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When the wildebeest gets your berries : adolescent anger management

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When the wildebeest gets your berries : adolescent anger management

Abstract

This study presents a review of literature regarding adolescent anger management. Problematic anger is defined as externalizing or internalizing behaviors that occur frequently enough and at a high enough level of intensity to: (1) disrupt one's everyday functioning at school, home, and/or in the community; and (2) impair one's relationships with others and one's own self-concept. The causes can be traced to a myriad of possible sources: cognitive problems; developmental problems; chronic irritability, agitation, volatility, or mood instability; or environmental stressors.

This review of studies regarding adolescent anger management programs leads to the following suggestions for school psychologists: (1) understand the comprehensive nature of the student's anger; (2) carefully match the method of intervention to the nature of the student's anger; and (3) become an agent of change within the school to create more user-friendly environments.

ABSTRACT

WHEN THE WILDEBEEST GETS YOUR
BERRIES:

ADOLESCENT ANGER MANAGEMENT

BY

PATRESA HARTMAN

August, 2002

This Research Paper by: Patresa Hartman

Entitled: WHEN THE WILDEBEEST GETS YOUR BERRIES: ADOLESCENT ANGER MANAGEMENT

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ABSTRACT

This study presents a review of literature regarding adolescent anger management. Problematic anger is defined as externalizing or internalizing behaviors that occur frequently enough and at a high enough level of intensity to: (1) disrupt one's everyday functioning at school, home, and/or in the community; and (2) impair one's relationships with others and one's own self-concept. The causes of problematic anger in adolescents can be traced to a myriad of possible sources: cognitive problems; developmental problems; chronic irritability, agitation, volatility, or mood instability; or environmental stressors.

Assessing anger in adolescents is complicated by the blurry line between typical developmental stages and behaviors that indicate an abnormal expression of adolescence. Likewise, the cultures and communities from which students come largely determine what is considered appropriate displays of anger. An assessment must be comprehensive enough to take into account a student's environment.

Possible components of an anger management training program may include one or more of the following: preventative measures that create fewer opportunities for conflict, arousal management, cognitive restructuring, behavioral and social skills training, rational-emotive behavioral therapy, and family training. Finally, five specific anger management programs are detailed: (1) STOP; (2) Cognitive-Behavioral Anger Control Training; (3) Triple A Strategy with peer tutoring; (4) Problem-solving Communication Training for Families; and (5) Pet Therapy: Cognitive-Behavioral Therapy with Attachment Theory Modifications. A review of the efficacy of these

programs revealed that effectiveness data was not reported for the Cognitive-Behavioral Anger Control Training program; STOP was found to be somewhat successful; Triple A Strategy did not appear to produce significant behavior changes in participants; Problem-Solving Communication Training for Families saw significant improvements in participating parents and less improvement in participating adolescents; the Pet Therapy program had confusing results—statistical reports indicated no improvement, but observational reports indicated otherwise.

This review of studies regarding adolescent anger management programs leads to the following suggestions for school psychologists: (1) understand the comprehensive nature of the student's anger; (2) carefully match the method of intervention to the nature of the student's anger; and (3) become an agent of change within the school to create more user-friendly environments.

WHEN THE WILDEBEEST GETS YOUR BERRIES:

ADOLESCENT ANGER MANAGEMENT

by

Patresa Hartman

A research paper submitted in partial fulfillment of
the requirements for the degree

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TABLE OF CONTENTS

INTRODUCTION

There is little room for argument: chronic, intense anger, whether it be harbored like an abandoned sailboat or shot like a missile in combat, is detrimental to one's interpersonal relationships, self-esteem, and physical health (Blum, 2001; Feindler, 1995; Feindler & Ecton, 1986; Greene, 2001; Kassinove & Sukhodolsky, 1995; Peacock, 2000; Presley & Hughes, 2000; Wilde, 1995; Witkin, 1999). The key words here are "chronic" and "intense." There is such a thing as *healthy* anger. There is an idea that anger even served an evolutionary function – survival of the species (Averill, 1983). Had a prehistoric woman, gathering berries, simply smiled at the rampant wildebeest before dousing herself with butter and salt for its dining pleasure, we, as a species, wouldn't have gotten very far. The feeling of anger typically arouses one's fight or flight response system: adrenaline rushes, palms sweat, the face becomes flushed; there is a nervous jitter just under the skin. These physiological cues tell us we need to a) take ground and defend ourselves and our berries – impale the wildebeest with a sharp stick; or b) drop the stinking berries and run like hell.

Evolution and wildebeests aside, at what point do we say, "hey I'm feeling ticked off way too often, and way too ferociously," and call it *unhealthy*? Furthermore, how do we, in the third person, identify such a problem in an adolescent, who, by biological edict is experiencing a myriad of emotional tides? Say that we finally can reliably say one has reached a problematic level of anger: then what? How do we fix it? *Can* we fix it?

A number of researchers have explored the nature of adolescent anger: is it worse than it was 50 years ago? Where does it come from? How is it expressed? How does it

affect families, classrooms, and communities? And, what are best and worst practices for teaching teens to handle angry feelings effectively?

Purpose

The purpose of this paper is to explore what has been and what needs to be done in the realm of adolescent anger management within schools. There has been too much violence inside and outside contemporary schools to warrant ignoring our angry teenagers until they drop out or graduate and hopefully go away. This exploration will include: a definitional discussion of the nature of the problem and its potential sources; strategies in assessment; possibilities in interventions; and finally, implications for school psychologists.

Organization

Chapter One offers a definition of problematic anger and also examines the multiple means by which children learn how to display their angry emotions. It concludes with a debate on whether or not teenagers in contemporary society are any angrier than teenagers were in the past. Regardless of whether or not the emotions are any more intense, the consequences certainly are, and those alone provide enough incentive to implement anger management programs within the schools.

Chapter Two discusses the nature of student anger and where it comes from. There is not one single answer, but rather an extensive web of factors that may enable problematic anger to develop: cognitive problems, developmental issues, personality or temperament, and finally, environmental stressors.

Chapter Three dives into the nitty-gritty details of assessment. Assessing a student's anger is not completely straightforward, and in this chapter, some general guidelines to follow, as well as particular instruments are discussed.

Chapter Four introduces the foundations of various intervention methods: preventative measures, arousal-management, cognitive restructuring, behavioral/social skills training, Rational-Emotive Behavior Therapy, and Family Training. The most effective interventions follow a multi-modal model incorporating activities and skill training from more than one discipline. Chapter Four also includes discussion of the art of facilitating group therapies, including specific interpersonal skills required by interveners, as well as suggestions for how to deal with resistance within training.

Chapter Five details five specific programs that have been attempted with adolescents: (1) STOP (Escamilla, 1998); (2) Cognitive-Behavioral Anger Control Training (Feindler & Guttman, 1994); (3) Triple A Strategy with peer tutoring (Presley & Hughes, 2000); (4) Problem-Solving Communication Training for Families (Stern, 1999); and (5) Pet Therapy: Cognitive-Behavioral Therapy with Attachment Theory Modifications (Hanselman, 2001).

Chapter Six synthesizes the paper and provides suggestions for school psychologists.

CHAPTER 1:

WHAT'S THE PROBLEM?

Inappropriate Expressions of Anger

It is argued that while the emotion of anger is innate to all animals, including humans, the actual expression of anger is learned (Eckhardt & Deffenbacher, 1995; Kassinove & Sukhodolsky, 1995; Malatesta & Haviland, 1982). We learn patterns of anger from family, television, school, religious teachings, and a larger sense of culture (Kassinove & Sukhodolsky, 1995). Malatesta & Haviland (1982), in their study of mother-infant interactions, found that anger expression (as well as the display of other emotions) may be encoded in early infancy through face-to-face play. As the infant grows and her experiences with surroundings multiply, that child's membership within particular neighborhoods and cultural, or socio-economic groups also begin to teach display patterns (Blum, 2001; Escamilla, 1998; Kassinove & Sukhodolsky, 1995)

Consider a neighborhood where gangs and crime are everyday fixtures. This is, perhaps, not a neighborhood where "thinking before acting" is rewarded (Escamilla, 1998). Gangs gain respect in a community through physical abilities to control and intimidate others (Escamilla, 1998). Neighborhoods such as these foster quick responses to anger, usually aggressive responses. In this neighborhood, wildebeests are plenty, and gathering berries outside the comfort of one's front stoop, is a treacherous affair. Children raised here learn to fight as a means of survival and as a means to gain respect. In contrast, children raised in upper-middle class suburban neighborhoods might reflect

what is more frequently accepted in mainstream education – anger expression should be controlled and expressed only in rational, verbal exchange. Anger is justified when it is expressed in 'self-defense', but unjustified when its expression is mere self-indulgence (Miller & Sperry, 1987).

How we express our anger is also largely determined by our ethnic cultures (Cox, Stabb, & Bruckner, 1999; Escamilla, 1998; Kassinove & Sukhodolsky, 1995; Spielberger, Reheiser, & Sydeman, 1995). Words that we use to convey emotions are largely, if not entirely, subjective and reflect the social norms and values of our culture (Escamilla, 1998). For example, Japan's cultural tradition of maintaining tight social networks strongly discourages public displays of negative emotions (Spielberger et al, 1995). The American Psychiatric Association (1994) has noted that clients of traditional Asian heritage often present with depression, rather than external anger. In contrast, individualist societies such as the United States encourage people to assert their own rights and independence (Spielberger et al., 1995).

Some theorists note differences in the display of anger between males and females (Blum, 2001; Cox, Stabb, & Bruckner, 1999; Lerner, 1985; Witkin, 1999). Overt anger in women is considered unattractive and unfeminine (Lerner, 1985). Directly and indirectly, girls are encouraged to suppress their aggressive impulses and communicate more verbally than are boys (Blum, 2001; Cox et al, 1999; Witkin, 1999). As a consequence, girls may be more likely to internalize anger and develop more anxiety (presented as self-punishment, avoidance of food and friends and conversation; [Cox et al., 1999]).

Because the cultural context has such influence on how a student learns to express her anger, it is important to consider this context when assessing a student's perceived anger problem. What display codes have the adolescent learned from her family, her neighborhood, or her culture? In what ways do those codes clash with the expectations of mainstream American education?

A student's anger expression may also be heavily dependent on temporary conditions. Fatigue, illness, stress, anxiety, hunger, and extreme cold or heat can make a person cranky and cause him to express anger more intensely than he would under normal conditions (Eckhardt & Deffenbacher, 1995). Additionally, a prior experience, perhaps something that happened at home before coming to school, can impair a student's judgment or cognitive processing (Crick & Dodge, 1994).

Are Teenagers Angrier These Days?

If the evening news and contemporary radio are any measurements, we might answer the title question with a resounding, "Yes." One teenager shoots another teenager over something as simple as romantic disputes or as complex as histories of bullying and oppression; a teenager robs the neighborhood convenience store; another teenager smashes the windows of every vehicle along five city blocks; our up-and-coming young rock bands pulse out angry dissonant chords screaming discontent. Are these accurate reflections of a changing teenage psyche? Or are they simply results of a public thirstier for drama and/or a loosening hold on media content regulations?

Some argue that contemporary society is more complex than ever before (Weissberg, Caplan, & Harwood, 1991) and because of that, today's youth experience greater stress (Witkin, 1999). There is more pollution, more violence portrayed on television, an increasing entrée of communicable diseases, a pressure to abandon childhood at an earlier age (Wilde, 1995), and increasing options which lead to more pressing decisions about one's future (Witkin, 1999). Additionally, our culture has become more and more convenience-oriented, which emphasizes instant-gratification. Some researchers have argued that children who grow up with the internet at their fingertips and 24-hour convenience stores have less opportunity to develop patience, and therefore develop lower levels of frustration tolerance (Wilde, 1995).

Some say that it is not so much that kids are angrier, but that the consequences of anger have become more severe (Wilde, 1995). The availability of guns in this country has upped the ante for entering a disagreement. Adolescents have always gotten angry -- at times, over ridiculously trite things -- but where they once hurled rocks or insults about each other's mother, they may now hurl bullets.

It is primarily because of the critical consequences of uncontrolled anger that it may be argued that including effective anger management training in schools is a growing need. Anger and hostility in school may be our warning signs that violence is looming (Fryxell & Smith, 2000). It is commonly believed that anger and aggression are close-knit buddies (Averill, 1983; Feindler & Ecton, 1986; Lochman, Dunn, & Klimes-Dougan, 1993; Miller & Sperry, 1987; Wilde, 1995). However, anger does not always lead to an external act of aggression; likewise, aggressive outbursts are not always

preceded by angry emotion (Eckhardt & Deffenbacher, 1995; Greif, 1999; Kassinove & Sukhodolsky, 1995). Yet, they both are possible outcomes of the same event in which an individual perceives a conflict (Miller & Sperry, 1987). Additionally, Feindler and Ecton (1986) assert that the adolescent population, in general, has not developed the same level of impulse control as the adult population; therefore, aggression is more likely to erupt from those perceived conflicts.

In addition, anger disrupts the learning process – of the student experiencing the angry emotion as well as those around her. Inappropriate expressions of anger are the most frequent causes of student disciplinary referrals (Fryxell & Smith, 2000; Wilde, 1995). Resolving anger conflicts cuts in on the time that would be spent on academic learning and also overstresses teachers (Blum, 2001). Simultaneously, other children who feel threatened or intimidated by students with aggressive tendencies, cannot focus as well on learning (Blum, 2001; Wilde, 1995), not to mention the psychological damage experienced by children who are repeatedly victims of misplaced anger (Wilde, 1995). Teacher-student relationships are strained when the student has frequent outbursts of anger (Wilde, 1995). With present budget cuts and teacher layoffs, class sizes are increasing. With larger class sizes comes an increasing potential for conflict. It is more important than ever to give students the skills they need to deal with their anger (Blum, 2001).

Aside from reducing the potential for violence and increasing academic learning time, teaching children and adolescents how to respond constructively to anger will help their social-emotional well-being (Lochman, Dunn, & Klimes-Dougan, 1993). Many

people tend to dislike those who scream degrading comments. They most likely would not invite that individual to their dinner parties. Anger obscures a child's positive qualities and makes her more difficult for others to like (Greene, 2001). Children who struggle to control their angry impulses struggle to maintain positive relationships with others, which is essential to social-emotional health (Lochman et al, 1993).

Anger is not only a school problem, but also can be considered a community health issue (Blum, 2001; Feindler & Ecton, 1986; Kassinove & Sukhodolsky, 1995; Wilde, 1995). Having the skills to handle anger and frustration effectively is crucial to interacting adaptively with the world. Real life – in a long grocery check-out line, in traffic, with our coworkers and clients, with our significant others -- calls on us to continually solve problems, resolve differences, and control our unhealthy impulses (Greene, 2001). Adolescents who do not *learn* these skills will become adults who do not *have* these skills (Blum, 2001).

So why not leave anger management up to families or clinical professionals? Here is why: not all kids come from families who recognize the detrimental effects of chronic anger and not all families will seek the help of outside professionals. Even if they sought help, not all families have the financial resources to pay for those services. However, every child will come to school at some point; school is full of trained professionals to identify problem behavior; school is bustling with potential helping resources, that is, counselors, social workers, school psychologists, teachers (Lochman et al, 1993); and public school is free.

CHAPTER TWO:

WHAT CAUSES THE PROBLEM?

Before beginning this discussion, a definition of *problematic anger* is in order. Problematic anger includes either externalizing or internalizing behaviors that occur frequently enough and at a high enough level of intensity to: (1) disrupt one's everyday functioning at school, home, and/or in the community; and (2) impair one's relationships with others and one's own self-concept.

The Anger Cycle

It is important to possess a primary understanding of the anger cycle. Theorists suggest different numbers of stages in the anger cycle; however, they essentially consist of the same basic elements. Blum (2001) describes five stages in the anger cycle:

1. *Agitation and Early Warning Signs* can be conceived of as the warming up period. The individual is still able to think rationally. But, as Greene (2001) points out, the individual enters a sort of *vapor lock*. In this stage the response received by the angry individual is crucial in how the situation unfolds.

2. *Escalation* includes an increase in physiological arousal. At this point, intervention is still possible, but as escalation continues, the individual's ability to think rationally dissolves. Greene (2001) would call this the

Crossroads phase, as, depending on how the situation is handled, the individual's anger can either continue to escalate beyond logic, or he can deescalate and retrieve a sense of calm.

3. *Crisis* is considered the point of no return. The volcano has erupted, and the lava has no where to go but down the side of the mountain as a big angry blanket over the villagers. Greene calls this phase *Meltdown* noting that everything falls apart.

4. *Peaking and Recovery* is when the cooling-down process begins. It is a rather unstable stage, as the slightest provocation may send the angry person back into *Crisis*.

5. Finally, one reaches a stage of *Post Crisis Depression and Negativity*. Both Greene and Blum note that in these moments following recovery, one's energy is spent, and he is left feeling empty and negative. He may be able to listen to a logical evaluation of what has just occurred and may be able to express rationally what triggered such an angry response.

Anger Cycle Triggers

Any number of cognitive, developmental, personality/temperament, or environmental issues may stand to unnecessarily trigger the Anger Cycle and inhibit one's ability to ward off *Crisis*.

Cognitive Problems

Richardson (1918) stated that the situation stimulating anger has less to do with the *situation* than the individual's *perception* of the situation. This theme pervades as some suggest that children and adolescents who enter the Anger Cycle with little to no provocation may have a cognitive deficit in reading social cues (Crick & Dodge, 1994; 1986; Kassinove & Sukhodolsky, 1995). Hostile attributional biases and cue-detection deficits cause some children to mistake benign instances, such as another student accidentally bumping them in the hallway, as personal attacks. Some students, perhaps due to prior experiences, simply expect that actions of others will be borne of a wish to harm. Their expectations mediate how they perceive events (Feindler & Ecton, 1986).

Problem-Solving Problems

It is also suggested that individuals who routinely struggle to control their anger have deficits in problem-solving (Feindler & Ecton, 1986; Greene, 2001). They have difficulty thinking clearly in the midst of frustration and consequently, respond to problems impulsively rather than reflecting on various response options (Greene, 2001). They may lack the cognitive ability to recognize and think through the steps of a problem-solving strategy (Feindler & Ecton, 1986).

Working Memory

Others hypothesize that this problem-solving deficit may actually arise from a problem with working memory (Crick & Dodge, 1994; Greene, 2001). In order to

identify what type of problem she is facing and strategies that may be useful in dealing with that problem, a child or adolescent would need to be able to call up similar past experiences, how those events were handled, and what resulted. At the same time, she would need to employ forethought to anticipate which alternative response would yield the most favorable outcome in the current situation. If she does not have the cognitive abilities to take on so many mental tasks at once, she may become agitated and hasten into the *Crisis* stage (Greene, 2001).

Language Processing

Some children may experience problems in the area of language processing (Greene, 2001). They are less able to understand language, categorize and store current and previous events in language, think through their options in language, or express themselves effectively using language. They may lack the skills to label their feelings as *happy*, *sad*, *angry*, etc. This may lead to maladaptive forms of handling emotions.

Caregivers rely heavily on language to convey emotional expressions and either explicitly or implicitly transfer emotion display rules (Miller & Sperry, 1987). If the child cannot accurately process that communication, the child misses out on what may be training for adaptive responses to anger.

Learning Disabilities

Greene also identifies general learning disabilities as an indirect factor in adolescent anger problems. Persistent hardship in any area of academics can add

significantly to an adolescent's cumulative level of frustration. While a tendency for anger may already be present, additional stress may exacerbate what already has potential to be a problem.

Developmental Problems

Chronically angry adolescents may have experienced a delay in the development of frustration tolerance, impulse control (Greene, 2001), and other skills that facilitate social adjustment (Escamilla, 1998). The idea here is that the skills develop with maturity, somewhat like an infant develops language or the ability to crawl or walk. In this respect, the student may be just as baffled and exasperated by his lack of control as the adults who work with him. He may genuinely not be able to help himself. Consider again the three-year-old who finds the color of her shoelaces to be a personal affront. She throws a fit. We are annoyed, but it is to be expected; she's three. Consider a thirty-year-old who throws the same fit, for the same reason. We make a derogatory comment about *Rainman*, and then call him *mentally retarded* or *developmentally delayed*.

Perhaps anger problems are less about biological and neural development and more about the experiences that facilitate development (Crick & Dodge, 1994). Crick and Dodge would suggest that there may be something about the life experiences of the adolescent that have skewed her social schema and understandings. When her perceptions are malformed by misfortune, her ability to understand typical social situations, cues, and contexts is hindered. She may not have had the opportunity to develop a wide range of alternative responses to particular provocations.

Perhaps this could be tied closely to the previously discussed idea of how one's neighborhood dynamic may influence how one displays anger. If a student grows up in a crime-ridden urban area, overrun by gangs and violence, out of necessity, he may grow accustomed to acting first and thinking second (Escamilla, 1998). In such a case, this student has had little to no prior experience with talking or thinking through conflict. This skill has not been allowed to develop.

Personality / Temperament

In some children, problematic anger may simply be a matter of personality or temperament. Richardson (1918) proposed that the stronger one's predisposition towards anger, the fewer failures and stressors are required before one reaches the *Crisis* stage. Some children, by nature, may be in a chronic state of irritability, agitation, volatility, or mood instability. Such a constant state may make it difficult for them to respond adaptively to the ordinary hang-ups inevitable in life (Greene, 2001).

On the same note, a child's mood, whether temporary or chronic, may influence his perceptions of everyday events (Crick & Dodge, 1994). An adolescent who woke up on the wrong side of the bed -- who has perhaps woken up on the wrong side of the bed every morning of his life -- may interpret an event (e.g. an accidental bump in the hallway) as hostile, when it was actually an innocent mishap.

A less sympathetic perspective is that some adolescents simply use anger as a manipulative tool. These students have learned that anger can be used to bully or intimidate others into giving them what they want (Blum, 2001; Wilde, 1995).

Environmental

Other children and adolescents may experience chronic anger problems due to an inability to cope with environmental circumstances. Divorce and reconstitution of families have been pinpointed as the most stressful events in a young person's life; and children may display external or internal symptoms of intense anger while attempting to adjust (Coffman & Roark, 1992; Green, 2001). They may respond to marital problems by fighting with friends, teachers, and other adults in positions of authority (Greene, 2001). Others may internalize anger and present with depression, anxiety, or social withdrawal (Coffman & Roark, 1992; Eckhardt & Deffenbacher, 1995).

Similarly, children who see a lot of verbal or physical violence at home may exhibit the same behaviors elsewhere (Blum, 2001). One can interpret this one of two ways: either the child learns anger display rules from her parents and acts accordingly, knowing no alternative responses to anger; or her anger is an expression of chronic agitation resulting from the ever-present stress of witnessing abuse.

School can also serve as an environmental stressor for many children and adolescents. Children who are teased by other children, who feel socially isolated or rejected, feel frustrated or embarrassed by academic deficiencies, or feel misunderstood by teachers, may develop chronic, intense anger. Previously, the impact of learning disabilities was presented as a factor that intensifies frustration levels (Greene, 2001). Homework for students, who struggle academically, may extend contravention from school to home.

Summary

No single theory of what causes chronic, intense anger can be generalized to all adolescents. An amalgam of factors influence the development of anger display; and any number of factors can contribute to *healthy* anger descending into *unhealthy*. To create an effective and meaningful intervention, it is crucial to approach every student as an individual with unique circumstances. Not every intervention will meet the particular needs of every student.

CHAPTER THREE:

ASSESSING THE PROBLEM IS TRICKY BUSINESS

Complications Abound

Before beginning any anger management training, a comprehensive assessment should be conducted in order to determine the distinct nature of the student's anger. However, assessing anger is not an exact science. Definitions of words such as *anger*, *hostility*, and *aggression* are ambiguous. There is little agreement on how these constructs should be measured (Feindler, 1995; Spielberger et al, 1995).

There is a developmental issue, as well. As discussed above, temper tantrums are relatively normal in early childhood, but are expected to disappear with age and experience (Feindler, 1995). Many cognitive and behavioral changes occur as a child transitions into adolescence and then from adolescence into adulthood. Emotions, by nature, can be somewhat turbulent and unpredictable during childhood and especially in adolescence. Consider again the tragedy of the ill-colored shoelaces. The three-year-old melts down. The thirty-year-old melts down over the same quandary One is acceptable, loosely speaking, and one is absolutely not. Where do we draw the line between a naturally occurring developmental *weirdness* and an aberrant behavior in need of psychological treatment?

At the same time, anger does not always present itself in an observable form of aggression. Internalized anger may present as depression, withdrawal, or anxiety (Cox et al, 1999; Eckhardt & Deffenbacher, 1995). It may manifest in physical symptoms such

as headaches and stomachaches (Eckhardt & Deffenbacher, 1995). Many of the existing

scales designed to measure anger, only measure overt anger displays (Feindler, 1995).

Likewise, many anger control training programs only seek to manage overtly expressed

(i.e., aggressive) anger. So what then of the individual who holds anger like an invisible

disease?

To a degree, anger display is a product of socialization. How a student expresses

anger depends largely on her family, community, and cultural influences (Averill, 1982;

Blum, 2001; Cox et al., 1999; Eckhardt & Deffenbacher, 1995; Escamilla, 1998;

Kassinove & Sukhodolksy; Malatesta & Haviland, 1982; Spielberger, Reheiser, &

Sydeman, 1995). Each individual situation, each family, each neighborhood, each culture

calls for an implicit set of display codes that a child begins to learn via observation from

the get-go. While one culture may consider the "Your mama is so…" a game, another

may find it a malicious attack. While one examiner may determine the examinee acts

inappropriately, the context from which the examinee comes may deem those same

actions as completely appropriate. The assessment should be comprehensive enough to

capture a clear picture of the contexts surrounding the individual and his anger

experience (Feindler & Ecton, 1986; Feindler, 1995; Greene, 2001).

Administering an assessment to an angry adolescent can be rather tricky. Many

older students who are referred for anger management problems have likely already been

through psychological testing and treatment a number of times before (Feindler & Ecton,

1986). They have seen and heard just about everything more than once, and chances are,

they will not be terrifically eager to hear it all over again. With these students, it is

important that any kind of assessment is not presented as *psychological testing*, but rather as a check for progress (Feindler & Ecton, 1986). Steps toward building a positive rapport should be taken before beginning a testing procedure.

It is equally important that the student understand that: a) that the results of the assessment are strictly confidential; b) the examiner may not use the results in any kind of research reports unless signed consent has been obtained; and c) no contingencies will be placed on the results of the assessment (Feindler & Ecton, 1986). The student needs to feel assured that she and any *abnormalities* that may arise will not be broadcast to her peers.

What to Measure

When analyzing a student's behavioral history, the examiner must consider two dimensions of anger: whether it is made up of primarily *internalizing* or *externalizing* behaviors; and whether or not it appears to be *trait*[1] or *state*[2] anger (Feindler & Ecton, 1986; Spielberger, 1988). Individuals who experience anger as an internalizing behavior will present more depressive symptomology, more evidence of anxiety. One who is exhibiting externalizing behaviors will have reports of acting out anger on other people or property. A student experiencing trait anger will execute carefully planned acts of aggression with intent to harm while those experiencing state anger appear to be reacting to provocation with weak impulse control (Feindler & Ecton, 1986; Spielberger, 1988).

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[1] Trait anger is defined as frequently occurring anger in a variety of situations.
[2] State anger is defined as anger that occurs only in particular situations.

The Tools

Following are reviews and psychometric data concerning four instruments used to

measure adolescent anger and behavior problems: State-Trait Anger Expression

Inventory (with Anger Expression Scale data; Spielberger, 1988); Multidimensional

Anger Inventory (Siegel,1986); The Multidimensional School Anger Inventory for Males

(MSAI; Smith, Furlong, Bates, and Laughlin, 1998); and Conners Rating Scale-Revised

(CRS-R; Conners, 1989; reviewed by Hess, 2001 and Knoff, 2001). In addition, there is

brief introduction for four more instruments. After searching through various issues of

Mental Measurement Yearbook, conducting numerous searches through professional

journals in psychology and education, and finally pursuing clinical texts for behavioral

assessment instruments, specific data regarding reliability, validity, and norming for these

six assessment instruments were not found.

State-Trait Anger Expression Inventory – 1996 Edition (STAXI; Spielberger, 1988;
reviewed by Drummond, 2001 and Trotter, 2001).

The purpose of the STAXI is to measure the experience and expression of anger

(Buros, 2001). It is designed for individuals aged thirteen or more years. It takes

approximately 10-12 minutes to complete its 44 items, and can be administered in either

an individual or group setting. The STAXI consists of six scales and two subscales

centered around the two major components of Spielberger's construct of anger: state

anger and trait anger. Items measuring one's state anger focus on the intensity of angry

feelings experienced at a particular moment in time. Items measuring trait anger assess

disposition. Trait anger is further broken down to angry temperament and angry reaction.

STAXI also measures anger-in, anger-out, anger control, and anger expression. Anger-in emphasizes how often the individual's anger is suppressed. Anger-out measures anger aimed at other individuals and objects. Anger control examines the frequency with which the examinee attempts to control her expression of anger. And anger expression evaluates the degree to which anger is expressed, no matter the direction of the expression (Drummond, 2001)

The coefficient alpha for state and trait Anger ranges from .84 to .93; for trait-temperament, it spans from .84 to .89; and anger expression scales fall between .73 to .85 (Minogue et al., 1999).

Trotter (2001) expressed concern regarding the 9,000 plus individuals making up the norming sample. He worries that the ethnicity and racial data were insufficient. African-Americans were overrepresented, while data for Latino/as was not provided and, Native-Americans and Asians were not mentioned at all within the norming sample.

Specific reliability and validity data were not reported within the *Fourteenth Mental Measurements Yearbook*. However, in the *Dictionary of Behavioral Assessment Techniques*, Spielberger (1988) reports figures for the Anger Expression Scale (AX). These figures follow.

Anger Expression Scale (AX)

The AX scale includes 24 self-report items with three subscales that assess individual differences in tendencies to: a) express anger toward other people or objects (anger-out); b) suppress angry feelings (aAnger-in); and c) control both the experience

and expression of anger (anger control). Participants respond to each statement using a Likert-type scale indicating frequency.

Norming and Reliability

Normative data is available for the AX Scale for high school and college students and for working adults. Alpha coefficients for the normative samples ranged from .72 to .89.

Validity

Convergent and Divergent validity of the AX Scale is found in correlations with other anger and personality measures. The anger-out subscale is moderately correlated with trait-anger. This suggests that those who experience more anger are more likely to express it toward other individuals and objects. The anger-out and the anger-in subscales both show a positive correlation with the State-Trait Personality Inventory Temperament-Angry / Reaction (STPI T; Spielberger, Jacobs, Russell, & Crane, 1983; cited in Spielberger, 1988) subscale, which would indicate that those who frequently experience angry reactions may be equally likely to express or suppress their anger. There are small positive correlations of the anger-in and anger-out subscales with the STPI T-Anxiety Scale, which could be interpreted to mean that anxiety hinders the expression of anger in persons with high anger-in scores. A lack of correlations of the AX Scales with the STPI Curiosity Scales illustrates divergent validity.

Multidimensional Anger Inventory (Siegel, 1984;1986; reviewed in Minogue, Kingery, and Murphy, 1999)

The purpose of the Multidimensional Anger Inventory (MAI) is to measure the duration, frequency, and extent of anger; the situations that make a person angry; the way anger is displayed; and the hostility of a person's outlook in life (Minogue et al., 1999). It consists of 38 items within ten subscales measuring: frequency, duration, magnitude, anger-in, anger-out, guilt, brood, anger-discuss, hostile outlook, and range of anger-eliciting situations. Frequency, duration, and magnitude are clustered into the category of Anger-Arousal; and guilt, brood, and anger-discuss are clustered into Mode of Expression. Items are presented as statements and evaluated in a Likert-type scale ranging from (1) the statement is completely undescriptive to (5) the statement is completely descriptive.

Norming

The MAI was originally administered to 198 college students (74 males, 124 females) who received class credit for their participation in the procedures. In addition to the MAI, participants also completed short versions of the Buss-Durkee Hostility Inventory (BDHI; Buss & Durkee, 1957; cited in Siegel, 1986), the Harburg Anger-In/Anger-Out Scale (Harburg et all, 1973), and the Novaco Anger Inventory (Novaco, 1975).

The MAI was also administered to a sample of 288 men (ages 41-63; mean age of 54.8) who worked in two factory settings near Pittsburgh, Pennsylvania. However, this

sample seems less relevant than the college sample to the topic of anger assessment for adolescents and therefore will not be discussed in detail.

Specific elements were clustered into more inclusive categories (e.g. anger-in and anger-out) after a factor analysis with varimax rotation of all scale items. Factor analysis also revealed little difference between the college student sample and the adult factory workers sample in terms of variance.

Reliability

A subgroup of the college sample, 27 students, completed an additional MAI three to four weeks after the original testing. Likewise, the previous year, thirty-three college students from the same subject pool also had taken the MAI twice within a 3 to 4 week interval. The combined sample (60 college students) resulted in a test-retest reliability coefficient of 0.75 (Pearson correlation coefficient).

Internal consistencies, or alpha coefficients, of the MAI subscales ranged from .51 to .83. The overall alpha for the college sample was .84, and .89 for the factory sample.

Validity

To test validity, the college students' responses to the MAI were correlated with their responses to the Harburg (1973), Novaco (1975), and Buss-Durkee (1957) inventories. Correlations of the MAI Scales with Validation Scales yielded correlation coefficients ranging from .16 (MAI Anger-In and Harburg Anger-In) to .59 (MAI Range of Situations and Novaco Situations). Correlations of .17 or greater were considered

significant at .05 level in a 2-tailed test; correlations of .23 or greater were significant at .01 level in a 2-tailed test.

Due to a lack of norming data for adolescents, results derived from the MAI administered to students seventeen or younger should be considered tentative.

The Multidimensional School Anger Inventory for Males (MSAI; Smith, Furlong, Bates, and Laughlin, 1998; reviewed in Minogue et al, 1999).

The purpose of the Multidimensional School Anger Inventory (MSAI) is to assess affective, cognitive, and behavioral components of anger among youth. It is designed to be used with sixth- through twelfth-grade students.   Likert-type response scales measure anger experience, cynical attitudes, and destructive expression.

Norming

Initial validation of the MSAI was obtained through male samples (sixth through twelfth grades) from three schools. One-hundred-thirty males, in grades six through twelve, from a parochial school in Honolulu, Hawaii participated; 51 males from a public junior high school in Honolulu also participated; and finally, three males, grades six through eight, from a special education day treatment program in San Francisco participated.

A principal components analysis was completed using a covariance matrix. The simple structure of the factor solution was obtained using varimax rotation.

Reliability

MSAI subscale scores for the adolescents from all three schools were calculated using the results from the principal components analysis. Internal consistencies, or alpha coefficients of the anger experience subscale ranged from .84 to .88 across all three samples. Alpha coefficients for the cynical attitude subscale ranged between .75 and .82. Internal consistencies of the positive coping subscale fell between .68 and .74; and destructive expression alpha coefficients ranged from .58 to .79.

Validity

Content validity was supported through the item analysis and the principal components analysis. Construct validity was obtained through comparison of responses on the MSAI with responses on the Aggression Questionnaire (AQ; Buss & Perry, 1992; cited in Smith et al., 1998) and with Conners Teachers Rating Scale (CTRS; Conners, 1989; cited in Smith et al, 1998) teacher behavior ratings. Only responses of the first two schools were used. It was believed that the three adolescents from the day treatment program, due to their extreme clinical situations, would weight the analysis inappropriately. MSAI Anger Experience was most strongly correlated with the AQ Physical Aggression measurement (.39); MSAI Cynical Attitudes also with AQ Physical Aggression (.25); MSAI Positive Coping was most correlated with AQ Verbal Aggression (.18); and MSAI Destructive Expression was most strongly correlated with the AQ Physical Aggression scale.

In order to determine whether or not the MSAI could distinguish between adolescents with known learning and behavior problems from those with no known school difficulties, the mean scores of the MSAI, AQ, and CTRS subscales of the students from the first two schools were compared using a MANOVA. Three groups of seventh and eighth graders were compared: 41 in general education at School 1, 23 in general education classes at School 2, and 26 in special education classes at School 2. Smith et al. (1998), report, "The results revealed a multivariate effect across the subscale scores, Pillais index = 0.581, F = 2.63 (2, 87), p < .001, effect size = .291, power = 1.00" (10). Two MSAI subscales (Anger Experience and Cynical Attitudes) showed significant differences. Within these, the special education students had higher mean scores than the general education students at either school.

Conners Rating Scale-Revised (CRS-R; Conners, 1989; cited in Hess, 2001 and Knoff, 2001)

The purpose of the CRS-R is to measure the psychopathology and problem behaviors of children and adolescents, aged three to seventeen years (Buros, 2001). It screens for a variety of tendencies in the form of subscales, and some are not immediately related to anger control. These can be omitted, leaving only the remaining appropriate subscales to offer a picture of a student's anger problem.

It is available in both long- and short-form rating scales for both parents and teachers; and another two self-report forms are available for adolescents aged twelve to seventeen years. The CRS-R is designed for group administration and is reported to take five to twenty minutes to complete. Test subscales measure: Oppositionalism, Cognitive

Problems, Hyperactivity, Anxiety-Shyness, Perfectionism, Social Problems,

Psychosomatic Concerns, Global Hyperactivity, Attention-Deficit-Hyperactivity

Disorder, Family Problems, Anger Control problems, and DSM-IV Symptoms (Hess,

2001).

Norming

Norms for the parent (parents of 2,482 students) and teacher (teachers of

approximately 2,000 students) forms were obtained using three-year age sample groups

from Canada and the United States (3-5, 6-8, 9-11, 12-14, and 15-17 years) and for the

adolescent (approximately 3,400 adolescents) report forms (12-14 and 15-17 years).

Ethnic representation in the norms seemed misrepresentative (Hess, 2001). Parent scales

were overrepresented by white parents and underrepresented by black parents (83%

Caucasian; 4%-5% African-American). Teacher scales seemed racially proportional

(78%-81% Caucasian; 7%-10% African-American). Adolescent scales saw an

overrepresentation of black youth (62% Caucasian; 30% African-American; Knoff,

2001). The percentage of Hispanic students fell between 3% and 6% across the three

scales, and Asian, Native American, or other-racial-background percentages were

between 1% and 2%. Additionally, the average income of parents in the norm sample

fell between $40,000 and $50,000, which is above the median income for the country as a

whole (Knoff, 2001).

There was no information regarding how the participants in the pilot and norming

processes were chosen.

Reliability

Standard errors of measurement showed that the scales offer stable scores that

account for changes in the individual over time. According to Hess (2001), internal

reliability coefficients were impressive (specific data was unavailable to this author).

However, no interjudge reliability estimates are given.

Validity

According to Hess (2001), the manual reported no concurrent or predictive

validity, nor did it provide evidence of its claim to discriminant validity.

Due to its lack of validity reports, it may be appropriate only to use the adolescent

self-report subscales as a screening tool, and furthermore, results should be considered

tentative.

Children's Anger Response Checklist (CARC; Feindler, Adler, Brooks, & Bhumitra,
1993; cited in Feindler, 1995).

The Children's Anger Response Checklist (CARC) presents ten hypothetical

conflict situations. The child's response to each situation is assessed according to ten

subscales: (1) Behavioral Aggression; (2) Behavioral Assertion; (3) Behavioral

Submission; (4) Cognitive Aggression; (5) Cognitive Assertion; (6) Cognitive

Submission; (7) Perceived Injustice; (8) Self-Blame; (9) Emotional Responses; and (10)

Physiological Responses. One unique feature of this checklist is that the assessment of

each dimension allows for quantification of anger responses. Skill training can then be directed towards those elements.

Problem-Solving Measure for Conflict (PSM-C; Lochman & Dodge, 1994; cited in Feindler, 1995)

The Problem-Solving Measure for Conflict presents the examinee with six stories of conflicts between peers, between students and teachers, and between children and parents. The child's response is then categorized into eight domains: (1) verbal assertion; (2) direct action; (3) help seeking; (4) nonconfrontational; (5) physical aggression; (6) verbal aggression; (7) compromise; and (8) bargaining.

Children's Inventory of Anger (ChIA; Finch et al., 1987; cited in Feindler, 1995)

The Children's Inventory of Anger (ChIA) consists of a 71-item questionnaire. A Likert-type scale is used to rate how angry the individual would feel in given situations. Feindler (1995) reports that current validity seems questionable, but that other psychometric studies have shown it to be reliable and valid.

Anger Response Scale (ARS; Eckhardt & Deffenbacher, 1995)

Eckhardt and Deffenbacher (1995) believe various levels of anger emotion and expression qualify as clinical anger disorders that have not yet been identified by the DSM-IV. Empirical research has led them to five proposed anger-based diagnostic models: (1) Adjustment Disorder with Angry Mood; (2) Situational Anger Disorder Without Aggression; (3) Situational Anger Disorder with Aggression; (4) General Anger

Disorder Without Aggression; and (5) General Anger Disorder with Aggression. The Anger Response Scale (ARS) was developed as a 35-item self-report tool to measure clinically significant anger which may place an individual in one of the five proposed diagnostic models. The authors have not yet established reliability and validity data, however they assert that the tool appears to measure a form of anger distinct from Spielberger's (1988) STAXI.

Summary

Anger, hostility, and aggression are ambiguous constructs. How one expresses them is largely due to developmental stages, socialization, and immediate and broad cultural contexts. When assessing a student's anger, it is important to consider these influences.

An assessment should include a careful analysis of the student's behavioral history, specifically looking for internalizing or externalizing behaviors. Observed patterns may indicate trait anger – frequently occurring anger in a variety of situations – or state anger – anger that occurs only in particular situations.

When choosing an assessment instrument, consider the population for which the instrument was designed, as well as the population used to obtain normative data. Reliability and validity data will indicate the consistency and accuracy of the instrument.

CHAPTER FOUR:

HOW DO WE FIX THE PROBLEM?

Believing that chronic and intense anger may be the product of more than one

challenging condition, many assert that a multi-modal approach to anger management

training is best (Feindler, 1995; Greene, 2001; Kellner, 2001; Lochman et al, 1993).

Feindler sanctions treatments that include: (1) remediation for deficits in prosocial and

problem-solving skills; (2) training for parents to eliminate counterproductive family

interaction patterns and discipline strategies; and (3) emphasis on the components that

lead to and characterize one's anger. Lochman et al (1993), while recognizing that a

school psychologist or any other mental health professional within the school, can offer

both direct and indirect services, recommend: (a) accessorizing any treatment program

with goal setting activities; (b) universal interventions used for whole classes, rather than

for singly identified students or special groups; and (c) consultation between teachers and

mental health professionals regarding a student's behaviors.

Within the multi-modal approach, this author has broken down the various

components into two broad categories: primary, or systems-wide interventions and

secondary and tertiary interventions at the individual child's level. Within these two

main areas lie six more specific components: preventative measures (Greene, 2001;

Lochman et al, 1993; Miller & Sperry, 1987; Weissberg et al, 1994); arousal management

training (Feindler, 1995; Greene, 2001; Greif, 1999; Myers, 2001); cognitive

restructuring (Feindler & Ecton, 1986); behavioral / social skills training (Feindler, 1995;

Feindler & Ecton, 1986; Kellner, Salvador, & Bry, 2001; Presley & Hughes, 2000);

rational-emotive behavioral therapy (Richardson, 1918; Wilde, 1995), and family training

(Feindler, 1995; Greene, 2001; Stern, 1999).

Systems-Wide Interventions

Preventative Measures

It is believed that by the age of two-and-a-half years, most children will have

begun to express and justify anger and aggression verbally (Miller & Sperry, 1987). By

the time the child enters preschool, she will most likely has already developed a pattern

of reactions to anger provocations. However, professionals spend most of their efforts on

assessment, diagnosis, and treatment of already maladaptive children at more advanced

stages in their problems (Weissberg et al., 1991). It seems there would be a value in

preventing problems before they occur rather than attempting to wrestle them to the

ground after they've already spun out-of-control. Following are two approaches that aim

to prevent problematic anger before it develops.

Universal Interventions

Lochman et al., (1993) promote universal interventions aimed toward younger

children. Universal interventions couple as primary prevention programs for nonrisk

children as well as secondary prevention to higher-risk, aggressive children in the same

classroom. They can include social skills training, social problem-solving, peer

mediation, relaxation skills, etc. Universal interventions, while teaching all children how

to handle conflict and angry emotions, also help to create environments that are less likely to carry triggers for easily angered children.

"Basket Thinking"

Greene (2001) introduces Basket Thinking as a preventative measure by creating *user-friendly* environments. Children and adolescents with deficits in flexibility and frustration tolerance need environments where those deficits are not as detrimental. This does not mean that one should cater to a child's every irrational whim, but instead to make a list of priorities and only attend to behaviors that concern the items at the very top of the list. Greene prioritizes using three figurative baskets: Basket A, Basket B, and Basket C.

Basket A. Unsafe behaviors that could harm the adolescent, other people, animals, or property fall into Basket A. These behaviors are absolutely nonnegotiable. Enforcing them is worth inducing a *Crisis* or *Meltdown* stage, and are not material for training.

Basket B. Basket B contains behaviors that are important but not important enough to induce a *Crisis*. An example might be a student who blurts out inappropriately in class and then becomes irate when redirected to stop doing so. When these behaviors occur, it is a good time to help the student think, communicate, and problem solve. There is usually a compromise worth finding. These behaviors can also be addressed outside

the moment, for example, in a brief one-on-one meeting before class begins, in which the teacher reminds the student of the strategies best used to refrain from making inappropriate interruptions during class.

Basket C. Finally, behaviors that are really not even worth mentioning fall into Basket C. These behaviors are things that may be annoying, but which a teacher can agree to overlook completely, as to avoid conflict. For example, if a student squirms restlessly in her seat, demanding that she stop would not be worth a battle.

Handling Crossroads. In the matter of Basket B's teaching moments (*Crossroads*), Greene asserts that there are better and worse ways to handle a child or adolescent whose agitation is escalating. Heightening one's own tone and irritation or using sarcasm or overgeneralizing statements may unnecessarily push that individual into *Crisis* or *Meltdown.* It would be better to maintain a calm composure, validate the child's misgivings (e.g. "I understand you get frustrated when you are not allowed to speak out in class."), and then suggest a problem-solving strategy (e.g. "What is something less disruptive that you and I could agree to so that you will still get to express yourself without upsetting the class?). Along the same lines, Greif (1999) emphasizes managing lower intensity anger so that it does not escalate into the more damaging higher intensity levels of anger.

Individual Child Level Interventions

Arousal Management Training

According to Myers (2001) there are three competing theories on emotions and

their physiological accompaniments: the James-Lange theory that says physiological

response comes first, emotion second; the Cannon-Bard theory, in which physiological

symptoms and emotions occur simultaneously; and finally, the two-factor theory from

Stanley Schachter that holds emotion as a product of both physiological arousal and a

cognitive interpretation of the physiological symptoms. Treatment techniques can play

on any one particular theory or integrate them into a general practice.

Labeling Physiological Symptoms

Aggressive children may mislabel their physiological symptoms during

interactions as anger, rather than what physical symptoms might more accurately portray:

sadness, fear, guilt, or anxiety (Feindler, 1995). With this in mind, treatment that teaches

individuals how to identify the physiological symptoms of anger is important. Likewise,

the students must learn a certain *feelings vocabulary* that expresses such emotions

precisely (Greene, 2001).

Monitoring Anger Escalation

On a similar thread, and in relation to Greif's (1999) practice in teaching students

how to manage anger at lower intensity levels in order to prevent it from escalating to

higher intensity levels, it would be important to first introduce the idea of anger existing

on a continuum (i.e., from mild irritation to utter outrage). Conceptualizing anger on a

continuum then opens up instruction on identifying the physiological states that

characterize various dimensions. The student, with respect to a given provocation, then

has the tools both to correctly identify where she stands on the continuum as well as the

skills to prevent her from progressing towards more detrimental levels.

Relaxation Techniques

Relaxation techniques are a common fixture in arousal management training.

Deep breathing, progressive muscle relaxation, and pleasant imagery methods may be all

a student needs to deescalate from a heating conflict.

Cognitive Restructuring

Some children, for whatever biological or environmental reason, misread social

cues as hostile, when in fact they are quite innocent. Cognitive Restructuring seeks to

iron out that glitch in perception.

Cognitive Restructuring includes self-instruction techniques intended to teach

more adaptive estimations of provoking events. Students are prompted to seek more

information in what they perceive to be conflict. They are taught to attend to

nonaggressive cues rather than foster lopsided expectations for aggressive attacks.

They may also practice empathizing or looking at a given situation with more

than one pair of eyes.

Behavioral/Social Skills Training

Most social-skills training programs use direct instruction, modeling, role playing, and performance feedback to target five dimensions of prosocial behaviors: (1) cooperation; (2) assertion; (3) responsibility; (4) empathy; and (5) self-control (Feindler, 1995).

In cooperation training, students are taught how to identify and carry out compromises, make decisions, and problem-solve. They practice expressing cooperation both verbally and nonverbally. This includes lessons in appropriate eye contact, facial expressions, and gestures, as well as voice volume and response content (Feindler, 1995).

In assertion training students learn to directly and adaptively expressing their needs. "I-messages" are a popular strategy for expressing needs specifically and directly (Feindler & Ecton, 1986).

In responsibility training, students are encouraged to accept responsibility for what they bring to an interaction. They are helped to recognize how their own communication patterns contribute to the reactions of others (Presley & Hughes, 2000).

Empathy training requires participants to work towards adopting multiple perspectives. This can also be viewed as cognitive restructuring, as it hopefully then will enable the individual to more accurately appraise a provoking event.

Finally, students are taught techniques for controlling their impulses (Feindler, 1995; Kellner, 2001). This may also include elements of arousal management, as relaxation techniques are a common means to control angry impulses.

Rational-Emotive Behavior Therapy (REBT)

REBT was born from the mind of Albert Ellis in the 70s, who believed that people feel how they think; it is all a matter of perspective (Wilde, 1995). Richardson (1918) said virtually the same thing decades before: in terms of anger, it is not so much about the angering situation as it is about the individual's perspective of that situation.

REBT theorists and therapists have taken it a step further to assert that anger is caused by a primary irrational belief that things *should* be as we want them (Wilde, 1995). For instance, another driver, driving entirely too fast, cuts you off in traffic, and you must swerve to miss him. You think angrily, "He shouldn't drive like such a maniac." Albert Ellis, sitting in your passenger seat, says, "That isn't correct. He has every right to drive like a maniac." People have the right to do whatever they want. REBT works to eliminate the word *should* from our vocabulary.

REBT can be used in either a group setting or in one-on-one therapy. As the name implies, it uses a combination of cognitive, behavioral, and emotive techniques to help participants work through their anger and *irrational* beliefs. Some specific techniques include: (a) *Rational-Emotive Imagery* (REI), which is a form of hypnosis that leads participants to re-experience an anger-inducing incident and then practice calming down; (b) *Paradoxical Intentions*, through which students are encouraged to respond to a situation in the exact opposite way they normally would (e.g., the student responds to provocation by being extremely nice rather than by getting very angry), and (c) *Cognitive Distractions, which* are essentially relaxation techniques used when

physiological and cognitive cues tell the individual that she is getting angry (Wilde, 1995).

One argument here is that the line of reasoning described above can be taken too far, too easily. Consider, as an example, a teenage girl whose mother's boyfriend calls her horribly abusive names. Wilde would say that the boyfriend has the right to call the girl any name he wants. She can't change that, so she must work to find a less angering perspective of the situation. On one hand, yes, it is true that the girl cannot change the behavior of the boyfriend. She likely cannot change the fact that her mother is dating the man. And until she is eighteen, she may not be able to change her residence, either. Naturally, the girl must find an adaptive way to handle such a difficult predicament. However, to assert that it would be irrational of her to assume that she *should* be able to be in her home without being called horribly derogatory names, and that it would be irrational to become angry about it, could be argued as a fairly self-defeatist attitude. It seems that in some situations anger is not only healthy and expected, but necessary in the name of self-preservation.

Family Training

Three key variables are identified for maladaptive parental discipline and monitoring that contribute to children and adolescents' inappropriate anger displays: 1) lack of parental social skills; 2) aggressive parental behavior and beliefs; and 3) disruptive stressors, e.g. marital conflict (Feindler, 1995; Greene, 2001). Families with members – be they parents or siblings -- who anger easily, inappropriately attribute

blame, dodge responsibility, or do not deal with conflict directly could benefit from cognitive and affective conflict management skills to reduce stress and effectively problem-solve before situations get out of hand (Stern, 1999). For long-term, comprehensive behavior improvement, anger management training programs should seek to train not only the student, but the student's parents and siblings.

In the spirit of user-friendly environments, parents and siblings can be taught methods of communicating needs and boundaries that help a student with chronic anger succeed at home as well as at school. A sibling who has been traumatized by the adolescent's out-of-control anger may benefit from additional therapy not only in how to respond to her angry brother or sister, but also in how to understand where the anger comes from (Greene, 2001).

Group Training

Group training may not be appropriate for all students. A student who lacks the cognitive abilities for self-reflection and language expression or the motivation to work on problem behaviors may not be a good fit for a group training program (Feindler & Ecton, 1986; Wilde, 1995). If a student's anger control problem is too severe, she may be a risk to others in the group and should be treated individually (Feindler & Ecton, 1986). Also, some children and adolescents may have such difficulty in forming relationships and are so socially isolated, that one-on-one interventions may be less threatening and therefore more productive (Feindler & Ecton, 1986).

Managing the Group

If anger control training will be conducted in a group setting, there are some general techniques for maintaining order amongst angry youth. Having two facilitators is better than having one (Feindler & Ecton, 1986; Feindler & Guttman, 1994; Wilde, 1995); however it is important that both facilitators have the same philosophies regarding how the intervention should be conducted. Furthermore, Feindler and Guttman recommend having one male facilitator as well as one female, so that both genders are represented when modeling appropriate behaviors.

Wilde (1995) recommends enforcing a Time-Out policy, in which members of the group may leave the group for a short period of time to calm down when necessary. Additionally, Wilde routinely uses *confederates*, students who do not have anger problems, who attend group sessions to model appropriate behaviors and encourage others.

Group Cohesion

Group cohesiveness should be a major goal. It is important that the size of the group is kept manageable. Feindler and Guttman (1994) suggest that eight participants is large enough that no one feels they have been singled out yet small enough to foster a feeling of intimacy and candor. Facilitators should make particular efforts to ensure that the group is a safe place for participants to share ideas, experiences, and feelings with mutual respect and understanding (Feindler & Ecton, 1986). When possible, single-sex

groups can aid group cohesion (Feindler & Guttman, 1994). Adolescents may become distracted when working with opposite sex peers.

Wilde (1995) recommends further techniques for maintaining a cohesive, orderly group atmosphere. Facilitators may want to make a habit of screening potential members of anger control training groups to make sure they have the necessary motivation for change to be effective in a group setting.

Length of Program

In planning the length of each individual session, a facilitator needs to consider the attention spans of the participants. Most adolescents cannot attend much longer than 45 minutes (Feindler & Guttman, 1994). However, with more mature participants and once group cohesion has been well-developed, sessions may still be effective running longer (Feindler & Guttman, 1994).

The length of the program should be kept around six to eight weeks (Escamilla, 1998; Wilde, 1995). Lochman et al. (1993) noted that more sessions create longer-standing behavioral changes, however Escamilla counters that if the program extends over too many sessions, students with attendance problems will not make it to each session, and will not be able to achieve the same amount of growth. They will be set up to fail. In a residential setting where students must attend, this may not be such an issue.

Interpersonal Skills of Interveners

Regardless of group or individual training, the interpersonal skills used by

therapists are critical. Table 2 presents a short checklist of *do's* and *don'ts* for dealing

with angry adolescents:

Table 2: Interpersonal Skills Dos and Don'ts

DO	*DON'T*
Do accept student's initial presentation of denial and attribution of blame in order to form a therapeutic alliance (Feindler, 1995).	Don't immediately try to change the student's perspective on his or her behaviors and invalidate how he or she feels.
Do use Active Listening Skills[3] (i.e., clarification, paraphrasing, reflection, summarization [Feindler & Ecton, 1986]).	Don't let yourself be distracted by environmental stimuli or try to "multi-task" when working with a student.
Do be consistent. Do what you say you will do (Feindler & Ecton, 1986).	Don't make promises you can't keep or rules you can't enforce.
Do reinforce improvement (not perfect performance). Praise the specific behavior. For example, "I like the way you waited until I was finished speaking to make your point." (Feindler & Ecton, 1986)	Don't rely on punishment to eliminate problem behaviors. At this point, most kids have already been punished plenty, and may not have enough control to change. Punishment won't bring long-lasting change (Greene, 2001).
Do allow younger kids to do some sort of physical activity to ease anxiety (e.g., coloring or squeezing a tension ball [Wilde, 1995]).	Don't stare continuously at the student or create a high-pressure environment (Wilde, 1995).
Do speak to each student with respect.	Don't adopt a "little person" voice or any other false expression of compassion.
Do work towards building positive rapport with students (e.g. creating something like a secret handshake [Wilde, 1995]).	Don't maintain impersonal interactions with students.
Do allow students to become comfortable with you and the situation before asking sensitive questions (Wilde, 1995).	Don't immediately bombard a student with questions in the first session.
Do use humor to lighten the mood and point out irrational thinking (Wilde, 1995)	Don't use humor in a manner that degrades students. Sarcasm is a bad idea (Greene, 2001).

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[3] *Active Listening Skills* are described as: 1) *clarification*: asking probing questions meant to clarify ambiguous statements (e.g. "Do you mean that...?"); 2) *paraphrase*: cue speakers to focus on objective material rather than subjective material, which could be anger inducing; 3) *reflection*: restate the feeling aspect of the message, in order to help them become more aware of their feelings; and 4) *summarizations*: sum up both the content and the feeling aspects of what's been said (Feindler & Ecton, 1986).

Intervention Interference

Even with the very best of interpersonal communication skills and practices, anger management training does not always go smoothly. Progress can be hindered by any number of circumstances.

Cognitive and Emotional States

It is important to watch for behavior patterns that may foil anger management training (Feindler & Ecton, 1986). For instance, a student may suffer extreme depression and suicidal thoughts that may impede motivation or desire to participate in treatment. Cognitive distortions that sometimes accompany depression may also interfere (Crick & Dodge, 1994; Feindler & Ecton, 1986). Similarly, psychotic disorders may create delusions that make cognitive restructuring difficult.

Substance Abuse

A student with substance abuse problems poses multiple issues for herself as an individual, and for the group as a whole. She may have more difficulty committing to and following through with participation with group treatment. She may arrive at group sessions intoxicated, which would be a disruption to the group dynamic. Additionally, such a student may experience impairment in auditory memory and sequencing skills. Students with substance abuse problems should be treated for their addictions before entering anger management programs (Feindler & Ecton, 1986).

Resistance

Resistance is inevitable in anger management training. In a perfect world, adolescents would understand clearly that they have a problem with anger and would be inspired to seek help for themselves. They would diligently begin the task of self-reflection and change from the first day of the training program and would continue without fail, coming out a bright, well-adjusted, emotionally responsible individual in the end. With truly ticked-off teenagers, this most likely will not happen. Chances are they desire anger management therapy about as much as the average American desires a root canal on his day off. Teachers, parents, or other adults with authority who have "had it up to here" have likely referred them to a mental health professional, where they may storm, sulk, or sneer their way through treatments. What to do then?

Dealing with Resistance

All is not lost when an intervention meets resistance. The following are suggested techniques for dealing with resistance in anger control training.

Screening and Self-Referrals

Wilde (1995) prefers a preventative approach: screen students for motivation before accepting them into a program. Wilde also recommends encouraging students to self-refer. He gives brief presentations in classes about anger and what chronic anger does to an individual. At that time, confidential slips are passed out to the students, and they are given the option of referring themselves for anger control training by writing

their names down and returning the papers to a designated, discreet place. This is a good idea, in theory, however one must wonder if the kids who really need help are going to be the ones who recognize it and seek change.

Manipulating Environmental Variables

Other techniques for dealing with resistance include environmental variables. Feindler and Ecton (1986) assert that simply by creating a warm, friendly, relaxed, and nonthreatening environment, posture and tone of voice can considerably reduce opposition. This is to be considered in both one-on-one intervention and group process. Creating this atmosphere may be more challenging with a group. Everyone needs to understand how to speak and listen respectfully in a way that encourages each member of the group.

Connecting Anger Problems with Undesired Consequences

Wilde (1995) proposes that sometimes students do not see that their anger is causing them any problems. He advises showing them the connection between when they get angry and when they get into trouble (e.g. "What happened after you got mad and swore at the teacher?" "I got detention.").

Getting at the Root of the Resistance

Dealing with opposition in the training process may require identifying and eliminating the source of the opposition. For instance, if it is determined that the student

has maladaptive cognitions that are interfering with training, the intervention style may need to be adapted to accommodate the unique intellectual needs of the child (Feindler & Ecton, 1986). If interactional variables are the cause for concern, the facilitator may need to change the tone of her conversation, or examine what specifically she may be doing to make the student uncomfortable. Greene (2001) offers three particular interactional styles or communication patterns that may increase the likeliness or intensity of resistance: 1) *Speculation*, that is, drawing erroneous conclusions about another's motives or cognitions; 2) *Overgeneralizations*, for example, "You never do your homework." and 3) *Sarcasm*, which is either lost on or is extremely frustrating to many young people.

At times, a student may resist intervention because he has fears or negative expectations of behavior change (e.g., what will the intervention entail? How will peers react to him?). In this case, it is best to address those fears directly and work to clear up any misconceptions or unclear expectations (Feindler & Ecton, 1986; Feindler & Guttman, 1994).

Summary

It is best to choose an intervention approach that includes a combination of the following elements: prevention (e.g., conducting universal interventions and creating user-friendly environments); arousal management training; cognitive restructuring; behavioral/social skills training; and family training. REBT is another option for intervention.

When using a group therapy format, it is important to use effective group management strategies, work towards group cohesion, and use prosocial interpersonal skills. Although, intervention resistance may occur, a skilled facilitator can work through such resistance by creating a warm, nonthreatening environment, showing participants the connections between problematic anger and undesired consequences, and allaying trepidations participants may have regarding the intervention.

CHAPTER FIVE:

PREVIOUS AND EXISTING ANGER MANAGEMENT PROGRAMS

This chapter explores five specific programs that have been attempted with

adolescents: (1) STOP (Escamilla, 1998); (2) Cognitive-Behavioral Anger Control

Training (Feindler & Guttman, 1994); (3) Triple A Strategy with peer tutoring (Presley &

Hughes, 2000); (4) Problem-Solving Communication Training for Families (Stern, 1999);

and (5) Pet Therapy: Cognitive-Behavioral Therapy with Attachment Theory

Modifications (Hanselman, 2001).

STOP (Escamilla, 1998)

STOP, an adaptation of the *Think First* curriculum developed by Larson (1992),

was first delivered to juvenile offenders with histories of violent criminal behaviors.

Techniques and strategies were taught according to the acronym, *STOP*:

S-See your behaviors;

T-Think before acting;

O-Options you should consider;

P-Plan the best response.

There were a total of sixteen participants who met once a week for six weeks.

Escamilla asserts that juveniles with behavior problems, who may be less likely to attend

with regularity, need fewer sessions, each self-contained rather than continuations of one

another, in order to ensure success.

Procedure

The first session consisted of introductions, ground rules, and general information. Sessions two through five contained lessons corresponding with each letter of the acronym. They identified emotional and bodily precipitators to anger and discussed what to do when these cues arise. They discussed the concept of *thinking* in order to gain control and respect rather than using physical force. The group also brainstormed realistic response options for given situations that have and may be likely to occur. Finally, in session five, participants constructed plans of action for given situations after considering a number of possible options. The sixth and final session was reserved for positive rewards and encouragement.

Effectiveness

Results were mixed. A comparison of the nontreatment sample group, matching age, gender, and criminal experience to the treatment group revealed nonsignificant findings. However, the juvenile on-line tracking system (JOLTS), delivered somewhat promising data concerning offenders' recidivism. Of the original sixteen participating juveniles, four (25%) had no reoffenses of any kind; eight (50%) reoffended, but had no physically aggressive or verbally threatening charges; and four (25%) reoffended with physically aggressive or verbally threatening charges.

Cognitive-Behavioral Anger Control Training (Feindler & Guttman, 1994)

This program was designed for either group or individual facilitation with adolescents, aged 13 to 18 years. *Cognitive-Behavioral Anger Control Training* centers around five key areas: (1) the interaction between the cognitive, physiological, and behavioral components of anger experiences; (2) adaptive and maladaptive functions of anger; (3) situational triggers that provoke anger; (4) choice and self-responsibility in responding to provocations; and (5) the importance of appropriate verbal expressions of emotions.

Procedure

Prior to enrollment in the program, potential participants are screened for treatment readiness. Assessments are given and behavioral histories are obtained to determine the particular nature of the individual's anger. Those with a history of mild-to-moderate reactive aggression, as well as those with average intellectual functioning who have committed few antisocial acts and have no psychiatric contraindications are considered good candidates for treatment. On the other hand, adolescents suffering from extreme depression, suicidal thoughts, or substance abuse, should be treated for those particular problems before entering anger treatment.

Ten sessions are held, with one week in between each session, in various environments (classroom, gym, lounge, etc.). Through homework assignments, discussions, and role playing, students learn strategies to calm down and deal with conflict.

Students routinely fill out *Hassle Logs* to monitor their behaviors. Each entry in the hassle log records the dates, times, and places of situations throughout the week that made them angry. In addition, the student records what happened, with whom it happened, and what they did in response. Finally, the students must evaluate how they handled the situations and rank how angry they were.

In addition to the weekly *Hassle Logs*, students learn to keep track of the *ABCs*, that is, the Antecedents, Behaviors, and Consequences of their actions. They learn to identify both indirect and direct triggers, as well as what cognitive and physiological behaviors they exhibited, and finally, what positive and negative consequences resulted from those behaviors.

Other techniques the program promotes include:

a. deep breathing for relaxation

b. Assertion techniques (to be used when the student is sure of her or his rights and when there is likely the situation can be resolved without escalating aggression).

    i. *Broken Record*: use calm, monotone repetition stating what you want.

    ii. *Empathic assertion*: listen to and restate how the other person feels

    iii. *Escalating Assertion*: begin with a minimal assertive response (MAR) stating what you want and gradually escalate to final

contract option (FCO; e.g. "Give me back my radio or I'll report you to the principal.").

iv. *Fogging*: confuse the provoker with an agreement (e.g. "You're right, I am stupid!") in order to turn things into a joke.

c. Self-instruction reminders (e.g., "Slow down." "Take it easy."):

i. Stop

ii. Press the Pause Button

iii. Kickback

iv. Remind

Barbs

One interesting aspect of the *Cognitive-Behavioral Anger Control Training* program entails *barbs*. During the last session of formal training, students are informed of and practice responding to future barbs. Staff who work with participating students are instructed to occasionally announce that they are about to barb the student; after the barb, the staff member takes note of the student's response and gives him feedback for how he handled the situation. For example, in a residential setting, a staff member may see that a student is watching TV past the allotted TV time. The staff member approaches the student, says, "I'm about to give you a barb," and then states, "You need to turn the TV off and begin quiet hour." The student sighs dramatically, stomps to the TV, turns it off, and returns to her seat. The staff responds, "You complied with my request which is really good. I didn't have to wait for you to turn off the TV. Next time

work on not making exasperated sounds and not stomping to the TV." Eventually, the staff works up to giving barbs without warning.

An optional booster session is provided to be given one month upon completion of the formal training. During the booster session, participants review the techniques taught in the prior 10-week session.

Triple A Strategy with peer tutoring (Presley & Hughes, 2000)

The Triple A program is a result of adaptations to the *Walker Social Skills Curriculum* (Walker et al, 1988; cited in Presley & Hughes, 2000). Each of three As stands for a general theme in the strategy; between the three themes there are eleven specific steps:

A-Assess (Steps 1-6): wait three seconds before speaking. Figure out what's going on; figure out why something happened. Determine if it was intentional; assess how you feel about it. During training, each question is asked and answered aloud.

A-Amend (Steps 7-9): choose an appropriate alternative response to anger (e.g. walking away). Tell the other person in the conflict how the situation makes you feel; ask that person to tell you how the situation makes her feel.

A-Act (Steps 10-11): respond to the situation with the first

two steps; then evaluate your initial response to the situation and

make appropriate changes.

The Triple A Strategy was originally tried out with four high school students in a

public school and part of a segregated classroom for adolescents with behavior disorders.

The four students consisted of three African-American boys and one Caucasian girl. One

of the boys was additionally diagnosed with mild mental retardation. Three twelfth

grade, African-American girls enrolled in a "peer buddy" course volunteered and were

chosen to teach their peers this anger control strategy.

Procedure

Each tutor received one 30-minute individual training session before starting.

They were encouraged to follow the specific and instructional script. Training would

entail 21 role plays depicting potentially anger-provoking situations that high school

students would be likely to encounter on any given day. In addition to role playing,

tutors used direct instruction, modeling, and performance feedback to teach the Triple A

steps.

Tutoring sessions were three times a week for 20 to 30 minutes each. During

each session, two tutors were paired per one individual. Tutors were rotated among the

participants. Peer tutors instructed and assisted the students in following each of the

eleven speak-aloud steps of Assess, Amend, and Act. Tutoring ended when students could perform at least 80% of the steps, independently, for three consecutive sessions.

To monitor progress, the teacher's aide in the Behavior Disorder classroom conducted observations: in the classroom, hallways, and cafeteria. In addition, observations were conducted during the training sessions, and students were measured according to how many steps they followed accurately in role plays, voice volume in role plays, and nonverbal affect in role plays.

Effectiveness

Results were not particularly encouraging. Teacher aide observations indicated few Triple A steps being used in natural settings. Teachers of three of the four students did not feel there had been significant change (Presley & Hughes, 2000).

It is hypothesized that behavior disorder classrooms are somewhat of a powder keg, and due to persistently challenging peer interactions, it is difficult for any one student to make meaningful behavior changes. Unless the students are taken out of such an anger-inciting atmosphere, long-term change will continue to be a struggle. It is also believed that having young women as peer trainers may have been a distraction for the male participants.

Problem-Solving Communication Training for Families (PSCT; Stern, 1999)

Participants in the trial run of Stern's Problem-Solving Communication Training program were eighteen parent-adolescent dyads experiencing problematic conflict and

were recruited via media coverage and referral from local social service agencies. The majority of the parents were middle aged, Caucasian, middle class, employed, and relatively well educated. Slightly over two thirds of parents were female, and one third of all parents were single. The adolescents ranged from ages 11 through 16 ($M = 13.4$). Slightly more than half the adolescents were female.

Procedure

Two self-report measures of conflict and anger (The Conflict Behavior Questionnaire – CBQ and The Issues Checklist – IC) were administered to each parent-adolescent dyad. After completing the self-report instruments, each dyad was videotaped for ten minutes while discussing an issue that was, at the time, a source of heated conflict. Four observers independently coded individual positive and negative parent and adolescent behaviors using the Interaction Behavior Code (Prinz, 1976; cited in Stern, 1999). The observers also evaluated the overall amount of dyadic insults and friendliness, as well as the overall effectiveness of observed problem-solving skills and problem resolution.

Following the problem-solving discussion, both the parents and teenagers were asked to use 5-point scales to rate how well they had solved their problem, the intensity of the discussion, and their individual anger intensity level (Stern, 1999).

Upon completion of all assessments and evaluations, the dyads were randomly assigned to one of two condition groups: the Conflict Management + Conflict Resolution (CM + CR; $n = 8$); or the Conflict Resolution Alone (CR) condition ($n = 10$). The dyads

were further broken down into two groups per condition. Treatment was provided for eight weeks and led by six social work and psychology interns as well as two Ph.D.-level social workers. Group leaders followed specific training manuals and participated in a minimum of two-hour weekly training and supervision (Stern, 1999).

In both condition groups parents and adolescents met separately in peer groups initially. This was intended to encourage more open communication between group leaders and participants. The CM + CR groups used this time apart to learn conflict management skills, while the CR condition groups met in support groups for nonspecific talk about problems they had experienced during the previous week. Later, parents and adolescents reunited to learn communication and problem resolution skills (Stern, 1999).

Conflict management training . In their individual peer groups, parents and teens learned the patterns of emotional responses that may interfere with problem resolution. They were asked to keep anger diaries in order to discover their own anger arousal patterns and to identify their individual triggers. They also learned to alter harmful internal dialogues that occur before or during a conflict for the purpose of reducing the potential for escalation. Parents and adolescents learned to help themselves maintain self-control in a conflict situation. Parents were taught progressive relaxation, using breathing and four-muscle-group procedures. Adolescents learned deep breathing exercises. Parents and teens constructed hierarchies of problem situations they were likely to encounter with one another, starting with mildly provocative situations and

ending with the most anger-inducing ones. Dyads used imagery and behavioral rehearsal to practice management skills on the continuum of provocations.

Conflict resolution training . Conflict Resolution Training included skills in communication, problem-solving, and negotiation. In the name of communication, "I" statements were used to teach responsibility for one's thoughts, feelings, and behaviors. Other communication skills lessons focused on active listening (paraphrasing, checking, and asking nonaccusative questions) and using impact statements to express feelings. Problem-solving skills were taught through emphasis on the following steps: (a) defining the problem; (b) brainstorming; (c) evaluating the consequences; (d) selecting an option and developing a plan; and (e) monitoring and evaluating the plan (Stern, 1999, p. 186). Negotiation skills were encouraged for situations in which the parent and teen could not initially agree on a solution.

Each week dyads practiced newly acquired skills with real problems, starting with mildly angering incidents and moving gradually towards the tinder-box matters. Group leaders coached each dyad and routinely offered feedback. Participants in the CM + CR condition group were encouraged to use the skills they had learned in their conflict management sessions during their conflict resolution practices. Each session of each condition group built on the previous one.

Effectiveness

One week after the completion of treatment, all dyads were given post-tests identical to the assessment battery administered before the treatments began. CBQ pre- and post-test comparisons revealed that, "Parents in both conditions significantly improved perceptions of their adolescents' behavior, $F(1, 16) = 13.79, p < .001$, and of the interaction between them and their teen, $F(1, 16) = 13.79, p < .01$. Similarly, treated teens perceived their parents' behavior, $F(1, 15) = 7.19, p < .02$, and the interaction between them, $F(1, 15) = 15.16, p = .001$, as significantly improved" (187). Scores on the IC indicated that only parents significantly decreased conflict, $F(1, 16 = 15.84, p = .001$.

Means of the four observers' ratings were used to determine a mean estimated reliability coefficient of .93 (ranging from .74 to .99). Parents in the CM + CR condition decreased negative behavior significantly more than parents in the CR Alone group: pre-post effect, $F(1, 15) = 5.70, p < .03$; treatment group effect, $F(1, 15) = 4.55, p < .05$; and a pre-post × treatment interaction trend, $F(1, 15) = 2.90, p < .11$. There were no significant differences for negative adolescent behavior.

Upon completion of treatment, dyads in both conditions resolved the problem they discussed, $F(1, 15) = 7.97, p < .02$, and significantly improved overall problem-solving skills, $F(1, 15) = 12.35, p < .003$. No difference occurred in either condition for dyadic friendliness.

Parents and teens, at post-test, in both conditions rated themselves with increases in personal anger; however, discussion intensity decreased. CM + CR parents decreased

discussion intensity, and the CR Alone parents slightly increased intensity, $F(1, 15) =$ 8.37, $p < .01$. Similarly, CM = CR adolescents rated their discussions as less intense, while CR Alone adolescents reported no change, $F(1, 15) = 3.85, p < .07$.

Stern (1999) hypothesizes that the seemingly ironic increase in personal anger reported by dyads in both conditions may be due to the hierarchical nature in which parents and adolescents approached their conflict situations during treatment. Early sessions were dedicated to practicing skills on mild conflicts, while later sessions, closer to post-test, tackled the heavier issues. Handling such heated debates at such close proximity to post-tests may have left participants at a higher intensity of anger. Regardless of the increase in personal anger, other measure factors would suggest that including both conflict management and conflict resolution training may improve the benefits of treatment for adolescents and parents.

Pet Therapy: Cognitive-Behavioral Therapy with Attachment Theory Modifications (Hanselman, 2001).

An initial test-run of this Pet Therapy program included seven adolescents (five boys and two girls), aged 14 to 17 years. Each participant was Caucasian and was either court ordered to attend this violence prevention group, was referred through school, or self-referred in response to a newspaper advertisement. Treatment consisted of ten sessions. The goal of the program was to understand anger and find more appropriate ways to express it.

Baseline data was obtained via four assessments: (1) the State-Trait Anger Scale (STAS); (2) Companion Animal Bonding Scale (CABS), which measured the quality of

the relationship between the human and the pet; (3) Mood Thermometers (MT), to be given on a weekly basis measuring tension, confusion, anger, fatigue, and depression; and (4) the Beck Depression Inventory – second edition (BDI-II).

Procedure

During the first session, participants collectively negotiated four goals for the program: (1) Stop fighting and being mean to people; (2) Learn not to blame other people for your actions; (3) Learn to respect other people; and (4) Learn to control verbally abusive language (167).

Specific activities and skills used to reach the group's goals are abbreviated here:

a. listing experiences that hurt and led to anger, in order to clarify the connection to feeling hurt and allowing that to turn to anger.

b. role-playing ways to handle anger

c. writing forgiving letters to targets of anger as a means of 'letting go'

d. writing angry letters to targets focusing on their reasons for anger toward those persons

e. exploring and processing factors that influence a pattern of blaming of others

f. encouraging participation in extracurricular activities and other positive peer group activities to improve social skills and self-esteem

g. practicing empathy and kindness toward others

h. drawing pictures to interpret anger, forgiveness, and family

i. practicing relaxation techniques

j. watching a video about the link between animal abuse and human

violence.

k. listening to a guest speaker, a middleweight boxer, who at one time had

problems with anger and hostility.

The unique feature of this program was that dogs that were at one time abused but now loving and caring pets were brought intermittently in pairs to the treatment sessions to compare the differences between other sessions when the dogs were not present. Differences were to be measured through observation and with the Mood Thermometer analyses.

In addition to training the adolescents, three separate parent sessions were held at the beginning, in the middle of, and at the end of the ten treatment sessions. Also, adolescent members participated in one *Scared Straight* night at the county jail.

Effectiveness

The mean score on the STAS pre-tests was $M = 30.83$, $SD = 8.06$. The mean score on the post-tests was $M = 26.5$, $SD = 4.11$, illustrating a decrease in state and trait anger. The mean pre-test score for the CABS was $M = 29.5$, $SD = 2.69$. The mean post-test score was $M = 23.16$, $SD = 3.23$. Because lower scores indicate a stronger bond, results indicated an increase in companion animal bonding. MT scores pre-treatment for

tension, $M = 310$; confusion, $M = 375.5$; anger, $M = 337.5$; fatigue, $M = 328.3$; and

depression, $M = 261.6$. Following treatment, scores for all domains except fatigue

increased: tension, $M = 337.5$; confusion, $M = 367.5$; anger, $M = 344.2$; fatigue, $M = $

273. 3; and depression, $M = 338.3$. The mean pre-test score on the BDI-II was $M = 22.6$,

$SD = 3.7$, and post-test scores increased to $M = 24.83$, $SD = 4.5$.

Hanselman (2001) hypothesizes that treatment may have made adolescents more

vulnerable to their feelings than they were prior to treatment, which may explain

increases in scores for tension, confusion, anger, and depression as measured by the MT

and BDI-II. Additionally, she notes that participants were not allowed to use drugs or

alcohol while in therapy and this may have contributed to a more keen sense of emotion.

Observations were made by the facilitator and co-facilitator. Hanselman (2001)

reports, "When the dogs were present, all the participants were more vulnerable to their

feelings. The group was more emotional, more verbal, more focused on their essence[.

T]here was an acceleration in therapy due to the exposure of the animals" (176).

Although in the description of the procedures it is stated that the MTs were to be

administered weekly to monitor changes between when the dogs were present and when

they were absent from group, no empirical results were reported (Hanselman, 2001). It is

unknown whether or not the MT was conducted every week and data was omitted from

the report, or if the MT was not administered weekly, and therefore no data existed. The

study was reported poorly, however the idea to include pets in anger-management

training is a unique one and worthy of consideration.

Summary

A review of the efficacy of five particular programs revealed the following: STOP was found to be somewhat successful in terms of recidivism; Triple A Strategy did not appear to produce significant behavior changes in participants; Problem-Solving Communication Training for Families saw significant improvements in participating parents and less improvement in participating adolescents; and the Pet Therapy program had confusing results – statistical reports indicated no improvement, but observational reports indicated otherwise. Effectiveness data of the Cognitive-Behavioral Anger Control Training was not reported.

CHAPTER SIX:

IMPLICATIONS FOR THE SCHOOL PSYCHOLOGIST

When a student is referred for what a teacher or parent believes to be chronic, intense, and out-of-control angry behavior, it is important for the school psychologist (or any other helping professional), to understand the context from which the student comes. The student's classroom environment, the overall school climate, the student's home and neighborhood and broader cultural context must be considered. It is important to recognize that what is considered inappropriate in one arena may be completely acceptable in another. Our behaviors develop in accordance with our immediate and global surroundings. We must use assessment procedures that are comprehensive enough to create a clear and encompassing picture of the student.

We must also strive for an accurate interpretation of where the problematic anger originates. Is it a glitch in cognition? Is it a developmental delay? Is the student just chronically cranky? Or are there things in the adolescent's life that are causing hurt and frustration? Is it a combination of factors?

When we are choosing intervention plans for students who are exhibiting problematic anger, are we matching the unique nature of the individuals' problems with the appropriate intervention approaches? If the students simply respond poorly to their peers because they do not know alternative responses, perhaps they would fit best in a program emphasizing social skills. If students misperceive others' intentions as hostile, they may benefit from a cognitive restructuring program. Additionally, if we place

students in a group intervention program, do they have the necessary cognitive, reflective, social, and self-control skills to benefit from group treatment? Within the interventions we choose, are we providing enough opportunity for the students to practice skills and strategies in realistic situations and in naturalistic environments? Are we including the students' family members to ensure global and long-lasting behavioral changes?

We must actively seek changes in our schools and communities that prevent the development of problematic anger. The task of making schools user-friendlier is daunting. Those who traditionally embrace new, innovative ways of reaching youth may scoop up new programs with zeal and make significant headway in their own classrooms. However, there are many others shamelessly stuck in counter-productive conventions. To make system-level changes, the school psychologist must perfect the art of persuasion, negotiation, and persistence. Getting as many teachers and upper-level administrators on-board as possible creates more support for programs throughout the building and district (Wilde, 1995).

The school psychologist must be willing and able to become actively involved in creating and participating in programs within regular and special education classrooms. Implementing school-wide anger management programs could be as simple or as difficult as finding a program with empirically supported effectiveness (or creating one of her own, based on other clinically supported concepts), conducting inservice training for teachers and other school personnel, and weaving it into the curricula.

Final Comments

It almost feels pointless to write so many pages on adolescent anger management interventions. So frequently, by the time an adolescent reaches the point of intervention, so much damage has already been done. For a 16-year-old teenager to be referred to an anger control group, it is likely there is already a long history of hurt, frustration, isolation, and outrage. Is 6- to 12- weekly sessions of talking and role-playing and drawing diagrams enough to reverse that history? Programs discussed here report effectiveness data after, at most, a year. But what happens even further in the time span between treatment and real life? Secondary and tertiary interventions attempt to fight already nasty, casualty-ridden battles; and all the while, there is a new crop of warriors training on elementary school playgrounds. By the time we graduate one group of teenagers, another group is primed and ready.

It seems we could incapacitate two wildebeests with one berry by implementing effective, consistent and continuing anger-management curricula into our regular and special education classrooms, beginning in the very early grades. By training all students to control their anger and resolve conflicts peacefully, including those with no known anger problems, we may be able to create a community full of students who know how to empathize and rationalize their way through adversity. Training students with and without known anger difficulties in an inclusive atmosphere creates a space for students struggling with frustrations to find help without being singled out and isolated from their peers; while simultaneously, other students who may be on the brink of having a problem could possibly be offered a hand up before things become uncontrollable.

The world, with all of its advances, is becoming an increasingly demanding place. Complexities and complications abound for an increasing number of children and adolescents. The least we could do is teach them how to be nice.

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