

Aggression in Psychiatric Practice



A Carlat Webinar

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The Carlat Child Psychiatry Report

Conflicts and Disclosures

None

Learning Objectives

After the webinar, clinicians should:

1. Differentiate volitional aggression from aggression related to other circumstances, eg, sensory processing problems.
2. Explain the progression of treatment for irritability and aggression in autism from nonpharmacological approaches to FDA-approved medications.
3. Prioritize treatment approaches for management of aggression as a co-occurring symptom in ADHD.
4. Describe three safety measures for prevention of aggression in office practice.

Outline

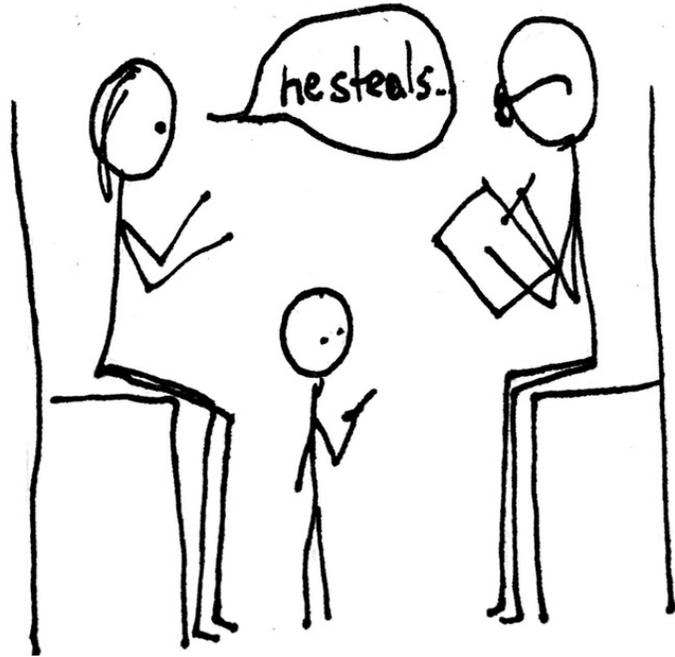
- So mom comes in and...
- Madness or badness?
- Arousal and ASD
- Social-biological management of ADHD
- Bullying and conduct disorder
- Bad times: genocide, etc.
- Denouement: out in public

So mom comes in
and...

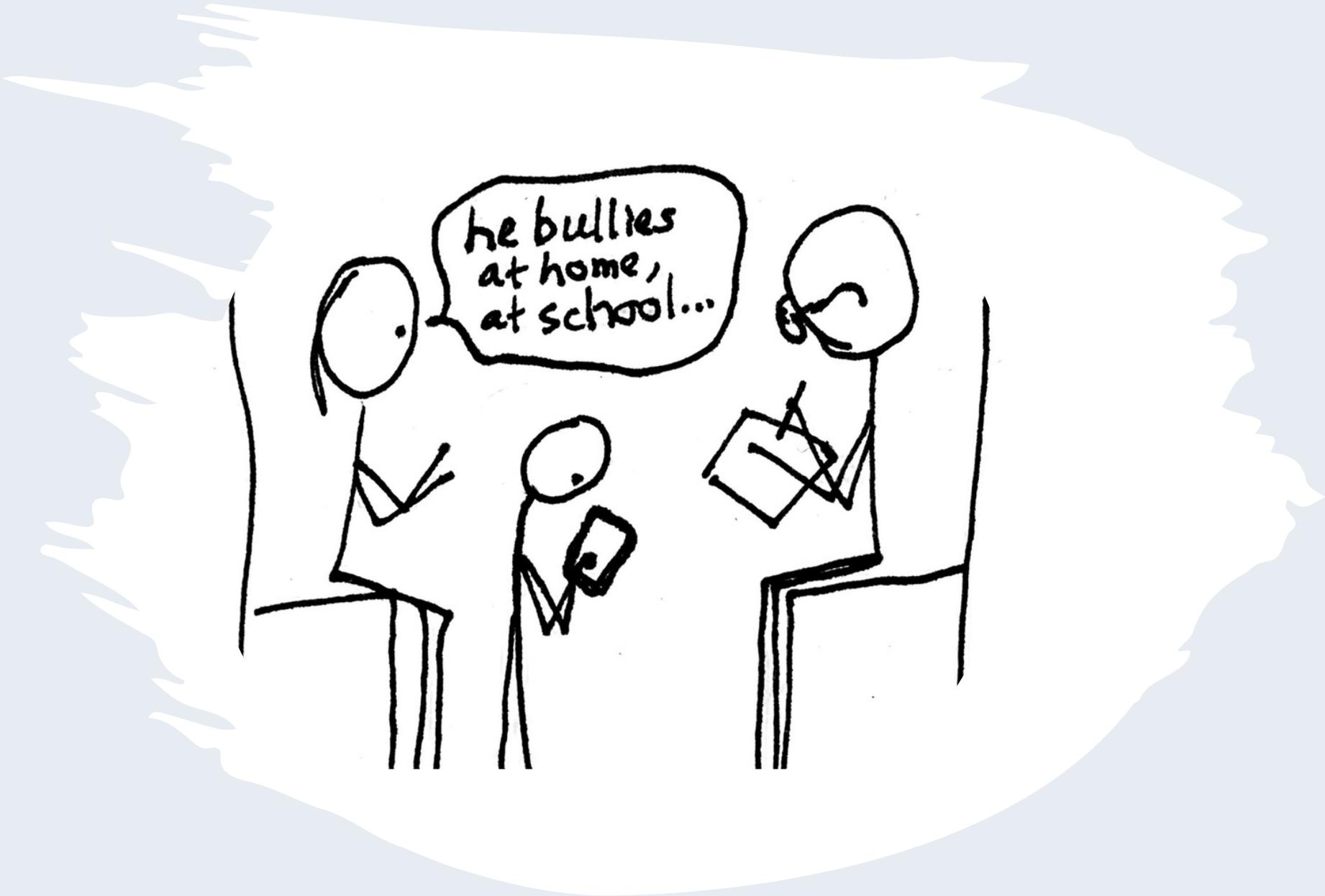








hb neglect
interest
wants it
lacunae



What's wrong with
these pictures?

What's wrong with these pictures?

- Talking about a child in front of the child
- Writing while “listening”





What's wrong with
these pictures?

What's wrong with these pictures?

Need to assess the person directly

Madness or badness?

- Developmental: tantrums to defiance to fighting for country
- Arousal: overwhelmed – dysregulated – reactive aggression
- Mental illness/DSM: ADHD, affective, ASD, OCD, psychosis
- Biological: TLE? disintegrative (dementia, MS, etc, incl T21)
- ODD, CD, antisocial and their possible etiologies
- Social contract: eg, slavery, autocracy, and stages of genocide

Developmental Stages and Aggression

- Bite - oral, teething, exploring, aggression
- No! – tantrums, autonomy, sense of self, defiance, stamping feet
- Hit – instinctual vs. modeling (eg, Tom & Jerry vs Daniel Tiger)
- Take – comprehension: does he know? Understand sharing?
- Cheat – I want to win > I want to please others
- Bullying - are sex hormones risk factors?
- Rape - ditto/ cultural aspects
- Kill – ditto / 7 vices & virtues

Kohlberg's Stages of Moral Development

Level 1 (Pre-Conventional)

1. Obedience and punishment orientation(*How can I avoid punishment?*)
2. Self-interest orientation(*What's in it for me?*)(*Paying for a benefit*)

Level 2 (Conventional)

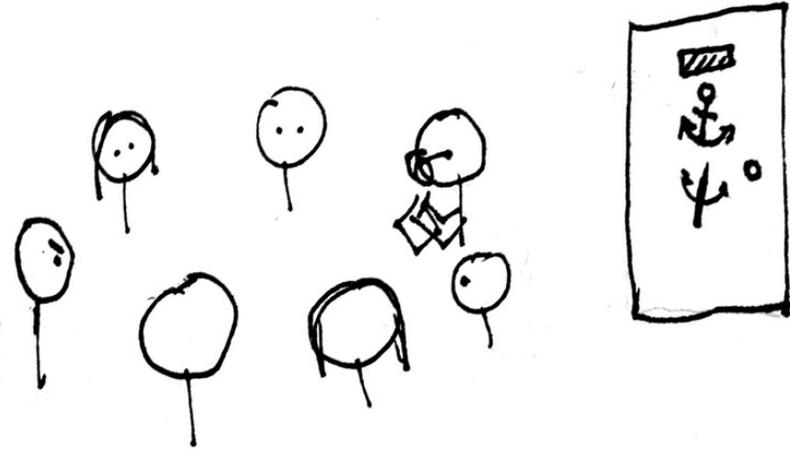
3. Interpersonal accord and conformity(*Social norms*)(*The good boy/girl attitude*)
4. Authority and social-order maintaining orientation(*Law and order morality*)

Level 3 (Post-Conventional)

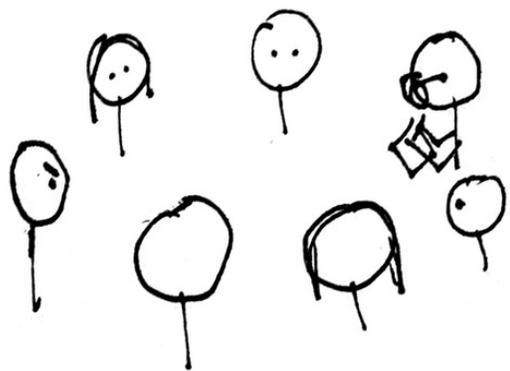
5. Social contract orientation
6. Universal ethical principles(*Principled conscience*)

Motives for Murder: 7 classical virtues and vices

Virtue	Latin	Gloss	Sin	Latin
Chastity	<i>Castitas</i>	Purity, abstinence	Lust	<i>Luxuria</i>
Temperance	<i>Temperantia</i>	Humanity, equanimity	Gluttony	<i>Gula</i>
Charity	<i>Caritas</i>	Will, benevolence, generosity, sacrifice	Greed	<i>Avaritia</i>
Diligence	<i>Industria</i>	Persistence, effortfulness, ethics	Sloth	<i>Acedia</i>
Patience	<i>Patientia</i>	Forgiveness, mercy	Wrath	<i>Ira</i>
Kindness	<i>Humanitas</i>	Satisfaction, compassion	Envy	<i>Invidia</i>
Humility	<i>Humilitas</i>	Bravery, modesty, reverence	Pride	<i>Superbia</i>



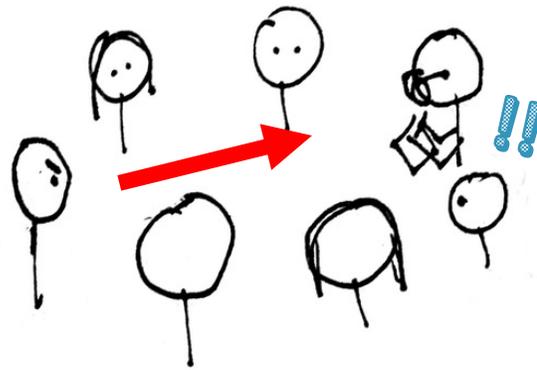
Big Seal



Big Seal

narcissistic
antisocial
serial murderer
substances
issues

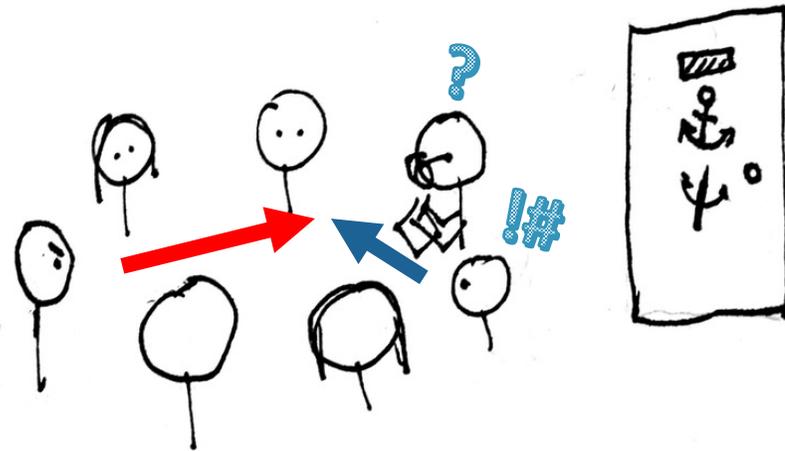
caught
dissociated
hospitalized
medicated



Big Seal
launches
attack

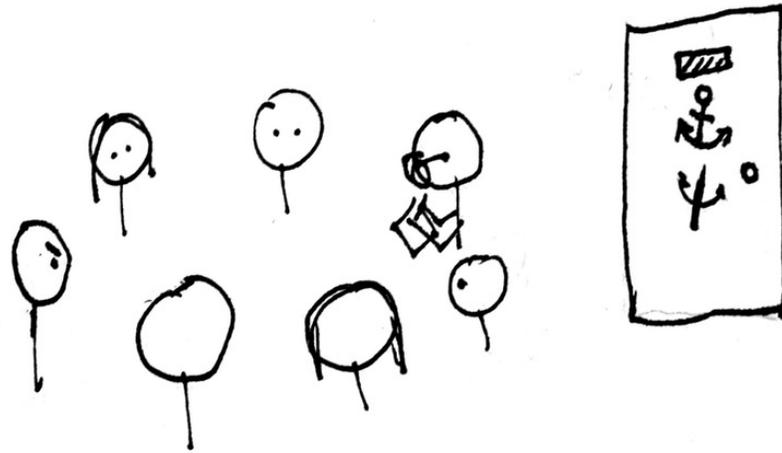
narcissistic
antisocial
serial murderer
substances
issues

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dissociated
hospitalized
medicated



Big Seal
launches
attack

defender:
protective
reaction
out of character



Big Seal
launches
attack

narcissistic
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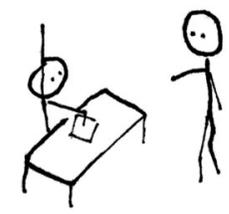
defender:
protective
reaction
out of character

ASD and arousal levels

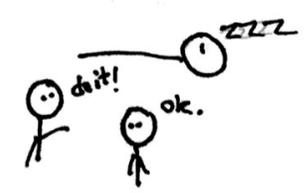
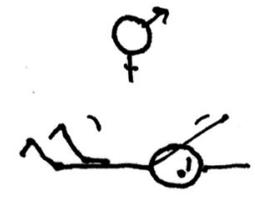
AROUSAL



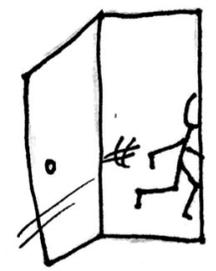
Calm



Alert



Alarm



Fear

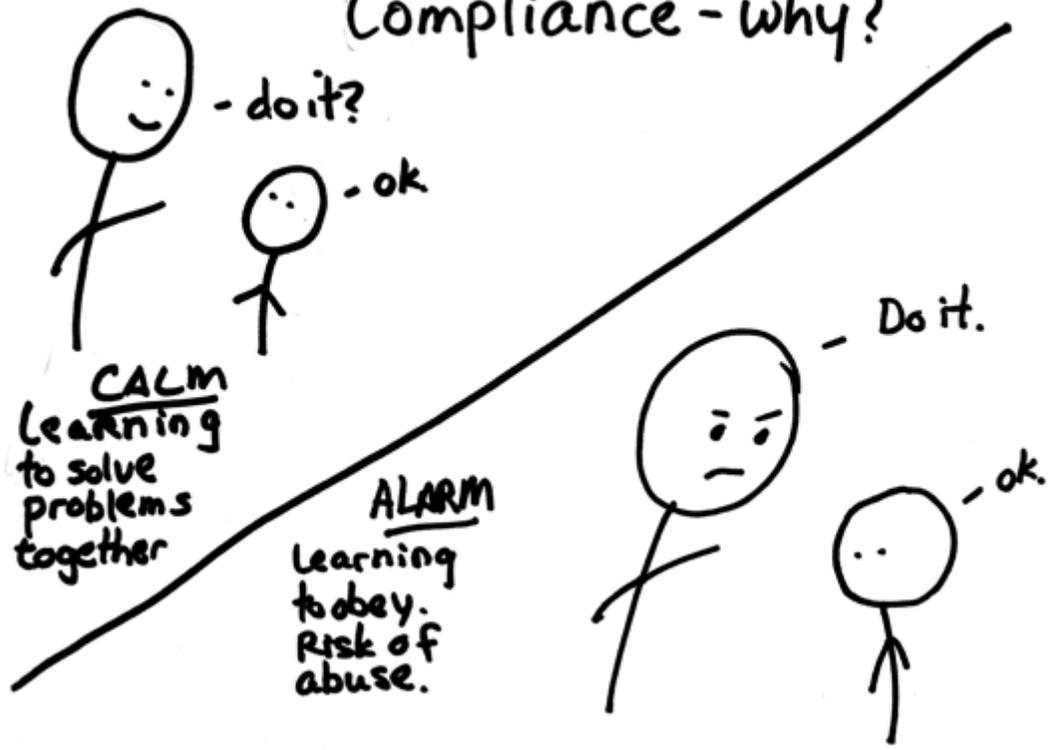


Terror

a la Bruce Perry et al.

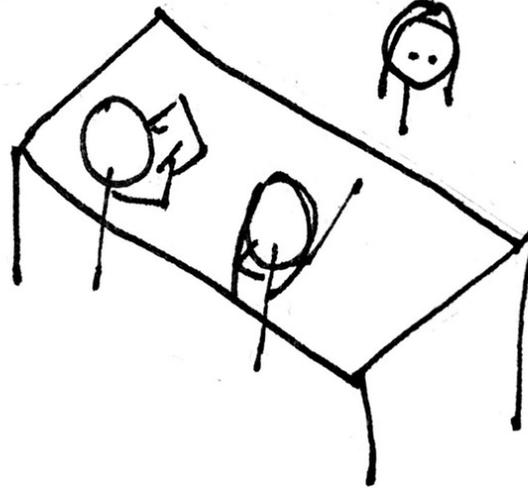


Compliance - why?



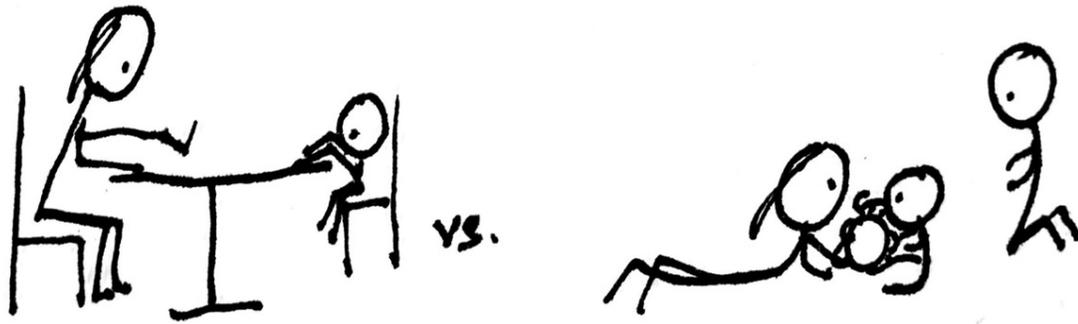
You tried
to kill her

ok



Aggression in Autism

- Treat co-occurring conditions, eg, sleep, ADHD, depression, anxiety
- Sensorimotor, communication, and executive function support
- Naturalistic and developmental relationship-based Intervention
- Supplements and milder medications
- SGAs if you must, eg, aripiprazole, risperidone

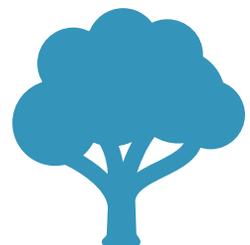


In class, eg, ADHD



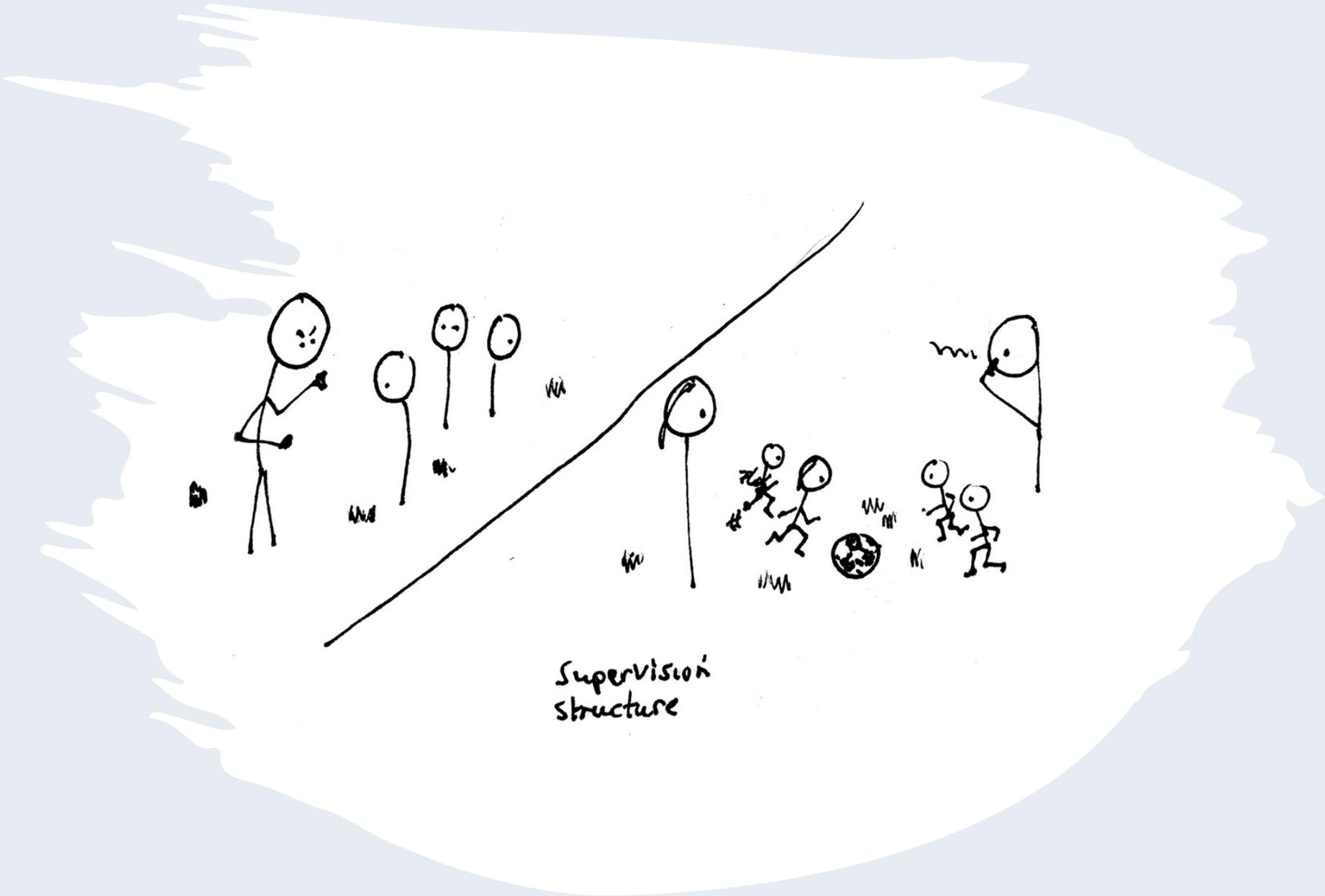
ADHD and aggression

- Medication supports a good overall plan – it doesn't replace it
- A good overall plan is one with enough staff support and uses positive approaches.
- 80% can be managed if you have at least TWO good trials of stimulants (MPH, dextroamphetamine mixed salts)
- Get regular structured feedback from home and school
- Move quickly: **week by week**, not month by month
- If you must use another class of medication, only valproate and risperidone have decent research to support them



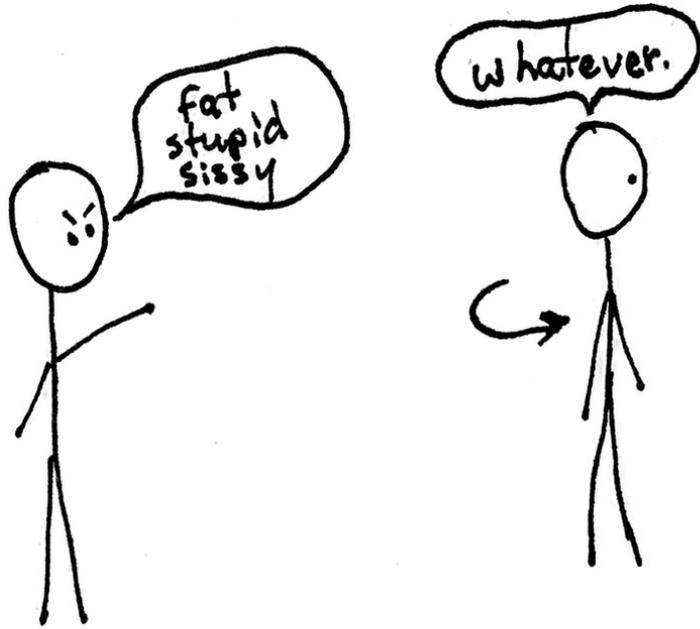
On the
playground





Supervision
structure

Teaching kids to manage bullies

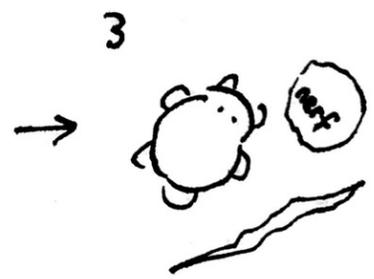
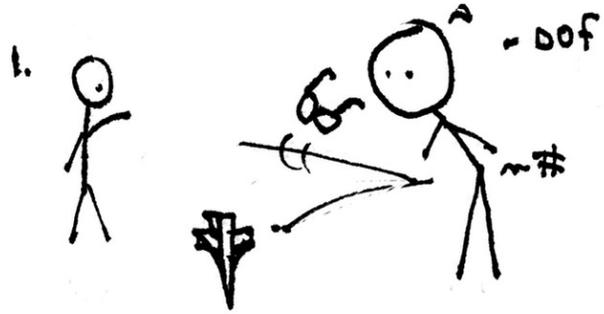


say one sentence well

Treating the “perpetrator” SPB

- Supervision, supervision, and supervision
- Firearm regulations and access: do you ALWAYS ask?
- The cardinal rule: we don't break things and we don't hurt each other
- Parental engagement and buy-in, family therapy
- Moral gauging a la Kohlberg/family history - ghosts and angels
- Symbolic approaches to managing aggressive drives
- Physical activity, supervised sports, controversy re martial arts
- Address substance abuse of all kinds including alcohol, caffeine, etc.
- Medication can support a good plan but can't make up for an inadequate one, eg, one with inadequate supervision
- Stimulant and maybe central alpha agonist trials for aggression in conduct disorder

Safety in the consultation room





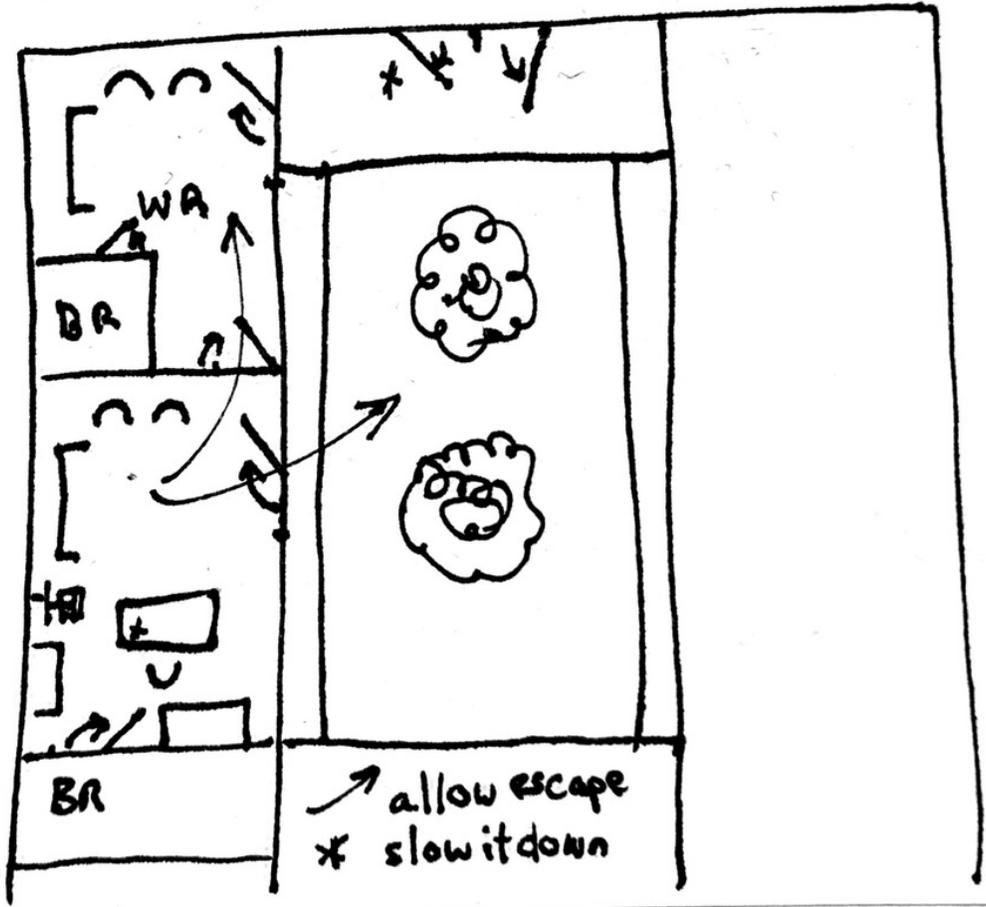
symbolic

aggression/competition
controversy

'allow' gun play?
video games?

Safety in the clinic

- Escape routes for your patients
- Escape routes for your self
- Panic button systems
- Asking about weapons
- Staff awareness
- Custody cases



Addressing bad times on campus: college, high school, middle school, Congress, and globally...

Bad times

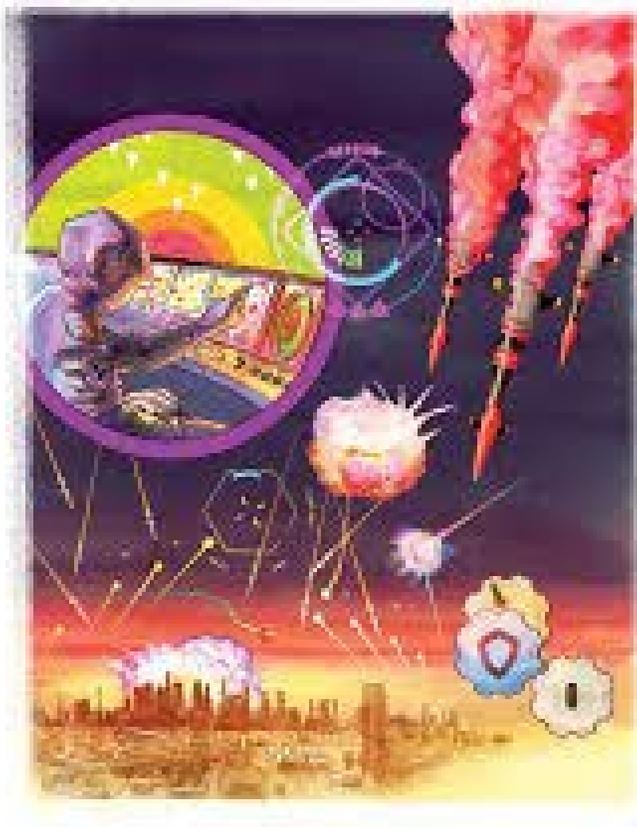
- Subjugation of Native peoples of the Americas 1400s – present
- The African slave trade and aftereffects 1600s – present
- European Colonization and aftereffects 1600s – present
- Anthropocene climate change acceleration late 1800s – present
- Armenian genocide early 20th century
- Jewish Holocaust, Argentinian disappearances mid 20th century
- Refugee crises in the Middle East, Rising incarceration rates in the United States mid 20th century – present
- Chilean, Cambodian, and Rwandan genocides late 20th century
- Somalian crisis, early 21st century
- Common theme: *Someone thinks they are doing the world a favor*

Stages of Genocide

#	Stage	Characteristics	Preventive measures
1	Classification	People are divided into "them and us".	"The main preventive measure at this early stage is to develop universalistic institutions that <u>transcend</u> ... divisions."
2	Symbolization	"When combined with hatred, symbols may be forced upon unwilling members of pariah groups..."	"To combat symbolization, hate symbols can be legally forbidden as can <u>hate speech</u> ".
3	Discrimination	"Law or cultural power excludes groups from full civil rights: segregation or apartheid laws, denial of voting rights".	"Pass and enforce laws prohibiting discrimination. Full citizenship and voting rights for all groups."
4	<u>Dehumanization</u>	"One group denies the humanity of the other group. Members of it are equated with animals, vermin, insects, or diseases."	"Local and international leaders should condemn the use of hate speech and make it culturally unacceptable. Leaders who incite genocide should be banned from international travel and have their foreign finances frozen."
5	Organization	"Genocide is always organized... Special army units or <u>militias</u> are often trained and armed..."	"The U.N. should impose arms embargoes on governments and citizens of countries involved in <u>genocidal massacres</u> , and create commissions to investigate violations"
6	Polarization	"Hate groups broadcast polarizing propaganda..."	"Prevention may mean security protection for moderate leaders or assistance to human rights groups...Coups d'état by extremists should be opposed by international sanctions."
7	Preparation	"Mass killing is planned. Victims are identified and separated because of their ethnic or religious identity..."	"At this stage, a Genocide Emergency must be declared. Full diplomatic pressure by regional organizations must be invoked, including preparation to intervene to prevent genocide."
8	Persecution	"Expropriation, forced displacement, ghettos, concentration camps".	"Direct assistance to victim groups, targeted sanctions against persecutors, mobilization of humanitarian assistance or intervention, protection of refugees."
9	Extermination	"It is 'extermination' to the killers because they do not believe their victims to be fully human".	"At this stage, only rapid and overwhelming armed intervention can stop genocide. Real safe areas or refugee escape corridors should be established with heavily armed international protection."
10	<u>Denial</u>	"The perpetrators... deny that they committed any crimes..."	"The response to denial is punishment by an international tribunal or national courts"

Monsters that never die: Mythic Quest S1E5

Other games you can never win

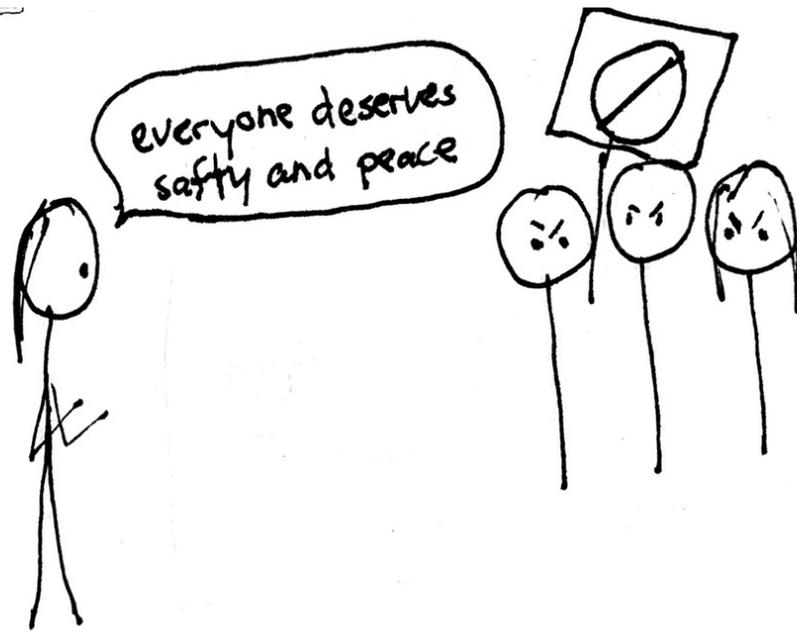




C

Fighting the badness

- Constant attention to the problem, because
- There will always be new people to cause trouble
- There will always be incitement
- Reflective practice, reflective institutions
- Training people how to respond
- Starting young...



say one sentence well
over and over...

Can limited staff training and reflective practice change resilience, parental behavior, and developmental trajectories in toddlers impacted by armed conflict?

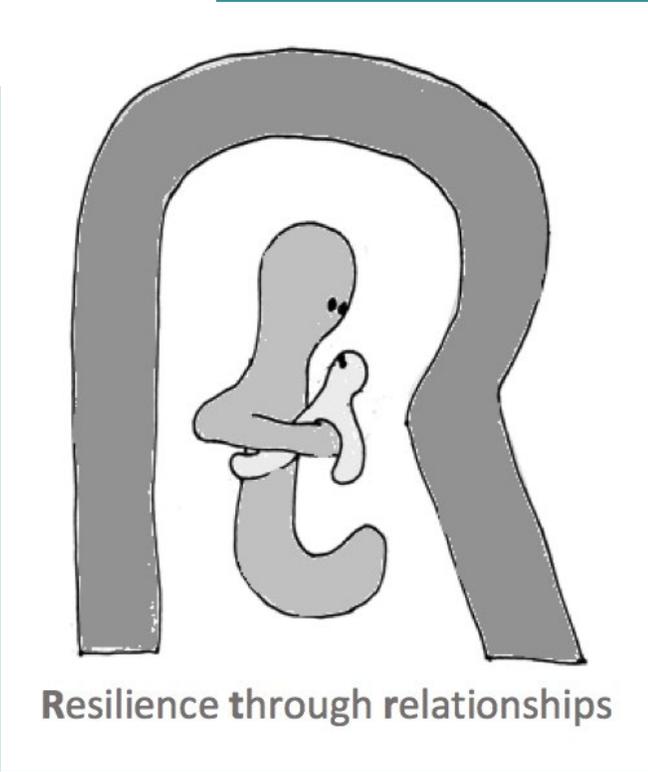
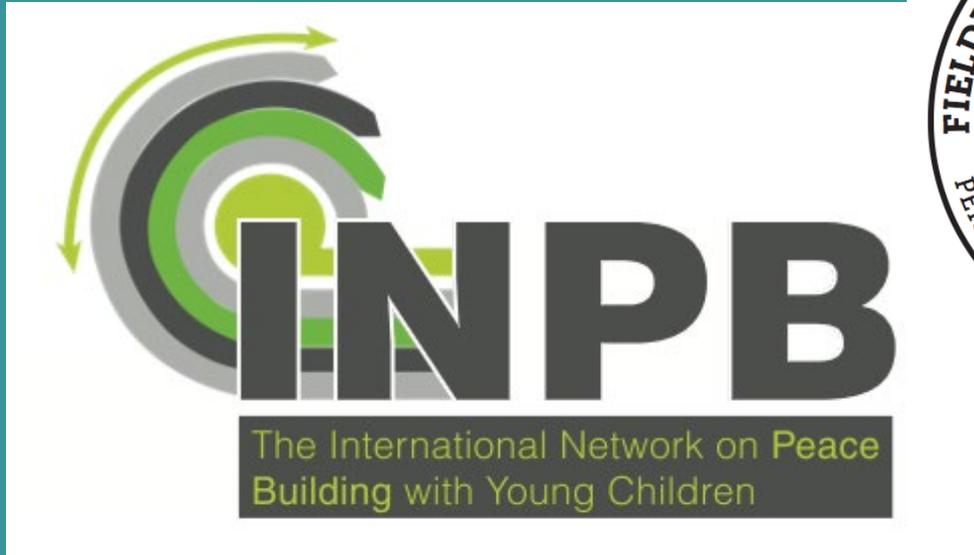
The Revised Self Regulation Toddler Module
of the Media Initiative For Children

“Preventing the 20-year-old fighter in the 2-year-old biter”

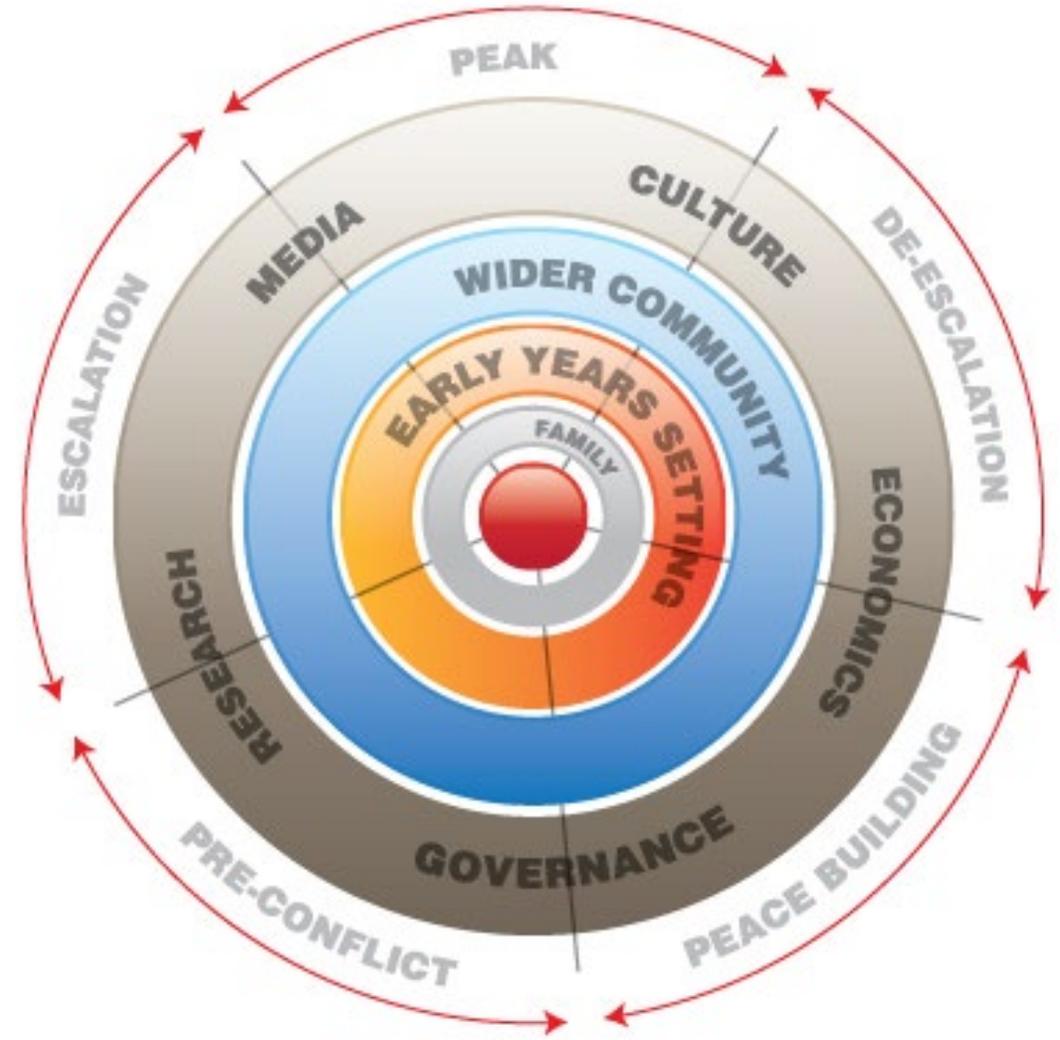
Disclosures

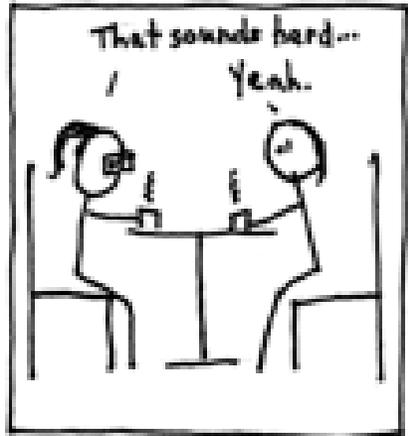
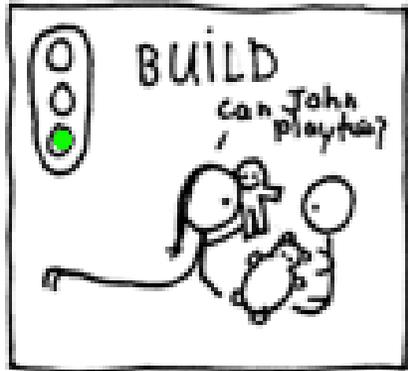
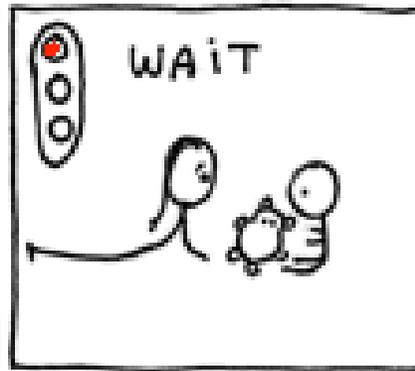
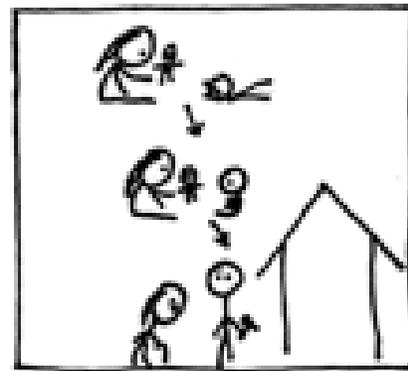
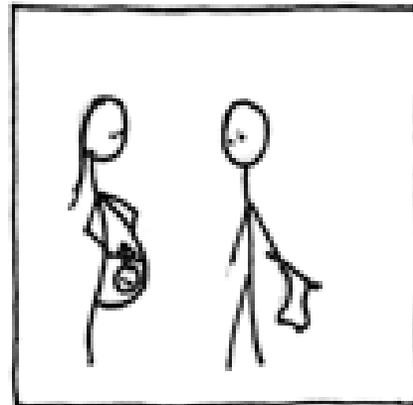
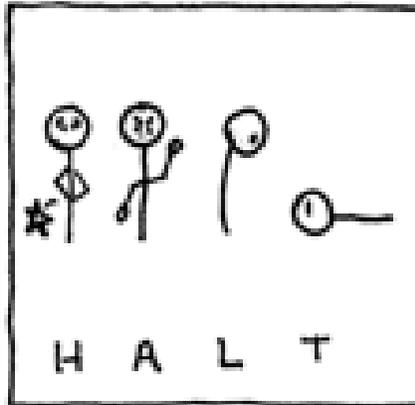
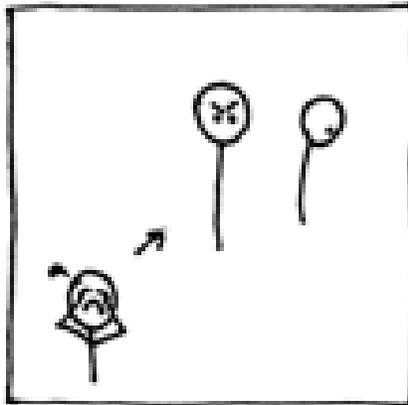
early years

the organisation for young children



The Framework for Programmatic Development in conflict and post-conflict environments



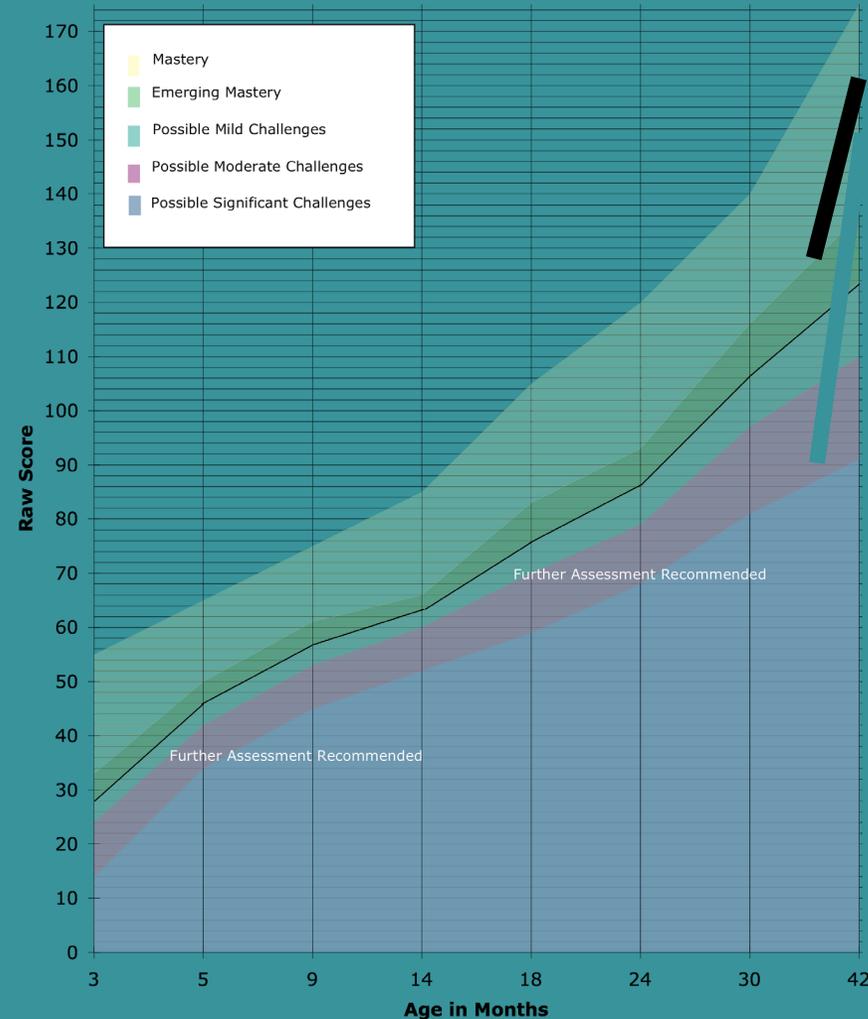


Pilot Findings

Feasible measurement:

- Child regulation
- Social emotional development
- Empathy
- Staff responsiveness
- Parent and staff stress
- Acceptability of program

Greenspan's Social Emotional Growth Chart



SEGC:

Parent:

126 to 161

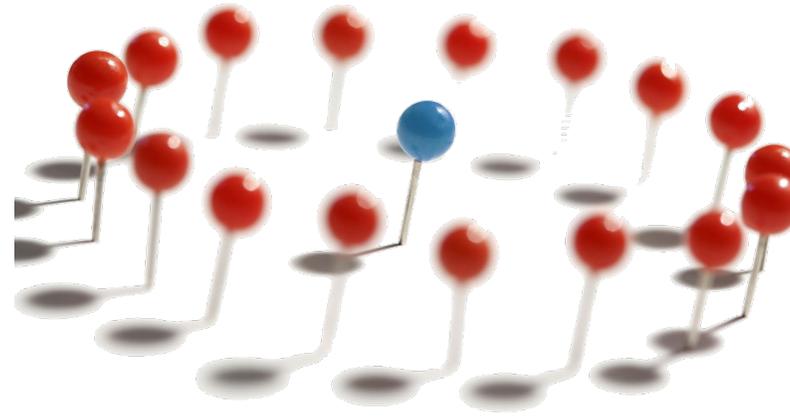
Staff:

87 to 150

- Hopeful results
- Growing reflective community
- People like the training
- Now in controlled trials

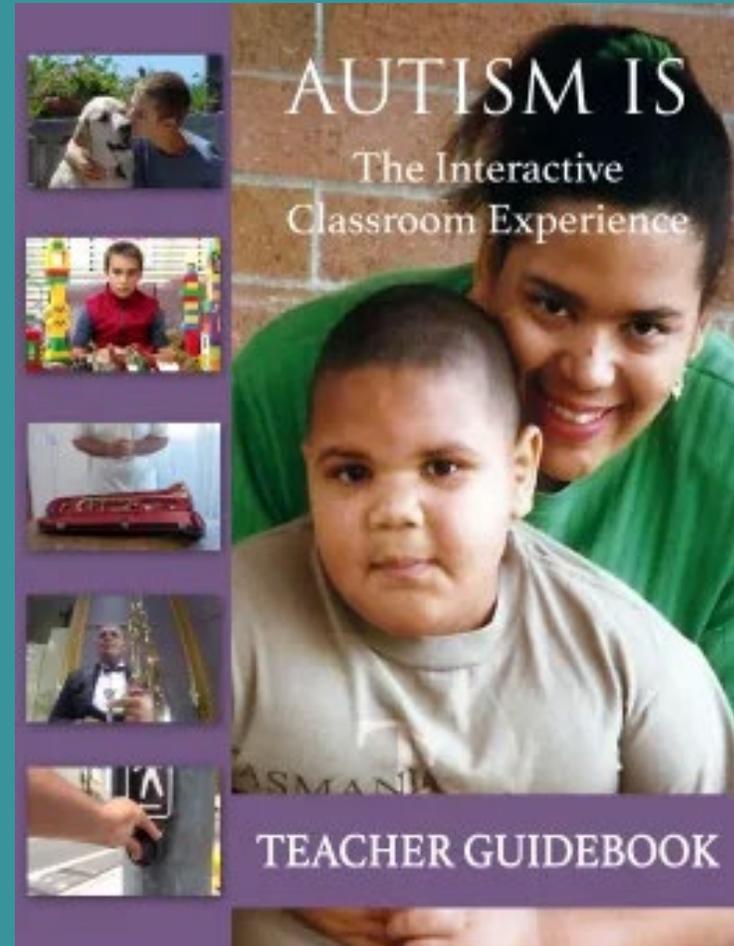
Antibullying programs

• Stopbullying.gov



Autism Is

- K-12
- Teacher led
- For the whole class
- The only active CA approved program



AutismIs.com

Denouement: out in public



He's so cute. He looks a little tired.
They do have a lot of energy, yes?
He seems really smart - that's a challenge.

Summary

Use a developmentally informed approach to assess the reasons for aggression in any individual.

Addressing the reasons for aggression can help you avoid the need to prescribe medication.

When you do add medication, there are usually several non-FDA approaches to try before you get to the more potentially toxic second-generation antipsychotics.

Stay sharp. Situational awareness will help you act to prevent aggressive incidents in the clinic.



References

- Breaux R et al. Systematic Review and Meta-analysis: Pharmacological and Nonpharmacological Interventions for Persistent Nonepisodic Irritability. *Journal of the American Academy of Child & Adolescent Psychiatry* Volume 62 / Number 3 / March 2023
- Blader JC et al, *J Am Acad Child Adolesc Psychiatry* 2021;60(2):236-251.
- Cullianane D. Behavioral Challenges in Children with Autism and Other Special Needs: The Developmental Approach. New York: WW Norton & Company 2016
- Feder J, Tien E, Puzantian T *The Child Medication Fact Book for Psychiatric Practice, Second Edition*. Carlat Publishing 2023.
- International Association for Child and Adolescent Psychiatry and Allied Professions textbook (free online)
CONDUCT DISORDERS
https://iacapap.org/_Resources/Persistent/6fb0edebbe8df29086098fe1f929e36e4bf5798e/D.3-CONDUCT-DISORDER-072012.pdf
- Kollins S et al, A Randomized, Controlled Laboratory Classroom Study of Serdexmethylphenidate and d-Methylphenidate Capsules in Children with Attention-Deficit/Hyperactivity Disorder. *J Child Adolesc Psychopharmacol* 2021;31(7):475–484
- London E et al. The Safety and Effectiveness of High-Dose Propranolol as a Treatment for Challenging Behaviors in Individuals With Autism Spectrum Disorders. *Journal of Clinical Psychopharmacology* 40(2):p 122-129, 3/4 2020.
- Salazar de Pablo G et al, Systematic Review and Meta-analysis: Efficacy of Pharmacological Interventions for Irritability and Emotional Dysregulation in Autism Spectrum Disorder and Predictors of Response. *J Am Acad Child Adolesc Psychiatry* 2022. Epub ahead of print
- Scahill L et al, Extended-Release Guanfacine for Hyperactivity in Children With Autism Spectrum Disorder. *Am J Psychiatry* 2015;172:1197–1206
- Zamzow RM et al. Effect of propranolol on facial scanning in autism spectrum disorder: a preliminary investigation. *Psychopharmacology (Berl)* 2016;233(7):1171–1178