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.

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 when possible and developmentally appropriate).

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 Child 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. This tool is presented for the purpose of educating providers. It should not be considered inclusive of all proper methods of care or exclusive of other reasonable methods of care. The ultimate judgment regarding care of a particular patient must be made by the physician in light of the patient's individual circumstances.

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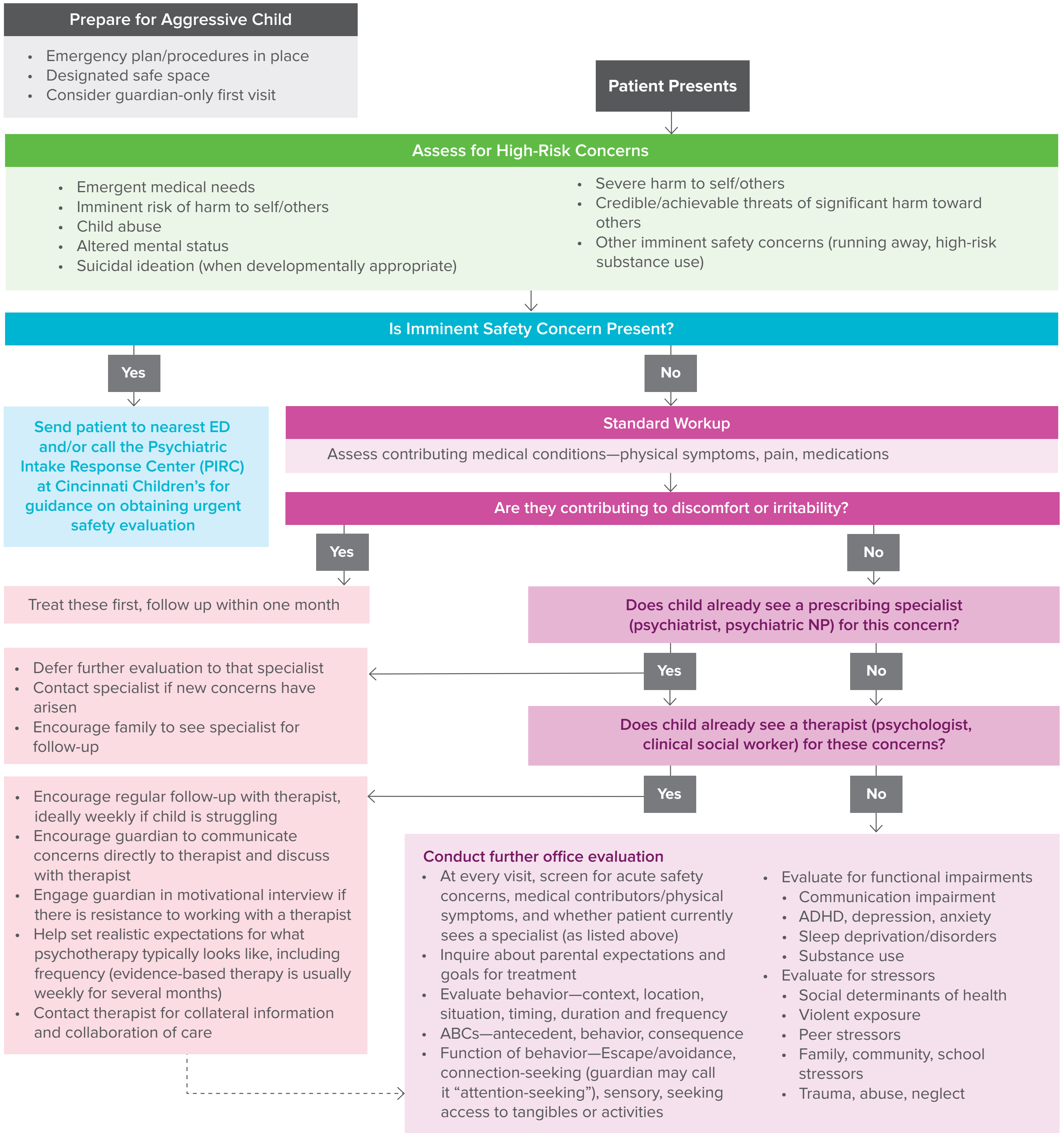

For urgent issues, call 24/7 the Psychiatric Intake Response Center (PIRC) at 513-636-4124 (crises) or Physician Priority Link® at 513-987-7997 (same-day medical or diagnostic consultation). For peer consultation with psychiatrist, call Ohio Pediatric Psychiatry Access Line, at 614-605-1511 (available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

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