# Helping Adolescents Manage Anger
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Anger is defined as "an acute emotional reaction elicited by any of a number of stimulating situations, including threat, overt aggression, restraint, verbal attack, disappointment, or frustration" (Chaplin, 1985, p. 27). Although mental health practitioners and researchers have discussed the lack of conceptual clarity of anger and its related processes (Smith, Larson, DeBaryshe & Salzman, 2000), it is commonly accepted that anger is a normal human emotion that can be viewed at three levels: 1) *physical symptoms* of anger may include increased heart rate, muscular tension, and adrenaline flow; 2) *cognitive experiences* of anger frequently include distorted negative perceptions and interpretations of others' behaviors; and 3) *behavioral indications* of anger may include a variety of physical and verbal outbursts such as yelling, screaming, kicking, and fighting. These reactions to anger can be directed toward others or self.

Because anger is an emotion that can have adverse consequences for both self and others, it is important that the problem be addressed early. Childre and Rozman (2003) noted that the problem is not anger, but that individuals frequently do not know how to manage anger. Nowhere has the problem of anger management been more evident than with school-age youth. Counselors can help youth in our society understand and effectively cope with feelings of anger by providing adolescents with needed individual and group counseling anger management programs and services.

## Cognitive-Behavioral Interventions

The most frequently used individual and group treatment approaches for anger, and those considered to be most effective, have a basis in cognitive-behavioral therapy (Childre & Rozman, 2003; Kassinove & Tafrate, 2002). The two most recognized theoretical cognitive-behavioral approaches to anger management are Beck's (1976; 2000) Cognitive-Behavioral Therapy (CBT), and Ellis' (Ellis, 1977; Ellis & Harper, 1975) Rational Emotive Behavior Therapy (REBT). Although each of these approaches has distinctive features, both have much in common. Both approaches require clients to identify the situations/events in which they experience anger. Emphasis is then placed on helping clients to identify the thoughts/cognitions that precede anger. The major intervention common to both approaches is to help clients determine whether these cognitions (thoughts) are rational or irrational (Ellis, 1977; Ellis & Harper, 1975), correct or false, distorted or inaccurate (Beck, 1976; 2000), and to replace irrational, inaccurate thoughts with more rational, accurate ones.

Ellis and Harper (1975) believed that clients' unhealthy emotions are due to their adherence to ten basic false philosophical beliefs or irrational thoughts. From his approach, Ellis attempted to change clients' false assumptions by confronting irrational thoughts, demonstrating how illogical the thoughts were, and teaching clients how to replace the thoughts with more rational thoughts that can result in changing basic philosophical assumptions and values.

In contrast to Ellis' REBT, which is often highly directive, persuasive, confrontive and didactically oriented, Beck's CBT places more emphasis upon the importance of the client-counselor relationship, and primarily uses open-ended Socratic questioning to help clients reflect upon and discover the inaccuracies of their own thinking. Both approaches value homework assignments, including reading assignments, have clients engage in behaviors designed to test the validity of cognitions, and frequently draw upon a wide range of behavioral techniques.

Donald Meichenbaum's (1977) cognitive behavior modification (CBM) is another major cognitive-behavioral therapy that has been successfully used in treating anger. Like REBT and CBT, CBM shares the assumption that distressing emotions are typically due to maladaptive thoughts. CBM focuses on making clients more aware of their self talk, and training them to develop self talk that will enable them to cope more effectively in problematic situations.

Stress inoculation training (SIT; Meichenbaum, 1985) is a particular coping skills program developed by Meichenbaum to aid in stress reduction, and has been demonstrated to be effective with a number of problems, including anger (Corey, 2000). SIT appears to be particularly beneficial when the client experiences anger in relatively specific situations. In addition to helping the client learn helpful behavioral techniques, the client is taught a number of specific coping thoughts to assist them in working through the anger provoking situation.

## Behavioral Interventions

Cognitive-behavior approaches differentially incorporate a wide variety of behavioral techniques in treating anger problems. These include:

*Relaxation training.* Adolescents can be taught to relax using a variety of modalities including progressive relaxation (learning to systematically tighten and then relax the muscle groups of the body), yoga exercises, or meditation.

*Homework assignments.* Adolescents may be assigned to engage in self-monitoring of their thoughts and/or behaviors, keep an anger log, practice engaging in new behaviors, or participate in bibliotherapy.

*Assertiveness training.* Before adolescents are taught behavioral assertiveness skills, they are frequently taught the difference between non-assertive, assertive, and aggressive behavior. In addition, any cognitive distortions or irrational thoughts impeding assertive behavior are replaced (Lange & Jakubowski, 1976). Clients can then learn assertiveness skills, through modeling, role-playing, and graded task assignments in real life situations.

*Distraction techniques.* After learning to identify cognitive and/or bodily cues that are precursors of anger, adolescents can be taught a variety of distraction techniques, including counting to 10, removing themselves from the environment, or using humor.

*Imagery.* Imagery can be used in helping adolescents learn relaxation as another distraction technique by envisioning themselves in calm, peaceful scenes. Counselors can also use imagery to help clients see themselves effectively using their learned cognitive and behavioral skills in what previously were anger provoking situations.

*Problem solving skills.* Adolescents can be taught a "general problem solving model" to assist in identifying a wider repertoire of methods for coping with anger provoking situations.

*Social skills training.* Adolescents can be taught a wide range of social skills, such as smiling and providing eye contact, to assist in developing interpersonal skills.

Counselors who come from more of a pure behavioral counseling approach also use many of the behavioral techniques just described. As opposed to cognitive-behaviorally-oriented counselors who see the main benefit of the behavioral techniques as producing changes in cognition, traditional behaviorists see the main benefit of these techniques as producing changes in behavior. Traditional behaviorists are also more likely to use positive reinforcement for adolescents engaging in appropriate behavior, and extinction or punishment when needed to help eliminate aggressive behavior.

## Play Therapy

Another viable method for reducing anger problems is individual play therapy (Fischetti, 2001). Rather than accepting that one standardized play therapy approach is the most effective for all clients and situations, Fischetti (2001) prefers a prescriptive approach that enables a counselor to choose one they believe will be most effective. Fischetti (2001) identifies three approaches useful for planning treatment for adolescents with anger management problems. *Client-centered play therapy* is a nondirective approach that is a viable choice when the clinician can provide the client time to pursue their issues and personal growth. *Release play therapy* is a structured approach to assist clients in reenacting a stressful event and working through the pain and anger associated with it. Finally, *cognitive-behavioral play therapy* enables the clinician to use a wide range of behavioral techniques, such as, antecedents, reinforcers, contingencies, modeling, relaxation training, systematic desensitization, and cognitive interventions, such as learning to identify and replace dysfunctional thoughts, to best meet the treatment goals jointly developed with the client. A frequent component of cognitive-behavioral play therapy is client homework.

## Summary/Conclusion

Anger is a normal human emotion that can stimulate people to engage in constructive acts, or lead to destructive behaviors. Frequently anger problems first become apparent during an adolescent's school years. With knowledge and skill using cognitive-behavioral, behavioral, or play therapy interventions, counselors can provide adolescents who have anger problems with effective, age-appropriate individual and group counseling services.

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