

CORNERSTONE

 MINNESOTA STATE UNIVERSITY MANKATO

Minnesota State University, Mankato  
**Cornerstone: A Collection of  
Scholarly and Creative Works for  
Minnesota State University,  
Mankato**

---

All Theses, Dissertations, and Other Capstone  
Projects

Theses, Dissertations, and Other Capstone Projects

---

2010

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

Kari Velzke

*Minnesota State University - Mankato*

Follow this and additional works at: <http://cornerstone.lib.mnsu.edu/etds>



Part of the [Social Psychology and Interaction Commons](#), and the [Social Work Commons](#)

---

## Recommended Citation

Velzke, Kari, "Anger Management for Adults: Developing an Evidence-Based Anger Management Program" (2010). *All Theses, Dissertations, and Other Capstone Projects*. Paper 496.

This Other Capstone Project is brought to you for free and open access by the Theses, Dissertations, and Other Capstone Projects at Cornerstone: A Collection of Scholarly and Creative Works for Minnesota State University, Mankato. It has been accepted for inclusion in All Theses, Dissertations, and Other Capstone Projects by an authorized administrator of Cornerstone: A Collection of Scholarly and Creative Works for Minnesota State University, Mankato.

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

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

## 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 (Deffenbacher, 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 & Shopshire, 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 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 caseload for drug-related crimes has more than doubled. Over 80 percent 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 outside agencies as a significant barrier to class enrollment in the Mankato area. An anger management group is considered psychoeducational 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 psychoeducation 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 course fees
9. Research other strategies to increase course enrollment

## References

References are available from the author upon request.

## Literature Review

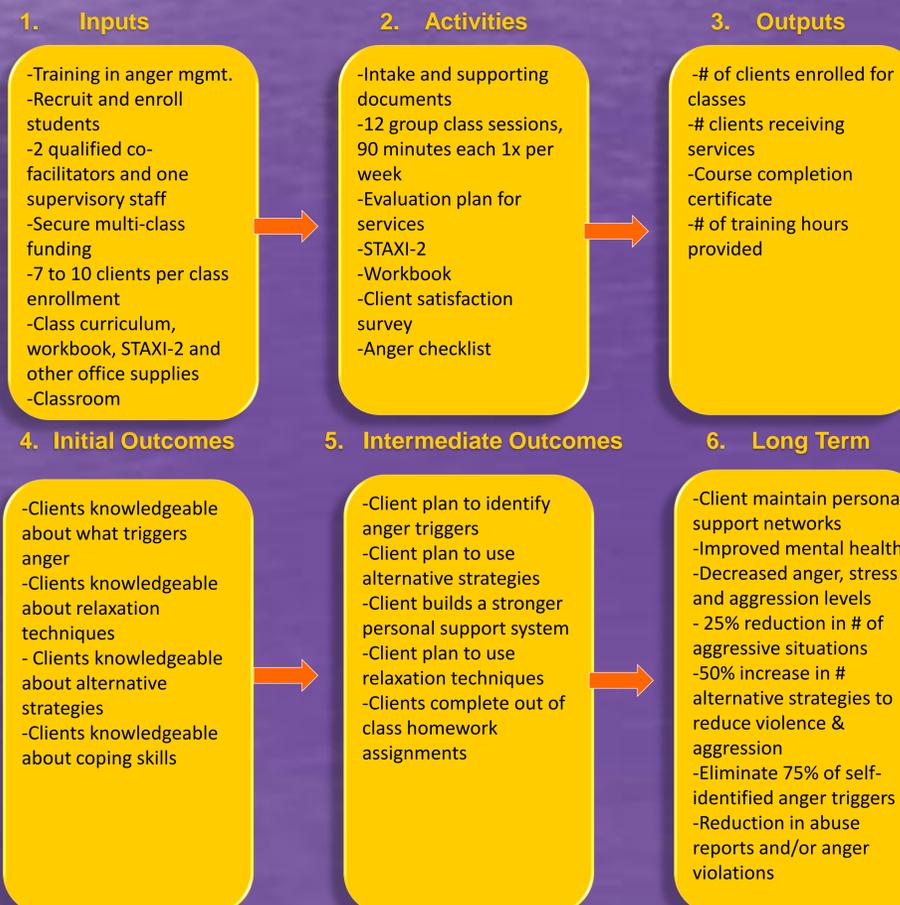
Anger is not always a problem and is a natural response found in the range of human emotions. Anger becomes a problem when individuals experience anger too frequently, anger levels are too intense to control, or are expressed in an inappropriate manner (Reilly & Shopshire, 2002). Anger, for the purpose of this project is defined as a, "...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, & Milne, 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 & Shopshire, 2008). Anger management groups utilizing CBT treatments show an increase in anger control and self esteem (Bradbury & Clarke, 2006). An 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 & Shopshire, 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 8-12 weeks, in a group setting
- Group setting, minimum of 5 participants
- Curriculum includes homework between weekly scheduled sessions

Table 1 Logic Model



## 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 symptomology
- 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, Shopshire, Durazzo & Campbell, 2008). 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. 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, relaxation interventions, cognitive interventions, 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 measure anger episodes to monitor an "escalation" of angry 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 identifying learning 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 (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 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 (Spielberger, 1999). The STAXI-2 is noted to have high validity and reliability evidenced by multiple independent research assessments (Mental Measurement Yearbook, 2004; Spielberger, 1999). 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.

## 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 referring 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 in the Mankato LSS office, and the grant will assist clients in overcoming the course fee barrier as insurance does not cover psychoeducation class fee's.