

Welcome to VMAP ECHO Deeper Dive

Dysregulated Anger + Aggression

27 April 2023

Our session will begin promptly at 12pm

*Please enter your name in the chat box;
include any guests attending with you*

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Important information...

Patient-provider relationship:
Project ECHO case consultations do not create or otherwise establish a provider-patient relationship between any VMAP clinician and any patient whose case is being presented in a Project ECHO setting.

Video recording:
For educational and quality improvement purposes, we will be recording this session.
By participating in this clinic you are consenting to be recorded. We appreciate and value your participation.

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Important information...

Respect Private Health Information

To protect patient privacy, please only display or say information that doesn't identify a patient or that cannot be linked to a patient.

- Names: Please do not refer to a patient's first/middle/last name or use any initials, etc.
- Locations: Please do not identify a patient's county, city or town.
- Dates: Please do not use any dates (dob) that are linked to a patient. Instead, please use the patient's age.
- Other common identifiers: Patient's family members, friends, co-workers, phone numbers, e-mails, occupation, place of employment

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Welcome + introductions

Let us know you're here!

Please enter your name + any guests into the ZOOM "chat box" so we have a record of your attendance

Agenda:

:00 - :05	Welcome + introductions
:05 - :30	Didactic: Dysregulated Anger + Aggression
:30 - :55	Case presentation, discussion + recommendations
:55 - :00	Wrap-up

Our next session is scheduled for:
Thurs., May 25 at 12:00 to 1:00 PM
Preschool ADHD



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VMAP ECHO QI Project Timeline

Date	Action	Your Next Step(s)
03.01.2023	<ul style="list-style-type: none"> Receive project descriptions Receive baseline chart review instructions and link 	<ul style="list-style-type: none"> Complete baseline chart review based on February visits; chart review due March 15 Start screening!!
03.28.2023	<p>QI Session #1 @ 5:30 – 6:30 PM</p>	<ul style="list-style-type: none"> Maintain a folder or other system for dated screeners – this will help you with your upcoming chart reviews
05.01.2023	<ul style="list-style-type: none"> Receive Chart Review #2 instructions and link 	<ul style="list-style-type: none"> Complete chart review based on April visits; Chart review due May 12 Continue screening!
05.23.2023	<p>QI Session #2 @ 5:30 – 6:30 PM</p>	<ul style="list-style-type: none"> Improve your workflow? Add to your recommendations?
07.03.2023	<ul style="list-style-type: none"> Receive Chart Review #3 instructions and link 	<ul style="list-style-type: none"> Complete chart review based on June visits; Chart review due July 14
07.25.2023	<p>QI Session #3 @ 5:30 – 6:30 PM</p>	<ul style="list-style-type: none"> Review individual and cumulative results; this will help with the self-reflection portion of the attestation.
11.15.2023	<ul style="list-style-type: none"> Attestation link sent from UVA CME office 	<ul style="list-style-type: none"> Email will come from Kathleen Meneses (virginia.edu) Attestation due December 1


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VMAP ECHO
2023
Deeper Dive
Cohort
Members


slide 1 of 2




Suzanne Alonso,
MSN, CPNP-PC
Lynchburg Pediatrics, Forest




Susan Ashton-Lazaroe, MD
ALL Pediatrics
Lorton



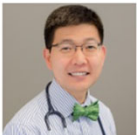
Lelia Binder, MD
Sterling AllCare Pediatrics
Potomac Falls




Deana Buck
Richmond




Brittany Butler, PA-C
Tri-Area Community Health
Ferrum




Walter Chun, MD
The Pediatric Center
Glen Allen




Robin Church
The Arc of Virginia
Richmond




Ashley D'Angelo, CPNP-PC
Children's Medical Associates
of Northern VA, Alexandria




Chrystal Doyle, APRN, FNP-BC, PMHNP-BC
Cumberland Hospital



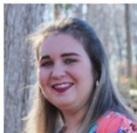
Jadig Garcia, PhD
The Pediatric Center
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Jenniffer Herrera, MD
UVA Neurodevelopmental
Behavioral Pediatrics




Vicki Holmes
Providence Forge



Morgan Honickel, LCSW
Petersburg



Nadia Islam, PhD
The Pediatric Center
Glen Allen



Stephanie Konkus, MD
Town Pediatrics
Leesburg

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VMAP ECHO 2023 Deeper Dive Cohort Members



Paula Labriola, MD
Woodbridge



Nair Maya, MD
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Herndon



Marina McBee, CPNP
Capital Area Pediatrics
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Ayanna McCray, MD
New Heights Pediatrics
King George



**Nithiyakalyani
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Tracy Walters
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Jackie Winkelvoss, RN
Capital Area Pediatrics
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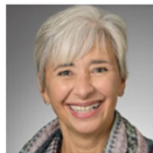
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Hub Faculty

Questions?
projectecho@vmap.org



Beth Ellen Davis, MD
Moderator



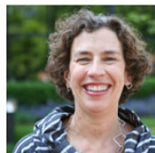
Jacqueline Cotton, MD
Pediatrics



Mary Margaret Gleason, MD
Child Psychiatry



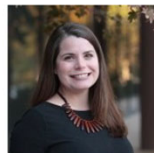
Michael Mintz, Psy.D
Psychology



Polly Panitz, MD
Developmental Pediatrics




Tammy Taylor-Musoke, LCSW
LMHP




Robin Cummings, MSHA
Program Coordinator

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Anger and Aggression in Young Children


Mary Margaret Gleason, MD, FAAP
HUB Faculty, Child and Adolescent Psychiatry
Children's Hospital of The King's Daughters



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Learning Objectives

1. Recognize the broad differential diagnosis of dysregulated anger and aggression
2. Be familiar with preventive, first line, and indicated treatment approaches to support emotional regulation
3. Practice of Preventive/ communicative / interventional skill(s) in session to address anger/aggression



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Anger and aggression happens when

Frustration or distress

Exceeds

Capacity to organize feelings

- Extreme, developmentally unmanageable stressor
- Atypical experience of typical stressors
- Limited emotional regulation skills

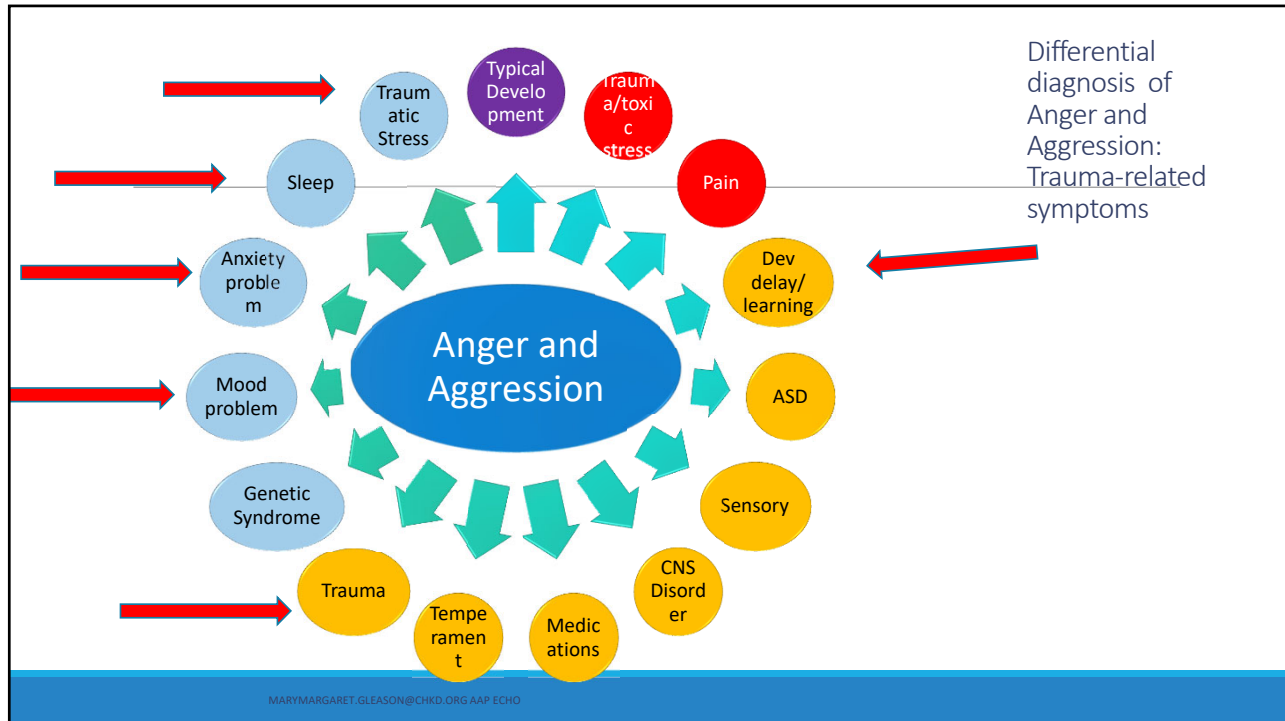
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Factors related to development of emotional regulation

- Genetics
- Temperamental patterns
- Developmental
- Sensitive, responsive, nurturing caregiving
 - Modeling of calm responses and emotional range
 - Use of the language of feeling states
 - Supported exploration and mastery (and failure) of new challenges

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Complex Interactions: biology, relationships, social context

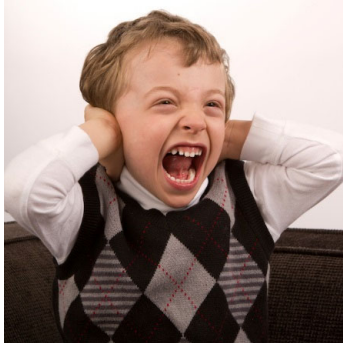
Genetic predisposition	Prenatal	Caregiving Context	Child
<ul style="list-style-type: none"> • Genes regulating 5HT and MAO • Disruptive patterns in parents • Parental mental health 	<ul style="list-style-type: none"> • Maternal Depression • Smoking exposure 	<ul style="list-style-type: none"> • Trauma • Coercive parenting • Low warmth • Low family cohesion 	<ul style="list-style-type: none"> • Developmental delays • Temperament (effortful control, affective state)

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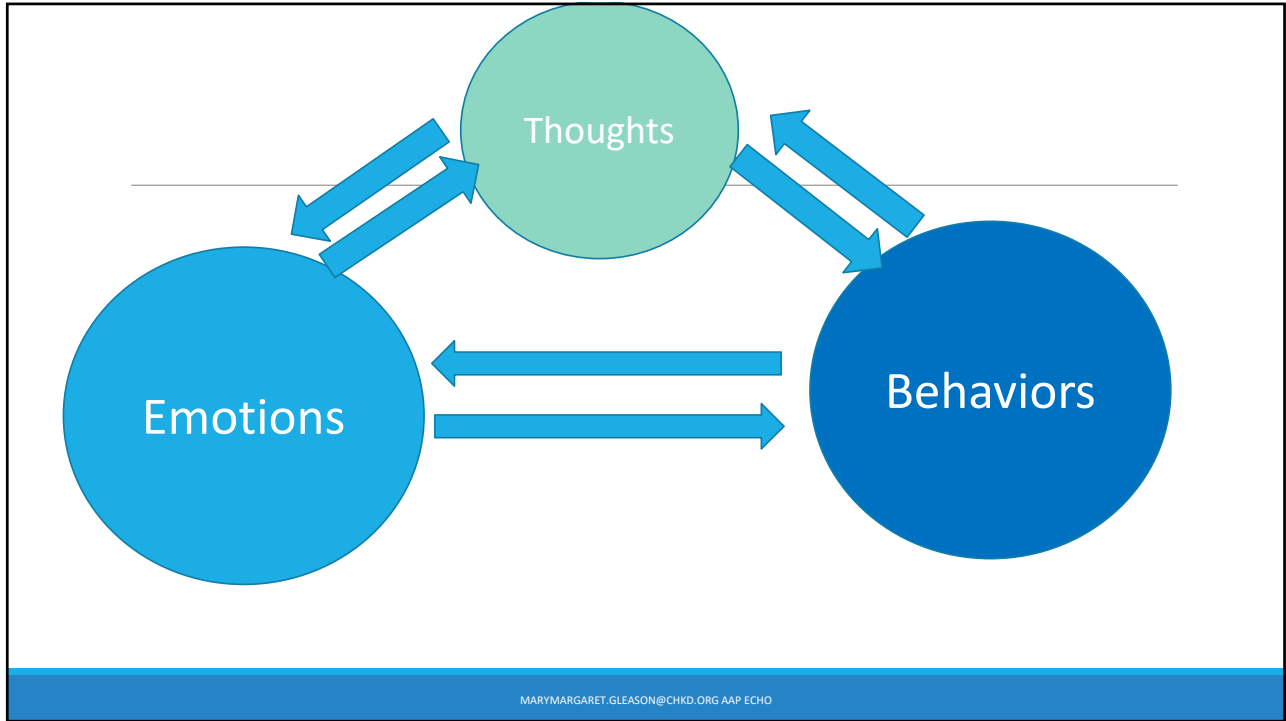
Reconceptualizing preschool anger and aggression

- Mood drives behavior
- Irritability can be at the core

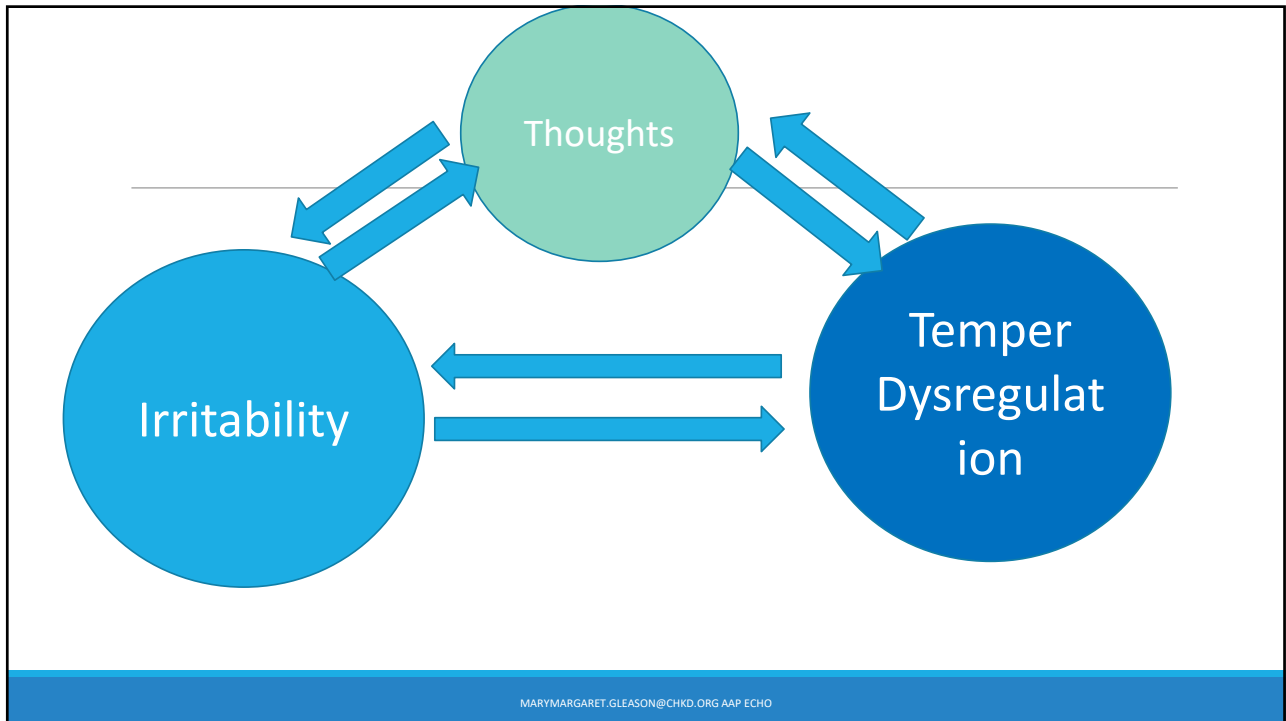


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When is a tantrum not just a tantrum?

- High Frequency (2-3 times per day)
- Aggression towards people or destruction of objects
- Happens outside the home
- Happens with adults other than parents



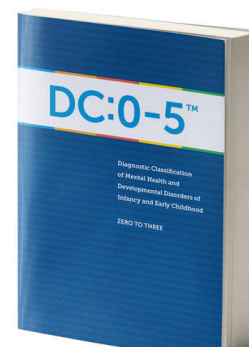
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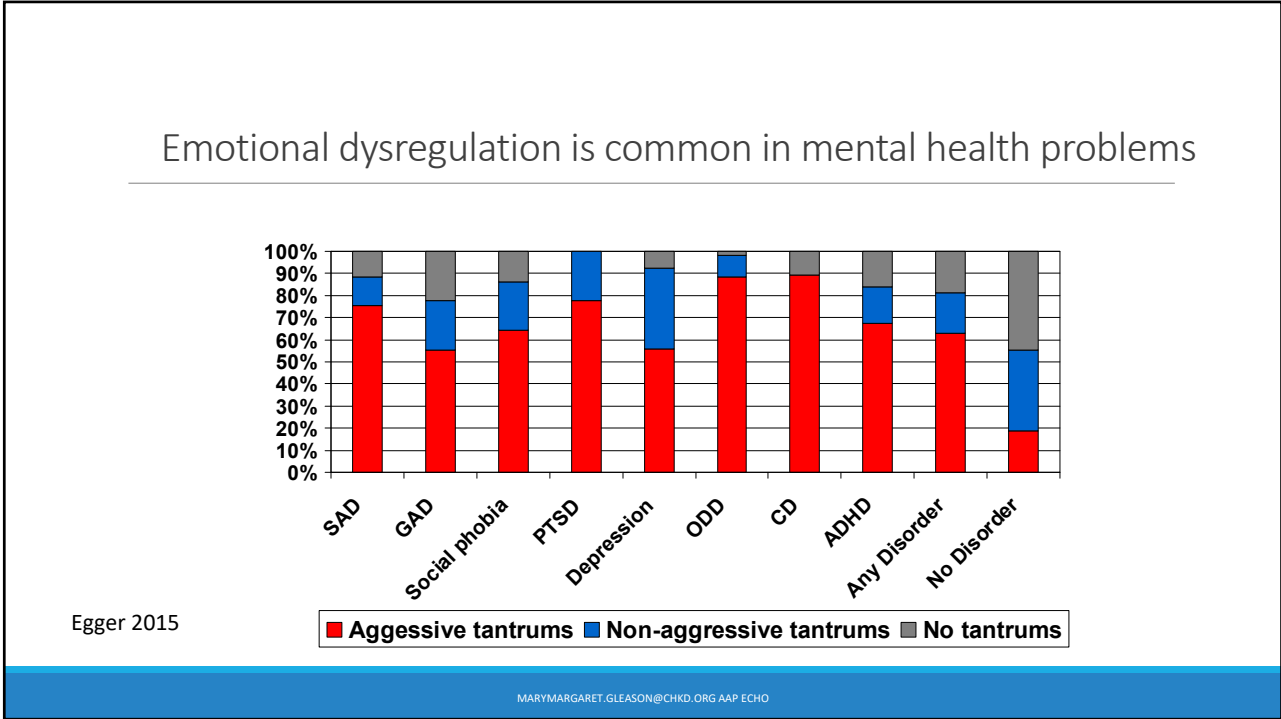
Disorder of dysregulated anger and aggression (> 24 months x 3 months; 3+ symptoms)

- Substantial anger and temper dysregulation
- Non-compliance and rule breaking
- Reactive Aggression
- Proactive Aggression

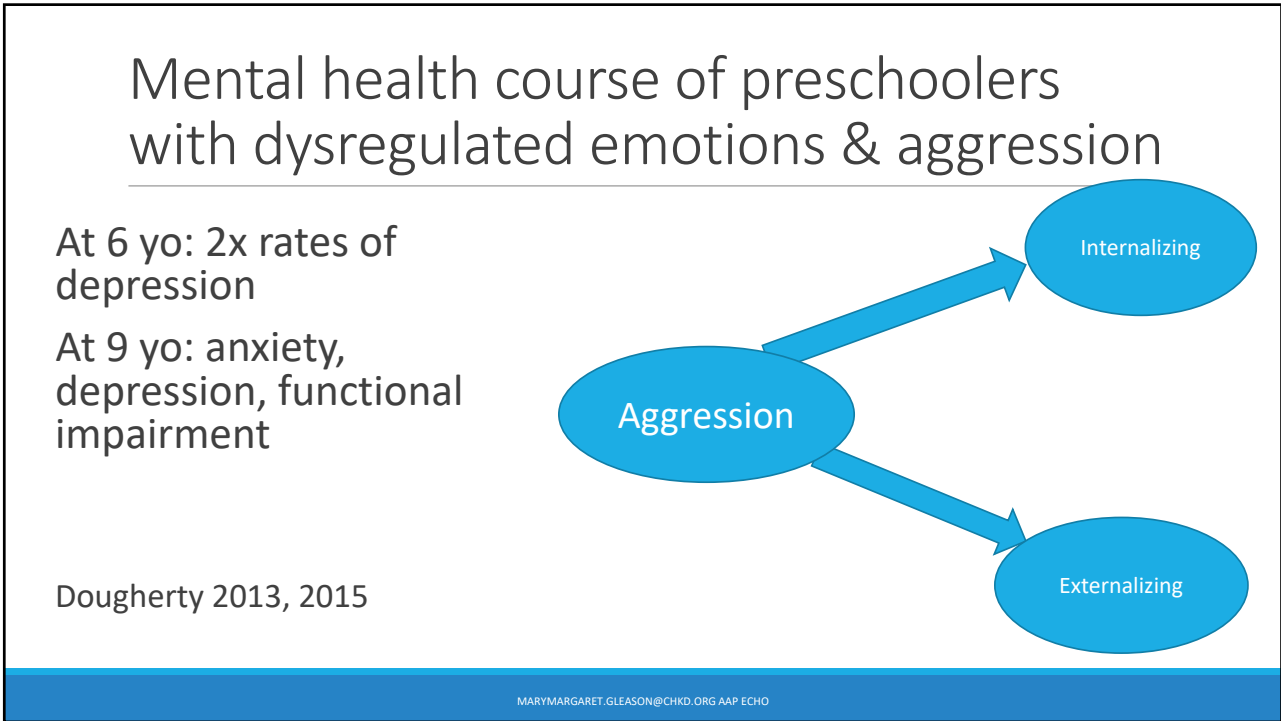


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Listen: parent's perception and attributions

Assessment

Observe: parent behaviors

Observe: child behaviors

Caregiver-child relationship is the primary environment where children build emotional regulation

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Evidence-based treatments that promote early childhood dysregulation

- Strength-based
- Relationship-focused
- In-vivo practice
- Provide support or skills to promote emotional regulation
- Promote positive behaviors with positive reinforcement

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Translating to primary care

- Screen for
 - Adverse social determinants & trauma
 - Caregiver MH
 - Child MH



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Be “FOCUSED”- address modifiable strengths

- ✓ Consider family supports like home visiting
- ✓ Safe, quality ot-of-home child care (e.g., Head Start)
- ✓ Refer for caregiver depression or MH concerns
- ✓ Reduce exposure to unecessary medications with behavioral side effects (Steroids, Kepra)
- ✓ Sleep hygiene
- ✓ Label the emotions
- ✓ Link with developmental supports including speech and language, OT (IDEA Part C or B)



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Guidance for parents about emotional regulation

Label emotions

- *“It looks like you are feeling sad that you have to wait”*
- *“You’re a little nervous about going to school today”*

Label own feelings and coping strategies

- *“I sometimes get scared to talk to new people too... then I take a big breath to calm my body down”*

Model emotional regulation

- Use other adults to manage own emotions
- Practice coping strategies (when not stressed)
- Praise brave behaviors or emotion regulation under stress



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Build emotional regulation with positive interactions and structure

- Positive reinforcement for positive behavior
- Remove attention for provocative/low level disruptive patterns
- Safe, consistent, (boring) consequences for inappropriate behaviors



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Practical tips for children with trauma history and anger/aggression

Ensure current safety

Educate about aggression in trauma exposed children

- Re-enactment (PTSD symptom)
- Anger related to adults' failure to protect
- No models of how to experience negative emotions in a regulated way

Avoid avoidance

Teach relaxation strategy

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Psychopharmacologic treatment for preschool anger and aggression: evidence-based and safety

RANDOMIZED CONTROLLED TRIALS

ADHD

- Stimulants (Mph > MAS), atomoxetine

ASD with aggression

- Risperidone (≥ 5), aripiprazole (≥ 6)

OTHER MEDICATIONS USED

ADHD, impulsivity

-Alpha agonists

- Safety concern: overdosing (accidental or prns)

Extreme aggression in other children

- Stimulants

-Alpha agonists

- Atypical antipsychotic agents

Depression, mood disorder, anxiety not responding to therapy/therapy unavailable

- SSRI

Sleep

- Melatonin

- Clonidine

(diphenhydramine)

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Other Tools



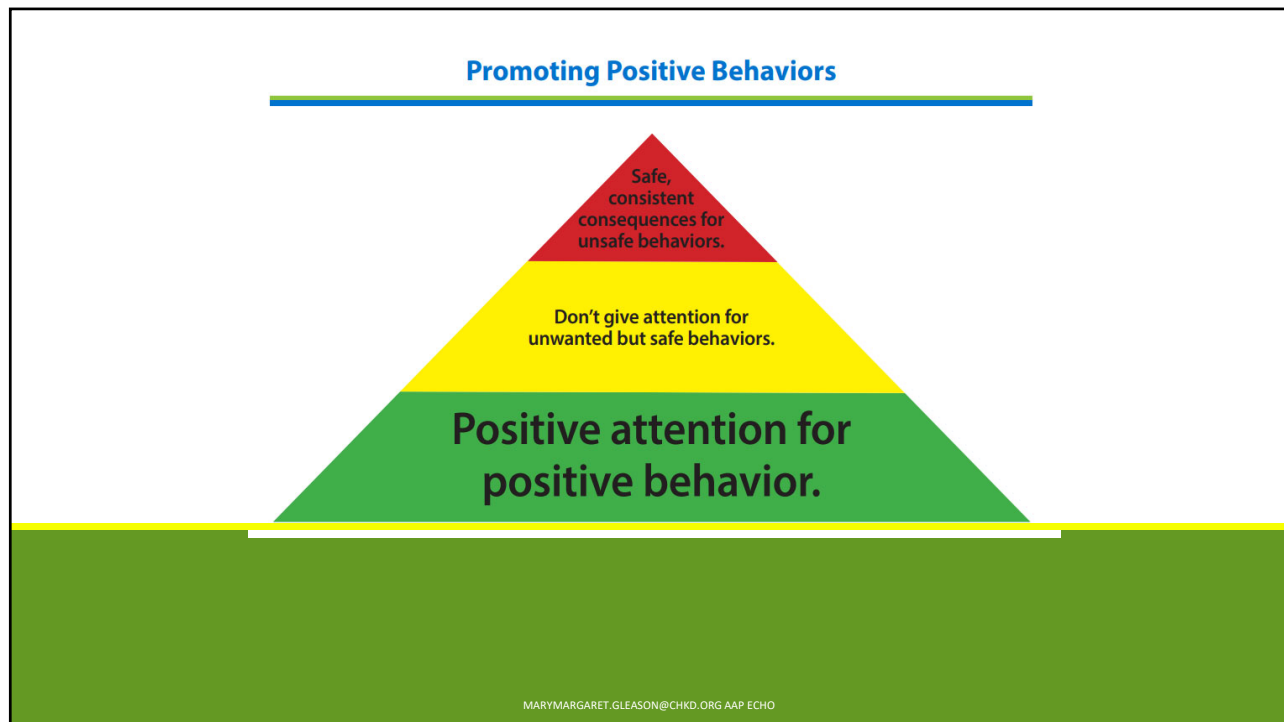
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H	Hope	<i>"There are some effective ways of helping with these kinds of behaviors"</i>
E	Empathy	<i>"It can be exhausting to make sure your child safe when he's so impulsive" (also express to child)</i>
L²	Language Loyalty	<i>"running around", "activity", "hyper"</i> <i>"I'll be here for you"</i>
P³	Permission Partnership Plan	<i>"I'd like to ask you about other people in the family who might have had this kind of difficulty"</i> <i>"We'll work on this together"</i> <i>Write it down!</i>

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Teaching relaxation

Muscle relaxation

- “loosey noodles”
- Progressive muscle relaxation
- Can record script for family on phone or use handouts

Blowing bubbles

Blow the tissue

Older children: biofeedback with pulseox

Good for child and parent co-regulation

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More Relaxation Tools

Smilingmind.com.au

Free relaxation and meditations for children and adults (from Australia)

[PBS Kids \(PBSkids.org\)](http://PBSkids.org)

“When something scary happens” resources

Belly breathing with Cookie Monster

Tulane Early Childhood Collaborative

Parent resources and handouts and child development and behavior

<https://medicine.tulane.edu/centers-institutes/tecc>

[Vroom \(joinvroom.com\)](http://Vroom (joinvroom.com))

Evidence-informed app and website to promote healthy parent-child interactions

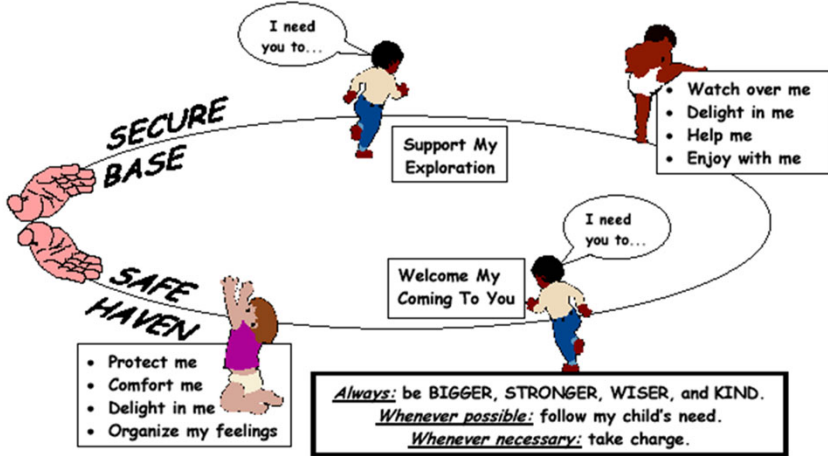


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CIRCLE OF SECURITY

PARENT ATTENDING TO THE CHILD'S NEEDS



© 1998 Cooper, Hoffman, Marvin, & Powell
circleofsecurity.org

Cooper et al 1998

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Attachment relationships made simple

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Summary


Intervention for dysregulated emotions and behaviors has some common elements and some elements driven by the underlying cause

3 take home points

- Think about trauma and EVERYTHING ELSE when you hear tantrums
- Supporting caregiving and caregivers helps children’s emotional regulation
- There is SO much you can do in primary care without specialty mental health


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Case Presentation

Brittany Butler, PA-C
Tri-Area Community Health
Ferrum



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6 yo female with anger, poor peer relationships															
Prior medical, MH dx	@ age 4: per mom prior evaluation by Developmental Pediatrics for Autism but did not meet criteria														
Symptoms	<p>A. On initial visit parent asked child to come from behind to exam table (yelling)</p> <p>B. Child yells "I just hope you both die" "I hate you I hate you I hate you". Sits on floor with face/head in her knees and covered with arms. Throws crayons "in general direction of provider and mom."</p> <p>C. Child remained behind table for remainder of visit. Mom raised voice a few times asking child to come out but unable to coax her out. Warm-handoff to clinic BH Counselor – given heads up that child very upset; brought new coloring sheet – was able to color quietly</p> <ul style="list-style-type: none"> Mom's concerns: pt's frequent yelling, anger, outbursts, throwing objects, breaking toys when mad; poor peer relationship at school not making friends; difficulty with transition from activity she enjoys to one she does not <ul style="list-style-type: none"> A. Mom will ask pt. to come to table for dinner B. Pt. yells "no" "I hate you I wish you would die and leave me alone" Throws doll/toy at mother then runs to her room and slams door. Will often hide under her bed or behind couch when angry. C. Mom allows child to remain in her room "if she calms down we watch a movie or I play barbies with her". Mom notes she often yells at child when she is not compliant with request. Poor sleep structure: frequent nighttime wakings due to "bad dreams" or not wanting to sleep in her bed 														
Related family/ social hx	<ul style="list-style-type: none"> Parents divorced; custody split every other week. Mom reports dad has "anger issues"; CPS complaint after child accused dad of "inappropriate touching" – did not result in changes to custody agreement. @dad's PGM is primary caregiver; dad rarely present MGM died one year ago; mom says child often yells "I just want to die and be with granny." – they were close 														
Other settings	<ul style="list-style-type: none"> 1st grade; teacher concerns re. poor peer relationships, yelling at students, hyperactive, "does not share well" 														
Medications	<ul style="list-style-type: none"> Vyvanse 10mg qam (started 6 wks ago; tolerating well) and Benadryl 25 mg qhs (mom started OTC for sleep; tolerating) Clonidine discontinued after initial trial at 0.1 mg qhs; did not tolerate due to "jerking in her sleep" 														
Relevant screens/labs/tests	<table border="0"> <tr> <td>Teacher (1st Grade) Vanderbilt</td> <td>Parent Vanderbilt (mom completed; dad/PGM did not)</td> </tr> <tr> <td>-Inattentive 9/9 (3s)</td> <td>-Inattentive – 8/9 (2s)</td> </tr> <tr> <td>-Hyper 7/9 (2s)</td> <td>-Hyper – 9/9 (3s)</td> </tr> <tr> <td>-ODD/Conduct- 1/9 (Lies to get what she wants)</td> <td>-ODD 8/8</td> </tr> <tr> <td>-Anxiety/Depression- 1/9 (fearful to try new things)</td> <td>-Conduct 1 (lies to get what she wants)</td> </tr> <tr> <td>-Performance Impact – 5 for poor reading</td> <td>-Anxiety Depression – 2</td> </tr> <tr> <td>-Problematic (5's): peer relations, following directions, disruptive</td> <td>-notes comments of "I am worthless"- blames herself/feels guilty.</td> </tr> </table>	Teacher (1st Grade) Vanderbilt	Parent Vanderbilt (mom completed; dad/PGM did not)	-Inattentive 9/9 (3s)	-Inattentive – 8/9 (2s)	-Hyper 7/9 (2s)	-Hyper – 9/9 (3s)	-ODD/Conduct- 1/9 (Lies to get what she wants)	-ODD 8/8	-Anxiety/Depression- 1/9 (fearful to try new things)	-Conduct 1 (lies to get what she wants)	-Performance Impact – 5 for poor reading	-Anxiety Depression – 2	-Problematic (5's): peer relations, following directions, disruptive	-notes comments of "I am worthless"- blames herself/feels guilty.
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-Problematic (5's): peer relations, following directions, disruptive	-notes comments of "I am worthless"- blames herself/feels guilty.														
CONSULT QUESTION:															
Given initial good results with Vyvanse should I still consider add'l meds for possible ODD? It is ok to continue Benadryl long-term for sleep?															

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Wrap-up

Our next session...

Topic:	Preschool ADHD
Date:	Thursday, May 25 @ 12:00 to 1:00 PM
Case presenter:	Liv Schneider, MD
Didactic presenter:	Mary Margaret Gleason, MD

Today's session recording will be posted to the cohort webpage @ <http://www.virginiapediatrics.org/vmap/echo/>

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