Definitions

- **Assault in the Fourth Degree (ORS 163.160)** – Causing physical injury to another person with criminal negligence, recklessness, or intent. A Class A misdemeanor but may be a felony under certain conditions.
- **Criminal Negligence**: A person acts with criminal negligence when they fail to be aware of a substantial and unjustifiable risk that a particular result will occur or that a certain circumstance exists. This failure must represent a gross deviation from the standard of care that a reasonable person would observe in the same situation.
- **Recklessness**: A person acts recklessly when they are aware of and consciously disregard a substantial and unjustifiable risk that a particular result will occur or that a certain circumstance exists. This disregard must constitute a gross deviation from the standard of care that a reasonable person would observe in the same situation.
- **Intentionally (or With Intent)**: A person acts intentionally, or with intent, when they have a conscious objective to cause a specific result or to engage in specific conduct described by a statute defining an offense.

Common Presentations

Common Presentation #1

- Kay is a 15-year-old with a history of Bipolar I Disorder and multiple psychiatric hospitalizations related to mania, poor medication adherence, and aggression

Serious Persistent Mental Illness (SPMI)

- Common diagnoses include: Bipolar Disorder and Schizophrenia
- Less common diagnoses: severe depression, OCD, other
- Can generally facilitate treatment at psychiatric facilities and/or intensive community services

Common Presentation #2

- Jay is a 13-year-old with psychiatric history of reactive attachment disorder, PTSD, ADHD, oppositional defiant disorder, sensory processing disorder, and possibly FASD.
- He has a history of monthly visits to the emergency department for aggressive behaviors related to having toys or other desired items/activities taken away.

Difficult to Find Treatment

- Kids with elements of multiple disorders but challenges do not clearly fit into a single category or the skill set of a particular treatment model
  - Autistic traits and in-utero exposure(s) with cognitive deficits including poor impulse control, but the IQ >70 making Intellectual & Developmental Disability Services difficult to obtain (not impossible)
  - Child Caring Agencies in Oregon are reluctant to work with kids who are at elevated risk of aggressive behaviors
  - The kids often need long-term, high intensity services, and consistent housing/treatment as well as skilled and dedicated guardians

Interventions

Interventions for Acute Aggression

- De-escalation
- Medications
  - Antipsychotics
  - Benzodiazepines
- Restraints and Seclusion Measures

Interventions for Acute Aggression Continued

- Non-Pharmacological

Escalation Prevention and De-escalation Strategies	
Environmental Controls	•Dim lights •Play low music •A favorite TV show •Minimize noise and unnecessary activity, people in the room •Patient, Room Safety and Caretaker Guidance
Psychological Interventions	•Provide one-to-one verbal support •Involve or limit family visitation as appropriate •Implement/explain •Ask eliciting questions and make uninterrupted time to listen to the patient •Remain neutral and calm
Behavioral Interventions	•Child Life •Use simple age-appropriate directions and explanations •Verbal redirection •Distraction techniques •Set reasonable limits •Explain consequences of behavior in simple concrete terms
Nursing Interventions	•Assess for any physical/medical causes for behavior •Assess need for PRN medication •Consult MD for medication alternatives •Initiate a safety observation level, ask MD for order •Explain safety and support aspects of observation level

Chart from Children's Hospital of Philadelphia (CHOP). CHOP has existing clinical pathway for aggression.

Interventions for Subacute Aggression

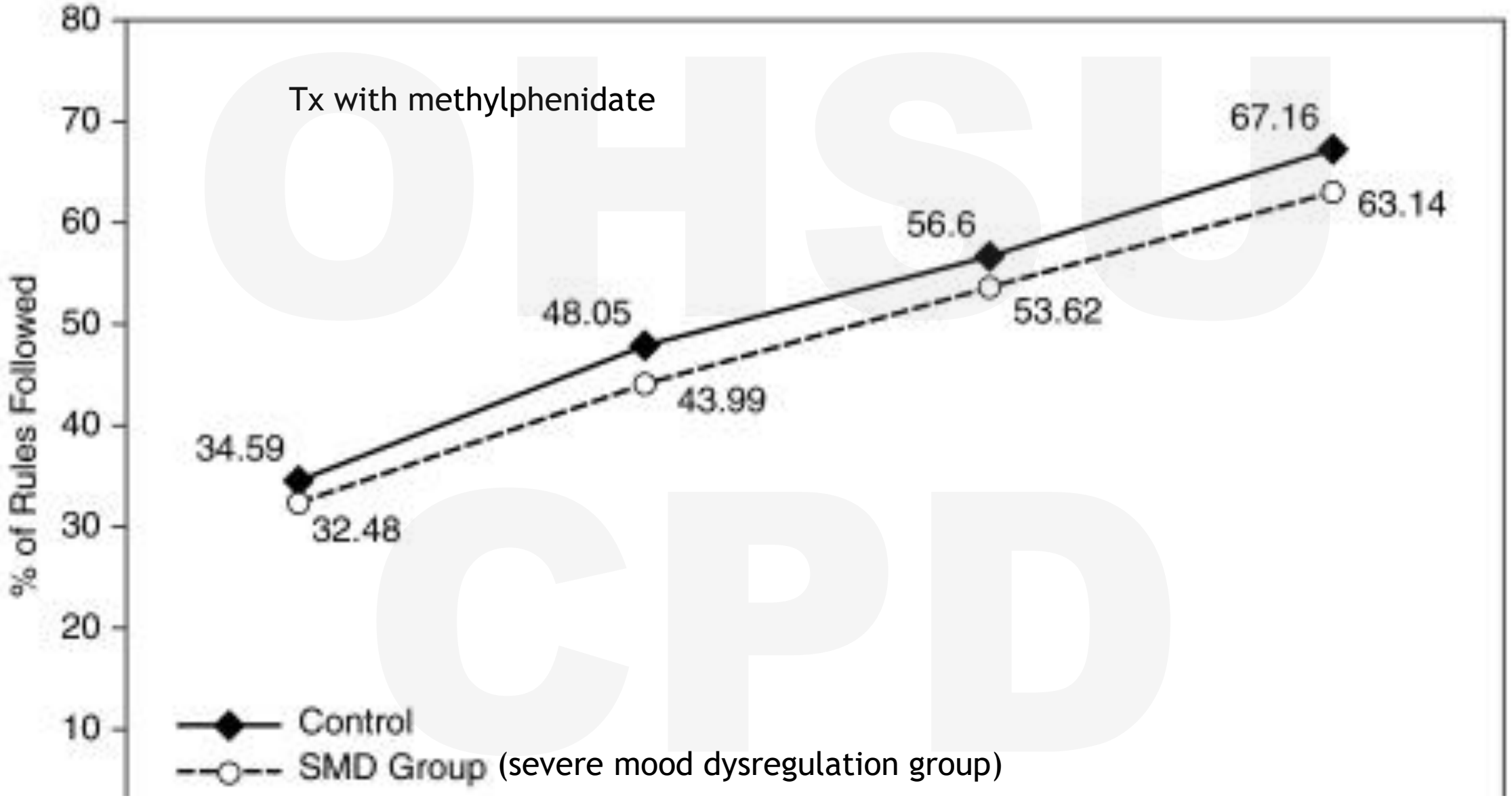
- Safety planning
- Mobile Response and Stabilization Services (MRSS)
  - Catholic Community Services (CCS) - Crisis Stabilization Program
- Current outpatient team
  - Prescriber, therapist, skills trainer, peer, occupational therapist, etc.
- Family and friends
  - At home therapy books
  - Parent Management Training
- DHS/CPS
- School
  - IEP/504
  - School mental health professionals

How can we help with chronic aggression?

- Neuropsychological testing
  - Qualify for I/DD services (ask for detailed evaluation in adaptive functioning)
- IEP/504 evaluation (parents must request in writing)
- Parent Child Interaction Therapy (PCIT), ages 2-7
- Family Therapy
- Referrals for treatment/services
  - Inpatient
  - Outpatient/Community Based
  - Intellectual and Developmental Disability
  - County Wraparound Services
  - Respite
- School support
- Legal System

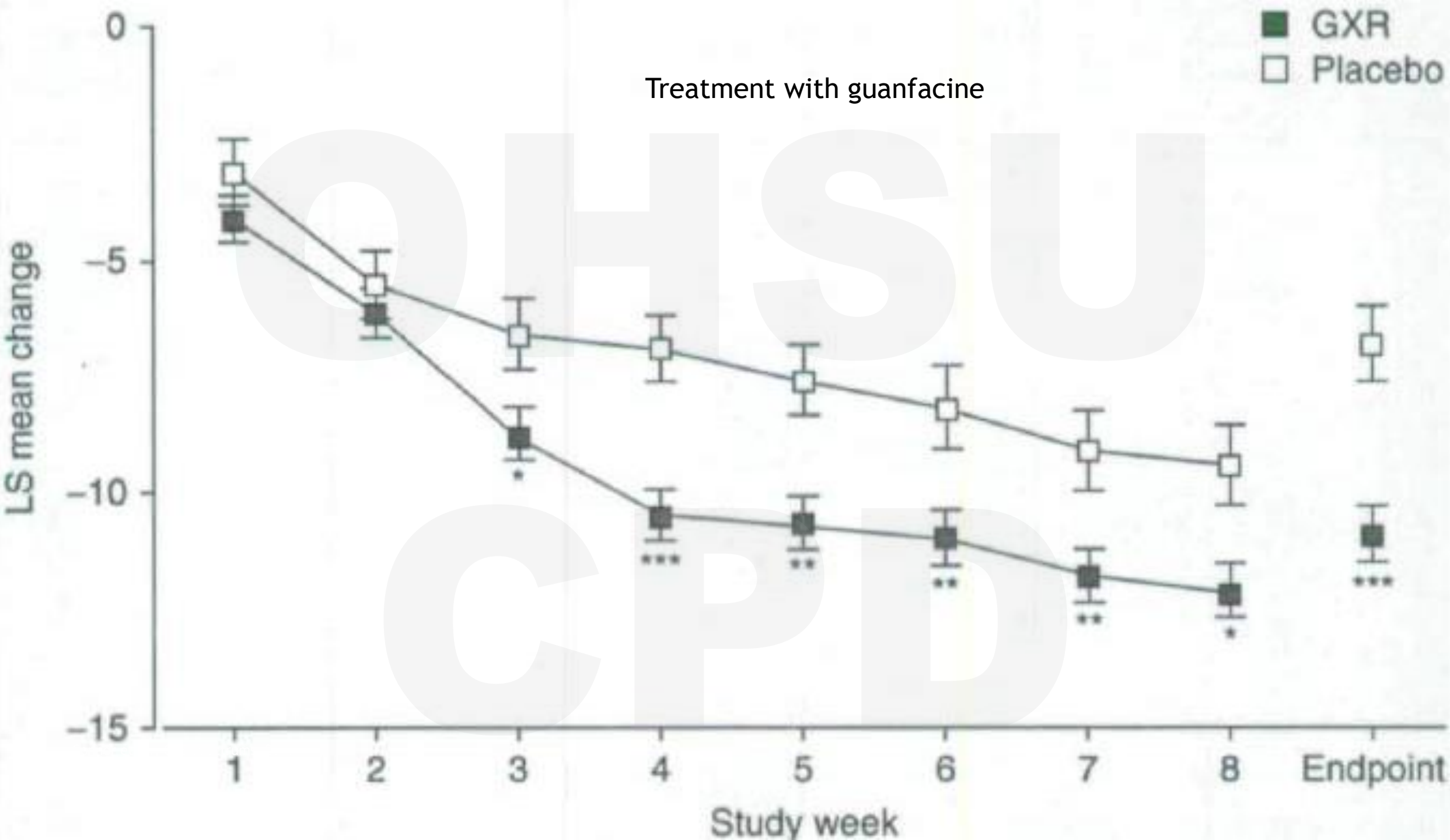
Medication for chronic aggression

- If they have or may have ADHD, stimulants are the only medication that has strong evidence to help
- Avoid medications with dangerous side effects such as antipsychotics and mood stabilizers (okay for occasional PRN use even though limited evidence of benefit)
  - Okay to use as 4th line, but keep dose low and discontinue if not effective
- Alpha agonists, gabapentin, SSRIs are all worth a trial
- Less is more, especially with cognitive deficits; do NOT overtreat (even when family is desperate)



Galanter et al., 2006; Waxmonsky et al., 2008

Treatment with guanfacine



Questions

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