

Anger Management

Strategy Brief, October, 2013. Kenneth Parnell, University of Nebraska-Lincoln, Russell Skiba, Indiana University, Reece Peterson, & Scott Fluke, University of Nebraska-Lincoln.



Among the most powerful risk factors for school violence is anger, especially sudden rage. Students who have not learned to manage their anger are at-risk for aggression, perhaps even violent explosive behavior. The goal of anger management is to help students with high levels of aggression or anger learn how to control their emotions. Helping students learn how to understand and manage their feelings may provide them with tools to avoid escalating negative feelings. This will also help to avoid serious confrontations with students, teachers, and administrators in the future.

Anger, Fights, and Victimization

According to the National Center for Educational Statistics, in the year 2001, 33% of students in grades 9-12 reported that they had been in a physical fight in the previous year, with 13% reporting that they had fought on school property. In addition, teachers were the victims of 599,000 violent crimes including rape or sexual assault, robbery, aggravated assault, and simple assault (DeVoe et al., 2002). A more recent survey study found that 80% of all teachers reported being victimized, and 44% reported physical attacks (Espelage et al., 2013; McMahon et al., 2012). Although not all victimization or physical attacks of teachers may be motivated by anger, it seems logical to assume that anger may be a component in a substantial number of these incidents.

How Is Anger Provoked?

A national survey was conducted to explore students' perspectives on aggression and violence at school (Greene, Buka, Gortmaker, DeJong, & Winsten, 1997). In this survey 33% of respondents agreed with the statement, "when I am angry, there is no way I can control myself," and 41% agreed with the statement, "if I am challenged, I am going to fight." Larson (2005) indicated that these two responses suggest that many youth have two firmly held beliefs (1) "I do not have control over my own level of anger because it is controlled by my antagonist," and (2) "A challenge to fight means I must fight. There are no personally acceptable alternatives."

The hostile attribution bias is a pattern of interpreting ambiguous social cues as hostile. Students who are aggressive are believed to behave aggressively partly because they more frequently interpret the behaviors and intents of others to be hostile (Dodge, 1980). Research has demonstrated that students who act out aggressively attend more to aggressive rather than non-aggressive cues from their peers and teachers (Dodge, Lochman, Harnish, Bates, & Pettit, 1997). These students are then more likely to respond with aggression of their own (Castro, Merk, Koops, Veerman, & Bosch, 2005). Aggressive youth also tend to generate fewer solutions to prob-

lems (Lochman & Dodge, 1994). Other students act aggressively because they believe that aggressive behaviors will help them achieve their goal (Crick & Dodge, 1996).

Although both males and females apparently experience anger to the same extent, females tend to express anger in less direct ways, often through interpersonal or relational aggression. Consequently, females tend not to show overt indications of anger, and may be less likely to be referred for anger management programs in school (Smith, 2008; Smith et al., 2012). As a result, it could be argued that anger management programs might be tailored specifically based on gender, but most anger management programs appear to be designed for males, and primarily at the secondary level (Smith, 2008).

What is Anger Management?

Anger can be characterized as having three components, feelings, conditions, and behaviors (Smith et al, 2012). As a result, managing anger is also complex and usually addresses all three aspects of anger.

In anger management, students are taught strategies to enable them to control their anger in the face of a conflict. Sometimes these programs are subcomponents of larger social skills programs, and sometimes they are self-standing. Although specific elements used in anger management vary, most programs use a combination of strategies and techniques including teaching stress reduction skills, awareness about the physiology of anger, problem-solving strategies, and cognitive restructuring.

In the program, youth first develop their ability to understand the perspective of others, to “put themselves in someone else’s shoes.” Second, students are taught to be aware of their emotional and physical states when they are angry. To help students learn self-control, some programs will teach relaxation techniques. Finally, students learn how to use a specific strategy (e.g., “Stop! Think! What

should I do?”) to moderate their responses to potential conflicts. Students are typically trained in problem-solving skills including: 1) identifying the problem; 2) generating alternative solutions; 3) considering the consequences of each solution; 4) selecting an effective response; and 5) evaluating outcomes of that response (Spivak, Platt, & Shure, 1976). The intervention is usually taught in ten to twenty 45-60 minute sessions. Training typically lasts between 6 and 18 weeks. Activities include group discussions, role-playing, modeling of appropriate behaviors, simulation games, and videotaped examples. Usually between 6 and 10 youth participate, but an entire class may receive the intervention. Group rules are established in the first session. Sessions may have one leader or two. Leaders may include a school staff member (counselor, teacher, or psychologist) and a community mental health professional.

What Do We Know About Anger Management?

Generally research evidence supports the use of cognitive behavioral approaches to address anger and aggression (Feindler & Gerber, 2012). Many of these studies however are more broadly based than being only focused on anger reduction- for example they may include problem solving, social emotional skills, etc. which are beyond just anger reduction. A



meta-analysis of cognitive behavioral treatments among elementary through high school youth that included 21 published and 19 unpublished studies found a mean effect size of .67, or medium effect (Sukhodolsky, Kassinove, & Gorman, 2004). In another review of 14 published outcome studies of CBT for anger-related problems with adolescents found medium to large effect sizes for short-term reductions in measure of anger and aggression. This same study did point out that two weaknesses of the current literature are a lack of long-term intervention studies and the lack of female participants (Cole, 2008). In addition, most of these studies are comprised of interventions that were conducted by mental health professionals or graduate students trained by the researchers. This is particularly important for schools to consider before implementing a new program. Further research is needed to explore how these approaches can be implemented by teaching staff.

Anger management training can decrease the aggressive behavior of at-risk students in the short-term. Students trained in anger management have been found to decrease their disruptive and aggressive behaviors both at home and in the classroom, displaying greater self control (Feindler, Marriot, & Iwata, 1984). In one program, 48 at-risk middle schoolers had significantly fewer office referrals as a result of 10 weeks



of training in the *Think First* curriculum (Larson, 1992).

Although we know there are short-term benefits of anger management, long-term results have been inconsistent. For instance, a 3-year follow-up study of aggressive elementary school boys showed decreased drug and alcohol involvement and improved self-esteem, but no change in delinquent behavior (Lochman, 1992). However, 7 to 13 year-old children in a psychiatric ward who received problem-solving skills training decreased their problem behaviors in 1-year follow-up (Kazdin, Esveldt-Dawson, French, & Unis, 1987).

As a result, the research on this topic is promising, but should not be taken to be complete or without some questions about the methods of delivery and other issues of implementation.

Making Anger Management Work

Although students have been shown to benefit from anger management training, the effectiveness of the intervention depends on a number of factors.

Length of treatment. The effectiveness of anger management training may depend on how many sessions are provided. Generally, six sessions have failed to produce changes in the aggressiveness of students. Twelve sessions have had positive effects on the aggressive behaviors of students and 18 sessions have further enhanced these positive outcomes. Additionally, holding booster sessions 1 year after the initial intervention improved the long-term outcomes for students (Lochman, 1992). Thus, current knowledge suggests that a greater number of sessions with booster sessions held after 1 year will contribute to the effectiveness of the intervention.

Framing the training. To ensure the effectiveness of anger management, some program developers have noted that training may need

to be made relevant to the students being trained. For instance, aggressive students seem to have a strong need for retaliation. They often consider “having the last word” or “striking the last blow” to be a “win.” Trainers can work with students to help them understand that, if they respond when provoked, they have been manipulated into losing control of themselves (e.g., they “lose”). In order to “win,” they must learn to walk away. Framing the training in terms of the youths’ understanding seems to increase the effectiveness of the intervention (Coie, Underwood, & Lochman, 1991).

Supplemental interventions. The benefits of anger management training can be enhanced if supplemented with other interventions. For instance, students asked to set weekly goals in addition to anger management training showed greater decreases in their disruptive behavior (Lochman, Burch, Curry, & Lampron, 1984). A more comprehensive approach, aggression replacement training, incorporates moral education and structured training in addition to anger management. Students who received aggression replacement training showed increases in moral reasoning, engaged in more productive interactions with others, and improved their ability to solve social problems (Glick & Goldstein, 1987).

Person delivering the training. A growing body of literature has demonstrated the effectiveness of cognitive-behavioral interventions in reducing anger and aggressive behavior in youth (Blake & Hamrin, 2007; Cole, 2008; Sukhodolsky, Kassinove, & Gorman, 2004). In one study conducted with elementary school students, school counselors who received training and supervision from clinical psychologists implemented an anger management program. In the control group with limited training and no supervision, students exhibited more problem behaviors. With training and supervision there was no increase in problem behaviors and the researchers noted that children in this group reported a significant decrease in their belief that aggressive behaviors would result in a positive outcome (Lochman et al., 2009). This suggests

that school staff members could implement anger management interventions with training and supervision.

Most studies on anger management programs evaluate interventions that were conducted by mental health professionals or graduate students trained by researchers. It is not yet known how effective these programs can be when implemented without the guidance of program developers. Therefore, further research is needed to explore how anger management programs can be implemented independently by teachers, school counselors, and paraprofessionals.



Suggested options for use. If an “Anger Management” program were established and available in your school it could be used as a targeted Tier 1 or Tier 2 intervention for students with potential anger management problems as follows:

1. Completion of the program could be used for individual students or small groups of students who were identified as having behavioral issues or mental health needs potentially related to anger or aggressive behaviors. This could be done as a part of a school wide behavioral screening of all students, or done as a more limited screening of students with high risk for anger problems. Specific screening instruments are available (Smith et. al., 2012).
2. Completion of the program would be a disciplinary response option for behaviors resulting from possible anger such as fighting or verbal or physical aggression.

Conclusions

Students who engage in aggressive behaviors often have cognitive distortions that can be addressed in a therapeutic setting. Anger management programs challenge these distortions with the goal of replacing aggressive reactions to peers and the environment with positive, adaptive, and prosocial reactions. There has been relatively little definitive research on this topic. Existing research on anger management programs is promising with several studies demonstrating that a variety of programs can lead to positive outcomes for youth. However, much of this research has been conducted by program developers, prompting calls for research confirming their promising findings.

Anger management provides students with tools to control their actions and reactions in a potential conflict. In the short-term, anger management techniques have generally been shown to have positive effects on the delinquent and problem behaviors of aggressive students. Students who receive anger management training showed decreased drug and alcohol usage, increased self-esteem, and decreased problem behaviors, although the intervention did not change delinquent behavior. Long-term benefits of anger management training still need to be proven. The success of anger management training is, in part, dependent on the length of treatment and how the treatment is framed for the students. Students who engage in supplemental interventions, such as goal setting or aggression replacement train-

ing, show enhanced improvements in behavior and attitude. Overall, anger management is a promising intervention that can be used to help decrease disruptive and violent behavior in aggressive students.

Implementation of anger management programs may prove challenging for schools, who face increasing demands on time and resources. Effective anger management programs are not likely to be brief interventions. Instead, school personnel would likely need to commit several hours a week to preparing and running a program. For this reason, researchers have typically relied on mental health professionals, including graduate students, school counselors, school psychologists, and social workers to implement their programs. Research has not yet identified the effectiveness of these interventions when conducted by classroom teachers. Despite these limitations, anger management programs are a promising avenue for addressing aggressive and other antisocial behaviors for students.



Note: A related Program Description document is also available:

Parnell, K., Peterson, R., & Fluke, S. (2013, October). *Three Anger Management Programs. Program Description*. Lincoln, NE: Student Engagement Project, University of Nebraska-Lincoln. <http://k12engagement.unl.edu>

This document describes three specific anger management programs which are intended to remediate anger and which are representative of the types of programs which could be implemented in schools.

Recommended Reference:

Parnell, K., Skiba, R., Peterson, R., Fluke, S., & Strawhun, J. (2013, October). *Anger management. Strategy brief*. Lincoln, NE: Student Engagement Project, University of Nebraska-Lincoln, 202 Barkley Center, UNL. <http://k12engagement.unl.edu>

Credit Note- Parts of this strategy brief were adapted from:

Skiba, R., & McKelvey, J. (2000, March). *Anger Management. Fact sheet*. Lincoln, NE: Safe and Responsive Schools Project, Indiana University and University of Nebraska-Lincoln.

Anger Management References

- Blake, C. S., & Hamrin, V. (2007). Current approaches to the assessment and management of anger and aggression in youth: A review. *Journal Of Child & Adolescent Psychiatric Nursing, 20*(4), 209-221. doi:10.1111/j.1744-6171.2007.00102.x
- Castro, B., Merk, W., Koops, W., Veerman, J. W., & Bosch, J. D. (2005). Emotions in social information processing and their relations with reactive and proactive aggression in referred aggressive boys. *Journal of Clinical Child and Adolescent Psychology, 34*(1), 105-116. doi:10.1207/s15374424jccp3401_10
- Coie, J. D., Underwood, M., & Lochman, J. E. (1991). Programmatic intervention with aggressive children in the school setting. In D. Pepler & K. H. Rubin (Eds.), *The development and treatment of childhood aggression* (pp. 389-410). Toronto, Canada: Lawrence Erlbaum.
- Cole, R. L. (2008). A systematic review of cognitive-behavioural interventions for adolescents with anger-related difficulties. *Educational and Child Psychology, 25*(1), 27-47.
- Crick, N. R., & Dodge, K. A. (1996). Social information-processing mechanisms on reactive and proactive aggression. *Child Development, 67*(3), 993-1002. doi:10.2307/1131875
- DeVoe, J. F., Peter, K., Kaufman, P., Ruddy, S. A., Miller, A. K., Planty, M., ... Rand, M. R. (2002). *Indicators of school crime and safety: 2002* NCEs 2003-009/NCJ196753). Washington, DC: U.S. Department of Education and Justice.
- Dodge, K. A. (1980). Social cognition and children's aggressive behavior. *Child Development, 51*, 162-170.
- Dodge, K. A., Lochman, J. E., Harnish, J. D., Bates, J. E., & Pettit, G. S. (1997). Reactive and proactive aggression in school children and psychiatrically impaired chronically assaultive youth. *Journal of Abnormal Psychology, 106*(1), 37-51. doi:10.1037/0021-843X.106.1.37
- Espelage, D., Anderman, E. M., Brown, V., Jones, A., Lane, K. L., McMahon, S.D., ...Reynolds, C. R. (2013). Understanding and prevention violence directed against teachers. Recommendations for a national research, practice and policy agenda. *American Psychologist*, doi: 10.1037/a0031307.
- Feindler, E L. & Gerber, M. (2012). Youth anger management treatment for school violence prevention. Chapter 20, in S. Jimmerson, A. Nickerson, M. Meyer & M. Furlong. Handbook of school violence and safety. New York: Routledge.
- Feindler, E. L., Marriot, S. A., & Iwata, M. (1984). Group anger control for junior high school delinquents. *Cognitive Therapy & Research, 8*(3), 299-311.
- Glick, B., & Goldstein, A. P. (1987). Aggression replacement training. *Journal of Counseling and Development, 65*, 356-362.

- Greene, J. P., Buka, S. L., Gortmaker, S. L., DeJong, W., & Winsten, J. A. (1997). *Youth violence: The Harvard-MetLife survey of junior and senior high school students*. Retrieved from www.hsph.harvard.edu/press/releases/101498report.html.
- Kazdin, A. E., Esveltd-Dawson, K., French, N. H., & Unis, A. S. (1987). Problem-solving skills training and relationship therapy in the treatment of antisocial child behavior. *Journal of Consulting and Clinical Psychology, 55*(1), 76-85.
- Larson, J. D. (1992). Anger and aggression management techniques through the Think First curriculum. *Journal of Offender Rehabilitation, 18*(1,2), 101-117.
- Larson, J. (2005). *Think first: Addressing aggressive behavior in secondary schools*. New York, NY: Guilford Press.
- Lochman, J. E. (1992). Cognitive-behavioral intervention with aggressive boys: Three-year follow-up and preventive effects. *Journal of Consulting and Clinical Psychology, 60*(3), 426-432.
- Lochman, J. E., Boxmeyer, C., Powell, N., Qu, L., Wells, K., & Windle, M. (2009). Dissemination of the Coping Power program: Importance of intensity of counselor training. *Journal of Consulting And Clinical Psychology, 77*(3), 397-409. doi:10.1037/a0014514
- Lochman, J. E., Burch, P. R., Curry, J. F., & Lampron, L. B. (1984). Treatment and generalization effects of cognitive-behavioral and goal setting interventions with aggressive boys. *Journal of Consulting and Clinical Psychology, 52*(5), 915-916.
- Lochman, J. E., & Dodge, K. A. (1994). Social-cognitive processes of severely violent, moderately aggressive, and nonaggressive boys. *Journal of Consulting & Clinical Psychology, 62*(2), 366.
- McMahon, S. D., Martinez, A., Espelage, D., Reddy, L. A., Rose, C., Lane, K., ...Brown, V. (2012). Violence directed against teachers: Results from a national survey. Manuscript submitted for publication.
- Smith, J. (2008, July). *Anger management in schools*. Muncie, IN: Consortium to Prevent School Violence. www.preventschoolviolence.org.
- Smith, J., Furlong, M., Boman, P., & Gonzalez, V. (2012). Using self report anger assessments in school settings. Chapter 21, in S. Jimmerson, A. Nickerson, M. Meyer & M. Furlong. *Handbook of school violence and safety*. New York: Routledge.
- Spivak, G., Platt, J., & Shure, M. (1976). *The problem-solving approach to adjustment*. San Francisco, CA: Jossey-Bass.
- Sukhodolsky, D. G., Kassinove, H., & Gorman, B. S. (2004). Cognitive-behavioral therapy for anger in children and adolescents: A meta-analysis. *Aggression And Violent Behavior, 9*(3), 247-269. doi:10.1016/j.avb.2003.08.005