CIBHS 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 **behavioural**, **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 \textit{AGGRESSION} is learned, \textbf{WHO} is teaching it? \textbf{AND} \textbf{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

Attribution of Hostile Intent

Affiliation with Antisocial Peer Group

Inadequate Social Skills Development

Continued High Levels of Aggressive Behavior
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).
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.
Anger Control Training®

The Emotional Component of ART®

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             ☐ Told peer or adult
☐ Ran away             ☐ Ignored it
☐ Yelled               ☐ Used anger control technique
☐ Cried
☐ Walked away calmly
☐ Broke something
☐ Was restrained
☐ Told aide or counselor

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

How did you handle yourself?
1 Poorly       2 Not so well
3 OK
4 Good
5 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.