

Aggression

Provider + Parent Resources



What is aggression?

a *symptom* when frustration > capacity to organize feelings

How to assess?

- **ABC:** antecedent, behavior, consequence
- **FINDS:** frequency, intensity, number, duration, severity

What drives behavior?

- Stress is just too big (think trauma, bereavement)
- Atypical experience of a typical stressor (think about autism, anxiety, PTSD)
- Limited skills (think about attachment, developmental delay)

How to characterize aggression?

- **Impulsive**- rapid onset, out of proportion and brief (ADHD)
- **Hot**- exaggerated response that is reactive and 30+ minutes (PDD, ADHD, ID)
- **Anxious/hyperarousal**- overwhelmed with anxiety and lashes out (trauma, ASD)
- **Cognitive/disorganized**- impaired reasoning, delusions (psychosis, TBI, Substance abuse, mania)
- **Cold blooded**- premeditated, consciously executed (conduct disorder, others)

What is differential diagnosis?

Patient Factors

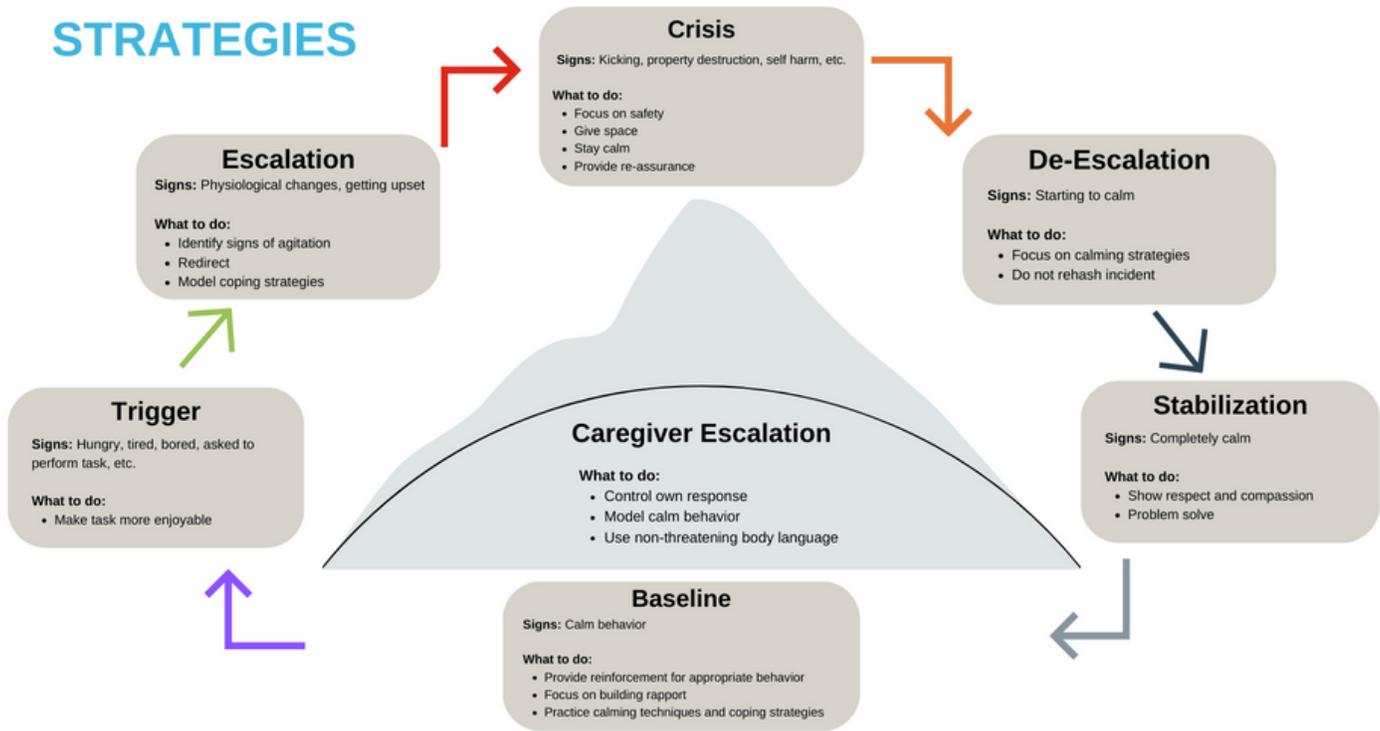
- Development & temperament
- Medical illness
- Mental health
- Trauma

Parent Factors

- SDOH
- Parenting style
- Mental health
- Trauma

How can I help a parent in crisis now?

DE-ESCALATION STRATEGIES



Baseline

Signs: Calm behavior

What to do:

- Provide reinforcement for appropriate behavior
- Focus on building rapport
- Practice calming techniques

Trigger

Signs: Hungry, tired, bored, asked to perform task, etc.

What to do:

- Make tasks more enjoyable

Escalation

Signs: Physiological changes, getting upset

What to do:

- Identify signs of agitation
- Redirect
- Model coping strategies

Crisis

Signs: Kicking, property destruction, self harm, etc.

What to do:

- Focus on safety
- Give space
- Stay calm
- Provide re-assurance

De-Escalation

Signs: Starting to calm

What to do:

- Focus on calming strategies
- Do not rehash incident

Stabilization

Signs: Completely calm

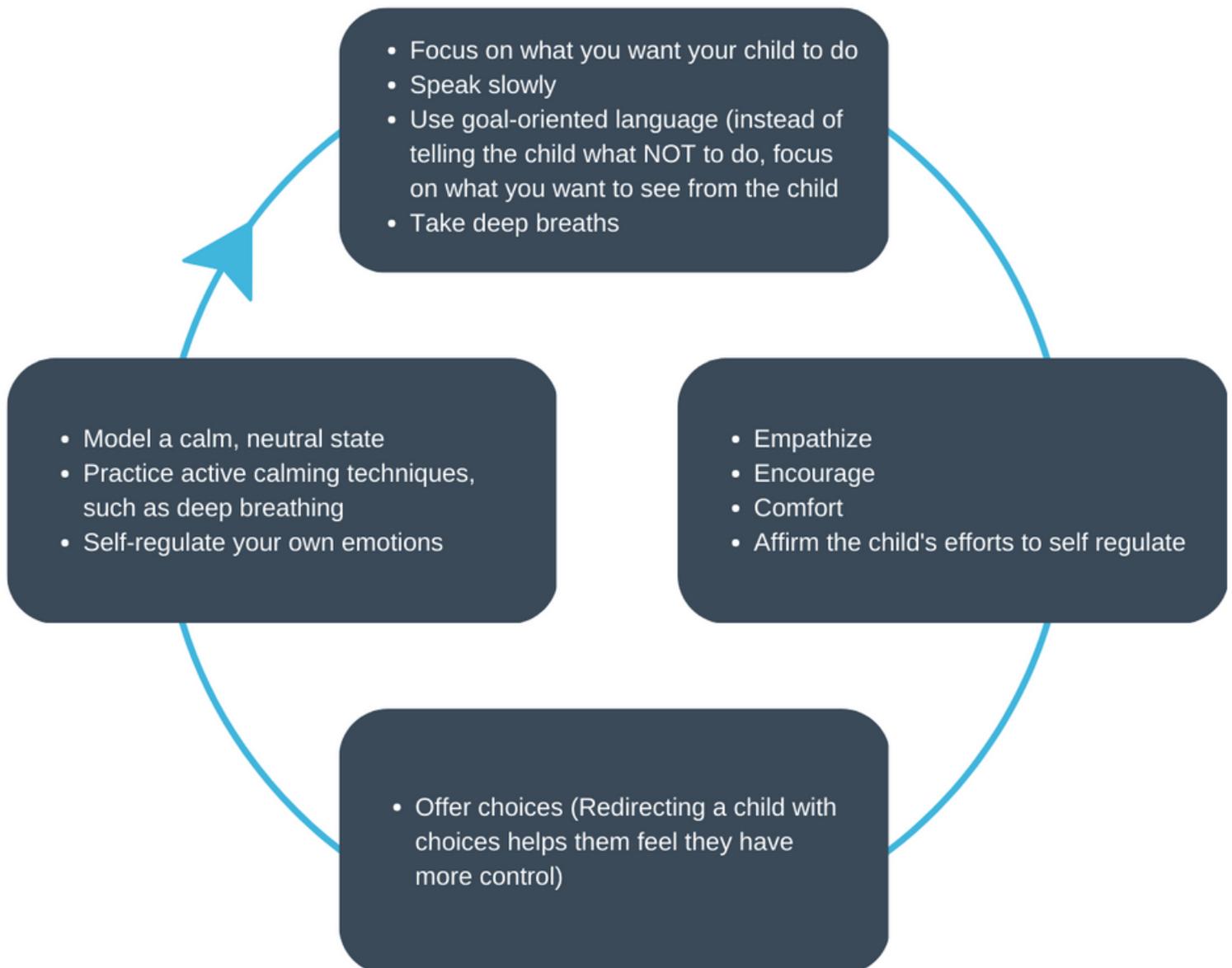
What to do:

- Show respect and compassion
- Problem solve

Caregiver Escalation

What to do: Control own response, model calm behavior, use non-threatening body language

How to promote emotional regulation:



How to support parents?

H: hope

E: empathy

L: language, loyalty

P: permission, partnership, plan

How to integrate this work in my practice?

- Careful documentation and coding- AAP has Pediatric Mental Health: Coding Quick Reference Card 2023 (shopaap.org)
- Scheduling return visits, smartphrases and patient handouts
- Know your community resources

Helpful med Guide from AACAP:

https://www.aacap.org/App_Themes/AACAP/docs/resource_centers/resources/med_guides/Outbursts_Parents_Medication_Guide-web.pdf

To make a referral, learn more about Early Childhood Mental Health Services 0-3/3-5:

<https://va-ecmhc.org>

To learn more about children's development birth-to-five and access strategy resources for teachers and families:

<https://eceresourcehub.org/>

SmartPhrases

.VMAPBEHAVIORAMANAGEMENTKEYPRINCIPLES

Principles of Behavior Management

- **Negative consequences sometimes change behavior, but they do not change attitude.**
 - Negative consequences, such as time-out, restriction of privileges, verbal correction, and physical punishment, will affect at least a temporary behavior change. However, unless used in combination with powerful positive reinforcement strategies, they will worsen the negative attitudes that underlie the misbehavior and increase the likelihood of subsequent misbehavior.
- **Only positive reinforcement strategies produce long-term attitudinal change.**
 - Children decide to behave appropriately because they are influenced by the consequences of their appropriate behavior (Sandall et al., 2005), not because they are forced into it.
- **Negative consequences do not improve the behavior of impulsive children and frequently increase the frequency and intensity of their misbehavior.**
- **Cognitive control of behavior can be learned through the use of appropriate positive reinforcement systems.**
- **Positive reinforcement systems must be incremental in nature so that children can directly observe even small improvements in their behavior.**
 - Well-designed positive reinforcement systems rely on incremental rewards where the range of reinforcement varies from no reinforcement to intense reinforcement so children can witness, in a tangible way, relative levels of progress.

A collaborative problem-solving approach is often more effective than discipline or punishment because the approach teaches the child skills that he is not demonstrating (the assumption is that he/she is behaving in a specific way because he/she does not have the skills to self-regulate). For example, when @fname@ has difficulties with completing his morning routine before school, have him come up with a plan the night before about how he is going to get ready for school. This plan should be reasonable and acceptable to both parties. Another example for using this collaborative problem-solving approach is when Mom says, "Put on a polo" and father says "put on a t-shirt," then encourage @fname@ to come up with his own solution to the problem rather than force him either way which will just result in a tantrum.

Rather than using punishment, instead use a reparations model which implies "doing something good for when you do something bad." for example, if he hits mom then he has to help her with a chore rather than have a consequence.

Negative reinforcements are not effective, and positive reinforcement is only effective when it is motivation. So, for children like @fname@ often using the collaborative problem-solving and reparations model works best, and thus should be the primary forms of discipline.

Recommend the following strategies for when @fname@ has specific behavior that you have indicated is problematic in your home.

- **"Flops like a fish"** - Whenever @fname@ throws a tantrum, give him the power to make a choice in the matter or come up with a solution to the problem on his own, as long as it is reasonable. This is a situation where he tantrums because of the power struggle between him and you. So it is best to give him the power to make reasonable decisions on his own.
- **Poor eye contact** - Appropriate eye contact is most important when giving @fname@ an instruction. In this situation, he needs to look at you to ensure understanding and follow-through of the instruction. Demanding appropriate eye contact is much less important for general conversation, and when he is reprimanded (it is natural to not have eye contact when receiving negative attention).
- **Failure to follow directions** - When giving @fname@ an instruction, check for comprehension (look for eye contact, and then have him repeat back the instruction or paraphrase). Give him options in terms of time (e.g. you can either do it now or later after dinner). Give only one direction at a time.
- **Defiance/Name-calling/Tantrum** - These are defenses that children develop to avoid doing work. Do not respond to the negative behaviors by reinforcing escape behaviors (e.g. "go to your room, you don't talk to me like that") but instead review the task/demand and evaluate whether he has the skill to address what is being asked of him. Respond by teaching the needed skill (when the child is calm).

.VMAPNOSPANKING

- **Research shows that physical punishment for bad behavior does not work as well as other ways of disciplining children.**
 - If a parent frequently uses physical punishment, children often have trouble learning to control themselves.
 - Physical punishment on its own does not teach children right from wrong.
 - Physical punishment makes children afraid to disobey when parents are present, and when parents are not present to administer the punishment, those same children are more likely to misbehave (Gershoff, 2002).
 - Children who are physically punished have an increased risk of mental health problems in childhood and adulthood, and there is an increased risk that they will abuse their own children or spouse.
 - Hitting or spanking your child is likely to decrease the quality of your relationship with them.

.VMAPCOLLABORATIVEPROBLEMSOLVING1

One of my favorite child psychologists is the notable and nationally renowned Dr. Ross Greene. He has written a number of incredibly helpful books (i.e., *The Explosive Child*, and *Raising Human Beings*) for parents based on his collaborative problem-solving model. The approach sets forth two major tenets. First, challenging behavior in kids is best understood as the result of lagging cognitive skills (in the general domains of flexibility/adaptability, frustration tolerance, and problem solving) and second, the best way to reduce challenging episodes is by working together with the child - collaborating - to solve the problems setting them in motion in the first place (rather than by imposing adult will and intensive use of reward and punishment procedures).

To further understand the model, parents are encouraged to visit this website:

<http://www.livesinthebalance.org/parents-families>

- Parents are guided the key facets of the Collaborative & Proactive Solutions (CPS) model, as described in Dr. Ross Greene's books *The Explosive Child* and *Raising Human Beings*, the Walking Tour link guides parents through demonstration videos to help them understand their child's challenging episodes, to identify unsolved problems, and to start solving problems collaboratively and proactively.

Here are some really helpful two-minute videos on how to implement Dr. Greene's problem-solving approach in tough situations with kids (e.g., temper tantrums):

<http://www.livesinthebalance.org/two-minute-videos>



.VMAPCOLLABORATIVEPROBLEMSOLVING2

Use collaborative problem-solving for when a situation arises when you need @fname@ to do something that he does not want to do. The solution needs to meet your needs, his needs and be reasonable, acceptable and doable. For example, you need @fname@ to pick up toys and go to bed. @fname@ refuses, tantrums, shouts, etc. You respond with: "My need is for you to pick up the toys so that no one trips, and your need is that you want to watch TV for another 15 minutes." So, encourage @fname@ to come up with a solution; for example, where he picks up his toys, then watches TV 15 minutes before going to bed.

If you would like to learn more about this, I recommend "The Explosive Child" by Ross Greene. He discusses 3 strategies for dealing with children like Trey: 1) Plan ahead/creative thinking, 2) Collaborative problem-solving, 3) Crisis de-escalation (how to respond to emergency behaviors that require 100% response because they relate to safety).

.VMAPDIAPHRAGMATICBREATHING

You can teach your child to do the following exercise whenever he is faced with an anxiety-provoking situation. But first, practice must occur during non-anxious situations on a daily basis.

First, have your child start by lying down. Later, he can progress to using this exercise in a chair or while standing.

1. Have your child rest on his back and rest one hand on his tummy and one hand on his chest.
2. Have him take a deep breath in through his nose, slowly and gently. Then have him release it through his mouth while saying "ahhhh." He should be able to feel his tummy rise and fall since he has one hand on her stomach. His chest should not move.
3. Then have your child breathe slowly in through his nose, out through his mouth. Have him imagine he's trying to blow a feather up in the air.
4. Have him inhale slowly as he counts 2, 3, 4 and exhale 2, 3, 4.
5. Repeat - inhale 2, 3, 4. Exhale 2, 3, 4.

If your child has trouble with breathing deeply enough at first, try having him balance a stuffed animal or lightweight plastic cup on his tummy and try to move it just by breathing. This should help him get the feeling for how he should breathe down deeply into his diaphragm.

Have your child practice this technique once or twice a day when he is not feeling anxious. This will help him to understand and learn the exercises, preparing him to use this strategy in a situation when he does have an anxious response.

Resources and Helpful Information for Caregivers and Families

(any of these could be used as a smartphrase in EHR!)

Schools - What Parents Need to Know

What to do when the school calls you:

1. Document the school's behavioral concern, the disciplinary response.
2. If your child has an IEP, ask for an emergency IEP meeting to address your child's behavioral problems. At this meeting you can ask for modification of the IEP (e.g., ask for a behavior intervention plan or modification of the plan). If your child does not have an IEP, ask for a meeting with relevant school staff (administrator, school counselors). Ask for a behavioral specialist to assess your child and attend the meeting.
3. Ask for a functional behavior assessment (FBA). Any student whose behavior impedes learning can be assessed, not just students with special education programs already in place.
4. Manifestation Hearing: Required if school wants to suspend > 10 days. This meeting will determine whether the school complied with the individualized education plan (IEP) and if the student's conduct is directly related or substantially caused by the child's disability. If not, the school may conduct a disciplinary hearing and can administer disciplinary action according to its Student Code of Conduct. If the manifestation determination team determines the child's conduct was directly related or substantially caused by the child's disability, then the IEP team has a number of options, including modifying the IEP and behavior plan, conducting a functional behavioral assessment if one has not been conducted, and changing the child's educational placement if the parents agree.
5. Prevention and clear channels of communication are key. Strategies for establishing preventative measures and communication include
 - a. Requesting a regular meeting to discuss concerns and progress
 - b. Observing school-based strategies and requesting consultation on how to support your child at home using similar methods.
 - c. Volunteering in the school.
 - d. Ask your school about their tiered support system and what is available to help your child.
 - e. Ask about your school's Social Emotional Learning (SEL) curriculum and how SEL education is provided to your child.
6. Contact the Virginia Department of Education (contact number and department), consult with a Special Education Attorney, or connect with an educational advocacy group (e.g., PEATC, Moms in Motion).