Article NIMHANS Journal

Behavioural Intervention of Anger outbursts in Adolescents

Volume: 12 Issue: 02 July 1994 Page: 163-167

S Karpe, V Kumaraiah .

Reprints request
, H Mishra &,
- *Department of Clinical Psychology, National Institute of Mental Health & Neuro Sciences, Bangalore 560 029, India*
S Sheshadri, - *Department of Psychiatry, National Institute of Mental Health & Neuro Sciences, Bangalore 560 029, India*

Abstract

The efficacy of stress inoculation training (SIT) in anger outbursts of adolescents was studied. Those cases having an organic basis and those with any psychiatric disorders or with substance abuse or dependence were not included in the study. The sample consisted of five adolescent boys, four of whom completed the therapeutic program. The baseline assessment consisted of a clinical interview with the adolescent and parents, scores on the anger assessment checklist and visual analogue scale ratings. The adolescents subsequently underwent 25 sessions of therapy which was split into 10 sessions of Jacobson's Progressive Muscular Relaxation and 15 sessions of Stress Inoculation Training and Relaxation. Anger assessment checklist was readministered mid-therapy (after 10 sessions) and post-therapy (after 25 sessions) and visual analogue scale was rated daily by the adolescents. In addition the adolescents also maintained a 'stress diary'. A trend analysis using ANOVA for repeated measures was carried out. There was a significant reduction in scores from pre to post therapy assessment and the F ratio was significant at 0.01 level.

Key words -
Anger,
Stress inoculation training (SIT)

Throughout all ages or periods of development many humans confront almost daily their own feelings of anger and those of other people with whom they come in contact. Anger in adolescents usually reflects a form of thwarting experience such as interference with self assertion or habitual activity. With the removal of the stimulus causing a particular angry state the emotion tends to disappear [1]. Novaco [2] views anger as an emotional response to provocation that is determined by three modulates of person variables: cognitive, somatic-affective and behavioural. At the cognitive level anger is a function of appraisals, attributions and expectations and self statements that occur in the context of provocation. In the somatic-affective modality, anger is primed and exacerbated by tension, agitation and ill humour [2]. This definition forms the rationale for SIT which consists of developing the clients' cognitive affective and behavioural coping skills.

Aim and Objective

The present study was an attempt to assess the efficacy of relaxation and SIT in management of adolescent anger.

Sample, Materials and Procedure

The sample consisted of four adolescent boys in the age range of 13-16 years. They were from a middle socioeconomic background. They had no organicity or psychiatric disturbance or substance abuse/dependence. The anger outbursts were not associated with any external stressful factors. None of the adolescents had undergone any form of therapeutic intervention prior to the study. The sample was drawn from NIMHANS-child and adolescent mental health unit and English medium schools. Each client attended 25 hours of therapy excluding the time spent on pre and post assessment. Each session lasted for one hour on the average. The baseline assessment was done with the help of a clinical interview, anger assessment checklist and behavioural questionnaire. Anger assessment checklist was developed by the researcher [3] and consists of 35 items rated from never to always on a 5 point scale. Two parallel forms were constructed; one for Adolescents (Appendix I) and one for the parents (Appendix II) in order to gain subjective and objective assessment of anger expressed respectively. The checklist was administered mid therapy (After 10 sessions) and post therapy (after 25 sessions). Clients were continuously assessed on the visual analogue scale from pre to post therapy. In addition the clients also maintained a stress diary. The intervention techniques used were modified Jacobson's Progressive Muscular Relaxation [4], Stress inoculation training [5] and behavioural counselling. Relaxation training was given for the first 10 sessions after which SIT was added. SIT consisted of 3 phases:

(i) Cognitive preparation
(ii) Skill acquisition and rehearsal and
(iii) Application practice

SIT was done over a period of 15 sessions. Behavioural counselling was imparted to family members. A trend analysis [6] was carried out on the ratings obtained on the Anger Assessment Checklist. This was done separately for the parents' form and the adolescents' form. The scores at pre, mid and post therapy assessments were used for this purpose. Also the visual analogue scale ratings were considered as a measure to assess intensity of subjectivily perceived anger. Qualitative measures such as reports by the adolescents and their parents were also made use of.

Results

Table I - Pre, mid and post assessment scores of the adolescents

Table I - Pre, mid and post assessment scores of the adolescents

Table II - ANOVA for the adolescents

Table II - ANOVA for the adolescents

Table III - Pre, mid and post assessment scores of the parents' rating of their adolescents' anger

Table III - Pre, mid and post assessment scores of the parents' rating of their adolescents' anger

Table IV - ANOVA on the parents' rating

Table IV - ANOVA on the parents' rating

It can be seen from Tables I-IV that the behavioural package brought about effective management of adolescent anger outbursts. An analysis of the stress diaries and the therapeutic sessions with the adolescents revealed the following deficiencies:

1. They had difficulty in generating alternative solutions for a given situation.
2. They were unable to decide upon the appropriateness of a given solution, and
3. The behavioural component of a cognitive solution was lacking.

It was seen that the Jacobson's Progressive Muscular Relaxation markedly reduced the bodily arousal accompanying the feeling of anger in all the cases barring one where the adolescent repressed anger inwards and hence there were no obvious signs of anger. The cognitive component of SIT was seen to be very useful with this case. At the end of therapy all adolescents reported an increased ability to control and regulate anger. Better communication skills, problem solving skills and more effective inter-personal relationships were also reported. These gains were maintained over a two months follow-up.

These results point toward the feasibility and effectiveness of relaxation and SIT in the management of adolescent anger outbursts. The major limitations of the study have been a small sample size and a short follow up period. The use of a larger sample and a longer follow up would help to arrive at more valid generalizations. Assessments of personality-variables as influencing responsiveness to therapy would allow for the tailoring of the therapy package to individual cases. Also gender differences in anger patterns and responsiveness to therapy could be assessed.

Appendix - I

ANGER ASSESSMENT CHECKLIST

(ADOLESCENTS)

If you will answer honestly and thoughtfully all of the questions on the pages that follow, it will be possible for you to obtain a better understanding of yourself. These have been carefully selected and then given to a large number of persons. Your answers to the questions will be treated in the strictest confidence. Feel free to give frank replies. There are no right or wrong answers. Indicate your answer to each question by drawing a circle around either N, R, S, F or A as applicable to you. There is no

time limit, but work rapidly.

Appendix - II

ANGER ASSESSMENT CHECKLIST

(PARENTS)

If you will answer honestly and thoughtfully all of the questions on the pages that follow, it will be possible for us to obtain a better understanding of your child. These have been carefully selected and then given to a large number of persons. Your answers to the questions will be treated in the strictest confidence. Feel free to give frank replies. There are no right or wrong answers. Indicate your answer to each question by drawing a circle around either N, R, S, F or A as applicable to your child. There is no time limit, but work rapidly.

1.Conger J J & Harper, *Adolescents and Youth - Psychological Development in a Changing World. Harper and Row Publishers, New York*1977

2.Novaco R N in Pultchik R, Anger *In: International Encylopaedia of Psychiatry. Psychology, Psychoanalysis and Neurology, Wolman, B* Page: pp 37, 1983

3.Suparna Karpe, *Behavioural Intervention in - Anger outbursts of Adolescents. M. Phil M & S P Dissertation, NIMHANS*1993

4.Mishra H, *Therapeutic Procedures in Behaviour Modification Ph.D Thesis, NIMHANS*1974

5.Novaco R N, Stress Inoculation: A cognitive therapy for anger and its application to a case of depression *Journal of Consulting & Clinical Psychology* Page: 45: 600, 1977

6.Edwards A L, *Experimental Design in Psychological Research. Amerind Publishing Company Private Limited. New Delhi*1971