Anger Management for Adults: Developing an Evidence-BasedAnger Management Program

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Purpose
The purpose of this project is to identify and organize key components necessary in an evidence-based anger management program to be implemented by Lutheran Social Service (LSS) in a rural setting. Current research was examined along with existing anger management program models. Results indicated evidence-based program components that best addressed anger regulation and control for the adult population age 18 and older in a group setting.

Significance of the Problem
The significance of anger regulation and control in adults is reflected in the problematic consequences of loss of control resulting in violent and aggressive behaviors. Anger and aggression result in many violent actions, negative consequences and disrupted life functioning such as partner violence, abusive parenting, health problems, bullying, and school violence (Defenbacher, Oetting & DiGiuseppe, 2002). Many clients with substance abuse and mental health diagnoses are victims of traumatic life events, which, in turn, lead to substance use, anger, and violence (Reilly & Shopsir, 2002). The need for an anger management program in this rural area is evident by the following information:

- Blue Earth County reported 67 assaults and 2 murders in 2007 and was ranked 1,068 in the nation for violent offenses (Criminal Records and Background Checks, 2010).
- From January 1990 to September 1, 1996, a period of 6 years and 8 months, there were 10,037 reported incidents of aggressive driving in the United States...218 men, women, and children are known to have been murdered and 12,610 people injured as a result of these 10,037 aggressive driving incidents (AAA Foundation for Traffic Safety, 2010).
- “Advocates provided 770 women, 41 men, and 594 children with safety planning. Information and referrals were provided 12,250 times to victims of domestic violence and sexual assault” (Committee Against Domestic Abuse, Inc., CADA, 2009, p.4) for the 9 county service area surrounding Mankato, MN in 2008-2009.
- “Since 2000, Blue Earth County’s probation workload for drug-related crimes has more than doubled. Over 80 per cent of all probation cases in Blue Earth County are the result of drug or alcohol crimes” (Blue Earth County, n.d., p.1).

Research Questions
1. What is an effective way to teach group anger management skills for adults?
2. What essential components are needed to deliver a successful anger management program for adults?

Methodology
The methodology for this project includes:

1. Find existing anger management programs and examine program components
2. Consult current literature and research for existing components of psychoeducational and anger management programming
3. Research and define a theoretical framework for anger management programming
4. Review literature on possible curriculum options for anger management psychoeducation
5. Review literature on effective psychometric evaluation tools
6. Search existing agency best practice models of client satisfaction survey questions
7. Choose course curriculum, psychometric evaluation tool, create client satisfaction survey, identify essential program components and set parameters for anger management psychoeducation programming and structure
8. Research possible funding options to supplement current course fees
9. Research other strategies to increase course enrollment

References
References are available from the author upon request.

Anger is not always a problem and is a natural response found in the range of human emotions. Anger becomes a problem when individuals experience anger too frequently, anger levels are too intense to control, or are expressed in an inappropriate manner (Reilly & Shospihe, 2002). Anger, for the purpose of this project is defined as: ...feeling or emotion that ranges from mild irritation to intense fury and rage...a natural response to those situations where we feel threatened, we believe harm will come to us, or we believe that another person has unnecessarily wronged us” (Reilly & Shopshire, 2002, p. 9). Research indicates the importance of anger management for the increased ability to self regulate and control anger expression (Phillips, Henry, Hosie, & Minne, 2006). Research supports the use of Cognitive Behavioral Therapy (CBT) with moderate outcomes of improved reductions of anger, violence, substance use, depression and anxiety (Reilly & Shospihe, 2008). Anger management groups utilizing CBT treatments show an increase in anger control and self esteem (Brabady & Clarke, 2006). Anger management curriculum should include, “Four types of CBT interventions, theoretically unified by principles of social learning theory, are most often used when treating anger disorders...relaxation interventions, cognitive interventions, communication skills interventions and combined interventions...” (Reilly & Shospihe, 2008, p. 1).

Key Findings-Literature Review
In the literature review of evidence-based programs the following best practices were identified:

- Find evidence-based curriculum demonstrating validity and reliability of curriculum
- Cost-Free
- Targets adult population age 18 and older
- Weekly classes for 6-12 weeks, in a group setting
- Group setting, minimum of 5 participants
- Curriculum includes homework between weekly scheduled sessions

Assumptions
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Key Findings-Literature Review Continued...
Additionally the following evaluation best practices were identified:

- Identify strategy to be used to measure what clients hope to gain from taking the class
- Identify and order an evidence-based psychometric evaluation instrument in which validity and reliability of instrument are documented
- Identify when and how often evaluation should occur to measure changes in anger symptoms
- Design a client satisfaction survey

After reviewing three program models (LSS current eclectic curriculum, Anger Management for Substance Abuse and Mental Health Clients, and Evidence-based practices: Shaping Mental Health Services toward Recovery, Family Psychoeducation) the Anger Management for Substance Abuse and Mental Health Clients curriculum was selected.

Key Findings-Curriculum Specific
The program curriculum identified is supported by the U.S. Department of Health and Human Services and is valid and reliable with a variety of adult populations to include, but not limited to, substance abuse and mental health clients (Reilly & Shopshire, 2002; Reilly, Shopshires, Durazo & Campbell, 2006). There is a participant workbook and a cognitive behavioral therapy manual that outlines this 12 week curriculum.

The curriculum is structured with four purposes (Reilly & Shopshire, 2002) to include,

1. Learn to manage anger
2. Slop violence or the threat of violence
3. Develop self-control over thoughts and actions
4. Receive support and feedback from others

The course curriculum embeds activities utilizing cognitive behavioral principles of social learning theory that organize the course into 6 modules of communication skills interventions and combined interventions (Reilly & Shopshire, 2008) to include,

- out of class homework and workbook assignments
- education about anger, anger cues, and triggers
- ways to control the expression of anger through detailed evaluations for both a normal and abnormal personality and to provide a method to measure individual components of anger on the development of medical conditions such as hypertension, heart disease and cancer

An emphasis was placed on developing a comprehensive evaluation plan (see Table 1). One key component of a program evaluation is the use of a pretest posttest design. The State Trait Anger Expression Inventory-2 (STAXI-2): psychometric testing instrument is used to measure the program effectiveness of decreased targeted symptoms of anger. The STAXI-2 measures the experience, expression, control of anger through detailed evaluations for both a normal and abnormal personality and to provide a method to measure individual components of anger on the development of medical conditions such as hypertension, heart disease and cancer (Spielberger, 1999). The STAXI-2 is not used to have high validity and reliability evidenced by multiple independent research assessments (Mental Measurement Yearbook, 2004; Spielberger, 1998). Another key component of a program evaluation plan is client satisfaction of services and are measured with a survey instrument developed as a result of this project.

Table 1 Logic Model

<table>
<thead>
<tr>
<th>1. Inputs</th>
<th>2. Activities</th>
<th>4. Outputs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training in anger mgnt.</td>
<td>Intake and supporting documents</td>
<td># of clients enrolled for class</td>
</tr>
<tr>
<td>-Recruit and enroll students</td>
<td>-12 group class sessions, 90 minutes each wk. per class</td>
<td># clients receiving services</td>
</tr>
<tr>
<td>2 qualified co-facilitators and one supervisory staff</td>
<td>-Evaluation plan for self</td>
<td>-Course completion certificate</td>
</tr>
<tr>
<td>Secure multi-class funding</td>
<td>-STAXI-2</td>
<td>4 of training hours provided</td>
</tr>
<tr>
<td>7 to 10 clients per class enrollment</td>
<td>-Client satisfaction survey</td>
<td></td>
</tr>
<tr>
<td>Class curriculum, workbook, STAX-2 and other office supplies</td>
<td>-Anxiety checklist</td>
<td></td>
</tr>
<tr>
<td>Classroom</td>
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<th>5. Intermediate Outcomes</th>
<th>6. Long Term</th>
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<tr>
<td>-Client plan to identify anger triggers</td>
<td>-Client maintain personal support networks</td>
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<tr>
<td>-Client plan to use alternative strategies</td>
<td>-Improved mental health</td>
</tr>
<tr>
<td>-Client builds a stronger personal support system</td>
<td>-Decreased anger, stress and aggression levels</td>
</tr>
<tr>
<td>-Client plan to use relaxation techniques</td>
<td>-25% reduction in # of aggressive situations</td>
</tr>
<tr>
<td>-Clients complete out of class homework assignments</td>
<td>-50% increase in # of aggressive situations</td>
</tr>
<tr>
<td>-50% increase in # of strategies to reduce violence &amp; aggression</td>
<td>-Eliminate 75% of self-identified anger triggers</td>
</tr>
<tr>
<td>-Increased feelings of control over thoughts and actions</td>
<td>Reduction in abuse reports and/or anger violations</td>
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Implications for Practice
The next steps for program implementation is to apply for grant funding to cover initial program costs. Some training will be needed to administer the STAXI-2 depending on the level of education of the researcher and his/her familiarity with psychometric testing and analysis. The curriculum is intuitive, and requires minimum training.

Program recruitment and the establishment of a referral system needs to be set up. Grant funding will assist in marketing the program to increase course enrollment through building collaborative relationships with other community agencies, advertising and development and distribution of marketing materials.

LSS will distribute this project statewide to all Minnesota LSS agencies including agencies with existing anger management programming. LSS clients will be able to receive anger management services at no cost and a grant will assist clients in overcoming the copay fee barrier as insurance does not cover psychoeducation class fee’s.