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Kari Velzke
Minnesota State University - Mankato

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Kari Velzke, MSW Intern
Department of Social Work
Minnesota State University, Mankato
Lutheran Social Service of Minnesota, Mankato Office

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

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 address 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 & Shoshpine, 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 1,088 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 reports 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 officers have established a dedicated crisis line with more than doubled. Over 80% of all probation cases in Blue Earth County are the result of drug or alcohol crimes” (Blue Earth County, n.d., p.1).

The cost of participating in an anger management group has been described by clients, staff, and other outcome data as a significant barrier to class enrollment in the Mankato area. An anger management group is considered psychoducational and therefore is non-reimbursable by health insurance.

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 support treatment costs
9. Research other strategies to increase course enrollment

References

References are available from the author upon request.

Key Findings-Literature Review

In the literature review of evidence-based programs the following best practices were identified:

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

Table 1 Logic Model

1. Inputs
   - Training in anger mgnt.
   - Recruit and enroll students
   - 2 qualified co- facilitators and one supervisory staff
   - Secure multi-class funding
   - 7 to 10 clients per class enrollment
   - Class curriculum, workbook, STA-X and other office supplies
   - Classroom

2. Activities
   - Intake and supporting documents
   - 12 group class sessions, 90 minutes each 1x per week
   - Evaluation plan for sessions
   - STA-X 2
   - Workbook
   - Client satisfaction survey
   - Anger checklist

3. Outputs
   - # of clients enrolled for classes
   - # clients receiving services
   - Course completion certificate
   - # of training hours provided

4. Intermediate Outcomes
   - Client plan to identify anger triggers
   - Client plan to use alternative strategies
   - Client builds a stronger personal support system
   - Client plan to use relaxation techniques
   - Clients complete out of class homework assignments

5. Long Term
   - Client maintain personal support networks
   - Improved mental health
   - Decreased anger, stress and aggression levels
   - 25% reduction in # of aggressive situations
   - 50% increase in # of alternative strategies to reduce violence & aggression
   - Eliminate 75% of self-identified anger triggers
   - Reduction in abuse reports and/or anger violations

Key Findings-Curriculum Specific

The program curriculum is identified as supported by the U.S. Department of Health and Human Services and valid with a variety of adult populations to include, but not limited to, substance abuse and mental health clients (Reilly & Shoshpine, 2002; Reilly, Shoshpine, 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 & Shoshpine, 2002) to include,

1. Learn to manage anger
2. Stop 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, the relationship between anger and communication skills, interventions and combined interventions (Reilly & Shoshpine, 2008) to include,

- out of class homework and workbook assignments
- education about anger, anger cues, and triggers
- ways to manage anger and the cognitive process of “escalation” of anger episodes
- strategies and a plan to reduce and eliminate triggers/events
- relaxation techniques and cognitive restructuring utilizing Albert Ellis’s techniques
- alternative ways to expressing anger including assertiveness training and conflict resolution
- understanding and learning healthy histories and current patterns of behaviors

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 (STA-X2) psychometric testing instrument is used to measure the program effectiveness of decreased targeted symptoms of anger. The STA-X2 measures the experience, expression, and 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

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 STA-X2 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 community, other existing 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 programming. The participant will assist clients in overcoming the course fee barrier as insurance does not cover psychoeducation class fees.