'Keeping cool': anger management through group work

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How do young people deal with their feelings and anxieties? How can they be helped to explore their emotional states in a constructive way? In this article, and the next, the authors consider the use of group work as a means by which schools can provide the time and space to help young people learn how to cope with feelings such as disaffection, violence, bullying or isolation. In this article, Kedar Dwivedi and Arun Gupta describe their use of group work to promote emotional regulation, or self management, among a group of 15 teenage boys.

Introduction

A variety of patchy initiatives seem to have emerged in order to deal with the problems of young people, in the areas of disaffection, exclusion, offending, violence, bullying, substance abuse, and so on. These issues not only concern young people and their families and schools but also a variety of other agencies and society at large. There is, therefore, an urgent need to devise programmes which will go to the roots of many of these problems and help to prevent them. One such root is the way children deal with their feelings, such as their anxieties, distress, anger and jealousy. Ideally, such programmes would be the essential ingredient of 'good enough parenting' (Dwivedi, 1997) and 'good enough education'. However, in reality, many parents and many educational establishments need help to discharge this function adequately. In addition, vulnerable children need to be offered extra help in this regard (Dwivedi, 1996) as emotional regulation is an essential feature of positive mental health (Gross and Munoz, 1995). It is within this context that the work below was carried out in a mainstream upper school.

Approaches to working with emotional and behavioural difficulties

There has been a growing awareness of the rise in the number of permanent exclusions from schools as well as the high profile concern in the media relating to difficulties managing students with emotional and behaviour difficulties (EBD). However, most of the work done in this area has been based on behavioural management approaches (such as positive reinforcement, response cost, extinction and so on) where the reinforcing conditions or consequences of a behaviour are adjusted in order to moderate its frequency. No attention is paid to emotional regulation or self management. Whole school (or even class) approaches such as Assertive Discipline (Canter and Canter, 1992) have been used and shown to be successful in creating positive group change. Similarly, specific behavioural programmes for individuals have also been used successfully to modify behaviour (Allen *et al.,* 1993).

Whilst operant techniques assume the presence of skills, alternative approaches have also been used, where skills are thought to be lacking. These 'deficit models' assume that children need to acquire and apply new skills in different situations. A common example of this is in the area of social skills training where a group of children are taught how to make and maintain friendships.

Teaching self management skills has a number of clear advantages over high control behavioural techniques. Shapiro and Cole (1994) state that self management aims to enhance 'independence and self-reliance in students with academic and behavioural difficulties'. Therefore, the ethical concerns surrounding the use of external management are softened. Furthermore, this type of training reduces the demand made on the teacher in the long term and, in theory, is highly generalisable.

Self management training is divided broadly into two categories, Self-Instruction and Stress Inoculation Training (Meichenbaum and Turk, 1976). Self-Instruction Training is a cognitive approach aimed at 'teaching a child verbal behaviour that will guide his or her non-verbal actions' (Shapiro and Cole, 1994). Stress Inoculation Training is a cognitive-behavioural approach for developing a child's 'competence to adapt to stressful events in such a way that stress is manageable and the child able to function more productively in his or her environment' (Shapiro and Cole,

1994). It is used for the management of anger, anxiety or pain, usually in clinical settings. The term 'inoculation' describes the process where the patient is gradually exposed to manageable doses of a stress or until he is able to cope with it in his natural environment.

Stress Inoculation Training (SIT) has been used mostly with adults and there have been very few studies examining this approach with children and adolescents, particularly with regard to its generalisability. Conventional Stress Inoculation Training (SIT) comprises three components.

1 *Conceptualisation of the problem area/cognitive preparation*
This involves describing a model of how the inappropriate response arises, identification of internal and external triggers and the choice of response.
2 *Skill acquisition*
Skills are acquired to deal with stressful encounters. These exist at a behavioural and cognitive level. Students may also learn how to question perceptions, attitudes and feelings.
3 *Skill use*
Skill use is gradually generalised to genuine encounters. In their review of the use of SIT with children and adolescents, Maag and Kotlash (1994) expressed the view that very few studies have managed to adhere to the SIT paradigm, the majority failing to conduct a full functional assessment of students' needs and rarely building in a comprehensive component for generalisability.

However, such cognitive behavioural approaches do attempt to address a subject's feelings, by contrast to behavioural approaches. The rationale for this is that if children are able to better manage their feelings, this will have an impact on their behaviour, because of the systemic connection between cognition, affect and behaviour. Through such a system, feelings are also thought to be influenced through cognitive components (such as automatic thoughts, appraisal and beliefs).

Therefore, for those students who do not respond well enough to behavioural management programmes, it is our belief that there needs to be more intensive school-based work. Such work should seek, as an element of a broader approach, to help students develop skills to cope with difficult situations, such as those which provoke anger, anxiety and so on. This work could involve the use of SIT.

The following description concerns some work which we undertook in an upper school which illustrates how we tried to develop students' behaviour in anger - provoking situations, using the approach outlined in 1-3 above.

The students involved were all subject to the school's behaviour policy which includes an element of behaviour management not too dissimilar from Assertive Discipline. In our work we tried to teach students how to manage their anger in situations which usually provoke it. Often such work is carried out in clinical settings but we chose to develop this in the school following consultation with the school's special needs staff and year tutors.

Working with a group

As we began to develop the programme, we were faced with the choice of working with the identified students on either an individual or group basis. Although the mere weight of numbers suggested strongly that running a group might be the more efficient method, we were also swayed by a number of other arguments. Firstly, Dodge's model of Social Exchange (1983) suggests that a student's behaviour affects his peers' perceptions and judgements about him which eventually influence his understanding of, and behaviour towards, himself and them. In this context, the likelihood of successfully implementing newly acquired skills in the classroom is increased by involving peers who will be involved with the target students on a day-to-day basis. We considered therefore that group members might not only support one another in school outside the sessions but that their presence in the group might affect the way they behaved towards one another, creating fewer threatening situations. Secondly, members can also act as 'naturally occurring communities of reinforcers' (Maag and Kotlash, 1994) outside the group, therefore increasing the possibility of generalisation of newly acquired skills.

Thirdly, Coppock and Dwivedi (1993) note that groups in school not only provide opportunities for improving the mental health of students with EBD but also minimise the stress which arises from attending a clinic in an unfamiliar setting with unfamiliar group members and leaders. Fourthly, we were of the view that reconstruction of attitude or belief is often facilitated by group leaders who are perceived to share a similar culture to the group members. Although as group leaders we may have lacked some credibility (in terms of sharing the students' culture), we felt that we might be able to elicit and share responses from group members who were more 'credible' in this sense than we were.

Setting up and running the group

We chose to call the group 'Keeping Cool'. It was planned and facilitated by the school's educational psychologist and a special needs teacher based in the school. Planning for the group began in October 1997 and we were ready to run it after Easter 1998. Throughout that time the group workers were supervised by one of the authors of this article who is a local consultant child and adolescent psychiatrist.

The programme

We decided to focus on developing:

• an understanding of what happens when 'we lose our cool' (or become angry);
• a knowledge of personal triggers which cause us to lose our cool;
• strategies for coping when we are losing our cool.

We constructed a programme based on the framework developed by Feindler and Ecton (1994) where they set out a clinical programme for groups and individuals. We devised a ten-week programme according to what we thought we could achieve based on our knowledge of the students referred. Each session provided an opportunity to learn new relaxation exercises (tensing and relaxing muscles, 'feeling the breath') and to practise them. The specific content of the ten 40-minute sessions was as follows:

1. Introduction (including setting out rules and aims of the group).
2. Talking about losing our cool, introduction of a model to understand this process.
3. Triggers.
4. Interventions I; Relaxation.
5 and 6 Interventions II; Assertiveness skills.
7. Interventions III; Thought-stopping and thought-directing.
8 and 9 Interventions IV; Problem-solving.
10. Summary.

During our intervention, we asked the students to log threatening encounters they experienced between sessions. These were then role-played and used as a basis to apply newly acquired skills. Time did not allow us to develop this further, for example through imagery, a technique sometimes used in a full SIT programme.

Selection of group members

We chose to restrict membership of the group to Year 9 students only, as these were students who would stay in school the longest, so that follow-up work could be carried out in the coming years. We asked Year 9 tutors and the head of year to complete a selection form to help us to differentiate between low-level but corrosive behaviour and genuine episodes of anger-driven behaviour. We tried to establish the frequency of such incidents and the work which had already been done by the school to address them. From the group of 22 initial referrals, we chose to rule out seven. In doing this we considered the factors above, as well as whether the student had significant learning difficulties which might exclude him from elements of the programme.

We interviewed the remaining 15 students for approximately ten minutes each to judge whether they would be able to cope with a cognitive-behavioural approach. We asked them to talk through the episode when they were last angry and to reflect on it in terms of the way it started, what particular thoughts may have given rise to anger, and whether they could have acted differently with hindsight. We also tried to establish whether the students would be keen to join 'Keeping Cool', as self-motivation is an important prerequisite for self management training. The final group comprised students who had all at some point in the year received fixed-term exclusions or had been close to doing so or were at risk of permanent exclusion.

All were subject to the school's Assertive-Discipline type approach to behaviour management. Three out of ten were statemented (two primarily for behavioural difficulties). All were boys.

We sent out information letters to parents of the final group of eight and invited them to meet us if they wished to discuss the group further. School staff and senior management were also notified about the group.

Course structure

The group had been planned to run for ten weeks though we were prepared to keep our plans flexible according to the way the sessions went. Due to events in the schools, we were able only to deliver eight of the sessions. We eventually left out sessions five and six.

The group met once during the last lesson of the day for 40 minutes. Most sessions started with relaxation exercises and an explanation of the plan for the session. We revised the rules of conduct at the beginning of each session when we talked about the need for confidentiality, honesty and the need to listen to others whilst they were talking.

We celebrated the fifth session with a reward for attendance and effort in order to keep the students motivated. At the end of the course, the students received a personalised letter of achievement and certificate to acknowledge and celebrate their attendance and participation. A personalised letter of achievement was also sent to the students' parents.

Location

The sessions were held in a classroom on site. This gave the students easy access to the group, though punctuality remained an issue throughout. Working on site made it easier for us to carry out our contingency plan in the event that one of the students became uncontrollable or left the room without consent. However, a room where there were fewer distractions and which was less school-like could have made the sessions more relaxing.

Evaluation

Through regular supervision with the consultant child and adolescent psychiatrist, the group facilitators were able to evaluate progress and approaches with individuals regularly. In one instance, there was considerable discussion about one boy whom we considered excluding from the group. However, the regular meetings allowed a pre-group meeting with him as well as use of an additional reward system. He responded well to this and completed the training.

We agreed to evaluate the programme formally by comparing initial and final 'Lost-it' Logs (see figure 1) from the

students. Although all eight were completed by the students during initial interviews, only six students attended final interviews. The responses are therefore given as percentages. We also asked students for general comments about the usefulness of the group and to answer again the specific questions asked during the initial interview designed to assess the suitability of students to a cognitive behavioural approach.

It is important that you complete one of these when you lose your cool during the week.

Date....................   Morning or afternoon....................

Where were you? Please tick
In class..... At home..... Outside..... Other.....

How did the incident start?
....
....
....

What happened? Somebody teased me..... Somebody took something of mine.....
Somebody told me to do something..... Somebody did something I didn't like.....
Somebody started fighting with me..... I did something wrong.....

Other ....

What did you do? Hit back..... run away..... shout..... cry..... break something.....
Swear..... walk away..... calmly..... talk it out..... told someone..... ignore it.....
Talk it out.....

Other ....

How do you think you behaved?

Poorly..... Not well..... Okay..... Well..... Great.....

How cool were you?

Ice cool..... Really cool..... Quite cool..... Not cool.....
Not cool at all.....

How strongly did you feel about it all?

Very strongly..... Strongly..... Quite strongly.....
Not strongly at all.....

Figure 1 Lost-it Log

General comments

All of the students commented positively about the sessions. The students told us that they felt they had gained from listening to other students' comments, that they found it easier to talk in a group, were more aware of their triggers and felt that they were not reacting as aggressively as before. Some individuals thought that they would have preferred individual sessions to talk through things. One student also indicated that he had found the role-play difficult.

Pre-post comparison of Lost-it Logs

We compared the students' reactions in anger-provoking situations and categorised them as 'appropriate' and 'inappropriate'. Examples of appropriate reactions included 'walked away', 'didn't do anything', whilst inappropriate reactions included 'hit him', 'called him names back'. Figure 2 shows how the percentage of appropriate reactions increased whilst that of inappropriate reactions decreased after the group sessions. In fact, there is almost a complete reversal. This would confirm that they thought they were not reacting so aggressively.
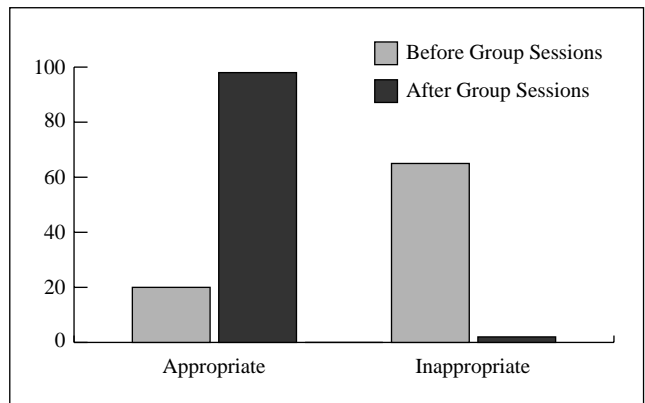
Figure 2 Comparison of Before and After Group Sessions. Responses to the question 'What did you do?' when categorised as 'Appropriate' or 'Inappropriate'.

When we asked the students to evaluate their behaviour during the incident, there was a strong shift towards a positive evaluation. Figure 3 illustrates how more students registered feeling 'okay', 'well' or 'great' after group training and that none described their behaviour as 'poorly' or 'not well'. These responses contrast to evaluations during initial interviews which were all 'okay' or 'worse'.
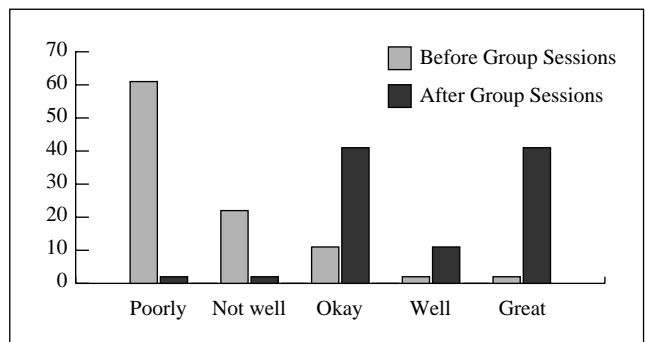
Figure 3 Comparison of Before and After Group Sessions. 'How well do you think you behaved when faced by an anger-provoking situation?'

Figure 4 depicts the feelings of 'coolness' during an incident, that is, how angry the student felt. Again the graph illustrates a shift of feeling towards the 'cooler' end of the scale. In fact, during initial interviews, all of the responses had been 'quite cool' or worse, whereas after the group sessions the students had felt 'not cool' or better.
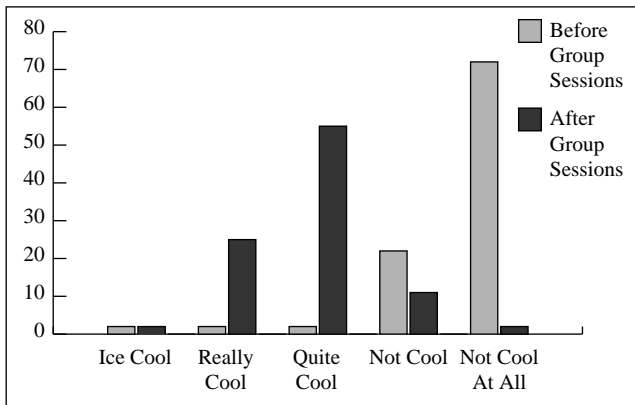
Figure 4 Comparison of Before and After Group Sessions. Responses to the question 'How cool were you when faced by an anger-provoking situation?'

When the students were asked to evaluate how strongly they felt about the whole incident (that is, the extent to which it was still considered a provocative situation), the responses indicated that the strength of feeling had not changed significantly. Most students indicated strong or quite strong feelings, although on the initial interviews, 20% had noted 'very strong' feelings. Figure 5 illustrates the percentage of responses.
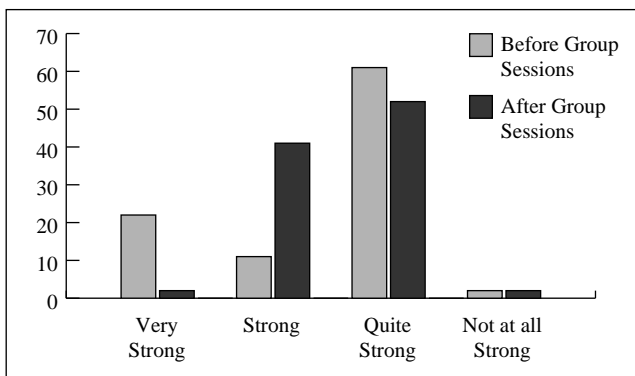

Figure 5 Comparison of Before and After Group Sessions. Responses to the question 'How strongly did you feel when faced by an anger-provoking situation?'

Discussion

The comparison between the responses from initial and final interviews suggests that the students certainly felt better after training about their own responses and that they felt they were reacting less aggressively in anger-provoking situations. These exchanges appear to have taken place despite a similar intensity of feeling about the situation itself. This would suggest that although the students still found situations provocative, they felt less anger, were able to exercise considerably more control in their response, but also felt happier with it.

We set out to use a cognitive-behavioural approach to improve the response of the students in anger-provoking situations by promoting an understanding of anger as a process, increasing awareness of personal triggers and

expanding the repertoire of coping responses in difficult situations. The self-report interviews suggest that the overall aim may have been achieved, at least in the short term, though the mechanism for this remains unclear. Looking through the pre- and post-training responses to 'What went through your mind?' during the incident, there does seem to be an indication of change in thinking. Initially, the students described their thoughts as 'do him over', 'don't like you', 'I want people to shut-up', 'I feel like going to kill him'. Most of these reflect a desire to take hostile action. By contrast, the post-training responses included comments such as, 'wanted to keep control, realised I had a choice', 'just couldn't be bothered to hit', 'they're only name-calling', 'I think about consequences'. These responses may reflect some use of strategies such as thought-stopping and recognition of the power to intervene in the build-up of anger. This provides some evidence therefore that the actual type of training was beginning to influence the way these students were thinking about and coping with anger. Such specific responses may also suggest that positive change was unlikely to be a Hawthorne effect.

When we analysed the awareness of triggers, three of the students confessed to being more aware of their triggers after the group work started. This may be one reason why they thought that they were less likely to get in trouble.

In summary, it would seem that the group intervention did have at least a short-term positive effect, over and above the predominant behaviourist approach in the school. There are also indications that the perceived changes may have been attributable specifically to the cognitive behavioural approach used.

Given that evaluation by self-report has its limitations, we recognise that it would have been appropriate to verify the changes by gathering objective data from school logs to monitor the number of incidents the students were involved in before and after the training. However, we do not wish to underestimate the value of change through self-empowerment and positive self-attribution and would therefore recommend that such a group approach is used more widely in schools in conjunction with other interventions used to manage difficult behaviour.

References

ALLEN, L., HOWARD, V., SWEENEY, W. and McLAUGHLIN, T. F. (1993) Use of Contingency Contracting to increase on-task behaviour with primary students. *Psychological Reports*, 72, 3, 1, 905–6.
CANTER, L. and CANTER, M (1992) *Assertive Discipline, Positive Behaviour Management for Today's Classroom*. Santa Monica, California: Lee Canter and Associates.

COPPOCK, C. and DWIVEDI, K. N. (1993) Group work in schools. In *K. N. Dwivedi (ed.) Group work with children and adolescents*. London: Jessica Kingsley.

DODGE, K. A. (1983) Behavioural antecedents of peer social status. *Child Development,* 54, 1386–1399.

DWIVEDI, K. N. (1996) Facilitating the development of emotional management skills in childhood: A programme for effective self regulation of affect. In D. R.Trent and C. A. Reed (eds) *Promotion of Mental Health,* Vol. 6. Aldershot: Ashgate.

DWIVEDI, K. N. (ed.) (1997) *Enhancing Parenting Skills*. Chichester: John Wiley.

FEINDLER, E. L. and ECTON, R. B. (1998) *Adolescent Anger Control Cognitive Behaviour Techniques*. Longwood: Professional Books.

GROSS, J. J. and MUNOZ, R. F. (1995) Emotion regulation and mental health. *Clinical Psychology, Science and Practice.* 2, 2, 151–64.

MAAG, J. and KOTLASH, J. (1994) Review of stress inoculation training with children and adolescents (issues and recommendation), *Behaviour Modification*, 18, 4, 443–69.

MEICHENBAUM, D. and TURK, D. (1976) The Cognitive-behavioural management of anxiety, anger and pain. In Davidson, P. O. (ed.), *The Behavioural Management of Anxiety, Anger and Pain,* 1–34. New York: Brunner/Mazel.

SHAPIRO, S. and COLE, L. (1994) *Behaviour Change in the Classroom; Self-management Interventions*. New York: The Gulliford Press.

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