Aggressive Behavior—Assessment

Aggressive behavior includes severe tantrums, outbursts, rages, or threats outside of developmental norms. These behaviors are more severe and/or more frequent than would be developmentally expected for the social, interpersonal and cultural contexts in which they took place. If aggression interferes with educational, social/emotional or relationship development, or presents a safety risk, it can be considered clinical aggression.

**ASSESSMENT**

At first visit, focus on imminent risk and whether child needs emergency referral; if not, plan for further assessment.

**Safety Screen (Assess for High-Risk Concerns)**

- Assess for acute suicide risk when developmentally appropriate, risk of harm to self or others, child abuse.
- Assess the patient alone when developmentally appropriate.
- Assess for altered mental status warranting emergent medical evaluation.
- Assess medical conditions/physical symptoms that may be contributing to the behavior, including possible sources of pain and new medications. Seemingly mild and/or unexplained discomfort may still trigger irritability and aggression.
- If there is an imminent safety concern, send the patient to the nearest emergency department and/or call the Psychiatric Intake Response Center (PIRC) at Cincinnati Children’s for further guidance on how best to obtain an urgent safety evaluation for this child.

**Patient Already in Treatment?**

Determine if patient is already being treated elsewhere for these concerns. If yes, defer psychiatric evaluation and treatment to that professional; contact them for collateral information. (Note: collaboration of care with another current treating provider is protected under HIPAA and doesn’t require a release of information). Focus on imminent safety concerns (if any) and rule out potential medical precipitants of aggression. Contact patient’s specialist if new concerns have arisen. Encourage family to see specialist for follow-up, and utilize motivational interviewing regarding patient or family resistance to working with the current treatment team. Remind guardian that the specialist can still advise the family even if the patient is refusing to cooperate with treatment at this time.

**Further Assessment**

- Evaluate behavior itself—function, context, timing, location, duration, frequency; whether reactive, proactive, disorganized; precipitants, consequences and parental responses.
- Evaluate stressors present in the home, community and school.
- Clarify guardian expectations and goals for treatment.
- Check for barriers to communication between guardian and child—speech/language delays, deficits in social understanding or communication.
- Evaluate for common psychiatric disorders—depression, anxiety, ADHD, autism spectrum disorder.
- Check for sleep deprivation, sleep disorders.
- Evaluate for substance abuse (interview teens alone); screen all ages for caffeine or substances in home patient may be able to access.
- Evaluate for child abuse—physical, sexual, emotional, neglect (interview patient alone).

For any mental health questions, contact PIRC at Cincinnati Children’s at 513-636-4124 or psychiatryresponse@cchmc.org

PIRC is staffed 24/7.

If you would like additional copies of this tool, or would like more information, please contact the Physician Outreach and Engagement team at Cincinnati Children’s.
Aggressive Behavior—Assessment

**Prepare for Aggressive Child**
- Emergency plan/procedures in place
- Designated safe space
- Consider guardian-only first visit

**Assess For High-Risk Concerns**
- Emergent medical needs
- Imminent risk of harm to self/others
- Child abuse
- Altered mental status
- Suicidal ideation (when developmentally appropriate)
- Severe harm to self/others
- Credible/achievable threats of significant harm toward others
- Other imminent safety concerns (running away, high-risk substance use)

**Is Imminent Safety Concern Present?**
- Yes: Send patient to nearest ED and/or call the Psychiatric Intake Response Center (PIRC) at Cincinnati Children’s for guidance on obtaining urgent safety evaluation
- No

**Treat these first, follow up within one month**
- Defer further evaluation to that specialist
- Contact specialist if new concerns have arisen
- Encourage family to see specialist for follow-up

**Encourage regular follow-up with therapist, ideally weekly if child is struggling**
- Encourage guardian to communicate concerns directly to therapist and discuss with therapist
- Engage guardian in motivational interview if there is resistance to working with a therapist
- Help set realistic expectations for what psychotherapy typically looks like, including frequency (evidence-based therapy is usually weekly for several months)
- Contact therapist for collateral information and collaboration of care

**Does child already see a specialist (psychiatrist, psychiatric NP) for this concern?**
- Yes
- No

**Does child already see a therapist (psychologist, clinical social worker) for these concerns?**
- Yes
- No

**Conduct further office evaluation**
- At every visit, screen for acute safety concerns, medical contributors/physical symptoms, and whether patient currently sees a specialist (as listed above)
- Inquire about parental expectations and goals for treatment
- Evaluate behavior—context, location, situation, timing, duration and frequency
- ABCs—antecedent, behavior, consequence
- Function of behavior—Escape/avoidance, connection-seeking (guardian may call it “attention-seeking”), sensory, seeking access to tangibles or activities
- Evaluate for functional impairments
- Communication impairment
- ADHD, depression, anxiety
- Sleep deprivation/disorders
- Substance use
- Evaluate for stressors
- Social determinants of health
- Violent exposure
- Peer stressors
- Family, community, school stressors
- Trauma, abuse, neglect

For urgent issues, or to speak with the specialist on call 24/7, call the Physician Priority Link® at 1-888-987-7997.