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INTERVENTION

Many different strategies and skills for anger management intervention have been tried and tested. Some of the most empirically supported interventions are

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cognitive-behavioral interventions including relaxation coping skills, cognitive interventions, behavioral coping and social skills training, and problem-solving skills training.

According to Dahlen and Deffenbacher (2001), relaxation coping skills target both the emotional and physiological arousal associated with anger with the intent being to lower the anger arousal. In contrast to targeting arousal, cognitive interventions target biases in information processing and cognitive appraisals. They help to identify distorted patterns of thinking, develop more reality-based and less anger-engendering cognitions, and free up problem-solving and coping resources.

Behavioral coping and social skills training target the actual expression of anger (vs. reducing anger arousal). Specific skills training that has been empirically supported includes direct coping skills (e.g., interpersonal communication, negotiation, feedback), related coping skills (e.g., parenting, budgeting and financial planning, assertive communication), and inductive social skills training (e.g., clients identify and explore effective behaviors for coping with anger) (Dahlen and Deffenbacher, 2001).

Problem-solving skills training is useful when there are no behavioral skill deficits (e.g., poor social skills) but there is a lack of general problem-solving skills with which to assess situations and to choose various coping skills. A basic problem-solving methodology is to identify the problem, generate alternative solutions, consider the consequences of each solution, select an effective and appropriate response, and evaluate the outcomes of implementing the specific response (Skiba & McKelvey, 2000).

Additional strategies that have been found to be useful in managing anger effectively include avoiding situations that make one angry, changing environments, focusing on something positive, engaging in substitute positive activities, and improving communication and social skills. Humor has also been found to be helpful when it is used constructively to help face problems; sarcastic humor is just another form of unhealthy anger expression (Controlling anger before it controls you, n.d.).

Structured Programs

In addition to the strategies and skills highlighted above, there are numerous structured and pre-packaged programs for helping people learn to manage their anger more effectively. These programs vary in intended audience, theoretical basis, teaching method, and actual skills and techniques used. A summary of several programs can be found in Anger Management 3: Structured Interventions (ERIC Digest # EDO-CG-03-12).

ADDITIONAL CONSIDERATIONS IN ANGER MANAGEMENT INTERVENTIONS

Cultural Impact of Client's Natural Environment. Howells and Day (2002) highlight the importance of understanding the culture a client returns to upon leaving a counseling or training session. Will the culture support the behavior changes and thinking processes that the client has been learning? In some cases (e.g., the gang a client hangs out with, incarcerated clients, institutionalized clients), the culture the client lives in day-to-day will not necessarily support the kinds of changes a client may be trying to make. Indeed, daily survival may be based on vastly different modes of operation than a client may be practicing in counseling. It is important to clarify which culture is in charge of the client's daily life (e.g., the family and its subcultures? the street corner and friends? the neighborhood? the school and teachers?) and how it may affect a client's success in learning to manage anger more effectively.

Transferring Skills to the Classroom / Workplace / Home

Another consideration is the adequate transfer of skills learned in counseling to one's natural environment. This could be the classroom, the workplace, or even one's home. Besley (1999) conducted an experiment on transferring skills to the classroom environment of a student client.

According to Besley (1999), change begins at a teachable moment, and four conditions are necessary for change: 1) the person is in an environment where he or she feels safe, 2) the person is supported and encouraged during the change process, 3) the environment is relevant to the person, and 4) the person is involved and has some degree of control in the change process.

In a school setting, when a counselor has been working with a student individually to develop more effective anger management skills, there still remains the issue of encouraging the student to use the new skills outside the counseling sessions (e.g., in the classroom, in the cafeteria, on the playground). One proven way to do this is to have the counselor sit in the classroom (or cafeteria or playground) with the student and be available to coach the student right at the moment(s) he or she becomes angry (Besley, 1999). The counselor can then coach the student's cognitive processes and help the student cope with impulsivity and, at the same time, model effective and useful skills for the other students and even the teacher.

Readiness for Anger Management Intervention

The best anger management training delivered by the most qualified counselor will be ineffective if the client is not ready for anger management training. According to Howells & Day (2003), there are several different things that can impact readiness for anger management.

Sometimes there are a complex array of factors presenting with the anger problem. People with certain mental and personality disorders may also have an anger management problem. Or anger management and control may be a symptom of a serious mental or personality disorder.

Existing client inferences about their anger "problem" can impact their readiness. Some clients may view anger as an appropriate response to many situations. Some clients may believe that catharsis is the best approach (expressing anger is considered better than controlling it) or that angry responses get results (in reality, although angry outbursts sometimes generate desired short- term results, they rarely result in long-term change). Attitudes of self-righteousness, low personal responsibility, blaming others, and condemning others also reduce readiness. For some clients, anger may not even be considered a problem. In fact, anger may be adaptive in certain settings for the client: it may bring with it many social benefits such as perceptions of higher status, strength, and competence. Unfortunately, these types of beliefs and perceptions can be difficult to uncover and assess.

The client's skill level also impacts readiness for effective treatment. People need certain cognitive processes with which to think about consequences and choices in order to improve anger management skills. Sometimes a person's impulsive nature will interfere with the application of such cognitive processes. Other issues that impact a client's readiness are difficulty judging the intent of others, underestimating one's own reaction to anger-provoking situations, wanting to blame conflict on others, an inability to distinguish one's feelings, and poor social and problem-solving skills.

Finally, the client's beliefs about treatment impact readiness. Even in coerced or mandatory treatment, if the client concurs with the need for treatment and perceives the treatment as likely to be helpful in meeting his or her goals, then coercion is not as big an issue. However, if the client believes the treatment is not likely to fulfill his or her personal goals, then coercion could definitely impact readiness.

How does a counselor positively influence the readiness variables? Counselors can explore the personal goals of the client and help the client become aware of any discrepancies between the actual social consequences of their anger expression and the pursuit of their personal goals. Counselors can work to incorporate the client's goals and treatment plan into the values and goals of the existing informal culture of the client. Counselors can also help clients build appropriate interpersonal and cognitive skills and develop an appropriate vocabulary for communicating triggers, thoughts, emotions, and behaviors.

Variables that Influence Effective Treatment

In studies on the effect of anger management interventions with student populations, Skiba and McKelvey (2000) found three variables to have the most influence. First, the length of treatment: typically, more sessions yield stronger initial outcomes and booster sessions (e.g., annually) improve long-term outcomes. Second, proper framing: the more the training is made relevant to the student and the environments in which he or she lives on a daily basis, the stronger the initial outcomes. Finally, supplemental interventions (e.g., utilizing weekly goals, utilizing components of Aggression Replacement Training) help improve initial outcomes. Although these factors were studied specifically in reference to student populations, they are likely applicable to other client bases as well.

SUMMARY

Anger. Everybody experiences it and everybody expresses it. Some people manage their anger in healthy ways. Other people are managed by their anger in unhealthy ways. Although there are many skills, strategies, and structured programs (see Anger Management 3: Structured Interventions, ERIC Digest #EDO-CG-03-12) known to help people improve how they deal with anger, there are many factors to consider when selecting an effective intervention. In addition to understanding the expression, function, source, and resulting problems of a client's anger (see Anger Management 1: An Overview for Counselors, ERIC Digest # EDO-CG-03-xx), practitioners can also attempt to understand the client's cultural needs with respect to dealing with the problem, the ability of the client to transfer new skills to their daily environments, and the client's readiness and skill level for dealing with the problem. Only then can the practitioner choose an intervention that will be truly effective for the client.

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