phn NORTH WESTERN MELBOURNE

An Australian Government Initiative

Child mental health CoP Session 2: Aggressive and challenging behaviours

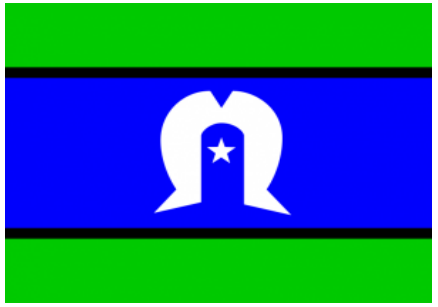
Tuesday 29 August 2023

The content in this session is valid at date of presentation

Acknowledgement of Country

North Western Melbourne Primary Health Network would like to acknowledge the Traditional Custodians of the land on which our work takes place, The Wurundjeri Woi Wurrung People, The Boon Wurrung People and The Wathaurong People.

We pay respects to Elders past, present and emerging as well as pay respects to any Aboriginal and Torres Strait Islander people in the session with us today.

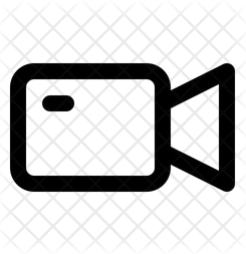


CoP guidelines
We agree to…

Stay on **mute** unless speaking

Raise your **hand** to speak

Keep conversations **confidential**



If possible, keep **camera on**

Introduce yourself and your role when speaking

Share **ideas** & promote everyone's **participation**

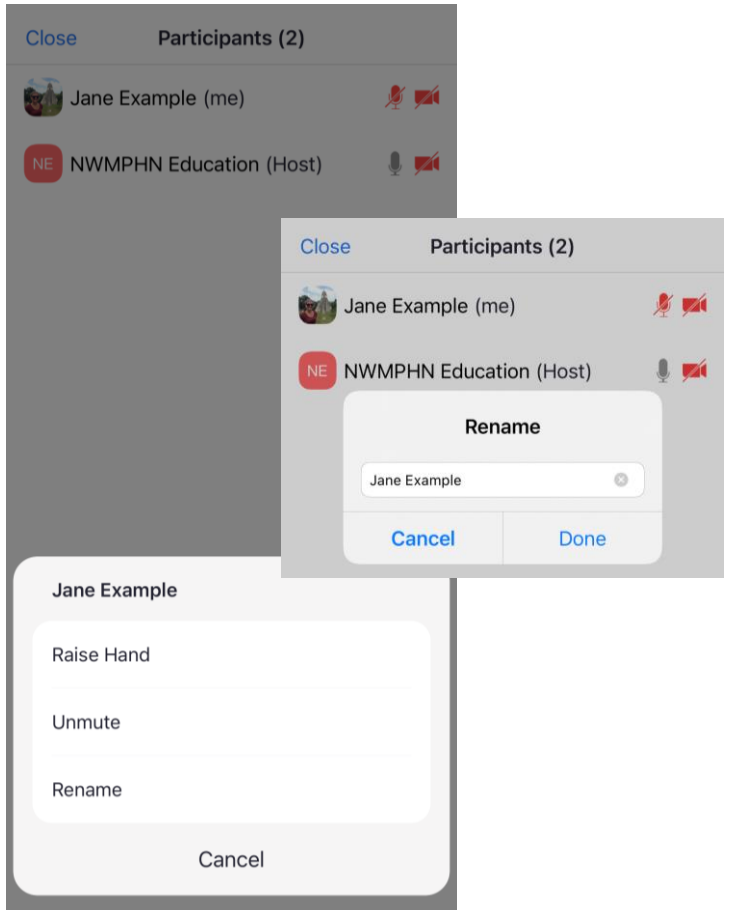
Acknowledge that we have **varied learning needs & interests**

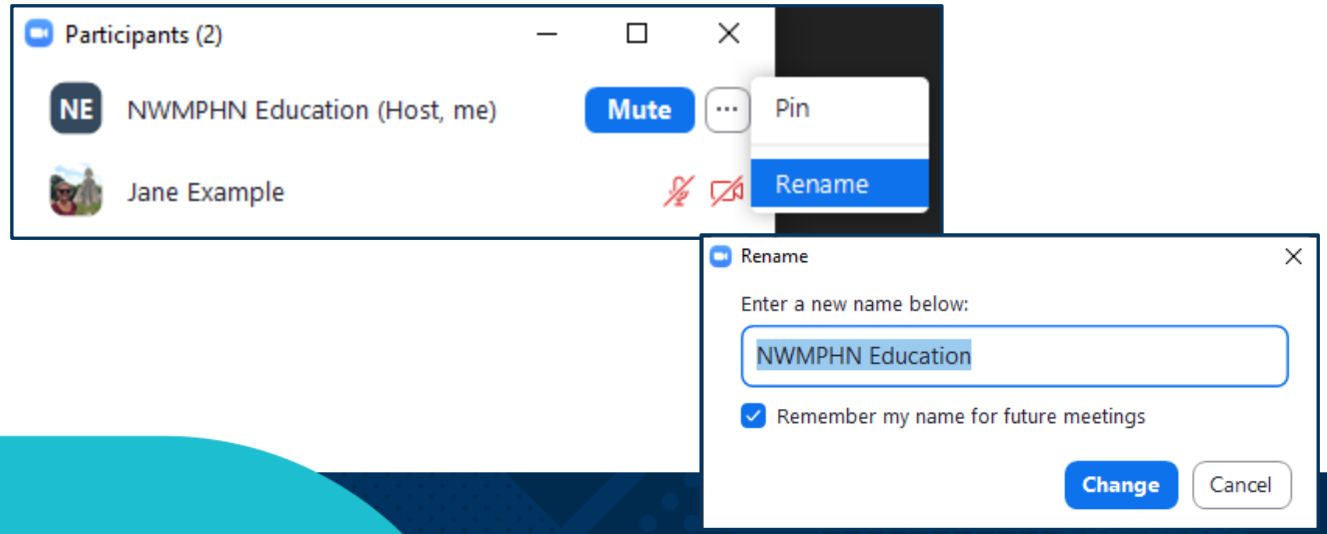
Ask **questions**

No question is silly

How to change your name in Zoom Meeting

1. Click on ***Participants***
2. **App:** click on your name
   Desktop: hover over your name and click the 3 dots
   Mac: hover over your name and click *More*
3. Click on ***Rename***
4. Enter the name you registered with and click
   Done / Change / Rename





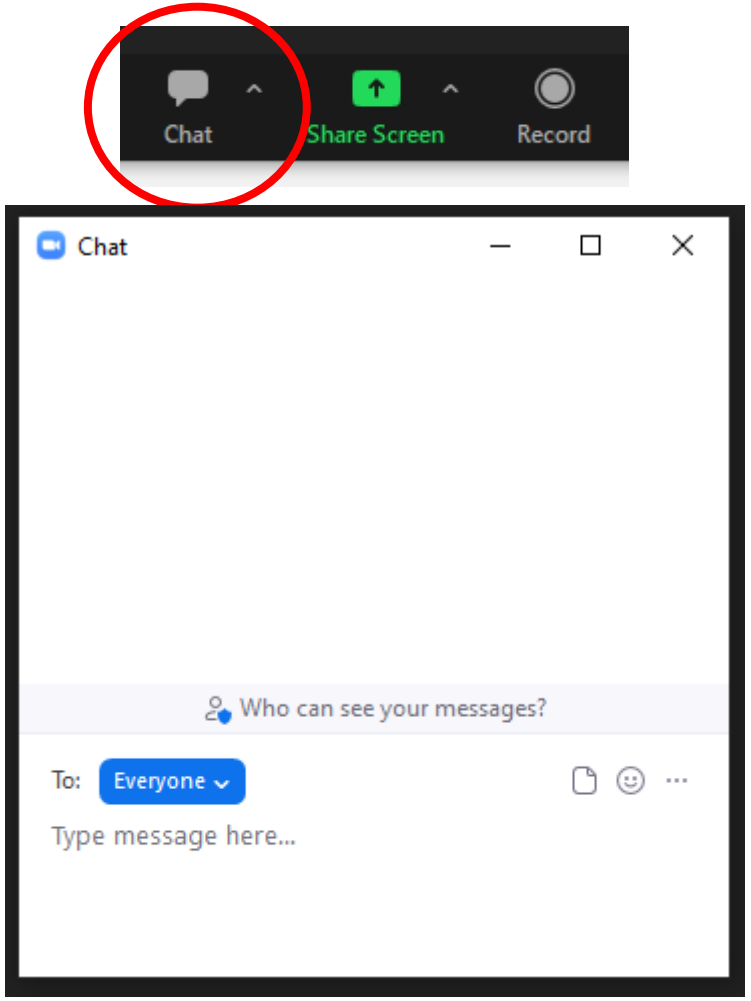
Housekeeping – Zoom Meeting

During the education component, please ask questions via the Chat box

This session is being recorded

Please ensure you join the session using the name you registered with so we can mark your attendance

Certificates and CPD will not be issued if we cannot confirm your attendance



Psychiatrist – Dr Chidambaram Prakash

- Dr Chidambaram Prakash is a senior consultant child and adolescent psychiatrist at the RCH with over 20 years' experience.
- Prakash has worked in, and managed, general and specialist clinics within child psychiatry in metropolitan and regional public mental health services.
- Prakash has worked with children and adolescents from 4 to 18 years of age assessing and managing a variety of mental health issues.

GP Facilitator - Dr Sahar Iqbal

- Practicing as a GP at Goonawarra Medical Centre for the past 9 years

- Sahar's areas of interest are child and adolescent mental health and chronic disease management

Agenda

Introduction and housekeeping	5 minutes
Education component: Aggressive & challenging behaviours *Psychiatrist Dr. Chidambaram Prakash*	30 minutes
Health Pathways	5 minutes
Case discussion Part 1 – Breakout room **Debrief**	12 minutes 10 minutes
Case discussion Part 2 – Breakout room **Debrief**	12 minutes 14 minutes
Conclusion	2 minutes

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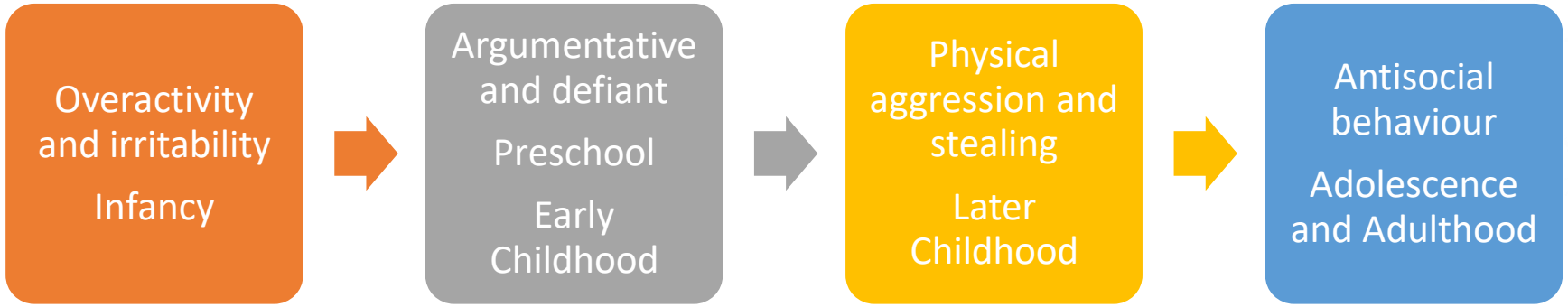
Education component:

Violence and aggression - a brief look at assessment and management

CHIDAMBARAM PRAKASH

Progression over time



But there is desistance at every stage.

While virtually every case of childhood CD had earlier ODD, most of those with earlier ODD don't develop CD

While virtually every case of adult antisocial personality disorder (APD) had CD as a youth, most of those with CD don't develop APD

Around 10% of children with ODD eventually develop APD

Comprehensive assessment of children and young people with antisocial behaviour and conduct disorders

A comprehensive assessment of a child or young person with a suspected conduct disorder should be undertaken by a health or social care professional who is competent to undertake the assessment and should:

- Offer the child or young person the opportunity to meet the professional on their own
- Involve a parent, carer or other third party known to the child or young person who can provide information about current and past behaviour
- If necessary, involve more than 1 health or social care professional to ensure a comprehensive assessment is undertaken

NICE Guideline 158

Comprehensive assessment of children and young people with antisocial behaviour and conduct disorders

The standard components of a comprehensive assessment of conduct disorders should include asking about and assessing the following:

- Core conduct disorders symptoms including:
  - patterns of negativistic, hostile, or defiant behaviour in children aged under 11 years
  - aggression to people and animals, destruction of property, deceitfulness or theft and serious violations of rules in children aged over 11 years
- Current functioning at home, at school or college and with peers
- Parenting quality
- History of any past or current mental or physical health problems
  - learning difficulties or disabilities
  - neurodevelopmental conditions such as ADHD and autism
  - neurological disorders including epilepsy and motor impairments
  - other mental health problems (for example, depression, post-traumatic stress disorder and bipolar disorder)
  - substance misuse
  - communication disorders (for example, speech and language problems).

NICE Guideline 158

Comprehensive assessment of children and young people with antisocial behaviour and conduct disorders

- Assess the risks faced by the child or young person and if needed develop a risk management plan for self-neglect, exploitation by others, self-harm or harm to others.

- Assess for the presence or risk of physical, sexual and emotional abuse in line with local protocols for the assessment and management of these problems.

NICE Guideline 158

Comprehensive assessment of children and young people with antisocial behaviour and conduct disorders

Conduct a comprehensive assessment of the child or young person's parents or carers, which should cover:

- Positive and negative aspects of parenting, in particular any use of coercive discipline
- The parent–child relationship
- Positive and negative adult relationships within the child or young person's family, including domestic violence
- Parental wellbeing, encompassing mental health, substance misuse (including whether alcohol or drugs were used during pregnancy) and criminal behaviour.

NICE Guideline 158

Formulation-Risk Status factors

Risk status factors: Static factors: *These factors cannot be changed during the episode of management/treatment*. *These are factors that increase the likelihood that this young person is more likely to be aggressive than others currently admitted to the ward.*

They include:

- Forensic history with general offences, substance use history, history of violence whilst intoxicated or withdrawing from substances, history of violence when not affected by substances, male gender, a history of aggression, mental illness symptoms of psychosis, major depression, significant anxiety disorder, ADHD, Oppositional defiant disorder, conduct disorder, exposure to violence in peer groups, preoccupation with violence on TV or video games, antisocial peers, Low IQ, exposure to family violence.

Formulation-Risk State factors

Risk state factors: Dynamic factors: *These are the changeable factors: These are the factors that are like to indicate either 1. That the young person is more likely to be aggressive now than at any time in their past historical time periods i.e.: past 24 hours, 48 hours, 1 week, 2 weeks, 2 months, longer than 2 months OR 2. That they are likely to be at the same level of risk of being aggressive as the last time they displayed aggression*.

The factors include:

- Ongoing symptoms of the underlying mental illness: e.g. 2nd person command auditory hallucinations urging the young person to harm others, paranoid and persecutory delusions, withdrawing from substances, remains unhappy and angry with being in hospital.

Formulation-Risk State factors-cont'd

Warning signs of impending aggression

Huffing and puffing, Pacing up and down - rapid movements, Facial indicators: staring - frowning - rubbing forehead - reddened complexion, Raised voice, Aggressive body language/actions - pointing - clenched fists hitting things – throwing magazines, pens and other objects down in frustration, Words expressing threats - including swearing, Argumentative and belligerent - won't follow advice of the adults. The following acronym 'S.T.A.M.P.' can be used to best describe the behaviours exhibited by a person who is becoming agitated and potentially aggressive and violent:

- S - STARING -prolonged glaring at staff
- T - TONE -sharp, sarcastic, loud, argumentative
- A - ANXIETY -flushed face, heavy breathing, rapid speech, reaction to pain
- M - MUTTERING -talking under breath, criticising staff to self or others, mimicking staff
- P - PACING -walking around in confined space, walking into areas that are off limits

Formulation- Protective factors and available resources

<u>These are factors that are likely to decrease the risk of aggression</u>

- Individual factors: Female gender, High IQ, intolerance towards deviant behaviours, positive social orientation, Family factors: close relationship with parents, warm supporting parental stance, an absence of violence in the family, absence of criminal history. Peer and social factors: Prosocial peers, peers who have a commitment to the rule of law, to learning and education.
- Response to medications: Improvement in psychosis, improvement in arousal regulation in a child or adolescent with a Neurodev disorder and reduction of symptoms that fuelled the aggression.

Care Plan

- Develop a care plan with the child or young person and their parents or carers that includes a profile of their needs, risks to self or others, and any further assessments that may be needed.
- This should encompass the development and maintenance of the conduct disorder and any associated behavioural problems, any coexisting mental or physical health problems and speech, language and communication difficulties, in the context of:
  - Any personal, social, occupational, housing or educational needs
  - The needs of parents or carers
  - The strengths of the child or young person and their parents or carers.

NICE Guideline 158

Identifying effective treatment and care options

When discussing treatment or care interventions with a child or young person with a conduct disorder and, if appropriate, their parents or carers, take account of:

- their past and current experience of the disorder
- their experience of, and response to, previous interventions and services
- the nature, severity and duration of the problem(s)
- the impact of the disorder on educational performance
- any chronic physical health problem
- any social or family factors that may have a role in the development or maintenance of the identified problem(s)
- any coexisting conditions.

NICE Guideline 158

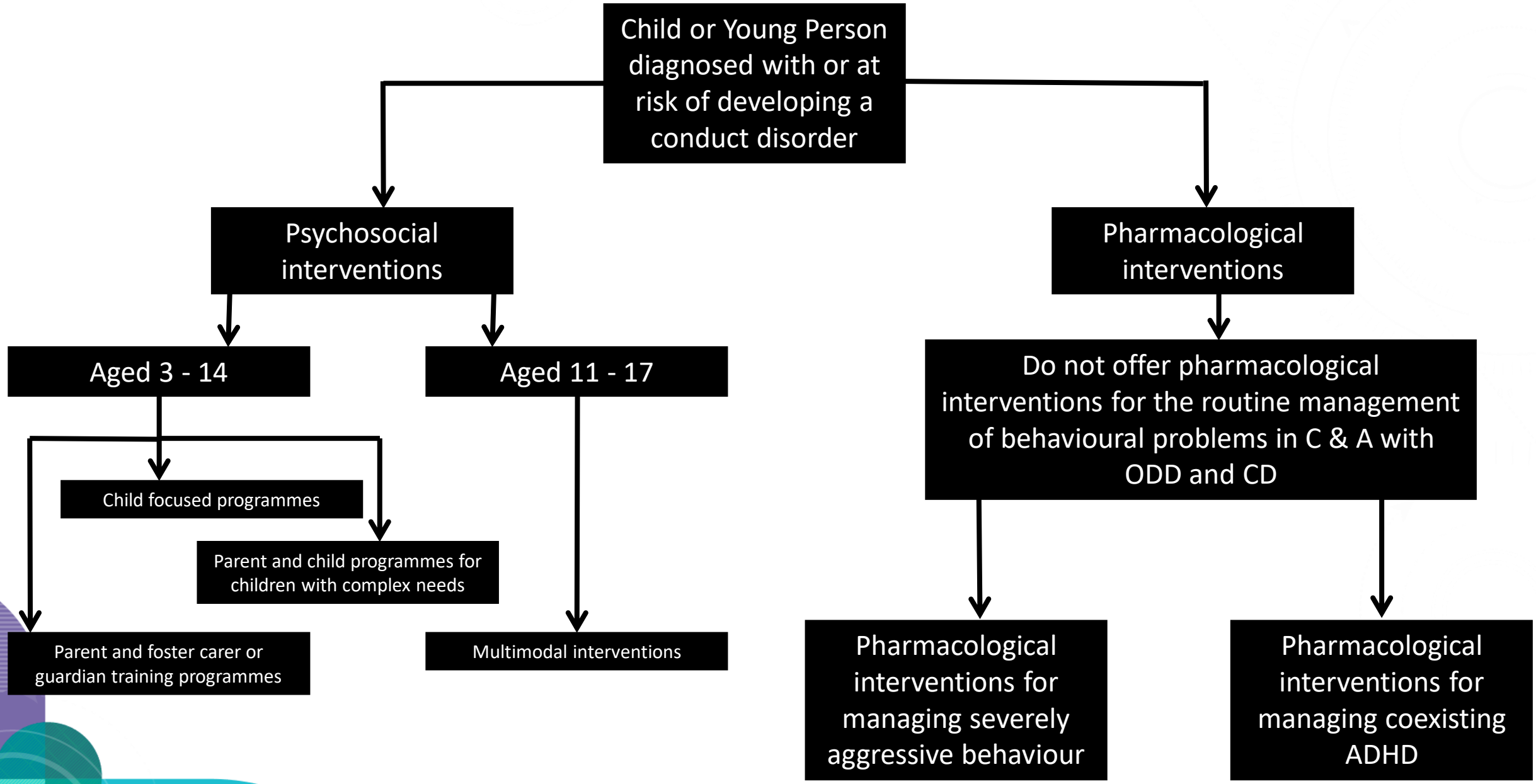
Identifying effective treatment and care options

When making a referral for treatment or care interventions for a conduct disorder, take account of the preferences of the child or young person and, if appropriate, their parents or carers when choosing from a range of evidence-based interventions.

NICE Guideline 158

Disruptive Mood Dysregulation Disorder (DMDD)

- Severe temper outbursts at least three times a week
- Sad, irritable or angry mood almost every day
- Reaction is bigger than expected
- Child must be at least six years old
- Symptoms begin before age ten
- Symptoms are present for at least a year
- Child has trouble functioning in more than one place (e.g., home, school and/or with friends)


Child or Young Person diagnosed with or at risk of developing a conduct disorder
Psychosocial interventions
Pharmacological interventions
Aged 3 - 14
Aged 11 - 17
Child focused programmes
Parent and child programmes for children with complex needs
Parent and foster carer or guardian training programmes
Multimodal interventions
Do not offer pharmacological interventions for the routine management of behavioural problems in C & A with ODD and CD
Pharmacological interventions for managing severely aggressive behaviour
Pharmacological interventions for managing coexisting ADHD

Medications with some evidence for use in treating CD / Reducing aggression

Antipsychotics

- Typicals (Haloperidol, Molindone) ✓
- Risperidone ✓ ✓ (ID)
- Olanzapine ?
- Quetiapine Open label only
- Aripiprazole

Stimulants ✓

SNRI

- Atomoxetine X
- Reboxetine

Mood stabilizers

- Lithium Carbonate ✓ low quality
- Carbamazepine X
- Divalproax Sodium (sodium Valproate) ?

Antidepressants

- SSRI X
- Trazodone ?

Medication for severely aggressive behaviours

Consider risperidone for the short-term management of severely aggressive behaviour in young people with a conduct disorder who have problems with explosive anger and severe emotional dysregulation and who have not responded to psychosocial interventions.

Provide young people and their parents or carers with age-appropriate information and discuss the likely benefits and possible side effects of risperidone including:

- Metabolic (including weight gain and diabetes)
- Extrapyramidal (including akathisia, dyskinesia and dystonia)
- Cardiovascular (including prolonging the QT interval)
- Hormonal (including increasing plasma prolactin)
- Other (including unpleasant subjective experiences).

NICE Guideline 158

Risperidone for aggression

Record the following baseline investigations:

- Weight and height (both plotted on a growth chart)
- Waist and hip measurements
- Pulse and blood pressure
- Fasting blood glucose, HbA_{1c}, blood lipid and prolactin levels
- Assessment of any movement disorders
- Assessment of nutritional status, diet and level of physical activity.

Monitor and record systematically throughout treatment, but especially during titration:

- Efficacy, including changes in symptoms and behaviour
- The emergence of movement disorders
- Weight and height (weekly)
- Fasting blood glucose, HbA_{1c}, blood lipid and prolactin levels
- Adherence to medication
- Physical health, including warning parents or carers and the young person about symptoms and signs of neuroleptic malignant syndrome.

Review the effects of risperidone after 3–4 weeks and discontinue it if there is no indication of a clinically important response at 6 weeks.

Effect size for selected medications in Conduct Disorder

Medication	Effect size
Risperidone	0.9
Typical antipsychotics	0.7 – 0.8
Stimulants (primarily MPH)	0.7 - 0.8
Lithium	0.4
SSRI	0.3 (but mostly ADHD samples not CD)

Components of a behavioural plan

What are the Drivers (motivators)? – (gains/benefits). What was the person trying to accomplish? What made violence seem more attractive or rewarding? e.g. • Reaction to perceived rejection, to achieve distance from other young people (school or elsewhere)

• Affiliation: to achieve proximity (victim or others) • Justice/revenge

• Profit • Control • Status/Esteem • Emotional release/expression

• Emotional arousal/stimulation dysregulation problem

What are the Disinhibitors? – e.g. Negative or nihilistic attitudes in a young person with irritable depression, alienation – nothing more to lose, lack of insight/awareness due to psychosis, impulsivity due to partially treated ADHD or undiagnosed ADHD, remorselessness as part of a personality trait, absence of guilt/lack of empathy, Lack of anxiety for the consequences, due to withdrawing from substances.

Components of a behavioural plan

Are there Destabilisers? - impair decision making e.g. • Psychosis • Disturbed cognitive function • Perseverative thoughts • Intoxication

- Strategies to manage each of the above factors including sensory techniques, behavioural techniques informed by the understanding of the function of the aggressive behaviour and medication including regular medication and PRN medications.

- Review date and a rationale for review of the plan (not working, needs more information added on drivers and strategies to manage them etc).

2

Case studies

Breakout 1 – Case study

Ayaan is an eleven-year-old boy. He has been diagnosed with ADHD and oppositional defiance disorder (ODD). He is under the care of a paediatrician and on ADHD medication. He is undergoing further screening for autism spectrum disorder. Both his parents work full-time, and he has one other sibling – an eight-year-old brother.

Ayaan has a habit of getting into fights and arguments at school with his peers and therefore gets sent to the principal's office frequently. Ayaan does not respond well to directions from others including his teachers and parents, talks back to his parents, bullies his younger brother, has threatened to run away, and refuses to accept responsibility for his actions – always blaming the other kids for his actions. He has trouble regulating his emotions and has frequent meltdowns. Ayaan's parents are at their wits ends and have accessed the services of an OT and a child psychologist for Ayaan but feel they are not getting anywhere.

- How would you manage Ayaan's case?
- How would you support Ayaan's parents?
- What can the school do to better support Ayaan?

Breakout 2 – Case study

Ayaan's ASD assessment has come back with a positive assessment of autism spectrum disorder with social skills and interaction with his peers as his weakest areas (level2). His mother Christine received the diagnosis well and started looking at implementing appropriate support services. However, Christine was not sure how to apply for NDIS funding and where to begin from.

Ayaan's father Michael, on the other hand, felt overwhelmed and every time he feels overwhelmed and upset, he withdraws into himself. As a result, Christine feels more isolated and feels that she is left to manage this on her own to find appropriate services for Ayaan. Christine makes an appointment to see you:

- As Ayaan's treating practitioner what advice/support would you provide Christine?
- Christine asks you about suitable therapy for Ayaan – what would you suggest?
- What support measures would you recommend to the family so that they can better deal and manage this diagnosis?
- What can the school do now to better support Ayaan?

Session Conclusion

Next session – Tuesday 5th September (next week) on Depression, suicidality & self-harm (same time – 6:30-8pm)

You will receive a post session email within a week which will include slides and resources discussed during this session.

Attendance certificate will be received within 4-6 weeks.

RACGP CPD hours will be uploaded within 30 days.

To attend further education sessions, visit,

https://nwmphn.org.au/resources-events/events/

This session was recorded, and you will be able to view the recording at this link within the next week.

https://nwmphn.org.au/resources-events/resources/

We value your feedback, let us know your thoughts.

Scan this QR code