**Morris County Psychological Association**

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November 12, 2014

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**Assessment and Treatment of Aggression in Children**

**Dr. Mark Singer and Dr. Barry Katz**

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*Announcements by Marc Gironda*:

1. Anyone interested in judging some of the submissions for the High School awards, which we give out in June, should start letting Susan Neigher know
2. In December we will not have a meeting and instead on Friday 12/12/14 we will have our MCPA Holiday Luncheon at Vine in Basking Ridge (@ 12-2pm). More info to follow soon via email.

**Next meeting**:

**January 14th – Topic: Working with Transgender Patients (Dr. Margie Nicholls)**

**Meeting will be held at: The Wyndham Hamilton Park Conference Center**

**175 Park Ave, Florham Park**

 **Breakfast 9:00, Program 9:30-10:30 a.m**.

\*\*Register on-line for meeting at www.mcpanj.com

**11/12/14 meeting attendance**: Mike Zito, Randy Bressler, Francine Rosenberg, Marc Gironda, Morgan Murray, Hayley Hirschmann, Carly Orenstein, Jayne Walco, Aaron Welt, Susan Neigher, Tamsen Thorpe, Jeannine Zoppi, Brendan McLaughlin, John McGovern, Margaret DeLong, Ronald Gironda, Suzanne Hays, Christopher Lynch, Ken Gates, Nydia Rolon, Elizabeth Matheis, Andrea Philactos, Carol McCrea, Marion Giopoli, Hubert Junilin, Kim Arthur, Beverly Tignor, Nancy Sidhu

* **Biographical Information:**
* *Barry Katz, PhD -*  has over 20 years of extensive experience working with the Public Defenders office, private attorneys, DCPP, US Attorney’s Office, insurance companies and other agencies in the areas of child abuse, neglect, trauma and risk assessment. He performs child custody and risk assessment evals in specialized cases, such as assessing allegations of abuse or neglect during high parental conflict and divorce. Also has clinical experience in treatment of traumatic brain injuries, developmental disorders, parenting issues, trauma related disorders, anxiety and depression. He currently works out of West Essex Pyschology Center in Livingston.
* *Dr. Mark Singer -* has had an interesting career in psychology since an almost 10 year stint as a seargent working for the West Orange Police Dept. For about the last 15 years he has been in private practice at the West Essex Psychology Center and responsible for providing psychotherapy for individuals, families, adults, adolescents, couples, and children. He has experience working with sexual abuse victims, physical abuse victims, and in issues related to parental alienation. In addition, responsible for conducting forensic evaluations in the areas of termination of parental rights, sexual abuse/risk of offending, parenting and custody, substance abuse, risk assessment, employment determinations, and other psychological arenas. Evaluations include personality assessments and cognitive evaluations. Provide expert testimony when needed and has been admitted as an expert witness by the Superior Court of New Jersey. Provide consultations to the court system, foster parents, DYFS, school personnel, and other professionals. He has numerous specialized trainings and presentations in the field and is a member of several professional organizations.

**Presentation:**

**Working With Aggressive Children and Adolescents**

-Drs. Katz and Singer reviewed some of the assessment issues, treatment issues and models/modalities of treatment with this population

**I. Assessment Process:**

-should have some remediation of risk plan involved despite the fact that as a field they feel we are not particularly good at predicting violence. With assessment focused on structured interview and professional judgment we can predict based on Plan, intent and desire to harm that people are *possibly* at increased risk to be violent.

-they feel best instrument to predict with this population in the HCR-20 (Historical Clinical Risk Assessment) and of course the more sources of data you can include in your assessment the more reliable it will be (patient, parent reports, school records, police records, court records…).

-the HCR considered good instrument because it focuses on 3 different item areas:

 1.Historical Risk Factors (e.g. age of first violence – a static risk factor)

 2. Clinical Items

 3. Risk Management Items

-we know past patterns of violent behaviors and psychopathy and presence of psychotic disorders can increase risk of violence and with several of these factors, the risk goes up.

II. Treatment Issues:

-there is no one perfect way to treat this population but he feels creating an environment where they feel respected and protected to open up works well (do not have to respect their violent behaviors.

-Ethical Concerns – from age of 14+ he obtains consent. Discusses with families how STDs, termination of pregnancy and drugs are protected from having to disclose. Between 14 and 18 y/o, he has the parents and kids sign the release. He tries to set it up with the family that everything is confidential except if he deems there is a danger and a need to break it and will usually encourage the kids to disclose or states he will have to

-Types of Anger to treat: (often looking at the aggression as a symptom, usually of family dysfunction, and therefore the family issues must be addressed). Agression usually a symptom of something else

 a. Instrumental anger – has an aim/goal (i.e. slash girlfriends tires b/c jealous of her) and usually easier to treat

 b. Affective/Hostile Aggressions (eg – blow up all the tires)

-Projective Identification (Nancy Williams work cited here):

 -kids that are angry and aggressive don’t always know it but they often make adults around them feel that way too.

 -can use that feeling to treat the child

 -may want to figuratively bring them closer to you and show them the world can be different and non-hostile and accepting.

-Therapy as a Hold Environment (Winnicott)

-Scaffolding and Replacing – they discussed not being able to take something from a kid without giving something back. Helpful either way to add more supports like:

A. Social Skills Training

B. Moral Education

C.Anger Control Techniques (triggers, cues, physiological arousal, relaxation/anxiety reduction)

D. Recreation / Community Based Programs – channel physical energy and replace inappropriate behavior

-Underlying Mental Illness must be Assessed and Treated ( ODD, ADHD, Bi Polar, CD, Autism Spectrum Disorders..)

-Family Systems

 -he prefers the family members have different therapist than the kid but will still periodically meet with the parents with the kids in the room.

 -feels you need the family to reinforce interventions in therapy but must be sure to let kid know if you have contact with the family or trust will be violated

-Custody / Parenting Time Issues – need to look at aggressive behavior in context . What environments are they and are they not aggressive? Sometimes parental motives are involved.

 -the presenters encouraged all of us to understand this context because sometimes good kids do crazy things and could be others motives or the context causing it so can’t ignore this.

**Questions and Answers:**

Q: Can physicians tell if patients have liver damage from drinking? Could it be used diagnostically?

A: You could tell if liver enzymes are elevated but they don’t always tell the whole story. Could happen from other medications too, like ibuprofen or acetaminophen.

Q: Do you routinely get a confidentiality release?

A: People in addictions work have always had very strict confidentiality statements even before the days of HIPPA and I still use them.

Q: What about brain imaging or neurological testing as a diagnostic tool?

A: Can be used, especially with marijuana but can be costly.

Q: Could it be used to break through denial?

A: Difficult and expensive. I mostly use them in forensic work at times and in younger people may be harder to see.

Q: Are kids who take prescribed meds (for ADHD, anxiety…) more at risk for later drug problems?

A: Actully, research shows that early diagnosis and treatment in these kids reduces the risk for later drug problems.

Q: How have law enforcement been dealing with substance use issues in “legal states” like Colorado?

A: They do not have a measure to define level/drug content in the body, like in an automobile stop, so they are looking at things like response times and orientation because there is not yet an equivalent to blood alcohol testing.

Q: Do we need to treat alchohol use/abuse problems before mental health problems?

A: “Contracting” with the patient is often a good way to start (maybe something like a 90 day sobriety contract to start to see if it can be done).

Q: Comment on Suboxone and other drugs to treat opiate addiction?

A: Useful, has seen best outcomes with Naltrexone/Vivitrol injectable (gives 30 day coverage). Need to consider the patient goal. Is it to be drug free? Many opioid addicts can’t tolerate any pain form years of abuse so all needs to be considered.

Q: Opinion on creativity and drug use paradigm?

A: Familiar with that but need to consider if there is some mental health illness like say anxiety that is reduced by the substance. Is that what “frees up” their creativity, not actually the drugs or alcohol? Need to assess.

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The monthly newsletter is being sent from secretary@mcpanj.com, so *please allow your spam-blockers to permit mail from this address.*

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For more information or to make a reservation for our next meetings, visit www.mcpanj.com

Respectfully submitted by:

Hayley Hirschmann, Ph.D.

MCPA Secretary