

# Psychotherapies for Aggression in IDD – Part 1

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# Outline for Today

1. Why “Aggression” occurs in persons with IDD
2. How to Define “Aggression”
3. How to Understand “Aggression”
4. How to Refer to Therapy for “Aggression”



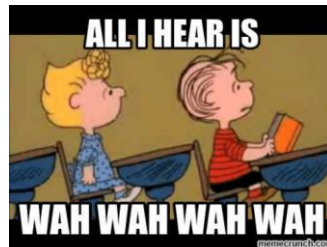
# Why “Aggression” Occurs

1. Persons with IDD are at a high risk for engaging in a variety of negative behaviors, including aggression, then other patient populations
2. May be a byproduct of inherent core deficits with IDD

|                                |                                   |
|--------------------------------|-----------------------------------|
| Communication impairment       | Social impairments                |
| Language/speech impairments    | Cognitive/learning difficulties   |
| Sensory impairments            | Emotional processing difficulties |
| Brain/neurological impairments |                                   |

3. Common risk factors
  - Lower IQ, nonverbal status, autism/severity of autism, other behavior problems

# How to Define “Aggression”



## 1. What is the behavior of a concern?

### Could Also Mean ...

|                                      |                      |
|--------------------------------------|----------------------|
| Noncompliance                        | Self-injury          |
| Physical <u>or</u> Verbal Aggression | Tantrums/Meltdowns   |
| Property Destruction                 | Hyperactive Behavior |

## 2. Be as clear/specific as possible

E.g., Stephanie engages in physical aggression. When aggressive, she engages in hitting, kicking, scratching, pinching, biting others; throwing objects at others; and head-butting others.

E.g., David has major meltdowns. When he has a meltdown, he engages in screaming, cursing, crying, and/or self-injury (hitting himself on the face/head with open hand/closed fist, biting his hand), and either dropping or flopping to the floor OR running away from caregiver supervision



# How to Define “Aggression”

3. How frequent?
  - Daily, weekly, monthly
  - If daily, once?, less than 5?, between 5-10x?, greater than 10?
  - When was the last time the behavior occurred?
4. How severe?
  - Any redness, bruising swelling?
  - Anyone had to seek more than basic first aid? Concussions, lost of consciousness, broken bones?
  - Tell me the worst example? How long ago was that?
  - Do they tend to target a specific/“vulnerable” person?
  - Ever had to go to ED, inpatient admissions, residential stays?
5. Where does it occur?
  - Home, school, community?
6. When/time of day does it occur?
  - Morning vs night? Bedtime? Bath time? School?
7. How long has the behavior been occurring?
  - Newly emerging behavior?



# How to Understand “Aggression”

1. Could there be co-occurring medical conditions?
  - Seizures
  - How is their eating, sleeping, and pooping?
2. Could there be co-occurring psychiatric conditions?
  - Are they on any medications?
3. What may be contributing factors in the environment?
4. Any stressors or trauma, or recent changes?



# How to Understand “Aggression”

## 5. All behaviors serve a purpose

| <i>Purpose</i>    | <i>What it Means</i>                                    |
|-------------------|---|
| Attention         | “Come see Me!”, “Look at Me!”                           |
| Tangible          | “I want X!”, “Don’t take X away!”                       |
| Escape/Avoidance  | “I don’t want to do X!”, “Oh no, X is about to happen!” |
| Automatic/Sensory | “This behavior feels good!”                             |
| Pain/Illness      | “I don’t feel so good!”                                 |

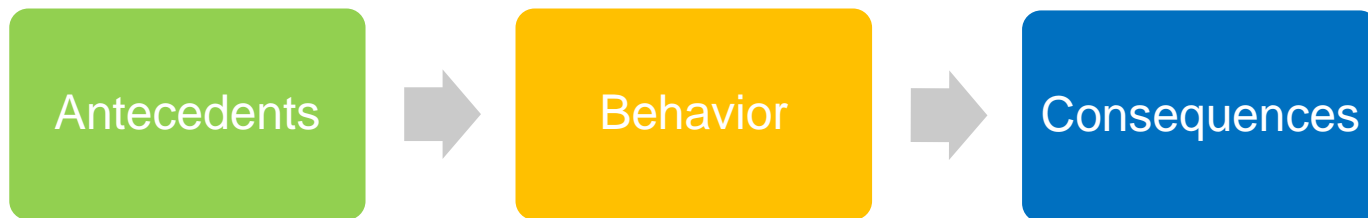


# How to Understand “Aggression”

## 5. All behaviors serve a purpose

– *Questions to ask:*

- What are things that “trigger”/precedes the behavior?
- What do they do in the moment when the behavior occurs?
- How do they get the behavior to “stop”?
- What do they do after the behavior is over?





# How to Refer for Therapy for “Aggression”

1. In general, ABA is the non-pharmacologic therapy with most evidence for reduction in “aggression” in persons with IDD
2. However .... use of other non-pharmacologic therapies might also be indicated
  - Intensive speech therapy (very young; nonverbal)
  - Occupational therapy
  - Modified CBT or DBT (for higher functioning; aggression is related to co-occurring mental health problems)
  - Intensive emotional regulation/coping skills training
  - Trauma-focused CBT (if higher functioning; older; aggression is related to co-occurring trauma)
3. If medically related, referral to appropriate medical specialist
4. If psychiatric, referral to psychiatrist with training/expertise in IDD



# Questions?

