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Anger Management in the Treatment of Adolescents with Disruptive Behavioral Disorders

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Anger Management in the Treatment

Of Adolescents with Disruptive Behavioral Disorders

A Scholarly Project

by

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of the

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Anger Management in the Treatment of Adolescents

with Disruptive Behavioral Disorders

Chapter 1: Introduction

Anger management has become a popular subject of late in the media. Images of disturbed adolescents unleashing their anger on innocent children bombard one's senses when one thinks of the school shootings in Littleton, Colorado, Paducah, Kentucky, and Pearl, Mississippi. These unfortunate events have altered the nation's attention to the need for violence prevention and rage control in schools and with adolescents. Occupational therapy (OT) is a profession that is responding to this ever-increasing social problem. The social needs response model of community-based practice identified the need to address these deficits like school violence. One OT professional states "occupational therapists have unique skills that are occupation centered in the balance of work, self-maintenance, and leisure, as well as the ability to address the psychosocial needs of socially underserved persons that cannot be fulfilled by other professionals" (Loukas, 2002). It is clear that steps must be taken to remedy this increasing social situation. Programs to prevent violent and anger-related anger must be started in schools and in the community.

In children, angry outbursts are common and are characterized by "temper tantrums." As children age and grow into adolescents, it is socially expected that adolescents find another way to express their frustrations and feelings (Fiendler, 1995). Adolescents with disruptive behavioral disorders are one population which finds this difficult. In many cases, angry outbursts escalate into violent behavior in these adolescents.

Anger management programs have existed for adolescents for many years. Studies have been conducted to see whether anger management is effective in decreasing levels of anger and

violent outbursts in adolescents (Tang, 2001, Snyder, Kymissis, & Kessler, 1999, Kellner & Bry, 1999, Kellner & Tutin, 1995, March, Amaya-Jackson, Murray, & Schulte, 1998, Kingsbury, Hawton, Steinhardt, & James, 1999, Silver, Field, Sanders, & Diego, 2000). The purpose of this project is to determine whether anger management is effective in treating adolescents with disruptive behavioral disorders, what techniques are most effective within anger management programs, and how occupational therapists are qualified to lead an anger management program. Research will be examined about the findings of anger management programs, non-research literature about anger and anger management in adolescents will be evaluated, and occupational therapy literature relating to how occupational therapists use anger management techniques in therapy will be examined. The project will then focus on the development of an occupational therapy-based anger management program that may be implemented in a wide variety of psychosocial settings.

Chapter 2: Literature Review

With many high profile cases of "bad behavior" by superstars such as Mike Tyson and

Dennis Rodman, anger management has become a popular subject in the national media of late.

In adolescents, anger is a common emotion. Some adolescents display difficulty controlling

their emotions, particularly anger. This begs the question, "How does an adolescent with anger

problems learn to control his or her anger?" Many point to anger management as the solution,

but does anger management effectively control anger in adolescents? To answer these questions,

one must examine literature to find scientific evidence pointing to or disproving the positive

effects of anger management in adolescents with disruptive behavioral disorders. Current

research will be explored regarding: (1) the causes and effects of childhood and adolescent

anger, (2) the effectiveness of anger management, and (3) qualifications of professionals who

may lead an adolescent anger management program.

Review of Research

Tang, in 2001, completed a study about the effect of an occupational therapist-led,

cognitive behavioral anger management program. In the quasi-experimental study mental health

clients completed the State Trait Anger Expression Inventory (STAXI) (Spielberger, 1996) and

the Anger Control Inventory (ACI) (Hoshmand & Austin, 1987) twice to compare their anger

before and after completion of the anger management program. The program was led by two

occupational therapists who facilitated discussion and the therapeutic group process, taught anger

management techniques, and explained theories and concepts to the individuals in the program.

The program met once a week for ten weeks with ten participants enrolled in each program.

Sixty-four participants completed the STAXI and the ACI. Results of the study indicated that

the anger management program had a significant positive effect on the participants. Researchers

found that coping strategies among participants increased as a result of the program, further increasing anger control, a decrease in anger suppression, and a decrease in aggressive behavior (Tang, 2001).

Snyder, Kymissis, and Kessler (1999) compared the effects of an anger management program on adolescents in a mental health unit. The adolescents were chosen through the treatment team's recommendation and were randomly assigned to an experimental or control group for the study. The researchers used the STAXI and the Minnesota Multiphasic Personality Inventory-Adolescent (MMPI-A) for a pretest and posttest. The experimental groups received the Anger Management Group Training series, while the control group received a series of psychoeducational videotapes relevant to adolescents. Results indicated that treatment subjects were significantly less disruptive than their control counterparts in the postintervention phase. In summary, the experimental group benefited from the anger management series and reported feeling less anger after the treatment than the control group. The researchers also suggested that through the study, anger management intervention could be successful in as few, but not fewer than four sessions.

Kellner and Bry (1999) conducted a study about the effects of anger management in a day school. Seven students who scored high in the "conduct" category of the Conners Teacher Rating Scale (Conners, 1989), meaning the students had mild and severe anger control difficulties, were chosen to participate in an anger management program. The program included psychoeducation, anger discrimination training, logging incidents of anger, frequent self-evaluation, role playing, and training in prosocial responses to anger. The seven students participated in sessions held once a week for ten weeks. Measures of student behavior included the teachers' and parents' ratings of the conduct subscale of the Conners Parent Rating Scale

(Conners, 1989) and the number of incidents of physical aggression by the participating students. Results of the study concluded that improvement was noted on all three measures. It is encouraging to note that significant improvement was noted with parents, since this information was gathered from parents six months after the conclusion of the anger management program.

Bosworth, Espelage, & DuBay (1998), measured the effects of a pilot study with 98 adolescents in the seventh grade who participated in a computer program (SMART Talk) about anger management principles. The goal of the study was to see whether or not the computer program affected the adolescents' knowledge, self-knowledge, self-efficacy, and intentions. The study also aimed to find out if the program decreased violent behavior and increased prosocial behavior. A survey was used to obtain information about the subjects' knowledge and attitudes about nonviolent and violent strategies for resolving conflict, self-efficacy relating to conflict resolution and anger management, self-esteem, impulsivity, and peer influence. Results of the study showed that most students identified and increased understanding or some knowledge gain as a result of using SMART Talk. Other results showed indications that students' declarative knowledge, self-knowledge, prosocial behavior, and intentions all showed significant increases. Behavior regarded as "trouble behavior" and violence showed a significant decline in incidences. Further study is underway to identify adolescent populations who will benefit from the study.

Kellner and Tutin (1995) conducted an ethnographic qualitative study where four developmentally and emotionally disabled high school students in a special day school were taken through an anger management program aimed at helping adolescents with such diagnoses as developmental delay, autism, and mental retardation. This case study focused on the adaptations that were made in the anger management curriculum to account for the developmental delay in the students who each had a history of severe emotional and learning

problems. Examples of such adaptations are the use of pictorial symbols to represent feelings, a calendar to record feelings of anger, a board to list the physiological symptoms of anger, and "graduation" from the program to provide positive reinforcement of the skills learned in the program. The students attended 40 sessions of the anger management program, which lasted the entire school year. Results of the study indicated that developmentally and emotionally disabled students can benefit from anger management classes that are modified to fit their developmental level.

March, Amaya-Jackson, Murray, and Schulte (1998) found that cognitive-behavioral therapy, including anger management techniques, was effective in dealing with children and adolescents with posttraumatic stress disorder (PTSD). Children and adolescents who suffered from single-incident PTSD were selected to participate in the case study involving two sessions of anger management as part of an eighteen-week cognitive-behavioral treatment. The anger management sessions focused on addressing anger and aggression by taking an interpersonal problem-solving approach to anger control in hopes of moving the subjects from an external to internal locus of control. Fourteen of the 17 subjects completed follow-up and results indicated that the overall effect of treatment on locus of control moved from external to internal, pointing to and increase in coping skills and a strong sense of self-efficacy. Significant improvement was noted on all main dependent measures.

Kingsbury, Hawton, Steinhardt, and James (1999) found that adolescents who take overdoses with the intent to self-poison have a higher anger rate than their psychiatric and control counterparts. The study was conducted with 45 students in the adolescent overdose group, 30 in the community control group, and 30 in the psychiatric control group. The students filled out a series of tests twice to determine their levels of anger, depression, impulsivity, and

hopelessness. In regard to measuring anger, the students were given the Spielberger State-Trait Anger Inventory (Spielberger, 1996), composed of 20 questions that measure state anger (anger felt at the moment of the interview) and trait anger (general issues having to do with feelings of anger). Results of the study indicated that the scores for state and trait anger were significantly higher among the overdose group than either of the control groups during the first test. Overall trait anger was higher in both tests with the overdose population than the control groups, and state anger was higher in the overdose and psychiatric populations during the second test than the community control group.

In Silver, Field, Sanders, & Diego's (2000) article, researchers set out to find if adolescents who were worried about their anger turning to violence would have distressed relationships with parents, depressive symptoms, and suicidal thoughts. Eighty-nine students participated in the study. A Likert-type questionnaire was given to the students that gathered information on behavioral and psychological aspects of adolescent life. Students were divided into anger and control groups based upon a yes or no response to the question, "Sometimes I get so angry that I worry I will become violent." Students were specifically asked about anger/violence potential, family relationships, friends, Grade Point Average (GPA), depression, and drug usage. Analysis of the results indicated that the anger group reported less intimacy with parents, less family support, more opposite-sex friends, more frequent dating, lower GPA, and more frequent drug usage than the control group.

McWhirter and Page (1999) measured the effects of anger management on high-risk adolescents with the purpose of evaluating the effects of two psychoeducational groups on state anger, anger expression, and self-efficacy beliefs. The researchers chose students from an alternative high school who were considered "high risk," meaning the students had displayed

academic or consistent behavioral problems, or more severe problems, such as engaging in drug and alcohol usage or violence during school time. The researchers chose to use groups as the method of service delivery since "groups have unique therapeutic benefits that are difficult to achieve through other methods." The students were able to choose from an anger management class or a goal-setting class that met for nine or six sessions, respectively, over a five-week period. Activities in the anger management group included recognizing anger cues, learning better coping strategies, and recognizing appropriate and inappropriate expression of anger. Students were given a pretest and posttest, which included the STAXI (Spielberger, 1996), self-efficacy measure, and demographic questions. The two groups were compared to a control group of their peers who received no intervention. Results of the study indicated that no significant differences were found among the three groups, however, teachers of the students did comment on their improved behavior in the classroom and better problem solving abilities when dealing with their peers.

Review of Non-Research Literature

Kowalski (1998) gives teens good examples and ideas on controlling and managing anger that are principles learned in anger management programs. First, know the signs and symptoms of anger that one personally feels. Pay attention to what happens to one's body when one gets angry. There are two types of symptoms, physical, increased heart rate or clenched fists, and emotional, feeling insecure or slighted. Second, do something positive about anger. Kowalski's tips on handling anger include admitting anger, expressing angry feelings in writing, telling the person about the angry feelings, walking away, and trying peer mediation. She also states that deep breathing exercises, meditation, and other relaxation techniques can relieve stress. Healthy eating and sleeping habits are also important in reducing stress and better dealing with daily

frustrations. Kowalski states that for some, anger cannot be managed. For these people, she recommends intense counseling programs, since a psychological disorder may be behind uncontrollable rage.

VanTine (2001) outlines some ways that children can regain control over explosive outbursts. She interviewed a family therapist who had worked with 150 children between the ages of four and eleven. The family therapist stated that many of the children experienced explosive anger, including cursing at parents and teachers, tearing apart bedrooms, even physically attacking other siblings. He went on to speculate that parents tolerate such uncontrollable behavior as a result of guilt over sharing little time together as a family. As a result of this, the children do not feel "known" by their own parents. The therapist then outlined three ways parents could help their children control these outbursts. These include staging rehearsals where parents teach children breathing techniques, counting to ten, or taking a timeout, acknowledging the child's feelings, and checking the parents' style of anger management. If the parent is inclined to slam doors or curse when he or she is angry, the child is much more likely to exhibit like behaviors when the child is angry.

Thomas (2001) defines anger as "a strong, uncomfortable emotional response to a provocation that is unwanted and incongruent with one's values, beliefs, or rights." To her, the aim of anger management is to "promote more effective resolution of common, everyday anger incidents with families, friends, and co-workers." Intelligent anger management means that one can (a) modulate excessive physiological arousal, (b) alter irrational negative thoughts (c) lower environmental stimuli, and (d) change maladaptive behaviors that do not lead to effective problem solving.

According to Thomas, in an effective anger management program, the leader functions as the teacher and coach, not the therapist. Training is provided in groups because anger is an "interpersonal emotion." Typical anger management programs range from three to eight sessions. Most programs begin by introducing what anger is, getting acquainted with other group members, and introducing the anger log as homework. The following anger management sessions focus on lowering physiological arousal when angry, sharing incidents of anger, small group interaction to express new techniques, role playing, conflict resolution, releasing old anger, and termination of the group. Thomas is quick to note that anger management training has a greater likelihood of success when participation in the program is voluntary, rather than court-ordered.

Modrcin-McCarthy, Flannery Barnes, and Alpert (1998) conducted a literature review on childhood anger. Anger in children can be identified through such actions as temper tantrums, hitting, biting, killing, suicide, or depression. The authors defined anger in children as "a strong feeling of displeasure and belligerence aroused by wrong; wrath" or "a negative destructive emotion." A study of watching expressions of adult anger showed that preschoolers may respond to angry interactions with two adults by incorporating negative coping behaviors into their own interpersonal interactions. Children may also commonly identify themselves or other family members as the cause of their mother's anger (Cummings, 1987).

In adolescence, children may express anger by using sarcasm, cursing, rebelling against restrictions, arguing, antisocial behaviors, moodiness, depression, and changes in sleeping habits. Anger is caused in adolescents mostly by interpersonal interactions with siblings, as one study indicated (Jones & Peacock, 1992). Another study found that girls are more likely to respond nonaggressively than are boys, but found that girls are more likely to become angry in response

to violence than are boys (Kollar, 1992). The authors found that anger management in adolescence can be conducted in many ways. These include supportive personal adult relationships, neighborhood projects, developing peer groups to promote effective problem solving, labeling distortions, de-catastrophizing, and cognitive rehearsals (Modrcin-McCarthy et al, 1998).

Cognitive-behavioral therapy has been shown to be effective in the treatment of adolescents as well as adults, as Vondracek and Corneal state (1995). In their chapter entitled, *Cognitive Behavioral Therapy*, they outline the basic premise of the therapy, used extensively for mood disorders, personality disorders, depression, stress management and anger management. Most theorists of cognitive behavioral therapies share three assumptions; (1) Cognitive therapy affects behavior. (2) Cognitive activity may be monitored and altered. (3) Desired behavior change may be affected through cognitive change. In cognitive behavioral therapy, humans are assumed to anticipate, have expectations, have the ability to conceptualize, evaluate and appraise events, and engage in a vast array of cognitive functions. Cognitive behavioral therapy acts on the premise that clients are responsible for their problems, and therefore, clients are responsible for solving their problems. The implementation and delivery of cognitive behavioral therapy is designed to address specific problems, such as anger. Therapy begins by conceptualizing the problem to be addressed, and defines the target cognitions (i.e., automatic thoughts, cognitive distortions) and behaviors (i.e., aggression). As therapy progresses, individuals acquire, develop, and rehearse a variety of intrapersonal and interpersonal coping skills. Therapy continues by applying the learned skills in a wide array of contexts, focusing on overcoming old patterns of behavior, and paying special attention to preventing relapse. A qualified clinician to deliver cognitive behavioral therapy, according to Vonracek and Corneal, is a sensitive, caring clinician

who nurtures the discovery of new ideas to solve old problems. The authors point to a phrase called "collaborative empiricism," which is working with the client to test the validity of the client's beliefs, expectations, and interpretations, as an effective method of delivering cognitive behavioral therapy principles.

Review of Occupational Therapy Literature

Traditionally, anger management groups are led by a certified counselor, social worker, or other mental health professional (Snyder et al, 1999, McWhirter & Page, 1999, Kellner & Bry, 1999). Occupational therapists are one group of health professionals that are particularly qualified to lead an adolescent anger management group (Tang, 2001).

Lambert and Rodriques (1998) state that occupational therapists commonly treat adolescents with the diagnoses of Disruptive Behavioral Disorders, as outlined in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV). The authors state that adolescents may experience many emotions, but may be unable to directly express these emotions. This is especially apparent because a main task of adolescence is to establish a separate identity apart from parents and other authority figures. Occupational therapists will help these clients find new ways of coping with these emotions by providing opportunities to express emotions that assist in modulating antisocial responses and providing positive age-appropriate opportunities to explore and master the self and the environment.

Partial hospitalization programs, also known as day treatment programs, are particularly suited for cognitive behavioral therapy and other occupational therapy programs. These programs occur during regular school hours and children receive schooling, as well as intensive therapy. Partial hospitalization programs were designed as an alternative to inpatient programs, and these programs provide transitioning services from an inpatient to an outpatient setting.

Occupational therapists are a vital part of the health professionals that work in partial

hospitalization programs (Lambert & Rodriques, 1998).

Perhaps the most convincing finds among the literature that attests to occupational

therapy's role in anger management comes from Aaron Beck and colleagues. Beck is well

known for his work in the further development of cognitive behavioral therapy in the 1960s and

1970s. Beck and colleagues stated in 1993,

> Occupational therapists who work in a psychiatric setting are primarily concerned with teaching skills to promote self-reliance and independence. These therapists have received extensive training on how to deal with actual physical, intellectual, or social deficits. In fact, they are probably better prepared than most psychiatrists, psychologists, or social workers to teach adaptive skills to persons with significant handicaps. Occupational therapists can augment the cognitive therapy program in a number of ways. First, they can provide a detailed assessment of functional capacity. This evaluation often gives more practical information than does extensive psychological testing…During the treatment phase of occupational therapy, there is a natural partnership between the occupational and cognitive therapist. Both are interested in reducing symptoms and improving coping skills. The occupational therapist uses psychoeducational procedures, demonstrations, and in vivo rehearsal to build functional ability and self-esteem. Socratic questioning may also be used to uncover the patient's cognitive responses to the occupational therapy exercises. The cognitively-oriented occupational therapist will be able to point out maladaptive cognitions and help the patient to develop more balanced thinking. In addition, the occupational therapist can assist the patient in carrying out specific assignments from individual or group cognitive therapy (Wright, Thase, Ludgate, & Beck, 1993).

Analysis of Research

Six of the research studies directly set out to examine the effects of anger management on

adolescents. Of these studies, one found that anger management had no effect on the behavior of

adolescents (McWhirter & Page, 1999). The five other studies found that their particular anger

management programs showed moderate or significant improvements in the behavior of

adolescents (Tang, 2001, Bosworth et al, 1998, Kellner & Bry, 1999, Kellner & Tutin, 1995,

Snyder et al, 1999). One study examined cognitive-behavioral therapy, part of which is anger

management training, which was found to be effective in treating anger in adolescents with

PTSD (March et al, 1998). Two remaining studies pertained mainly to examining anger in adolescents. Results of these studies examined phenomena such as the characteristics of an angry adolescent (Silver et al, 2000) and the levels of anger found in adolescents in a psychiatric unit, adolescents in the community, and adolescents who have overdosed (Kingsbury et al, 1999). Results of the research articles clearly show a correlation between anger management and prosocial behavior in adolescents with disruptive behavioral disorders.

Through review of the literature, cognitive-behavioral therapy has been shown to be effective in the treatment of adolescents with disruptive behavioral disorders (Thomas, 2001, Tang, 2001). Cognitive behavioral therapy uses specific interventions, such as conceptualization, practice, and implementation to cause a change in client's mind processes and behaviors (Vondracek & Corneal, 1995). The literature attested to the effectiveness of some specific aspect of cognitive-behavioral therapy, such as deep breathing exercises (Kowalski, 1998), staging positive anger management rehearsals (Van Tine, 2001), modulating excessive physiological stimuli, altering irrational negative thoughts, lowering environmental stimuli, replacing maladaptive behaviors with positive coping strategies (Thomas, 2001, Vondracek & Corneal, 1995), fostering supportive personal adult relationships, developing peer groups to promote effective problem solving relating to anger control, and de-catastrophizing a situation in which an adolescent may become angry (Modrcin-McCarthy et al, 1998).

Review of the occupational therapy literature found that cognitive behavioral therapy is a frequently used theory base and frame of reference in treating adolescents with disruptive behavioral disorders (Lambert & Rodriques, 1998). Occupational therapists work in partial hospitalization programs, as well as other settings, to implement cognitive behavioral therapy (Lambert & Rodriques, 1998, Tang, 2001) and occupational therapists are well-suited to

implement cognitive behavioral therapy, namely anger management programs in these settings

(Wright et al, 1993, Tang, 2001).

Chapter 3: Activities

Introduction

Cognitive-behavioral therapy is a vast topic with many avenues one could follow and explore. Many different theorists have contributed a wealth of information to the therapy's base of knowledge, expanding our understanding of effective psychosocial treatment. Occupational therapy practitioners have many roles to fulfill under the blanket of occupational therapy. Some of these roles are mentor, teacher, coach, cheerleader, motivator, facilitator, the devil's advocate, and playmate. How does one examine one aspect of cognitive-behavioral therapy, namely anger management, under the direction of a qualified health professional with so many diverse roles and job qualifications? In this section, the activities and processes the author took in uncovering the efficacy of anger management in dealing with adolescents will be examined.

There is a plethora of information about cognitive-behavioral therapy and anger management in the professional literature. Research articles were gathered that showed that anger management was indeed effective in treating adolescents with disruptive behavioral disorders, such as oppositional defiant disorder and conduct disorder (Snyder, Kymissis, & Kessler, 1999, Kellner & Bry, 1999, Kellner & Tutin, 1995, March, Amaya-Jackson, Murray, & Schulte, 1998, Kingsbury, Hawton, Steinhardt, & James, 1999, Silver, Field, Sanders, & Diego, 2000). Review of professional journals did not, however, specifically look to occupational therapists to lead such a group. The literature did, however, point to leaders with group experience and group leadership qualifications which occupational therapists possess. Review of occupational therapy literature did illustrate that anger management and cognitive-behavioral therapy is in the domain of occupational therapists and that occupational therapists are skilled in leading such groups (Lambert & Rodriques, 1998, Wright et al, 1993, Tang, 2001). After results

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of the literature review were analyzed, the anger management program guidelines were developed.

Program Guidelines

Although there is much research about cognitive-behavioral therapy and anger management in professional journals, the author was hard pressed to find an actual program description. Based upon these program descriptions, occupational therapy knowledge and literature, and anger management literature, the author was able to gather enough information to support the proposal that anger management was indeed effective in treating adolescents with disruptive behavioral disorders. Using occupational therapy knowledge and clinical experience allowed the author to develop an occupational therapist-led program. The program, Anger Alternatives, is flexible in that it allows the reader to change the setup, inclusion characteristics, treatment ideas and activities, as well as topics discussed to fit an individual facility or program. Anger Alternatives is designed to include crafts and activities as arenas in which to use skills learned in the discussion sessions in a safe, structured environment before using the skills in daily life. This allows practice time and further application of the skills learned to a variety of contexts. The program also implements creative writing, role-playing, journaling, and group discussion to provide many contexts in which to learn new behaviors. It is the goal of Anger Alternatives to allow individual occupational therapy practitioners an occupational therapy-based anger management program in which to further develop individual facilities' own psychosocial adolescent programs.

Chapter 4: Product

Anger Alternatives

Introduction

The anger management program, named Anger Alternatives, is a flexible protocol that can be implemented in a variety of facilities and settings. The population, setting, duration, and treatment ideas are all adaptable to fit any number of facilities. The anger management program described in this section is determined to be the "best fit" based upon the review of literature and other anger management protocols. Anger Alternatives is designed to be generic enough to allow occupational therapists working with adolescents with disruptive behavioral disorders to implement the program in a way that best suits his/her own facility, but is specific enough to allow the occupational therapist day-by-day topic and activity programming.

Population

Adolescents between the ages of thirteen and seventeen are included in Anger Alternatives. It is suggested that all adolescents have a diagnosis of oppositional defiant disorder, conduct disorder, adolescent antisocial disorder, or disruptive behavioral disorder, not otherwise specified. Adolescents without a diagnosis may be admitted to the program if the adolescent has displayed violent anger outbursts toward people, property, or animals in the last six months. Referrals from psychiatrists, psychologists, or clinical social workers are welcome; check with third party payers for specific referral requirements. No more than eight adolescents will be included in the group at one time.

Setting, Duration, and Overview

Anger Alternatives sessions are designed to be a part of a partial hospitalization setting, where adolescents attend group therapy sessions and activities, while completing schoolwork at

the facility. Adolescents come at 8:00 am and leave between 3:30 and 4:00 pm. Anger Alternatives program sessions are from 3:00 to 4:00 pm on Mondays, Wednesdays, and Fridays, since this is when most extra-curricular activities take place.

The program will take place in a room large enough to seat nine people comfortably. The room will have the Anger Alternatives program purpose and group rules posted on the wall (See Appendix). The room has comfortable chairs set in a circle to create a warm, relaxed atmosphere. In the room are TV trays that can be set up when group members have a writing activity during the session. A craft room with tables and chairs is needed during the Friday craft/activity sessions. The group also has access to an outside, grassy area to facilitate Friday activities when the weather permits.

Anger Alternatives is led by an occupational therapist who preferably has work experience with adolescents with psychosocial difficulties. The program meets three times a week for six weeks. In that time, adolescents are introduced to the program, keep an anger log, learn about the physiological effects of anger, identify current maladaptive anger management strategies, and learn to gradually replace these maladaptive strategies by practicing new effective adaptive anger management strategies. The Monday session of each week focuses on discussing incidents adolescents have recorded in their anger log, where adolescents in the program write down incidents of anger at home, how the adolescent felt during the angry time, and how the participant reacted to the angry situation. Group members will have the opportunity to confront irrational thoughts and behaviors, discuss alternate ways of handling the angry situation, and brainstorm new ways to handle future situations.

The Wednesday group will focus on a specific topic regarding anger and introduce a new, appropriate way of expressing and managing anger. Participants will then reflect on their own

maladaptive strategies concerning that day's topic, write down what automatic thoughts, irrational beliefs, hostile appraisals and attributions, and examples of inflammatory thinking that come to mind. The group members will have the opportunity to share their personal experiences with the group, and then will have the chance to role play simulated angry situations with other group members.

The Friday group will involve a craft or group activity. The activity will be challenging to the adolescents. Group members will practice real-life situations during the craft or group activity, as frustrations will arise during the activities. The group leader will commonly use timeouts and one-on-one sessions during these times to problem solve with the group/individual about the anger he/she is currently experiencing, how the group/individual is handling the anger, and what strategies the group/individual can take to effectively handle the situation.

The Friday activities will be a creative outlet for the adolescents on which to build an effective foundation for resolving angry situations in a safe, structured environment. The group activities will also create team building and facilitate trust within and among the group members, as the participants are required to work together to achieve a common goal. The group activities may also involve community volunteering to facilitate community interaction, while working together to cement the methods learned in Anger Alternatives.

Anger Alternatives Program Description:
An Anger Management Protocol for Adolescents with Disruptive Behavioral Disorders

Week 1: Monday

<u>**Group Introduction**</u>
Suggested Remarks: My name is _____ and I am an occupational therapist. I am the group leader for Anger Alternatives. I may be your group leader in different groups in this facility. As an occupational therapist, I'm going to be helping you to see what kinds of anger problems you have, I'll be showing you new, better ways of handling your anger, and we'll be able to practice altogether to help you use these new ideas into your daily life. In this program, we'll also be using crafts and other group activities to help us see how you can get angry doing "fun" things and we use these times to brainstorm together how we can better handle your anger.

Let's introduce ourselves and why you are here (what actions brought you into Anger Alternatives).

<u>**Group Overview**</u>
The purpose of Anger Alternatives is to:

1. identify anger habits

2. understand what anger is and where it comes from

3. identify and practice new anger management strategies

4. replace old anger habits with new, effective anger management strategies

The Group Rules of Anger Alternatives are:

1. Violence or threats of violence toward the group leader or members is not tolerated. You will leave the group session immediately.

2. The group is a safe and confidential place. What we talk about in Anger Alternatives stays here. The names and stories of other group members are not repeated anywhere.

3. Your parent/guardian should call the group leader or the facility if you are not able to attend a meeting. If you miss 4 or more meetings, you cannot complete the Anger Alternatives class or receive a diploma. You will be expected to start another Anger Alternatives class at a later date.

4. All homework and your Anger Log must be completed before the start of each session.

5. The group leader may request a timeout if one person's anger has escalated. The group then takes a 5-10 minute break before starting the group again. The group leader will take a one-on-one break with the person.

(A copy of Anger Alternatives group purpose and group rules will be posted in the group meeting room.)

The Anger Log

All participants are issued a generic, spiral bound notebook.

Suggested Remarks: This is your Anger Log. The purpose of the Anger Log is for you to be able to express your angry, frustrated feelings in a positive, nonviolent way. It also provides you with a map to see how far you have come Anger Alternatives and what new skills you have learned in the program.

Every entry in your Anger Log must have these four things:

1. what happened to make me angry

2. how I felt (What did my body do? What emotions did I experience?)

3. how I reacted (hitting, yelling, slamming doors, talking it out)

4. how I felt afterward

You may also draw pictures, write poetry, or other things related to your anger in your Anger Log.

How the Group Works

On Mondays: We will go over your Anger Logs. You are able to share what has happened over the last week, how you felt, and how you handled the angry situation. The other members are able to share with you what they would have done, how effective was your anger management strategy, and how you could better handle the situation the next time something like that happens. You'll also have the opportunity to share any other writings, poetry, or pictures you have drawn, if you wish. You are not expected to share the personal writings, just your four required writings. We will learn about an anger management topic, which includes topics like irrational thoughts, generalization, events and cues to understand anger, assertiveness training, physiological (body) cues that occur with anger, relaxation techniques, effective communication techniques, and anything else you would like to cover in relation to anger and anger management.

On Wednesdays: We will discuss Monday's topic with more depth. You may bring in examples of ways you could use this new anger management technique as a coping mechanism when you are angry. We will also practice implementing this

strategy into your daily life through setting up real life situations and role-playing the situation. This practice is here in the group in a safe environment, so you can master it here before you use it at home or school.

On Fridays: We will have a craft or group activity. When we do craft activities, you will be able to pick out something you would like to do. This is an individual activity, but you may have to share materials or tools. On activity days, we will be outside doing a physical game, or in the community volunteering at the homeless shelter, the Humane Society, or another community organization. The community activities will come later on in the program, closer to graduation from Anger Alternatives.

Definitions of Anger

What Are Your Definitions of Anger?

Write them down on a piece of paper.

Look up anger in Webster's Dictionary? What does it say?

<u>Anger</u>: a natural response to those situations where we feel threatened, we believe harm will come to us, or we believe another person has unnecessarily wronged us. We can also become angry when we feel a person that is close to us has been harmed or threatened (Reilly & Shopshire, 2002).

Other words for anger? Examples include: frustration, rage, hurt, sadness, irritated, annoyed, hostility, bugged, mad, worked up, flustered, furious, irate, upset, ticked off.

Why Is My Anger a Problem?

Answer these questions:

1. How many times a day do you become angry?

2. How long do you stay angry?

3. Do you hit people, throw things, and slam doors, etc. when you get angry?

4. When you get angry, do you ever get so mad that you don't know what you're going to do/feel out of control?

5. Have you ever taken your anger out on someone that you weren't angry at?

6. Do you call people names, swear, and say mean things that you don't mean when you're angry?

7. When you get angry, do you often give people the "silent treatment" to make them pay for making you angry?

8. Do other people avoid you because of how you act when you're angry?

Anger that is too intense, too frequent, and too long starts to interfere with your relationships with your parents, brothers and sisters, friends, teachers, and classmates. Anger is a learned habit, and therefore, can be unlearned. To start to "unlearn" this anger behavior, you need to find out what triggers your anger.

Homework: In your Anger Log, write down how you feel when you get angry, what people say that makes you angry, what happens in your body when you are angry, who makes you angry, and how you react when something says something to you that makes you angry, in addition to your regular Anger Log entries.

Review From Monday

Anger has many names and levels. Anger is a learned response and we are here to help you "unlearn" unhealthy responses and learn new responses.

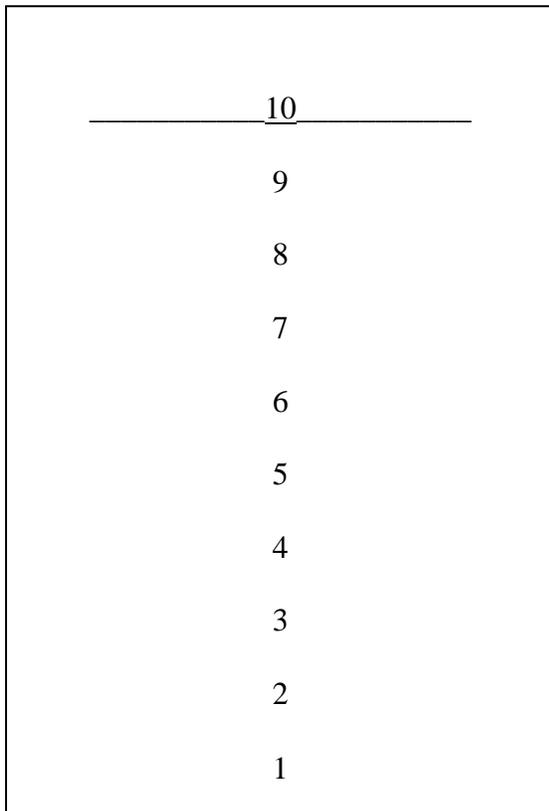Review group purpose and group rules, reintroduce everyone in the group.

How Angry Are You?

To better help us to understand the scope of anger, we will use an Anger Meter. You can use this to accurately describe the severity of your anger in your Anger Log, as well as in discussion in group sessions. It may also help you to understand anger management strategies and lowering your levels of anger when you become angry.

The Anger Meter

(taken from Reilly & Shopshire, 2002)

The Anger Meter starts at one, which is no anger at all, ends at ten, which is violent, explosive behavior and a loss of control. The aim of Anger Alternatives is to stop anger before it reaches a ten level.

```
 _____10_____

        9

        8

        7            Stop anger
                     here,
        6            before it
                     reaches a
        5            10.
                     It's your
        4            choice!

        3

        2

        1
```

It's important to note that everyone's Anger Meter is different. For one person, a five may be frustration, whereas to another person, a five is "very upset." It's also important to understand that loss of control, or a ten, means different things to different people. A ten for someone may be destroying property or being cruel to animals, to another person, it's slamming doors, staying in his/her room for 2 days, and giving everyone else around him/her the silent treatment.

Role Playing Activity

In pairs, discuss situations that make you angry on each level of the Anger Meter. One pair at a time, we will discuss that situation, what it feels like for the person involved, at what level on the individual's Anger Meter the situation registers, and what patterns of behavior add to the anger in the situation.

Individually, write down how the Anger Meter will help you to determine your level of anger. In your Anger Log, write down the Anger Meter.

Think of a situation where you were a seven on the Anger Meter. What level on the Anger Meter would you have rather been? Brainstorm two ways you can reduce the anger to the level at which you wanted to be.

Homework: At home, when you become angry over a situation, rate your level of anger at that time. When you are writing in your Anger Log, write down your level of anger during the situation, and then write down your current level of anger. Has anything changed? How long has it been since you were angry and now, when you are writing?

Review of Wednesday's Discussion
Review the Anger Meter. Did anyone have a situation last night or Wednesday night? Share your experience.

Team Building Activity
Trust Fall:
In the grass outside your facility, or in a gym area large enough for nine people, have everyone sit in a circle.
Suggested Remarks: Today's activity is more of a team building activity, than an anger management building activity. It's important to always remember the confidentiality agreement we signed at the beginning of the program. It's also important to remember that this group is a safe place. Here, we can share our problems and our struggles without anyone judging us. This puts us in a very vulnerable position, so it's imperative that we trust each other to keep the confidentiality agreement as well as trusting our group members to support us throughout the journey of Anger Alternatives.
Each person will stand on the fourth rung of a ladder with his/her back facing the rest of us. We will be standing with four people face to face, arms outstretched. The person on the ladder will call out "ready!" to which the rest of us reply, "fall away." The person on the ladder says, "I want my team to help me with _____." This is something each of us will say. It can be something like, getting through my anger problems, helping me to respect other people and their opinions, learning to trust my team, etc. The person on the ladder will then cross his/her arms across his/her chest, and will fall back into the group's arms.

Processing
Why did we do this activity today?

How important is it for us to learn to trust each other?

How do you think this will help us in our Anger Alternatives group?

Why was it important that everyone in the group participate in the activity?

Homework: Complete Anger Log for Monday. Write about the Trust Fall experience. How did you feel? Was it difficult for you to trust someone else to catch you?

Anger Log Review

Suggested Remarks: We learn so much from other people's experiences. A vital part of Anger Alternatives is listening to one another and understanding each other. One way is through sharing personal stories and instances in your Anger Log. We will do this every Monday and everyone will have the opportunity to share one or more experiences. It's important to be respectful and pay attention to what people are sharing. You'll find that we all have things in common and that we can learn new techniques from other people who have had similar experiences.

Have everyone in the group share and experience. Facilitate interaction among group members by asking questions like, "What else could he/she have done in the situation?" What would you have done?" What are some ideas that _____ could use the next time something like this happens?" "When have you experienced a situation like this? What did you do?"

Week 2 Topic: Cues and Events Leading to Anger

Clues to Anger (Cues):

Suggested Remarks: There are things that happen before we become angry and when we are angry. There are many different types of cues, or clues, as we call them, which will tell us when we are angry. Things happen in our bodies, our emotions, our thoughts, and in our behavior clue you and everyone around you that you are becoming angry.

Physical Clues: Something happens in our bodies when we become angry. We may become hot, our face becomes flushed, we tighten our fists, clench our jaws, squeeze our eyebrows together, and other bodily reactions. What are some other things that happen in your body when you are angry? These are physical clues that help you understand that you are angry at that moment.

Emotional Clues: These are the things you feel inside you that make you angry, or tell you that you are becoming angry. You can identify these things by answering the question, "Right now, I feel _____." Some examples may be that you feel abandoned, afraid, guilty, jealous, unsure, insecure, disrespected, humiliated, rejected, or impatient (Reilly & Shopshire, 2002). Any of these emotions may come out as anger. Usually we express these emotions through things that we do, or behaviors. How do you feel when you are angry? What emotions are you experiencing that make you angry?

Behavioral Clues: These are things that you do when you are angry to let everyone about your anger. They may be things like yelling, slamming doors, being violent to another person, pet, or property, breaking things, and other forms of aggression. Behaviors may also include non-aggressive actions like sitting alone in your room,

giving someone else the silent treatment, or being passive-aggressive when someone asks you what's wrong. How do you act when you are angry?

Cognitive Clues: These clues are thoughts that you think when you are angry. It may be negative self-talk when you made a mistake, "I'm so stupid. I can't believe I'm so dumb." The may also be thoughts that you think that misinterpret what someone else said or did, "They tripped me on purpose." "She only said that to make me mad." "My mom wants me to stay at home tonight because she hates me or wants to punish me." It may also be all-or-none thinking, that everyone is out to get you or that no one likes you, "Everyone in school hates me." "No one understands me." Other thoughts that may come to your mind are images of being violent or aggressive to someone else or some animal or object. These clues can make us even angrier. What are some things that go through your head when you are angry? What do you say to yourself? Do you make generalizations about any group or person?

Remember the Four Types of Anger Clues
1. Physical
2. Emotional
3. Behavioral
4. Cognitive/Thoughts

Homework: In your Anger Log, write down any other anger clues that you have thought of, but did not share in Anger Alternatives.

Review of Monday's Session
The Four Types of Anger Clues
1. Physical
2. Emotional
3. Behavioral
4. Cognitive/Thoughts

Did any other Anger Clues come to mind after Monday's session? Refer to homework assignment in Anger Log.

What Do We Do With the Anger Clues?
Suggested Remarks: Recognizing your Anger Clues is an important step to changing your anger thoughts and behavior. The next step is to do something about the Anger Clues. The goal is to de-escalate your level of anger on the Anger Meter. First, check your anger against the Anger Meter. Determine your level of anger at that moment. Next, identify your Anger Clues. What is happening in your body, what thoughts are you thinking, what emotions are you feeling, what behaviors are you taking? Then, take time to perform some Anger Busters. We will be learning about Anger Busters for the next few weeks.

Anger Busters
Physical Anger Busters:
These are things that you do with your body to relax it when you are angry. One effective way to relax your body is through progressive muscle relaxation. This is where you take one muscle group at a time, tighten it for 10 seconds, and then relax the muscle group. We will be using a progressive muscle relaxation tape to learn the technique. Each person is provided a copy of this tape to take home and use to relax when you are angry or when you are under stress. What are some other ways that you calm yourself when you are angry? What other ideas do you have? Let's practice progressive muscle relaxation.

Emotional Anger Busters:
Identifying your emotions is the first step to Emotional Anger Busters. You are recognizing that you are feeling hurt, or abandoned and expressing that emotion as anger. A way to get rid of this anger is to express the true emotion by writing it down in your Anger Log, or talking to a supportive person. Supportive people around you may be your friends, the people in your Anger Alternatives sessions, teachers, or guidance counselors. We will learn more about this during later sessions.

Behavioral Anger Busters:
What are inappropriate ways of expressing anger? Brainstorm some ways that you can appropriately express anger. Writing down your feelings in your Anger Log is a

great way of appropriately, constructively expressing anger. Other ideas include walking away, counting to ten, listening to soothing music and other ideas. It is difficult in the "heat of the moment" to remember appropriate ways of expressing anger. This is why we practice these techniques by role playing and doing craft and team activities.

Cognitive Anger Busters: We will learn more about Cognitive Anger Busters later, but it is appropriate to discuss these types of techniques now. First, identify your cognitive distortion that you are currently using. This may be things like; generalization, all-or-none thinking, misinterpretation of comments, self-depreciating comments and negative self-talk, as well as other negative thoughts. Identify the thought as a distortion and write it down in your Anger Log.

Homework: In your Anger Log, write down some cognitive distortions you have used when you become angry at home or school. Next to each distortion, write down one strategy you will use the next time you experience the distortion. During an anger episode, go into your room and put on the progressive muscle relaxation tape. Write down your comments after you are done listening to the tape.

Week 2: Friday

Review of Wednesday's Session
Discuss Types of Anger Busters
1. Physical Anger Busters: Progressive muscle relaxation
2. Emotional Anger Busters: Journaling
3. Behavioral Anger Busters: Counting to ten, journaling
4. Cognitive Anger Busters: Reality orientation

Craft Activity
Suggested Remarks:
Choose a craft activity of your choice. You may have to share materials with another person. If you become angry at some point of the craft group, the group leader will request a timeout for you, while the rest of the group continues with the craft. Together, you and the group leader will brainstorm to find out why you are angry, what you can do to de-escalate your anger level, and what Anger Busters you can use to help you de-escalate your anger. The rules of the Anger Alternatives group remain the same during craft activities. Any inappropriate behavior during the craft group results in your expulsion from the craft group for the week.

Wrap Up
Did anyone experience anger or frustration during the craft group? What happened? What did you do to de-escalate your anger level? What was difficult about the process? What was easier? Did you forget anything when you were angry? What was it? What will you do next time you become frustrated during craft group?

Anger Log Review

Suggested Remarks: Welcome back to Week 3 of Anger Alternatives. This week we're going to learn much more about the Cognitive Clues that we receive when we become angry. We're going to look closely at these Clues and identify ways to change these Cognitive Clues to better cope with your anger. Does anyone have any questions?

How was your weekend? Tell me about an anger situation that happened last week that you wrote about in your Anger Log. Describe the situation. (Repeat for each group member.) Remember that we are using the Anger Log as a way for you to identify your patterns of anger and that all of us learn from others' experiences. We use this time as a way to help us understand our patterns of anger, as well as to be honest with each other about the causes and consequences of our anger.

Cognitive Clues Revisited

Suggested Remarks: Do you remember what cognitive clues were from last week's sessions?

Cognitive Clues are the thoughts that we think when we get angry. They're often automatic thoughts that someone is trying to harm us, or that someone doesn't like us. We're going to learn more about these clues today. Another word for Cognitive Clues is "Distorted Thinking." There are fifteen styles of distorted thinking that all contribute to misunderstandings and unrealistic thoughts.

Types of Cognitive Clues/Distorted Thinking
(Taken from McKay, Davis, & Fanning, 1983)

1. **Filtering**: taking the negative details and magnifying them, while filtering out all positive aspects of a situation.
2. **Polarized Thinking**: another term for all-or-none thinking. Things are either all good or all bad, black or white. You're either perfect or a failure, and there is no middle ground.
3. **Overgeneralization**: a general conclusion that is based on a single incident or one piece of information. If one bad thing happens to you once, you expect it to happen over and over again.
4. **Mind Reading**: you know what people are thinking and feeling and why they act the way they do, all without them telling you. You just know how people are feeling about you.
5. **Catastrophizing**: you expect disaster. You hear about a problem or situation and you start thinking "What if?" "What if that happens to me?" "I'll be the next one!"
6. **Personalization**: you think that everything people do or say is somehow related to something that you did. Also, you compare yourself to others constantly and try to determine who is smarter, prettier, etc.

7. **Control Fallacies**: An external fallacy is when you think that you are helpless and everyone else controls your life. Internal fallacies are when you feel like you are responsible for the pain or happiness of everyone around you.
8. **Fallacy of Fairness**: you're resentful because you know what's fair but no one will agree with you
9. **Blaming**: everyone else but you is responsible for your pain. This can also be the opposite, where you blame yourself for every problem.
10. **Shoulds**: you have a stringent list of rules of how you and everyone you know should act. You get angry when other people break your rules and you feel guilty when you break your own rules.
11. **Emotional Reasoning**: What you feel must be true – automatically. If you *feel* boring and unfriendly, you must *be* boring and unfriendly.
12. **Fallacy of Change**: everyone around you must change to suit you and your needs, so you pressure them to change for you. You do this because you feel your happiness depends entirely on them.
13. **Global Labeling**: you take one or two qualities and generalize them into a negative global judgment.
14. **Being Right**: you feel like you're on trial all the time to prove that your words and actions are always right. You are never wrong and you'll go to any length to make everyone see just how right you are.
15. **Heaven's Reward Fallacy**: you feel like you're constantly sacrificing and denying yourself things and all of it will pay off in the long run because you'll get your reward in the end. You get angry when your reward doesn't come.

Suggested Remarks: I'm sure you can all think of one or more Cognitive Clues that you do on a regular basis. These Clues become a problem when they interfere with your life and make you so angry, so often, that your anger becomes problematic. In groups of two, brainstorm one Cognitive Clue that comes to mind when you get angry at home. Share it with your partner. Tomorrow you will learn what to do about these Cognitive Clues when you think these thoughts.

Homework: In your Anger Log, write down the list of fifteen Cognitive Clues/Distorted Thinking. Circle the ones that you feel you do the most.

Review of Monday's Session
The 15 Styles of Cognitive Clues/Distorted Thinking
1. Filtering
2. Polarized Thinking
3. Overgeneralization
4. Mind Reading
5. Catastrophizing
6. Personalization
7. Control Fallacies
8. Fallacy of Fairness
9. Blaming
10. Shoulds
11. Emotional Reasoning
12. Fallacy of Change
13. Global Labeling
14. Being Right
15. Heaven's Reward Fallacy
(McKay, Davis, Fanning, 1983)

What Can You Do About Cognitive Clues?
Suggested Remarks: So far, we've learned about the types of Cognitive Clues, and from the list, you can see that reality is different from what comes to your mind when you think these thoughts. There are three ways that we can dispel Cognitive Clues/Distorted Thinking.

Cognitive Clues/Distorted Thinking Alternatives
1. Challenge absolutes – question the automatic thought that comes to your mind. Say things like, "Is that really the truth?" "Does she really think I'm a bad person?" "Did he *say* that he thinks I'm a lousy basketball player, or do I just *think* that he thinks that about me."
2. De-catastrophize – Stop for a moment and really think about the situation. Is everything really going to be as bad as you think it is? Ask a supportive friend about the situation. What do they say? "Is my life going to be unalterably changed because of this?"
3. Write another assumption – Instead of just relying on your automatic thoughts, write down another reason someone could be acting a certain way toward you. Maybe they didn't see you standing there, maybe they're having a bad day, maybe they said something they didn't mean?

Have the group split into groups of two. Give each small group one of the following quotes and have each group identify and write down the Cognitive

Clue represented by each quote, along with a challenge to the distortion, a way to de-catastrophize, and another solution to the problem.

- "I know that she thinks I'm annoying in class."
- "I can't get my art project as good as his. I'm the worst drawer in the world."
- "I'm just not feeling very smart in school today. I'm just to dumb in school."
- "I know that he's wrong about that group project. I'm going to show him just how wrong he is. I had the best idea."

Suggested Remarks: It's not always easy to immediately recognize a Cognitive Clue when you are in the "heat of the moment" and very angry, which is why we practice Cognitive Clues Alternatives during Anger Alternatives sessions.

<u>Homework:</u> Write down an incident that happened at school or home in which you encountered a Cognitive Clue and used a Cognitive Clue Alternative, or how you could have used a Cognitive Clue Alternative to lower your Anger Meter level.

Review of Wednesday's Session

Three Types of Cognitive Clues Alternatives
1. Challenging Absolutes
2. De-catastrophizing
3. Write an Alternate Assumption/Reason

Group Activity – Cooking Group
Suggested Remarks: We're going to be making cookies from a cookbook today for our group activity. You will have to choose the type of cookies you make from the ingredients that we have in the kitchen and what type of cookie everyone can agree on. Each person will have a job to do and no one is allowed to just sit and watch everyone else work. Here is a sheet of paper. On it, write down what jobs need to be done to make the cookies and clean up, what type of cookies you will make, and what will be done with the cookies after you make them.

Wrap Up
Was it hard to work as a group? What has difficult? What came easily? How did you handle your frustrations with other group members and the ingredients? What else could you have done? Why do you think we did this activity today? Did anyone use any Cognitive Clues Alternatives, Relaxation Methods, or other things that we learned in the past weeks?

Homework: This weekend, write down your reaction to the group cooking activity.

Review of Anger Log

Have each participant share one or more situations in his/her Anger Log from the past week. In particular, have someone share a time where they implemented or could have implemented a Cognitive Clue Alternative. Have other group members add their input to each situation. Offer support and positive reinforcement for positive coping skills or identification of a situation in which they will use the coping skills in the future.

An Anger Alternatives Plan

Suggested Remarks: This week, we will be learning about developing an Anger Alternatives Plan to clearly identify the areas in which you need the most work, and how you can specifically target these areas to decrease your levels of anger. Think about a time when you found yourself especially angry, and you took that anger out on a friend, classmate, parent, teacher, or sibling. How would the incident have been different if you would have had a plan of how to handle your anger when it occurred? We've been in the process of formulating an Anger Alternatives Plan throughout the Anger Alternatives sessions, but now you'll find out how exactly to develop your own personal Anger Alternatives plan.

The Event, Clues, and Techniques

We've talked about the events that typically make you angry and you've just shared a few of those stories earlier this session. Indirectly, you've already started developing an Anger Alternatives plan. We now need to start putting it altogether. Take a piece of paper and fold it into thirds. In the left hand, write down the word "Events." In this column, write down what situations and instances make you particularly angry. In the middle column, write down what Anger Clues you experience when these Anger events happen. Now, in the third column, write down what strategies, from the ones you have learned, will help you to effectively lower your level of anger on the Anger Meter and handle the situation. This is the first part of your Anger Alternatives Plan.

Long-Term Plans

It's also important to have a long-term plan to truly integrate what you are learning into your daily life. This is why you'll also need a long-term plan. A long-term Anger Plan is like having a map to the future. In it, you'll write down specific techniques and strategies you can use on a regular basis to decrease your levels of anger. You'll find that after a period of time, you won't have to look at your long-term Anger Plan's techniques, because they'll come naturally to you.
We'll walk through a long-term anger plan tomorrow.

Homework: Go through your Anger Log to this point. Identify some patterns you've noticed about your anger. Write down the situations that continually become anger

situations. Develop an Anger Alternatives Plan for three situations, like the one we identified in the session.

Review of Monday's Session

Anger Alternatives Plan
Suggested Remarks: On Monday we learned about Anger Alternatives Plans, where you can write down typical events that precipitate your anger, the Anger Clues that result, and strategies you have learned that you can implement to decrease your anger levels. Why do you think these Anger Plans are helpful? Why is having a plan of what to do when you're angry beneficial to you and those around you?

Long-Term Anger Alternatives Plans

Suggested Remarks: What are your long-term plans for the future? What do you want to accomplish? Some of you might have said to finish high school, or to go to college. Others want to have a family and live in a nice house. Everyone seems to want a good job where they don't have to worry about money. Others don't seem to have a plan.

Why is having a plan for the future a good idea? It gives people a goal, something for which to strive. Plans also outline ways we can reach our goals. If your goal is to graduate from high school, you have to attend school, finish your homework, behave appropriately in school, and get good enough grades to graduate. Finishing high school is your long-term goal, and the other things are ways that you will reach your goal.

What is your goal in Anger Alternatives? Some of you may be here because your parents or the court system is requiring you to come. Hopefully by now you have realized that this is a beneficial program for you. You are all learning new and effective ways to deal with your anger problems. You're realizing that your anger is hindering you from living the way you want to live.

Write down one or two main goals that you have for Anger Alternatives. Write down what you what to leave with from these sessions. For some, it may be that you want to learn how to react better when you get frustrated. For others, it may be that you want to identify why you get angry and what you can do about it. For a few of you, it may be that you don't want to be violent anymore when you are angry. These are all good goals to have in this program. Take a minute to think about it.

Now that you've identified these goals, let's make up some long-term plans.

Take the goal and break it down into steps. What is it going to take for you to reach the goal? Write the steps down. Usually goals have over two steps to reach the goal. Next, write down the supports you have that will help you reach your goal. They may be supportive friends, teachers, siblings, or other adults. Supports may also be programs that you may be involved in, like Anger Alternatives, Boys and Girls Clubs, or other programs. These have supportive peers and adults who can encourage you and help you reach your goals.

After that, write down actions that you can take to reach each step. Actions may be things like exercising regularly to get excess energy out of your body, getting involved in a sport or school activity, talking to one of your supports, taking a timeout, or other specific activities that will help you reach your goal.

Now that you have all the steps, supports, actions, and goals on paper, post it somewhere in your room or locker at school, where you can look at it on a daily basis. This will help you keep the goal fresh in your mind.

Processing
Why do you think we wrote down long-term goals this session? Why are goals important to have? Where else can you implement long-term goals? (Not just in Anger Alternatives). Why are other people important in long-term goals?

The Ungame
Suggested Remarks: This is a different kind of game that we will play, instead of role-playing today. This game has questions that each of us will have to answer. These questions are real-life questions that make you think about your goals for the future, your actions today, and memories of the past. This is a good game to play, being as we've just learned about how important goals are, and we've participated in making and shaping our goals for the future.

Homework
Think of two specific anger-related long-term goals. Go through the steps identified today and develop a long-term anger management plan.

Week 4: Friday

Review of Wednesday's Session
On Wednesday, we learned the importance of having a long-term anger plan.   We also learned how the plan can be implemented in school, work, and at home to develop a plan for your future goals.
How did your homework go? What were your long-term anger management goals? What steps did you break your goals into? What supports did you identify? What actions will you take to decrease to implement these goals into your daily life?

Group Activity
Suggested Remarks: Choose your own craft activity to perform today. You may have to share materials with another group member. If at any time you become angry and are unable to self-regulate your anger, the group leader will call a timeout where you and the group leader will process your anger together for 5-10 minutes.

Homework: Write down, in your Anger Log, your response to the craft activity. Particularly journal about any instances of frustration, anger, or conflict. How did you handle the situation? What else could you have done in the situation?

Review of Anger Log

Have each participant share one or more situations in his/her Anger Log from the past week. In particular, have someone share a time where they implemented or could have implemented their Anger Alternatives Plan. Have other group members add their input to each situation. Offer support and positive reinforcement for positive coping skills or identification of a situation in which they will use the coping skills in the future. Have each group member share one of his or her Long-Term Anger Plan ideas. Offer encouragement and support to each group member.

Anger and Other People: The Positive/Negative Cycle

Suggested Remarks: It may seem to you that your anger only affects you. You may think that if you aren't violent toward someone when you're angry, that's okay. One thing that you must be aware of is how your anger affects everyone around you. I'm sure you've all heard the phrase, "No man is an island." What do you think that means? To me, that means that no matter what happens, no matter what the situation is, you are connected with other people and what you to and what actions you take affect the people around you. When you get angry, you think negatively, talk negatively, and act negatively; people will react with the same negativity.   The opposite is also true. When you think positively, say positive things, and act positively, the people around you will react positively to you. It becomes a positive, beneficial cycle. The more you act positively, the more positive reactions you will have from other people. The more positive reactions you receive, the more you want to keep the cycle going.

Of course, not everyone will react positively to you all the time. Think about a time when you were particularly crabby. The first person that tries to cheer you up gets their head bitten off because you're in a bad mood. But if that person keeps trying to make you laugh, pretty soon they'll do something goofy enough that will make you laugh. Pretty soon, you'll forget about being mad and start having a good time. Don't give up when you're trying to act positively and someone doesn't react the way you want him or her to react to you. Keep trying and stay positive.

Remember the Positive/Negative Cycle:

Positive thinking → positive statements → positive actions/decisions → positive beliefs

Negative thinking → negative statements → negative actions/decisions → negative beliefs

<u>Homework:</u> In your Anger Log, write down the Positive/Negative Cycles. Look back in your Anger Log to find an instance where you found yourself in the negative cycle. Take the Positive Cycle and write down a way you will break the Negative Cycle with the Positive Cycle in the future.

<u>Review of Monday's Session</u>

Remember the Positive/Negative Cycle:
Positive thinking → positive statements → positive actions/decisions → positive beliefs
Negative thinking → negative statements → negative actions/decisions → negative beliefs

Did anyone think of a time when they found themselves in the Negative or Positive Cycle?
How did you react? What will you do in the future to incorporate the Positive Cycle into your daily life?

<u>Your Family and Anger</u>
Suggested Remarks: As we discussed on Monday, anger affects everyone around you, including yourself. It is important to remember that in many cases, the expression of anger and other emotions depend a great deal on how we see others expressing their anger and other emotions. We will be talking about your family and this may be a sensitive topic for some of you. Remember that this is a safe place and no one will talk about these things outside of Anger Alternatives. If you are not comfortable answering any of these questions, feel free to skip the question. The reason we are asking these questions to you is to have you see the patterns of anger in your family and how you want to react based upon the behaviors you have learned.

Family Patterns of Anger
(Taken from Reilly & Shopshire, 2002).

1. Describe your family. Do you live with both parents? Do you have any brothers or sisters?

2. How is anger expressed in your family? How does your father express his anger? How does your mother express her anger? How do you feel about that?

3. How are other emotions, such as happiness and sadness expressed in your family? Are warm emotions expressed frequently, or is emotional expression restricted to feelings of anger and frustration?

4. How are you disciplined at home and by whom? How do you feel about this?

5. What role do you play in your family? (Are you the hero, the rescuer, the victim, or the scapegoat?)

6. What behaviors, thoughts, feelings, and attitudes have you picked up from your family? What purpose do these behaviors serve? What would happen if you gave up these behaviors?

You are all old enough to be responsible for your behavior. Thinking about these patterns of anger in your family is not blaming them for how you react. The purpose of this activity is to have you focus on what patterns you have learned, and now you may take these patterns that you've recognized, decide on what patterns of behavior YOU want to incorporate into your daily life, and work on those new patterns of anger behavior as outlined in your Anger Alternatives Plan. Thank you for participating in this activity. I know it may have been difficult to disclose this information because it is very personal. Remember that Anger Alternatives is a safe and supportive place. The things you shared today will remain here.

Homework: Describe your feelings during the activity. How did you feel? Was it difficult to share? What patterns of anger behavior in your family did you recognize in yourself? How are you going to change those patterns of behavior?

Week 5: Friday

Review of Wednesday's Session
Suggested Remarks: Some patterns of anger behavior we learn from our family. These patterns of behavior don't have to stay the same for you. Share one pattern of anger behavior you recognized in your homework assignment.

Group Activity: Spider Rope Game
Suggested Remarks: In the park, we've set up a type of obstacle course. You'll all be blindfolded and we will set each of you at a different part of the rope. The ropes are tied to trees and create a maze. You will have to communicate to each other to lead each other through the maze. You will know when you have completed the maze when I tap you on the shoulder and undo your blindfold. Remember, you must work together to get through the maze. You can call out to each other to help your teammates complete the course.

Group Processing
How was the activity? What was it like trying to yell to each other and complete the maze? Who did you hear when you were in the maze? Was it hard to know what to do? Did anyone get frustrated or angry? What did you do? Why do you think we did this activity? What did you learn about communication and teamwork?

Homework: In your Anger Log, write about your experience in the Spider Maze. When did you start to get frustrated? What did you do to de-escalate the situation? What else could you have done?

Review of Anger Log

Have each participant share one or more situations in his/her Anger Log from the past week. In particular, have group members share a situation in which they used the Positive Cycle to break negative behaviors. Have other group members add their input to each situation. Offer support and positive reinforcement for positive coping skills or identification of a situation in which they will use the coping skills in the future. Offer encouragement and support to each group member.

Assertive Communication Skills

Suggested Remarks: Did you ever feel like you wanted to let someone know the emotions that you were feeling or the thoughts that were running through your head? Did you ever try to tell someone about those feelings, but they didn't understand you? These types of situations can be extremely frustrating. Often times, we just want others to know how we feel. Then we feel understood. When we feel like we haven't been heard or that no one understands us, we can become frustrated and express our emotions in other ineffective ways. This can perpetuate the Negative Cycle. Assertiveness training is a way that you can be heard in a way that everyone feels validated and understood. No one ends up feeling picked on or gets put on the defensive. There are basically three ways we can make our feelings known: aggressive behavior, assertive behavior, and passive behavior.

Aggressive People

People who are aggressive and use aggressive behavior use verbal threats, coercion, manipulation, fear, and violent acts to make their opinions and emotions known. They often have low self-esteem and feel like they need to be aggressive so people think that they are in control of the situation. Other people end up feeling threatened or afraid. They may even end up retaliating because of the uncomfortable situation.

Passive People

People who are passive and use passive behavior let someone violate them. They may end up resenting the violator, but they won't stand up to the person. They act like their thoughts are unimportant and inconsequential. People who use passive behavior often have low self-esteem and perpetuate the Negative Cycle.

Assertive People

People who are assertive and use assertive behavior make their needs known. They respect other people's opinions and beliefs, but they don't let other people walk all over them. Basically, assertive people have equal respect for their own thoughts, feelings, and emotions, as they do for other peoples' thoughts, feelings, and emotions. Assertive people convey their emotions in a way that is respectful to everyone that is involved.

(Taken from Reilly & Shopshire, 2002)

How to be Assertive?

Suggested Remarks: If you're wondering how you can become assertive, the best way to become assertive is to practice assertive behavior in a variety of situations. One way to make your feelings known in a non-threatening way it to say this, "I feel _____ because of _____."

We will start by role-playing assertive behavior in this session. Here are some topics for role-playing:

- You're buying a new sweater at the store and the clerk is being rude to you.
- You're at school and your teacher won't explain something to you again for clarification.
- You caught your little brother or sister reading your diary.
- You want to go to a movie with your friends but your parents want you to baby-sit your little siblings.

What are some other situations you can think of? With practice, assertive behavior can become a part of your daily life.

Homework: Think about assertive behavior at home or school. The next time your find yourself becoming angry because you think someone has violated you, use the phrase, "I feel _____ because of _____." Write down what happened to the situation. Write down what else you could have done, or what else worked to de-escalate the situation.

Review of Monday's Session
Assertive behavior respects your own feelings and other people's feelings equally. Did anyone have a situation in which they used assertive behavior to de-escalate the situation and make your feelings known in a non-aggressive manner? What happened? Provide support and encouragement to individuals in the group.

Group Volunteering Activity
Suggested Remarks: Group activities are usually on Fridays, but this week is special because it is our last week together in Anger Alternatives. Today we will be going to the Homeless Shelter (or any other service organization like the Humane Society or the American Red Cross) to cook a dinner meal for the homeless people. We will be working with the Shelter's employees to prepare the meal. You will all work together, although people will have different jobs. Your group leaders for this activity are not only the group leader, but also the Shelter employees. You will treat them with the same respect as other people in the group. They are authority figures and they deserve your attention and respect. It is still a safe place and if you find yourself becoming angry, you may call a timeout and have a one-on-one session with the group leader.

Group Processing
How was the activity? Did you have a good time? What was it like to work with other people in the group as well as the new faces from the Shelter? How did you feel when you were done serving? Who had a sense of accomplishment from the activity? Who felt like they did something good for themselves and other people? Why do you think we went to the Homeless Shelter? What did you learn by doing something good for someone else?

Homework: In your Anger Log, write down this experience and how you felt during the outing.

Week 6: Friday

<u>Review of Wednesday's Activity</u>
How did you feel after you were done making the meal and serving other people? What did you write down in your Anger Logs? Provide support and encouragement to everyone in the group for participating in the activity.

<u>Graduation</u>
What have you learned from being a group member of Anger Alternatives?

How have you changed?

What do you still need to work on?

What are you now good at doing when you become angry?

What could be improved in the Anger Alternatives Program?

What will you do in the future when you become angry?

How will you react?

How will you reach your long-term goals?

Do you have anything else to add?

What will you remember about Anger Alternatives a year from now? Five years from now?

Hopefully everyone has come away with positive experiences from participating in Anger Alternatives. I hope you have learned some practical skills that will help you to effectively manage your anger. Take your Anger Logs and refer to them often. You may continue to use them if it was helpful to you. Thank you for participating in the group activities, sharing in group discussions, offering your experiences and support to other group members, continuing to make the group a safe place for people to share personal experiences, and helping others to reach their anger management goals.

Each of you will receive a graduation certificate. This is not the ending of everything you have learned in Anger Alternatives. Rather, it is a challenge for you to take what you have learned and make a difference in the way you think, speak, and feel with regard to anger.

Chapter 5: Summary and Conclusions

The intent of Anger Alternatives is to provide occupational therapy practitioners with an occupational therapy-centered program, which used media and activities that occupational therapists find are their specialty. The occupational therapy practitioner should be able to take the program as a whole, or in parts to implement in a wide variety of treatment settings. Outlined in the program are basic cognitive-behavioral techniques such as cognitive appraisals, thought blocking, and developing a relapse plan. These techniques are organized in a way that adolescents can identify with the language used and apply the concepts learned in a variety of practice settings. The aim of Anger Alternatives was to provide a wide variety of learning contexts to the adolescent in a safe, structured environment for practice and retention purposes.

Anger Alternatives was developed to be flexible and allow each facility to modify the program to fit the individual needs of the facility. Treatment ideas, meeting place and times, suggested remarks, group crafts and activities, and lessons learned in the Anger Alternatives programs can be adapted and modified to fit the patient population, setting, and context of individual facilities in which occupational therapists practice. This will ensure that the Anger Alternatives program will remain the "best fit" in every individual setting.

The Anger Alternatives program is not limited to the partial hospitalization setting. Violence prevention in the school setting is an emerging practice setting in which occupational therapists find themselves practicing more and more (Loukas, 2002). Anger Alternatives is a program that is appropriate for the school setting. The program could remain much the same and even be incorporated as a class for school credit in a high school setting. This is just one example of a setting in which Anger Alternatives is a suitable fit.

Conclusion

Throughout review of the literature, it has become clear that anger management is frequently used to instill in adolescents concepts of anger control. Anger management was found to be an effective treatment to decrease levels of anger and increase socially adaptive techniques among adolescents a variety of disruptive behavioral disorders (Snyder, Kymissis, & Kessler, 1999, Kellner & Bry, 1999, Kellner & Tutin, 1995, March, Amaya-Jackson, Murray, & Schulte, 1998, Kingsbury, Hawton, Steinhardt, & James, 1999, Silver, Field, Sanders, & Diego, 2000, Tang, 2001). A frequently used, effective anger management frame of reference in the literature was found to be the cognitive-behavioral frame of reference (Wright et al, 1993, Vondracek & Corneal, 1995, Tang, 2001). Cognitive-behavioral techniques are used across many disciplines, one of which is occupational therapy (Lambert & Rodriques, 1998, Tang, 2001). In occupational therapy, cognitive-behavioral therapy is used in a functional way that allows the client opportunities to practice new skills in a variety of contexts, thereby increasing the level of retention of new material. Occupational therapists are skilled in the analysis of crafts and group activities to provide clients these opportunities for development of new skills and concepts learned. They are extensively trained in group leadership techniques, which make occupational therapists well qualified to lead an anger management program for adolescents with disruptive behavioral disorders.

While research on the effectiveness of cognitive behavioral therapy was examined, the project was limited in that is was completed without conducting research on the effectiveness of the Anger Alternatives program. For Anger Alternatives to be regarded as an effective treatment protocol for occupational therapists to use in practice settings, reliability and validity

studies must be conducted to determine if the program is indeed effective in reducing levels of anger in adolescents.

Clearly, research on the effectiveness of the Anger Alternatives program must be conducted in order to determine the validity and reliability of the program. Occupational therapy researchers' and practitioners' research on Anger Alternatives and other occupational therapy-based treatment programs to maintain the profession's place in the mental health profession.

Appendix:

Group Rules, Purpose, Handouts, and Graduation Certificate

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