

# Aggressive Behavior Management



## 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

## SIGNS OF POSSIBLE EMERGENCY:

- Suicidal ideation
- Altered mental status
- Severe harm to self/others
- Credible or achievable threats of harm to others
- Running away
- High-risk substance abuse
- Other imminent safety concerns

Contact Psychiatric Intake Response Center (PIRC) at Cincinnati Children's at 513-636-4124.

**For urgent mental health and referral questions, contact PIRC at Cincinnati Children's at 513-636-4124 or [psychiatryresponse@cchmc.org](mailto:psychiatryresponse@cchmc.org) PIRC is staffed 24/7 all year.**

To identify and assess, refer to separate “Aggressive Behavior - Assessment” practice tool.

## RED FLAGS

Signs aggression may be pathologic:

**School-age children**—any expulsion from school or daycare, multiple suspensions, or repeated calls to the guardian from school/daycare regarding concerns for aggression

**Children ages 3–5**—tantrums occurring daily or more often, last >5 minutes, are extreme or explosive, occur with non-parent adults, or result in injury to self or others.

Signs for referral to psychiatric evaluation:

If patient needs evaluation or treatment beyond primary care scope, refer to appropriate mental health specialist.

- Suicide risk factors
- History of suicide attempts
- Inflicting injury on others
- Prior psychiatric hospitalization
- Severe/complicated symptoms
- Diagnostic uncertainty/complexity
- Complexity of symptoms or difficult evaluation

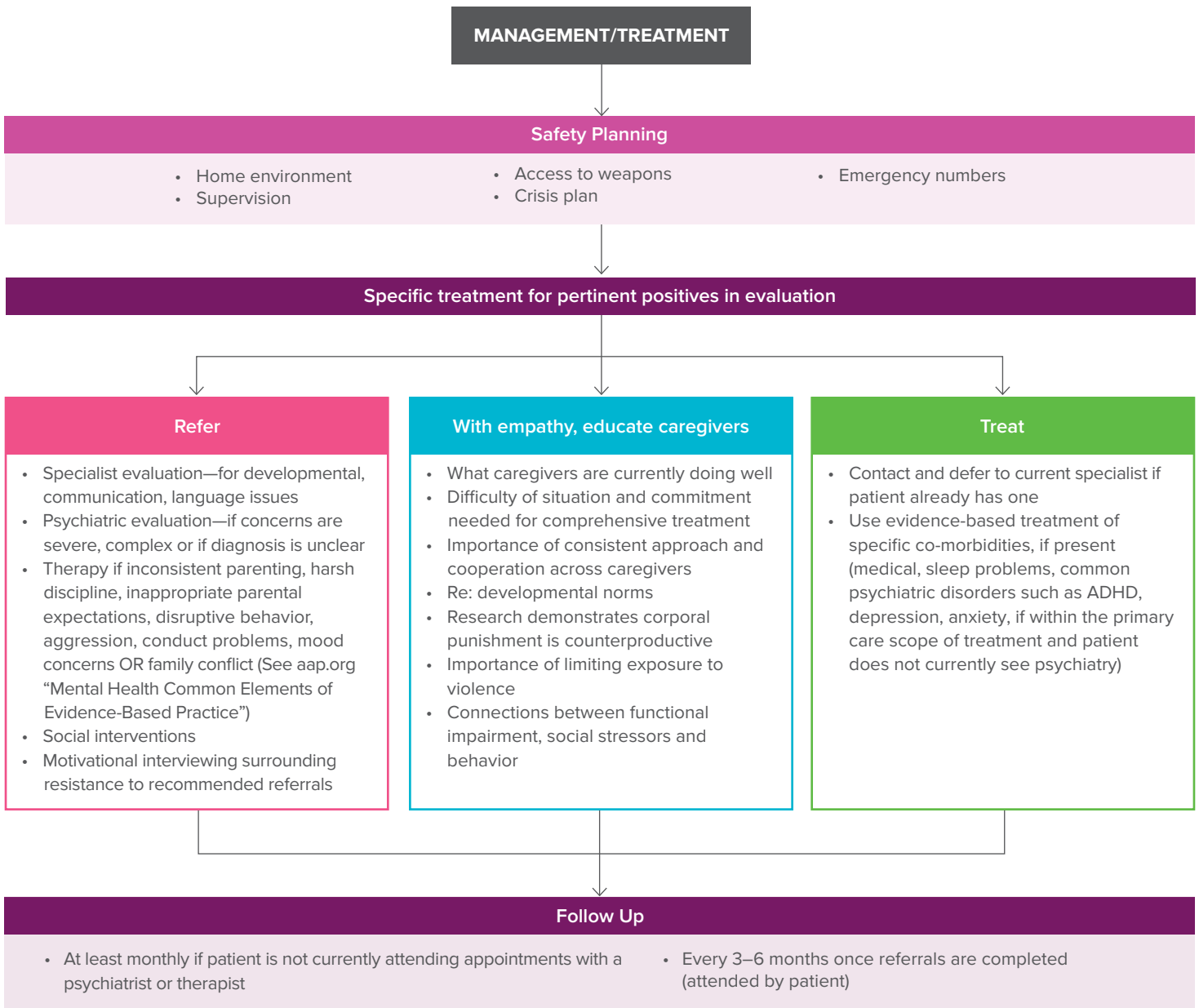
## MANAGEMENT/TREATMENT

- Educate family on developmental norms.
- Recommend evaluation/intervention for identified developmental, communication or learning problems.
- Provide evidence-based, first-line treatment for clearly presenting psychiatric diagnoses within the primary care usual scope of practice. Refer to psychiatry those patients with either conditions/ suspected diagnoses outside primary care's usual scope of practice, or conditions that may be typically within primary care's scope but that are presenting in an unusual, unclear, severe or complicated manner.
- Even when diagnosis is uncertain, psychotherapy, psychosocial interventions and guardian education still can be beneficial to understand and address behaviors.
- Encourage compliance with therapy—regular attendance, ideally weekly for at least several months for severe concerns. Address any resistance and perceived barriers to therapy. Normalize need for therapy and emphasize its importance.
- Encourage the family to be involved and to obtain guidance for managing the concerns at home
- Offer evidence-based guardian programs for guardians of children with ADHD, disruptive behavior, aggression, or conduct problems. These programs are essential if you suspect inconsistent parenting, harsh discipline, or inappropriate expectations; however, these programs can be helpful regardless of parenting style. Acknowledge that, while a child's behavior can in part reflect caregiver behavior, it can also be difficult to connect with a child who is struggling with severe behavior problems. It takes time and professional guidance for caregivers to learn more effective skill sets. Evidence-based therapy including guardian involvement is standard of care for behavioral concerns and is not intended as judgment of the guardian.
- Address social stressors and encourage interventions for guardian-child conflict and for guardian understanding of the behavior's function.
- Discourage spanking/corporal punishment while concurrently offering more effective alternatives.
- Limit exposure to violence, including aggression/irritability in peers and family, exposures in TV, video games.

Additional resources available at [ohiomindsmatter.org](http://ohiomindsmatter.org), [aap.org](http://aap.org), [nctsn.org](http://nctsn.org), and [brightfutures.org/development](http://brightfutures.org/development).

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.

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**Parent/Guardian Training Programs**

See ‘Mental Health Common Elements of Evidence-Based Practice’ at [www.aap.org](http://www.aap.org) for an overview of evidence-based parent training programs.

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