

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

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

PIRC is staffed 24/7.

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

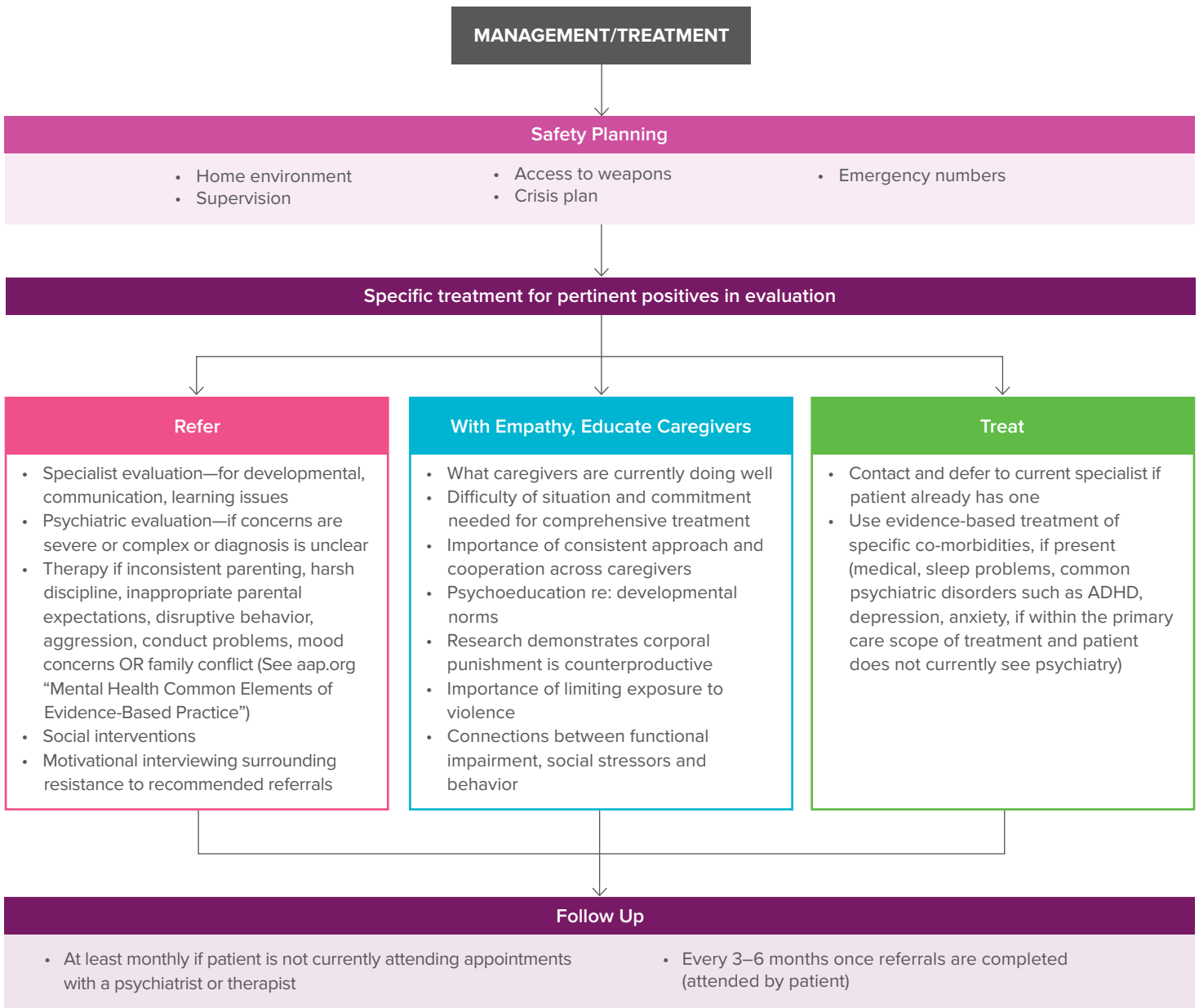
MANAGEMENT/TREATMENT

- 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 adherence 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
- Acknowledge that a child's behavior can in part reflect caregiver behavior, and also often has a biological basis as well. Also, it can be difficult for a caregiver to connect with a child who is struggling with severe behavior problems. Caregivers are in a uniquely powerful position to help children who struggle with aggression if they learn the most effective caregiver skill set for that particular child's situation. This usually takes time and professional guidance. Evidence-based therapy that includes the involvement of the guardian(s) and other main caregivers is standard of care for behavioral concerns and is not intended as judgment of the guardian(s) or other caregivers.
- Address social stressors and encourage interventions for guardian-child conflict. The goal is for all main caregivers to understand the child's underlying needs and the behavior's function and to effectively support the child through moving toward more adaptive behavior.
- Discourage spanking/corporal punishment while offering more effective alternatives.
- Limit exposure to violence, including aggression/irritability in peers and family, exposures in TV and video games.

Additional resources are available at ohiomindsmatter.org, aap.org, livesinthebalance.org, nctns.org, and 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 for an overview of evidence-based parent training programs.

For urgent issues, call 24/7 the Psychiatric Intake Response Center (PIRC) at 513-636-4124 (crises) or Physician Priority Link® at 513-987-7997 (same-day medical or diagnostic consultation). For peer consultation with psychiatrist, call Ohio Pediatric Psychiatry Access Line, at 614-605-1511 (available Monday–Friday 9:30 am–4:30 am).