Aggressive Behavior—Assessment

Cincinnati Children's®
changing the outcome together

FAST FACTS

83.7%
of preschoolers have tantrums but only 8.6% have them daily

consistent, medium-sized association
between reactive aggression in youth and suicide-related behaviors

BEFORE INITIAL VISIT

Ensure you have an emergency plan and procedures in place should a patient become acutely aggressive in your office. Establish procedures and identify an area as a safe space (low stimulus, without sharp objects or potential projectiles). Consider a guardian-only first visit if concerns are severe or complex.

For any mental health questions, contact PIRC at Cincinnati Children's at 513-636-4124 or psychiatryresponse@cchmc.org PIRC is staffed 24/7 all year.

Aggressive behavior includes severe tantrums, outbursts, rages or threats outside of developmental norms that are more severe and/or more frequent than would be developmentally expected for the social, interpersonal, and cultural context in which the behavior 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, contact the Psychiatric Intake Response Center (PIRC) at Cincinnati Children's for an urgent psychiatry safety evaluation or referral to Emergency.

Patient Already in Treatment?

Determine if patient is being treated elsewhere for behavior. If yes, obtain release of information and defer psychiatric evaluation and treatment to that professional and focus your time on ruling-out medical contributors to 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 or disorganized; precipitants, consequences, and parental responses
- Evaluate stressors
  - Family—relationships, trauma, toxic stress, bereavement
  - Community
  - School—bullying, learning disorders, lack of "belongingness"
- 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 use
- Evaluate for child abuse—physical, sexual, emotional, neglect (interview patient alone)

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.

Tool developed by Cincinnati Children's physician-hospital organization (known as Tri-State Children's Health Services, Inc.) and staff in the James M. Anderson Center for Health Systems Excellence. Developed using expert consensus and informed by Best Evidence Statements, Care Practice Guidelines, and other evidence-based documents as available. For Evidence-Based Care Guidelines and references, see www.cincinnatichildrens.org/evidence.

Aggressive Behavior—Assessment

Prepare for Aggressive Child

- Emergency plan/procedures in place
- Designated safe space
- Consider guardian-only first visit

Patient Presents

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

Refer to Cincinnati Children's Emergency or acute safety evaluation; for urgent psychiatry safety evaluation, contact Cincinnati Children's PIRC

No

Standard Workup

Assess contributing medical conditions—physical symptoms, pain, medications

Are they contributing to discomfort or irritability?

Yes

Treat these first, follow up within one month

No

Does child already see a specialist (psychiatrist, psychiatric NP) for this concern?

Yes

- Defer further evaluation to specialist
- Obtain release of information and contact specialist if new concerns have arisen
- Encourage family to see specialist for follow-up

No

Does child already see a therapist (psychologist, clinical social worker) for the aggressive behavior?

Yes

- 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)
- Obtain release of information for communication with therapist then contact therapist for collateral information and collaboration of care

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.