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Youth Anger Management Treatment for School Violence Prevention

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Abstract

Following a brief summary of individual and contextual risk factors for the development of various patterns of aggressive responding, two prominent anger management protocols are described. TAME (Teen Anger Management Education) and ART (Aggression Replacement Training) are easily adapted for dissemination to students in a school context. Both programs are cognitive-behavioral in orientation and include comprehensive skills training in emotion regulation, cognitive restructuring, conflict resolution, and prosocial skills. The research support for the effectiveness of each of these programs is reviewed. Clinical and administrative issues relative to successful program implementation are discussed and recommendations are included.

Aggressive and violent behavior in schools continues to pose a significant threat to student and staff safety, as well as to the integrity of environments conducive for learning. Survey research showed that 78% of schools had one or more incidents of violent crime during the 2005–2006 school year (Dinkes, Kemp, Baum, & Snyder, 2009). Forty-six percent of schools reported 20 or more violent crime incidents in that period, and 33% of students ages 12–18 years reported being bullied at school, while 7% avoided school activities or places within their schools for fear of being attacked or harmed (Dinkes et al., 2009). These findings suggest that aggressive behavior among students in school is common and that students’ perceptions of their own safety can seriously interfere with school participation.

Research on aggression in schools has become increasingly interdisciplinary as those in mental health, law enforcement, and education have struggled to understand the severe and sometimes fatal incidents of school violence perpetrated by students. Dimensions of aggressive behavior have been identified and distinctions have been made among the likely perpetrators and victims of such aggression. Understanding patterns of aggressors, the function of particular aggressive behaviors, and the relevant cognitive and emotional processes at work is critical for selecting appropriate interventions. Following a brief discussion of the factors to consider when selecting
intervention strategies for aggressive youth, this chapter describes two intervention approaches designed to address specific types of aggressive behavior problems.

**Types of Aggressive Behavior**

Aggressive behavior is commonly conceptualized as proactive or reactive in nature (Dodge & Coie, 1987). Proactive aggression is characterized by the use of aggressive tactics to achieve a desired outcome. In contrast, reactive aggression represents a hostile response to a provoking stimulus interpreted as a threat (Crick & Dodge, 1996). Whereas “bullying” typically refers to the proactive, instrumental use of aggression for specific gains, incidents of reactive aggression are often viewed as the result of an inability to manage emotional arousal (anger) in response to a perceived threat. Thus, bullying constitutes a type of aggression, but is not representative of all aggressive behavior observed in school settings (Boulton, Bucci, & Hawker, 1999). An examination of patterns of aggressive behavior in a sample of 282 students indicated that children who invoke both proactive and reactive aggression exhibit the highest rates of bullying (Crpanzano, Frick, & Terranova, 2010). Further, a second group who showed less severe reactive aggression evidenced poor emotion regulation and greater bullying than nonaggressive youth. Although there is a high correlation between types of aggression, it is not clear how a pattern of bullying, which focuses more on the characteristics of the victim rather than on the function and motivation of the aggressive act, maps onto subtypes of aggression and what the treatment implications might be (Crpanzano et al., 2010).

While the literature on aggressive behavior in schools traditionally focused on direct physical aggression (Olweus, 1978), recent conceptualizations have included nonphysical forms of aggression. Identified with particular relevance to aggression in girls, investigators began to examine social exclusion, rumor spreading, and the formation or termination of relationships with intent to hurt another's feelings. Referred to as indirect aggression, Björkqvist, Lagerqvist, and Kaukiainen (1992) characterized these behaviors by its “behind the back” nature and contrasted it with physical aggression in that the perpetrator may not be known to the victim. Crick and colleagues’ work on relational aggression has focused on the way in which these behaviors appear to target the victim’s relationships with peers and their experience of social acceptance (Crick, 1996; Crick & Grotpeter, 1995; Crick et al., 2001). Galen and Underwood (1997) defined social aggression as behavior intended to damage another's social standing or self-esteem. Social aggression can include direct behaviors such as eye rolling and verbal rejection or indirect forms consistent with Björkqvist et al.’s description of indirect aggression. While there is some controversy over the potential overlap or superior utility among these concepts and their respective terminology (Archer & Coyne, 2005), this area of research has brought attention to the damaging and hurtful effects nonphysical and indirect forms of aggression. Far from being inconsequential to the issue of school safety, research on episodes of fatal school shootings has shown that almost three quarters of the perpetrators were longtime victims of severe bullying and social harassment (Vossekuij, Fein, Reddy, Borum, & Modzeleski, 2002). This suggests that being victimized by physical and/or social forms of aggression may be potentially important risk factors for youth who become violent.

**Aggressors and Victims**

Investigations into types of aggressors have provided an expanded view of the varying patterns and functions of aggressive behavior. Researchers have identified at least four types of youth typically involved in aggressive exchanges among students: bullies, passive victims, aggressive victims, and bystanders (Gumpel, 2008). Passive victims are those youths who are nonaggressive targets of bullies, characterized by low self-esteem, fewer social skills, and lack of assertive
behaviors in their repertoire (Olweus, 1993; Toblin, Schwartz, Hopmeyer Gorman, & Abouezzeddine, 2005). Bystanders make up the largest group; 79%–86% of students in a recent sample were categorized as “uninvolved” in aggressive episodes (Gumpel, 2008). While representing the majority of students, this group is the least studied and some have argued critical for understanding the context within and process by which bullying and aggression occur in schools (Sutton & Smith, 1999).

Research has shown that aggressors themselves are not a homogenous group (Crpanzano et al., 2010). “Pure bullies” use aggressive behaviors as a means to establish dominance over peers and are rarely victimized themselves (Olweus, 1993). This subtype has also been labeled “effctual aggressors” as their use of aggressive behavior is often conflict-free (meeting little opposition) and effective in meeting their goals. “Aggressive victims,” on the other hand, are frequent targets of others’ aggression, known to provoke conflict with peers and characterized by poor emotion regulation (Schwartz, Proctor, & Chien, 2001). Unlike pure bullies, aggressive victims tend to display disorganized hostility and are rarely successful at resolving conflicts in their favor (Perry, Perry, & Kennedy, 1992). Whereas bullies are most often accepted and even popular among their peers, aggressive victims are frequently rejected and disliked by fellow students (Pellegrini, Bartini, & Brooks, 1999).

Processes of Aggression

From a cognitive behavioral perspective, cognitive patterns, emotional arousal, and the effectiveness and availability of prosocial behavioral skills are all components that contribute to the expression of aggressive behaviors.

Cognitive Processes

Hostile attribution bias, also known as hostile attribution of intent, is a concept used to describe the tendency to interpret ambiguous social cues as hostile. Aggressive youth are thought to act aggressively, in part, because they more frequently attribute hostile intentions in others in comparison to their nonaggressive peers (Dodge, 1980). Crick and Dodge’s (1994) model of social information processing illustrates the steps by which aggressive children attend to specific information in their environment (as well as internal cues), make interpretations about a given situation, and then select responses based on their judgments. A chosen response is thought to relate to an individual’s goal given their understanding of the situation, and belief in their ability to enact the response and achieve the goal. This process appears to be quite different for youth who tend to act aggressively compared to their peers. Aggressive youth often attend more to aggressive rather than nonaggressive cues (Dodge, Lochman, Harnish, Bates, & Pettit, 1997), they frequently draw upon a well-developed hostile attribution bias to interpret information (Crick & Dodge, 1996), and in terms of selecting responses, these youth are more inclined to generate aggressive responses (de Castro, Merk, Koops, Verrman, & Bosch, 2005). The social information processing model demonstrates how patterns in attention, a tendency toward hostile interpretations, a lack of belief in self-efficacy, among other factors, can all influence responses to provocation.

Studies on youth who tend to primarily display proactive aggressive behaviors have shown that they are more likely to believe that aggressive behaviors will result in a desired outcome and have higher levels of self-efficacy (Crick & Dodge, 1996). Indeed, bullies have been found to have aggressive biases in social information processing at the point of evaluating and selecting responses (Toblin et al., 2005). These youth tend to have positive views toward the use of aggressive behavior and greater confidence in their ability to successfully execute those behaviors in comparison to their peers. In contrast, youth who engage in reactive aggression seem to have...
hostile biases in the interpretation stage of social information processing (Dodge, 1991), meaning that they are more inclined to perceive hostility in the information they receive in their environment and to respond based on that perception.

**Aggressive and Prosocial Behaviors**

Behavioral conceptualizations of proactive aggression are largely influenced by Bandura’s (1973) social learning theory—aggressive behavior is learned via modeling in one’s environment and is subsequently maintained by reinforcement contingencies (Dodge & Coie, 1987). In this conceptualization, it is not so much that youth choose aggressive behaviors over prosocial behaviors, but rather aggressive behaviors are learned and reinforced, implying a deficit in the acquisition and practice of prosocial skills.

Social competency is a difficult area to assess, primarily because it can have different meanings to different parties. In one study examining the roles of aggressive students, parents and teachers rated popular aggressive students as having poor social skills compared with peers, while study observers in classrooms found popular aggressive students to be highly sociable and cooperative with peers (Rodkin & Roisman, 2010). This suggests that those responsible for delivering consequences for aggressive behaviors and enforcing prosocial behaviors may not be aware of social abilities that prompt approval from peers. Some have pointed out that the role of a successful bully often requires a sophisticated understanding of social dynamics and skilled ability to manipulate one’s social environment (Bullis, Walker, & Sprague, 2001; Sutton, Smith, & Swettenham, 1999). The question then arises whether proactively aggressive youth actually lack social skills to achieve their goals or if they lack the motivation to select nonaggressive means. However, it should not be assumed that proactively aggressive youth are necessarily content with aggressive social interaction. In a study that assessed responses to anger-provoking situations among boys in a correction facility, verbally aggressive communication styles were negatively correlated with communication satisfaction (Anderson & Rancer, 2007). This finding suggests a self-identified need for alternative communication strategies in their behavioral repertoires.

For nonpopular aggressive youth, often the victims of more socially successful aggressors, a lack of social skills and poor social standing are likely exacerbated by the tendency of these youth to interpret ambiguous information with a hostile bias and their poorly modulated affect and behavior (Pellegrini et al., 1999; Schwartz, 2000). Aggressive victims tend to be disliked by peers and report having significantly fewer friends compared with both pure bullies and passive victims (Unnever, 2005). For these youth, ongoing patterns of conflict and limited positive social engagement have likely impinged on the development of prosocial behaviors.

**Emotional Processes**

Cognitive behavioral formulations of aggressive behavior typically draw upon Novaco’s (1975) approach to anger, which asserted that the physiological arousal associated with an anger response is a stress reaction. Those influenced by Novaco’s approach have come to view aggressive behavior as stemming from the point at which an individual experiences intense anger arousal, which diminishes the capability to use appropriate problem solving and aggressive behaviors are selected impulsively (Weisz, 2004). Another key construct in the understanding of effective interventions for anger and aggression in youth is that of emotion dysregulation as an early indicator of behavioral difficulties later on (Keenan, 2000).

In keeping with the descriptions of the more calculated nature of proactive aggression, bullies have been found less likely to experience increased levels of anger when responding (de Castro
et al., 2005; Toblin et al., 2005). In contrast, research focusing on the experience of aggressive victims has offered a description of youth who have a high degree of emotional volatility and poor ability to modulate emotional reactivity, and who engage in aggressive behaviors in a disorganized and impulsive fashion (Schwartz et al., 2001; Toblin et al., 2005; Unnever, 2005). This distinction is important; certain youth apparently respond aggressively due to what they view as an acceptable and effective means to achieve a goal. Other youth perceive hostile threats in their environment, become emotionally dysregulated, and are then inclined to use aggression impulsively. These two processes have different implications for appropriate interventions needed to elicit behavior change.

It must be noted, however, that the concepts of reactive and proactive aggression are helpful distinctions for understanding how aggressive behaviors unfold in a given situation, but should not be taken to mean all aggressive youth exclusively use one type or the other. Most studies suggest that aggressive youth use both proactive and reactive in some degree, and placing the concepts on a continuum rather than within mutually exclusive categories might be useful (Crapanzano et al., 2010; Hubbard, McAuliffe, Morrow, & Romano, 2010). That being said, there is evidence that youth whose behaviors resemble those of pure bullies are more inclined to use proactive aggression and those youth who appear to more closely match the description of aggressive victims are likely engaging more frequently in reactive aggression, which involves an important emotion dysregulation component (Schwartz et al., 1998; Unnever, 2005). In a study examining physiological states of arousal thought to correspond with the experience of anger, researchers found that among elementary school children, those who had scored highly on measures of reactive aggression showed increased levels of skin conductance reactivity and observed expressions of anger when exposed to a provoking stimulus (Hubbard et al., 2002). The same arousal was not found among children who had been identified as primarily proactive aggressors. For children reacting aggressively to a provocation, the increase in anger arousal can preclude effective problem solving and response selection. Thus, a lack of adaptive emotion regulation skills in addition to having hostile attribution bias appears to contribute to the use of aggressive behavioral responses (de Castro et al., 2005).

**Research on Effectiveness of Anger Management for Youth**

Much evidence supports the effectiveness of cognitive behavioral interventions in reducing anger and aggression in youth (Blake & Hamrin, 2007; Cole, 2008). A meta-analysis of cognitive behavioral treatments for anger problems among elementary through high school youth that examined 21 published and 19 unpublished reports found a mean effect size of .67, or medium effect (Sukhodolsky, Kassinove, & Gorman, 2004). Of the types of treatments reviewed in that meta-analysis, skills-based and multimodal interventions had the highest effect sizes. Another meta-analysis of studies investigating cognitive behavior therapy (CBT) interventions for antisocial behavior among children examined 30 studies comparing CBT to a control condition and concluded that CBT interventions have small to moderate effect sizes (Bennett & Gibbons, 2000). It was also found that effect size appeared to be positively correlated with age of participants, providing some evidence that CBT interventions are more effective with older elementary age students and adolescents compared to younger children. In a review of 14 published studies on treatment outcomes of CBT for anger-related problems with adolescents, the majority of studies reported medium to large effect sizes for short-term reductions in measures of anger and aggression (Cole, 2008). However, this analysis pointed to weaknesses in the literature in regard to lack of measurement of long-term intervention effects and an underrepresentation of female adolescents in study samples. Finally, the majority (almost three quarters, according to one meta-analysis, Sukhodolsky et al., 2004) of the studies on CBT for anger and aggression
among youth assessed outcomes for treatments administered by mental health professionals or graduate students trained by the researchers. This is particularly relevant for school and community agencies looking to implement programming with paraprofessional or teaching staff. Yet, another meta-analysis that examined anger interventions studies that took place exclusively in school settings found that the mean effect (.31) was much smaller than previous meta-analyses (Gansle, 2005). However, the author notes that these studies were measuring a multitude of variables and that when restricting outcomes to measures of anger and externalizing behaviors, the mean effect size for the 20 published studies was .54. In addition to examining differences in the specific outcomes measured across studies, special attention to how interventions are implemented in school settings is needed. In a study examining the effectiveness of an aggression treatment program for elementary school students, school counselors who conducted the intervention were selected to receive various levels of training and consultation by clinical psychologists (Lochman et al., 2009). Researchers found that those who participated in the treatment provided by counselors in the control and limited training conditions exhibited an increase in problem behaviors, while the children in more intensive training and supervision condition showed no such increase. Children themselves in the more intensive training condition reported a significant decrease in their expectations that aggression would lead to positive outcomes when compared to their counterparts in the other conditions. These findings suggest that nondoctoral degree staff members can implement successful treatments but that intensive training and supervision are likely important predictive factors for successful outcomes.

Teen Anger Management Education (TAME)

Cognitive behavioral anger management training (AMT) is generally presented as a didactic program in which skills development is emphasized. The three main components—arousal management, cognitive restructuring, and prosocial skills training—correspond to the deficiencies and distortions in social information processing and emotion regulation implicated in the development of anger outbursts and aggressive behavior patterns. Feindler and colleagues (Feindler & Gerber, 2008; Feindler & Guttman, 1994; Feindler & Scalley, 1998) have developed various anger control intervention programs to target these domains.

For each component, a specific set of skills or strategies are presented in an educational format, modeled, rehearsed through repeated role-play provocation scenes, and then applied to the natural environment through homework exercises. Each session provides practice of newly acquired strategies as well as graduated exposure to more intense anger triggers. The AMT program is designed to teach youth to assess each anger provocation and to implement the most effective responses from his or her repertoire of emotion regulation and social skills (Feindler, Ecton, Kingsley, & Dubey, 1986). The general emphasis on interpersonal problem solving and assertive communication of anger arousal is designed to provide prosocial alternative responses and prevent the automatic aggressive response.

The 10-session protocol described in Table 30.1 features anger management techniques including reduction of physiological arousal, replacement of anger-sustaining cognitions, and acquirement of prosocial response options. Throughout, youth are educated about the (a) interaction of the cognitive, physiological, and behavioral components of their anger experience; (b) the adaptive and maladaptive functions of their anger; (c) the situational triggers that provoke their anger; (d) the concept of choice and self-responsibility in their responses to provocations; and (e) the importance of appropriate verbal expression of affect. Feindler and Gerber (2008) added two additional components to this protocol based on current research findings regarding dimensions of aggression and deficits in social functioning (resulting in the latest version of AMT: TAME). Studies overwhelmingly indicate that social forms of aggression are pervasive
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throughout elementary, middle, and high school, and that it is used by boys and well as girls. The relational aggression component in this protocol is designed to help youth to identify these behaviors as a form of aggression and practice several prosocial means of handling rumors, teasing, and interpersonal conflict.

Given the research findings that show youth who exhibit reactive aggressive behaviors have poor social relationships, this protocol has adopted some interpersonal effectiveness skills borrowed from Linehan’s (1993a) dialectical behavior therapy, a treatment designed for chronically emotionally dysregulated individuals known to have unstable relationships. These skills are included to provide specific techniques for fulfilling personal goals and needs while maintaining and strengthening interpersonal relationships.

TAME trains youth to break current aggressive behavioral patterns via emotion regulation and cognitive restructuring exercises, while emphasizing acquisition of new skills that provide nonaggressive alternatives. Youth are asked to keep a log of conflicts that occur in their lives that are used regularly for role-plays and other exercises in order to maximize personal relevancy and probability of skill generalization. As youth build a new repertoire of prosocial behaviors, they will find greater satisfaction from interpersonal communication and experience the absence of negative consequences for aggressive behaviors, which in turn will serve to increase probability of continued use of new response options. Table 30.1 presents a brief description of the key elements of the TAME protocol.

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<tr>
<th><strong>Table 30.1 Teen Anger Management Education (TAME) Protocol</strong></th>
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<tr>
<td><strong>Intake and screening of youth referred for TAME:</strong> Examine treatment readiness is examined and conduct initial assessments. Introduce components of TAME, including self-monitoring tool known as the “hassle log.”</td>
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<tr>
<td><strong>Session 1:</strong> Orient participants to structure of TAME group and rationale for program. Introduce the identification of emotions with emphasis on anger. Practice identification of angry responses and deep-breathing relaxation exercise.</td>
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<td><strong>Session 2:</strong> Introduce sequential analysis of behavioral incidents (activating event or trigger, behavioral response, consequences). Practice identification of components using idiosyncratic angry and/or aggressive episodes.</td>
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<td><strong>Session 3:</strong> Discuss aggressive beliefs and interpretations. Identify of various cognitive distortions and practice reattribution exercises.</td>
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<td><strong>Session 4:</strong> Introduce relationship strategies and interpersonal techniques. Describe and practice interpersonal effectiveness skills adapted from dialectical behavior therapy (Linehan, 1993b).</td>
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<td><strong>Session 5:</strong> Introduce self-instruction training. Practice in-the-moment self-coaching techniques for nonaggressive behavioral responses.</td>
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<tr>
<td><strong>Session 6:</strong> Review anticipation of consequences. Practice thinking ahead — prediction and evaluation of possible consequences of aggressive behaviors.</td>
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<tr>
<td><strong>Session 7:</strong> Describe role of problem solving. Introduce multistep problem solving process including self-evaluation, reinforcement, and feedback.</td>
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<td><strong>Session 8:</strong> Present strategies to present relational aggression. Build awareness of types of teasing, use of rumors, and methods to evaluate friendships. Practice confrontation, apologizing, and self-respect skills.</td>
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<td><strong>Session 9:</strong> Review program skills and techniques. Present exercises designed to utilize all skills and concepts introduced over previous 8 sessions. Individualize feedback to students and administer final assessment instruments.</td>
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<tr>
<td><strong>Session 10:</strong> Follow-up booster session. Review all skills, including definitions, demonstrate examples, and discuss appropriate situations in which skills can be used. Check in with students regarding changes and progress since completing the program, including successful and unsuccessful attempts to use skills. Provide feedback and reinforcement to encourage skill maintenance and generalization.</td>
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Detailed session-by-session protocols, including expanded topic description, specific role-play scenarios, games and group exercises used in training, homework assignments to promote transfer of skills to the natural environment as well as materials needed for each session are available in Feindler and Gerber (2008), Feindler and Guttman (1994), and Feindler and Scalley (1998).

**Aggression Replacement Training**

A complimentary program, which includes anger management as one of three modules, is the Aggression Replacement Training (ART) approach described by Goldstein, Glick, and Gibbs (1998). The first module of ART involves “skillstreaming,” which is designed to teach a broad curriculum of prosocial behavior. The second module consists of anger control training, which empowers youth to modify his or her anger experience. The final section is moral reasoning training, which is aimed to help motivate the individual to employ the skills from the other components. Table 30.2 presents a brief description of each module.

Moral development might be a particularly important target of intervention when working with youth who, as the research on proactive aggression suggest, appear to have positive beliefs about the use of aggression to achieve personal goals. Indeed, in a study on moral disengagement among middle school-aged youth in Portugal, it was found that more positive attitudes toward bullying was correlated with higher levels of moral disengagement (Almeida, Correia, & Marinho, 2010). While the anger management component in ART encompasses emotion control and cognitive restructuring, and the skillstreaming module offers behavioral alternatives, the moral reasoning module specifically aims to develop a youth’s motivation to select prosocial alternatives to aggression.

Small group sessions of ART are held weekly and each skill is modeled and rehearsed through role-plays. Group leaders provide praise, instruction, and feedback as well as structure other types of learning activities for group members. The ART program is presented comprehensively in manual (Goldstein, Glick, & Gibbs, 1998) and video (see Research Press, 2002) formats and can be implemented by a wide variety of educators, mental health professionals and corrections staff.

**Table 30.2 Anger Replacement Training (ART) Modules**

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<tr>
<th>Module 1: Skillstreaming: Social Skills Training</th>
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<tr>
<td>Fifty prosocial skills taught to group members fall into one of six categories of behaviors: beginning (e.g., basic conversation skills), advanced (e.g., apologizing and asking for help), skills for dealing with feelings (e.g., expressing affection and dealing with fear), alternatives to aggression (e.g., responding to teasing and negotiating), skills for handling stress (e.g., dealing with being left out or being accused), and planning skills (e.g., goal setting and decision-making).</td>
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<th>Module 2: Anger Control Training</th>
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<td>Identify internal and external triggers that provoke anger responses and identify physiological cues that signal feelings of anger. Self-statements, as well as deep breathing and imagery are used to remain in control of emotional arousal. Group members are taught to self-evaluate their performance and reward themselves for remaining in control and learning from their mistakes.</td>
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<th>Module 3: Moral Reasoning Training</th>
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<td>Designed to raise an individual’s attention to fairness, justice, and concern for the needs and rights of others. Using Kohlberg’s research on moral dilemmas as a model, group members are exposed to moral dilemmas designed to arouse cognitive conflict with the expectation that its resolution will advance members’ level of moral reasoning. Because some aggressive behaviors persist in lieu of the new skills, this values-oriented component was added to encourage individuals to enact more socially desirable behaviors.</td>
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</table>
ART’s effectiveness has been evaluated for use with youth in juvenile detention (Goldstein & Glick, 1994; Goldstein, Glick, Reiner, Zimmerman, & Coultry, 1986; Leeman, Gibbs, & Fuller, 1993), in a residential treatment program (Coleman, Pfeiffer, & Oakland, 1992), and in a runaway shelter (Nugent, Bruley, & Allen, 1998). Although all reported improvement among youth who participated in the ART condition in terms of acting out behaviors, recidivism rates, prosocial skill acquisition and self-control indicators, a significant limitation of these studies were the types of measures and data used to draw conclusions. Most ART studies have primarily relied upon recidivism data and subjective ratings by institution staff to determine the treatment’s effectiveness. A recent study compared a 10-week ART program in a school setting to a control group in Norway and utilized a combination of self-report and report-by-others instruments, most of which had established acceptable psychometric properties (Gundersen & Svartdal, 2006). Data from parents, teachers, and youth showed a significant decrease in problem behaviors among the ART participants compared to youth in the control group. Those who administered the ART groups were professional educators who had received formal ART training. To further investigate the positive changes noted for the control group in the 2006 study, Gundersen and Svartdal (2010) designed an ART evaluation, which targeted the diffusion of treatment effects. Comprehensive data from pre-post parent, teacher, and self-report measures indicated that the ART program resulted in significant decreases in behavior problems and increased social skillfulness in 77 children receiving treatment in a variety of school settings. The authors suggest that the positive changes noted for the 63 control participants were due to unintended but natural consequences of the interactions of all children in their school and to the generalized effects of ART staff interacting with all children.

Despite numerous published studies of ART treatment effectiveness, more research is needed that includes greater representation of female youth since only three studies have included girls in their samples (Gundersen & Svartdal, 2006, 2010; Nugent et al., 1998). Additional studies that utilize greater experimental rigor would also increase understanding of the specific effective aspects of ART, despite the positive treatment “diffusion” noted above that may be beneficial for all youth included in the sample.

Clinical Issues in Anger Management Training

There are aspects of conduct disorder and characteristics of angry and aggressive youth that may interfere with the success of AMT programs. Howell and Day (2003) provide a good review of individual factors related to “readiness” for anger management treatment. Usually those referred for anger management have complex issues involving a number of comorbid problems such as substance abuse, personality disorders, or family problems that need to be addressed in order to increase a client’s readiness for anger treatment. In addition, a client’s attitudes and beliefs regarding the legitimacy, justification, or cathartic nature of anger can interfere with treatment. Heseltine, Howells, and Day (2010), in a discussion of issues relative to mandated participants, suggest that selecting those who self-report problems with anger and who indicate motivation for treatment are essential for treatment success.

Ethnic, cultural, and gender differences may also interfere by creating different expectations and norms regarding the expression of anger and aggressive behaviors. Therefore, it may be necessary to have leaders of similar ethnicity, gender, or culture who teach and model the intervention. These leaders’ example may serve to challenge these socially reinforced norms or expectations. DiGuiseppi (1995) confirms that it is difficult to establish and maintain a therapeutic alliance with angry clients, unless therapist and client agree on treatment goals. These clinical concerns have yet to be discussed relative to adolescents or to a group skills training approach.
Perhaps implementation in the school setting will increase treatment acceptability if offered as a complement to other programming and as a psychoeducational intervention. However, the identification of high-risk students, assessment, referral, and voluntary participation versus a universal prevention approach has not been fully examined in terms of response to AMT in youth. Further, although group interventions are deemed most efficient, group treatments as of yet have not been compared to individual interventions. The lack of individualization in treatment groups assumes that each participant requires the same treatment components. However, as Cole (2008) suggests, group process variables may positively influence adolescent groups differentially for gender and for age and the group context lends itself well to naturalistic practice of newly acquired skills, thereby enhancing generalization.

**Implications for Practice**

A number of issues relative to implementation of AMT in a school setting warrant discussion. Some of these have been discussed elsewhere (see Feindler & Scalley, 1998), but few have been researched. Table 30.3 presents the main implications and recommendations for school safety programming that will be discussed.

In general, “readiness” of the school environment prior to implementation of an anger management program is necessary. Securing central and building administrative support, as well as teacher and staff training in the principles and methods of anger management, provides the infrastructure needed to ensure program success and generalization of newly acquired skills. School environments present particular practical and ethical issues related to group treatment or psychoeducational programs, and identification of target youth will require careful thought. Anger management training will help disruptive and aggressive youth to manage their emotions

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<tr>
<th>Table 30.3 Administrative and Clinical Issues in Anger Management Training (AMT) in School Settings</th>
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<tr>
<td><strong>General Program Administration</strong></td>
</tr>
<tr>
<td>• Insure administrative support for structure and implementation of program and allocation of resources</td>
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<tr>
<td>• Create guidelines on ethical issues related to screening and identification of group members, consent to treatment and confidentially</td>
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<tr>
<td>• Articulation and Championing of goals and objectives of AMT programming</td>
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<tr>
<td><strong>Structure of AMT Program</strong></td>
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<tr>
<td>• Screening and assessment of youth relative to clinical and risk status and readiness to change</td>
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<tr>
<td>• Group membership: same sex groups, level of risk and/or aggressiveness, readiness for group intervention vs. individual treatment, prior relationships with group members</td>
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<tr>
<td>• Involvement of teachers, staff, and parents</td>
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<td><strong>Qualified Staff</strong></td>
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<tr>
<td>• Select motivated and capable staff as intervention leaders</td>
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<td>• Ensure experience, skills and credentials</td>
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<td>• Provide ongoing training, supervision and technical assistance</td>
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<tr>
<td><strong>Treatment Fidelity</strong></td>
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<td>• Protocol adherence</td>
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<td>• Dosage flexibility</td>
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<td>• Quality of program delivery and participant responsiveness</td>
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<td><strong>Clinical Issues</strong></td>
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<td>• AMT as adjunct clinical treatment</td>
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<tr>
<td>• Over-arousal and discharge in role plays and group discussion</td>
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<tr>
<td>• Ethical issues related to confidentially and group dynamics</td>
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<tr>
<td>• Transfer and generalization of anger management skills; homework compliance, reinforcement procedures, and booster sessions</td>
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</table>
and consider alternate responses to provocation. However, training of youth at risk for aggression due to individual or family variables or training of peers who might be victims or bystanders of interpersonal aggression also seems reasonable. Screening and assessment of youth as well as group composition will vary according to the setting and the treatment objectives.

Often anger management training can be considered as an adjunct program to other types of intervention; however, AMT should be consistent with theoretical orientation and outcomes of other programs. It is likely that implementation in conjunction with parent education (Lochman & Wells, 2003, 2004) will produce the greatest impact. However, more research is needed to determine the optimal age for intervention, how the gender differential effects treatment, and which components of AMT delivered in which sequence are most effective.

Although both AMT and ART programs dovetail wonderfully with the educational setting and can be successfully implemented by a variety of professional staff, the specific treatment delivery practices require special attention. Issues relative to treatment fidelity are paramount as both TAME and ART are manualized protocols and effectiveness rests upon the assumption of adherence to these programs. In a discussion of the tension between manual adherence and practitioner flexibility in parent training, Mazzuchelli and Sanders (2010) highlight the need to match the intervention to the clients and the context for service delivery. Recommending organizational support, comprehensive practitioner training and supervision as well as component analyses of programs, these authors encourage flexibility that does not, however, veer too far from the original program’s design. How this relates to implementation of AMT programs within school settings remains to be seen. But, the collection of outcome data seems crucial to determine which program modifications would fit best.

Other school initiatives include AMT within general prevention programs for adolescents. Botvin, Griffin, and Nichols (2006) examined a Life Skills Training program across 41 schools with close to 5,000 sixth graders. This prevention intervention included training in assertiveness, conflict resolution, and anger management and was effective in reducing substance abuse as well as violence and delinquency. Regan (2009) took a public health approach and collaborated with school nurses to implement a violence prevention program at an urban charter high school. The anger and conflict management component of this educational/prevention resulted in increased understanding of dating violence variables and conflict resolution skills. This program was relatively low cost and points to the possibility of a variety of school–based practitioners delivering psychoeducational treatments. The public health model adapted by the Centers for Disease Control represents a broad approach to youth violence prevention and schools might be eager to adopt comprehensive programs (Dodge, 2008). However, exactly how the AMT components of these programs impact youth and staff in school setting remains to be adequately researched. The TAME and ART programs described in this chapter represent effective protocols easily adapted to the school setting with good administrative support and an eye to treatment fidelity.

References


Anger Treatment and School Violence Prevention


