

Aggressive Behavior— Assessment



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?

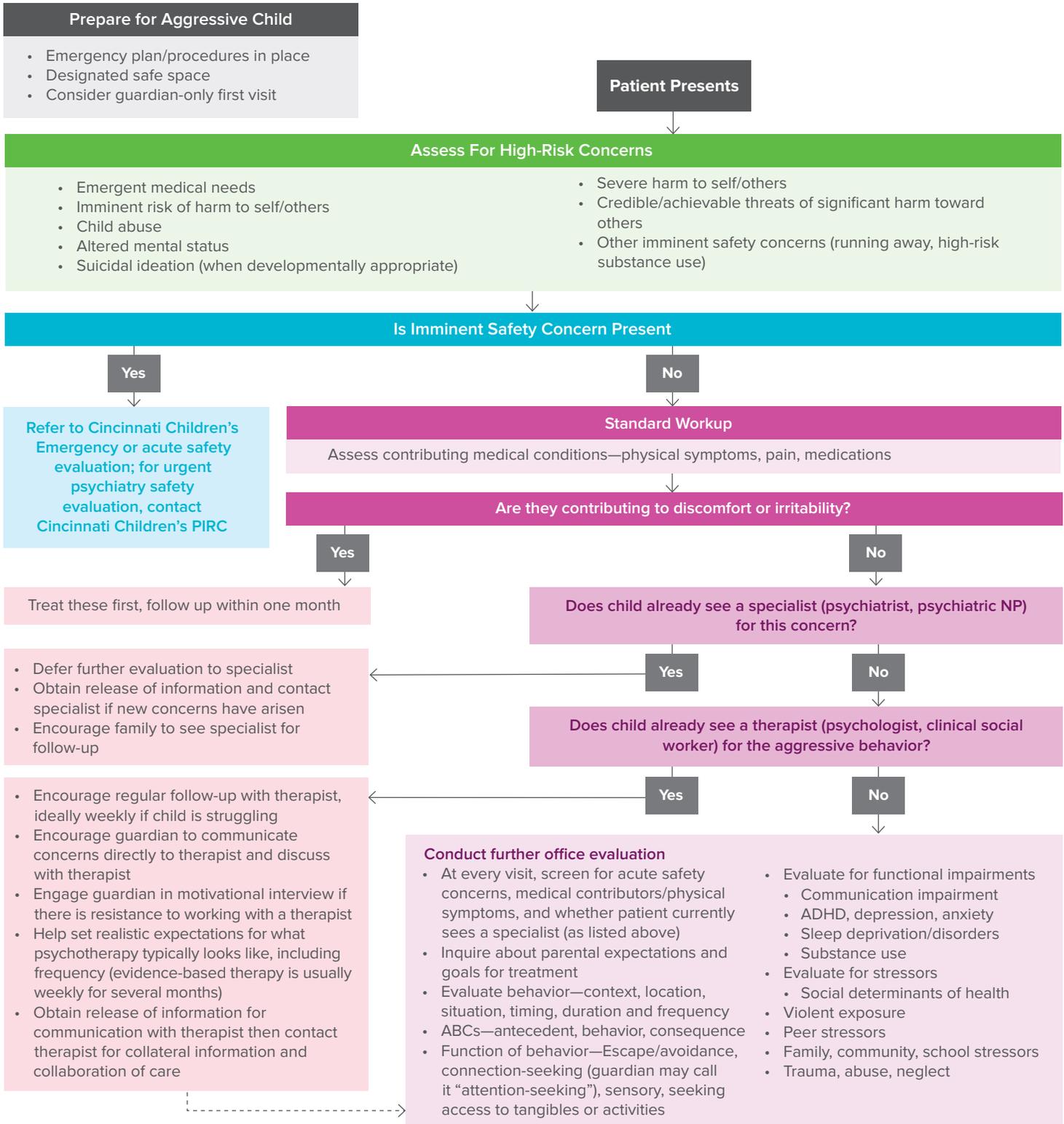
Determine if patient is being treated elsewhere for behavior. If yes, obtain release of information and defer psychiatric evaluation and treatment to that professional and focus your time on ruling-out medical contributors to aggression. Contact patient's specialist if new concerns have arisen. Encourage 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.

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