EVIDENCE-BASED PRACTICE SYMPOSIUM
The Prepare Curriculum: Anger Control Training

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Theories of Aggression

• *Innate Drives*

• *Frustration*

• *Learned Behavior*
Self-Instruction

Evaluate the ability of children, in light of specific observed deficits in mediation, to teach them how to:

1. Comprehend the task.
2. Spontaneously produce mediators and strategies.
3. Use the mediators to guide, monitor and control their performances.
Goals of Anger Control:

1. To better recognize, understand, and manage anger.

2. To teach that anger is a natural human emotion experienced by everyone.

3. To teach self-reflection to clarify our motivation for getting angry.

4. To increase awareness of thoughts and emotions that lead up to anger.
Multi-step Sequence

1. Trainees are first helped to understand how they typically perceive and interpret the behavior of others in ways that arouse anger.

2. Focus is given to outside occurrences and inner perceptions that initiate the anger experience.
Aggressive behavior, for reasons we will suggest, is typically a difficult behavior to change.

For many youths, its teaching is repetitive, its success is frequent, its rewards are generous, and its punishments are few.
Aggression is simultaneously a **BEHAVIORAL**, **COGNITIVE** and **EMOTIONAL** phenomenon.

So, too, must be the interventions designed to address aggression.
Aggressive behavior can take many forms

• Physical Aggression
• Verbal Aggression
• Relational Aggression
  Includes such behaviors as gossiping, spreading cruel rumors, and encouraging others to reject or exclude someone.
Aggression: Verbal Injury

• Character Attacks

• Competency Attacks
  “How could you be so stupid?”

• Background Attacks
  “You’re just like your father, a loser!”

• Physical Appearance Attacks
  “Must you always look like a slob?”

• Maledictions
  “You’ll never amount to anything!”
Aggression: Verbal Injury

• Teasing
• Ridicule
• Threats
• Swearing
• Nonverbal Emblems
  (Making derogatory faces)
Research supports that aggression is learned.

Given that *AGGRESSION* is learned, *WHO* is teaching it? *AND* *WHERE* are they teaching it?
Three major classrooms for the learning of aggression:

1. Home
2. School
3. Mass media
Development of Aggression in Childhood

Coercive Parenting

↓

Early Aggression

↓

Peer Rejection

Social Isolation

Attribute of Hostile Intent

Affiliation with Antisocial Peer Group

↓

Inadequate Social Skills Development

↓

Continued High Levels of Aggressive Behavior

Patterson, Et Al, (1992, Portland, Ore)
Choosing to meet emotional needs

**Aggression...**

...may get others to help us.

...may be used as an excuse for our unwillingness to do something more effective.

...helps to gain powerful control even if someone is frightened, small, or feels powerless.
Emotional needs met through aggression

- Power
- Belonging
- Freedom
- Fun
Research has demonstrated a link between exposure to violence in the media and negative outcomes for children, including...

...increased aggressive behavior and attitudes

...fears or pessimistic attitudes about the world

...desensitization to both real and fantasy violence

...increased depression, nightmares and sleep disturbances
Aggression as an Addiction

- A long term stable behavior, *repetitively enacted*.
- Subjective compulsion to use it.
- Reduced ability to *control or reduce it*, in frequency or intensity.
- *Frequent relapses* involving negative emotional states, interpersonal conflicts, and situations where used before.
Aggression as an Addiction

• Initiated and sustained by both person and environment.
• Yields short-term pleasure despite long-term consequences.
• Used in response to stress and to relieve stress, negative mood and general arousal.
• Often encouraged and rewarded by peer and family “enablers.”
Aggression as an Addiction

• Often experienced with a “rush” of pleasure or excitement.

• Frequently accompanied by denial (e.g., attribution of blame).

• Preoccupied with others’ use of the behavior (e.g., aggressive TV viewing).

• High rate of health risk, injury, and death.
Video games may affect brain activity

• Research by the Radiological Society of North America @ Indiana School of Medicine in Indianapolis.

• Studied brain activity of teens ages 13-17, half of whom were diagnosed with disruptive behavior disorder (DBD).

• MRI’s showed reduced brain activity in the frontal lobe (controlling thinking, learning, reasoning and emotions).
Juvenile Arrest Rates: Violent Crime

**Arrests per 100,000 males ages 10-17, 1980-2008**

**Arrests per 100,000 females ages 10-17, 1980-2008**
Juvenile Arrest Rates: Simple Assault

Arrests per 100,000 males ages 10-17, 1980-2008

Male

Arrests per 100,000 females ages 10-17, 1980-2008

Female
Juvenile Arrest Rates: Aggravated Assault

**Arrests per 100,000 males ages 10-17, 1980-2008**

- Male

**Arrests per 100,000 females ages 10-17, 1980-2008**

- Female
Juvenile Arrest Rates: Disorderly Conduct

Arrests per 100,000 males ages 10-17, 1980-2008

Arrests per 100,000 females ages 10-17, 1980-2008
Juvenile Arrest Rates: Running Away

**Arrests per 100,000 males ages 10-17, 1980-2008**

- Male

**Arrests per 100,000 females ages 10-17, 1980-2008**

- Female
Total Media Exposure and Use

Among all 8- to 18-year-olds, total amount of media exposure, multitasking and media use in a typical day, over time:

Mobile Media Over Time

Among all 8- to 18-year-olds, percent who own each item:

- **iPod/MP3 player**
  - 2004: 18%
  - 2009: 76%

- **Cell phone**
  - 2004: 39%
  - 2009: 66%

- **Laptop**
  - 2004: 12%
  - 2009: 29%

Among all 8- to 18-year-olds, average amount of time spent using each type of print media in a typical day, over time:


Constantly evaluate each client’s:

**COGNITIVE ABILITY**
low ......................................................... high

**EMOTIONAL ABILITY**
low ......................................................... high

**SOCIAL ABILITY**
low ......................................................... high

The level of the client’s ability will have a strong influence on their coping skills.
Original studies conducted by Donald Meichenbaum et al. (1969) looked at the relationship between impulsivity and poor verbal control of overt behavior.
What to change?

Could hyperactive, impulsive youngsters be trained systematically to alter their problem-solving styles, to think before they act, or to talk differently to themselves?
Week 2: Triggers/Cues/Reducers

1. Review the first session.
2. Introduce the Hassle Log.
3. Discuss....*(external/ internal triggers + cues + reducers)*.
5. Review the Hassle Log and triggers.
HASSLE LOG

Name: ____________________________ Date: ______________

☐ Morning  ☐ Afternoon  ☐ Evening

Where were you?
☐ Classroom  ☐ Bathroom  ☐ Off grounds
☐ Dorm  ☐ Team office  ☐ Hall
☐ Gym  ☐ Dining room  ☐ On a job
☐ Recreation room  ☐ Outside/grounds  ☐ Other

What happened?
☐ Somebody teased me.
☐ Somebody took something of mine.
☐ Somebody was doing something I didn’t like.
☐ I did something wrong.
☐ Somebody started fighting with me.
☐ Other

Who was the other person?
☐ Another youth  ☐ Aide  ☐ Teacher  ☐ Counselor  ☐ Other

What did you do?
☐ Hit back
☐ Ran away
☐ Yelled
☐ Cried
☐ Walked away calmly
☐ Broke something
☐ Was restrained
☐ Told aide or counselor
☐ Told peer or adult
☐ Ignored it
☐ Used anger control technique
☐ Talked it out
☐ Used Skillstreaming skill (identify)

How angry were you?
☐ Burning  ☐ Really angry
☐ Moderately angry
☐ Mildly angry but still OK
☐ Not angry at all

How did you handle yourself?

1  2  3  4  5
Poorly  Not so well  OK  Good  Great
Anger-Arousing Thinking Errors

• Self-centeredness
  “What are you looking at?!”

• Attribution of hostile intent
  “He’s trying to make me look like a wimp.”

• Mislabeling
  “I have to defend myself.”

• Assuming the worst
  “If I don’t hit him, I’m a wimp.”

• Blaming others
  “He’s asking for it.”
Week 3: Cues and Reducers

1. Review the first two sessions.
2. Make sure participants understand concepts.
3. Review Hassle Logs
5. Role-play triggers + cues + anger reducers.
Week 4: Reminders

1. Review the sequence.
2. Introduce reminders.
3. Model using reminders.
4. Role-play triggers + cues + anger reducers + reminders.
5. Review reminders.