

## SESSION 1

# Introduction to CBT and Education about Anger

### ★ GOALS

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1. Present the rationale for treatment.
2. Review treatment goals.
3. Define anger and the elements of anger episodes.
4. Discuss the child's typical anger-provoking situations.
5. Discuss the frequency, intensity, and duration of recent anger episodes.
6. Discuss typical coping responses and introduce distraction and brief relaxation.
7. Summarize the session and assign homework.
8. Check in with parent(s).

### HANDOUTS

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Disruptive Behavior Rating Scale (DBRS) (for parents)  
Home Situations Questionnaire (HSQ) (for parents)  
Elements of an Anger Episode  
Anger Triggers  
Distract Yourself from Anger

### HOMEWORK

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Daily Anger Monitoring Log (optional)  
Anger Management Log 1

If the therapist has not been involved in the preliminary assessment, as discussed in the Introduction, the first session will be the time when the therapist and the child get to know each other and establish a rapport, with the main objective being to gain the child's commitment to the program. Therapists may also ask the parent to complete the **Disruptive Behavior Rating Scale** and the **Home Situations Questionnaire** before the first session to evaluate the child's current levels of anger and noncompliance. This manual contains the outline for three 30-minute parent sessions. The first parent session should be conducted before the first child session; the other two parent sessions can be scheduled in the middle and at the end of treatment, either before or after child sessions. Guidelines for parent sessions are provided at the end of this manual.

- 1. *Present the rationale for treatment.*** The rationale for treatment can be introduced in a number of different ways depending on the participant's age, motivation, and degree of cooperation. Usually, children referred for this or similar programs would acknowledge having problems with anger or admit to getting into fights and arguments with friends, parents, and teachers. If this is the case, the rationale for treatment can be presented in a simple manner:

Everyone gets angry every now and then. Anger is a normal emotion that tells us if something is not going our way. People get angry if they don't get what they want, if they are bossed around, or if they are insulted or offended. However, sometimes people get angry for the wrong reasons or express their anger inappropriately. If we lose control over what we are saying or doing because of anger, it can create all kinds of problems for us and for other people. This program has been used for many years to teach young people, like you, about different strategies for anger management.

- 1.1.** It can be helpful to *provide a few general facts about anger in daily life*. For example, therapists can say that on average people experience anger at least once a week and that it lasts for approximately half an hour. Most of the time people get angry when they are at home as opposed to other places. Interestingly, most of the time people report being angry at someone they love as opposed to someone they dislike. People often get angry if they are tired, hungry, or already in a bad mood. The medical consequences of excessive anger include high blood pressure and increased risk of cardiac problems.
- 1.2.** If the child is cooperative and eager to share his personal experiences, the therapist might *ask about specific situations that could make the child angry or lead to conflicts*. For children who are more reserved or need more time to become engaged in a conversation, it can be helpful to talk about some neutral topics such as hobbies, interests, or sports before proceeding to discussion of the treatment.
- 1.3.** It is helpful to *be flexible with the choice of words* because, for various reasons, some children may not admit to getting angry too much or too frequently. For example, some children may not want to be in therapy or talk about their feelings. If this seems

to be the case, the therapist might frame the purpose of treatment in terms of problem solving. We have also worked with children who did not like to use the word *angry*, preferring instead words such as *frustrated* or *upset*. It is preferable to use the language suggested by the participant for anger-provoking events as well as everyday problems. Some of the possible ways to ask about what makes a person angry are as follows:

So what kinds of things make you angry or upset?

How do you feel when your parents tell you to clean your room when you're in the middle of a game?

What happens when you have too much homework?

- 2. Review treatment goals.** Because CBT is a short-term structured program, the therapeutic alliance can be viewed as an agreement between the therapist and the child regarding the goals of the treatment. It is likely that children are brought to this program by their parents and may not feel very enthusiastic about sitting and talking to a stranger. If a child can give a few examples of what makes him angry or upset, the best way to define the goal of treatment is to figure out ways to make this type of situation less likely to occur.

This is also a good time to discuss the format of the program: 10 weekly sessions conducted one-on-one with the child. Parents are invited to review presenting concerns and treatment progress at least a few times during the program. It is also helpful to have 10- to 15-minute check-ins with the parent at the end of each session so that the child can tell the parent about what he learned and that they can agree about practicing a particular “anger management” skill during the following week at home.

- 2.1.** There are *two treatment goals*: (1) to reduce the frequency and intensity of angry and aggressive behaviors, and (2) to increase the child's skills for dealing with conflicts with peers and adults. The following script can be used to present these treatment goals to the child:

There are two goals that we will try to achieve during our visits. First, we want to reduce the number of times you get angry or upset. Being angry does not feel good. I am sure you'd rather feel happy or calm. In this program we will talk about the kinds of things that make you angry and try to see how to prevent them from happening. Our main goal is to reduce the number of times, for example, per week, that you feel angry. Let's say you get angry 10 times per week; we can aim to reduce this number to five times per week. The second goal is to practice different skills and strategies that you might use to solve problems and conflicts in your life—for example, how to discuss things with your teacher if he is treating you unfairly.

- 2.2.** *Ask the child if he may have any particular reasons to be in the program.* Some common answers are “My parents brought me here” and “I don't know,” but children are also likely to acknowledge having arguments with parents or fights with siblings or schoolmates.

The child may be less than enthusiastic about being in the program. If that is the case, more time should be spent on building the therapeutic alliance and helping the child to develop appropriate motivation for being in the program. In this case, the therapist may go beyond the procedures in this manual and use his or her own clinical skills to engage the child in treatment. Parents may be asked to come up with specific rewards to encourage participation in therapy and practice of anger management skills between sessions. This discussion can be part of the parent check-in at the end of the session.

**3. Define anger and the elements of anger episodes.** One way to define anger is by asking the child to tell about a time when he was really angry. Then ask the child how he knows that it was anger, not another emotion such as sadness or fear. Younger children may have a simple response such as “Anger is when you are mad.” Older children may engage in a detailed discussion. The important outcome of this activity is that the child and the therapist reach a common understanding of feelings and thoughts that arise in response to frustration or provocation.

**3.1.** In addition to examples, a therapist may *use metaphors to illustrate various aspects of anger*. For example, “short fuse” is a metaphor that can be used to describe someone who gets angry quickly. Feindler and Ecton (1986) compared anger to a firecracker and the anger trigger to a match to illustrate how negative thoughts and physiological reactions can contribute to explosive anger outbursts. Then our ability to control anger can be compared to putting out the fuse of the firecracker before it explodes by controlling negative thoughts and feelings.

One participant in this program told us that “anger is like a cartoon with steam coming out of your ears.” The therapist proceeded to draw a picture of an angry person with steam coming out of his ears and the child observed that the steam clouds looked like broccoli. We proceeded to refer to anger as “when you feel like broccoli are coming out of your ears.” Later, this metaphor led to a discussion of humor as a way of diffusing angry feelings.

**3.2.** *Discuss the elements of an anger episode: triggers, experiences, expressions, and outcomes.* The **Elements of an Anger Episode** handout can be used to convey the multicomponential nature of anger. Each element can be discussed either at length or briefly, depending on time and the child’s level of interest.

Anger can be triggered by various events such as the actions of other people (e.g., parents say no) and even inanimate objects (e.g., car does not start). This treatment is dedicated to increasing a child’s ability to identify and prevent anger-triggering events. The second component of an anger episode is the actual experience of anger as a feeling state. This feeling may be accompanied and even exaggerated by thoughts (e.g., “I really hate this”) and physiological reactions (e.g., racing heart). This treatment will teach modulation of the thoughts and sensations that may lead to increased anger and will also teach coping skills to decrease excessive anger. The third element of anger episodes is expressions: display rules and behaviors. For example, facial expressions of anger may include clenched teeth or lowered

eyebrows. There are also cultural rules for expressing anger to other people. For example, raising your voice at parents when angry is more likely to occur in some cultures than in others. Finally, there is an outcome to each anger episode that may make the next episode of anger either less or more likely to occur. For example, if yelling and screaming leads to getting one's way, these behaviors will be reinforced and more likely to be repeated.

- 4. Discuss the child's typical anger-provoking situations.** Use the **Anger Triggers** handout and ask the child to list five things that usually make him angry. Then group the typical anger triggers into categories. These categories will vary for different participants but may include specific people and actions. For example, consider the following list:

Being teased or bothered by peers at school.  
 Being told to do something by parents in the middle of enjoyable activities.  
 Being treated unfairly by a teacher.

The purpose of this activity is to help the child think about the causes of his anger.

- 4.1. Talking about events that provoke anger is usually easier than discussing associated thoughts and feelings.** One reason for this is that people are usually aware of the causes of their anger. It is easier to gain the child's cooperation if the goals of the treatments are defined in terms of preventing anger-provoking situations from occurring. Ask the child to select two situations that frequently make him angry or frustrated. Have a discussion about what he thinks causes these situations and if he has ever tried doing anything to prevent these situations from occurring.

- 5. Discuss the frequency, intensity, and duration of recent anger episodes.** Children may underreport the frequency and intensity of their anger episodes compared to their parents. However, self-reported information is central for the child-focused intervention. Therefore, it is important to obtain information about the frequency and duration of typical anger episodes. The **Anger Management Log 1** handout, which will be assigned as homework, could be used to help the child recall and describe a recent anger episode. Below is a situation described by one of the participants in the program:

Describe this situation:	I had a detention and I was riding the late bus and the driver went right by my house first thing but then dropped me off last.
Who was involved?	Me.
What did you say?	Nothing, but I was really angry inside.
What did you do?	I sat there with thoughts going through my mind and just stared out the window.

What happened after?	I got off the bus and went inside and did homework and tried not to get mad.	
Is there anything that you could have done differently?	Asked to get off when the driver passed my house.	
Day 11/28	Time 4:00–5:00	Location On the bus

**5.1.** After typical triggers and anger episodes are described, *the goals of the program can be specified and reformulated in terms that are more relevant to the child’s anger contents.* For example, the therapist could say:

We have discussed various things that make you angry and the ways in which you experience anger. The goal of our program is to reduce the frequency of these unpleasant anger feelings. This can be accomplished through increasing your power to control these situations as well as improving your skills to manage anger. For example, the boy who was angry when the bus driver went right by his house without stopping could have taken a deep breath and said to himself, “Well, this is annoying but I’m not gonna worry about it.” After that he could have thought instead about something fun to do when he got home.

**6.** ***Discuss typical coping responses and introduce distraction and brief relaxation.*** Ask the child what he usually does to reduce his anger. Therapists should not be surprised to hear responses such as “I might break or throw something” and “I just punch him in the face.” These responses are common and reflective of an erroneous belief that physical aggression reduces anger. The therapist can remind the child that the question was “What do you do to reduce anger?” If the answers are indicative of responses that actually bring anger to the level of physical aggression or disruptive behavior, this could be a good time to identify and dispute beliefs supporting anger and aggression. Examples of such beliefs are:

- Expressing anger results in reducing anger intensity.
- Punching a pillow (punching a wall, kicking furniture) helps to reduce anger.
- If someone makes you angry, he must be punished.
- People who do mean things to you should not get away with it.

Most of the time, children agree that verbal arguments and physical aggression actually result in increased feelings of anger. The next logical step is to conclude that a good way of reducing the unpleasant feelings of anger is to avoid escalations.

**6.1.** ***Introduce distraction.*** After discussing behaviors that actually increase rather than decrease anger, introduce adaptive (helpful) coping responses. The simplest coping mechanism is to do something enjoyable, such as listening to music, spending time with friends, or playing sports. These enjoyable activities can provide a distraction from feeling angry and frustrated.

Use the **Distract Yourself from Anger** handout, and ask the child to write down several activities in which he might engage in order to reduce his anger. Discuss how likely it is that the child will be able to use each of the proposed activities in his daily schedule, focusing on those activities that the child identifies as the ones he would be most likely to use. Summarize the role of distraction in reducing anger in the following way:

One way to stop being angry is to take your mind off the thing that made you angry. Sometimes just by doing something enjoyable or fun and by letting a few minutes pass, people will feel less angry or frustrated. Reading a book, calling a friend, or simply going for a walk are some good examples of what can be done to distract oneself from being angry. Of course, there is more to this program than just listening to music, but this can be a very useful strategy for bringing down one's anger.

- 6.2.** *Introduce deep breathing relaxation.* A simple way to relax is to breathe rhythmically, deeply, and fully. Model how to properly take a deep breath in front of the child, and then ask the child to practice the technique. The following explanation can be provided.

Place one hand on your stomach and breathe in through your nose and out through your mouth. When the bottoms of your lungs completely fill with air, your hand should move outward. Don't lift your shoulders; imagine the air is flowing into your stomach. When you exhale, your hand should move inward. Close your eyes and practice this exercise for 2 minutes or so.

Let the child practice the breathing exercise and provide feedback, if needed, on the pace and form of inhaling and exhaling.

- 7.** *Summarize the session and assign homework.* Each session should end with a summary and a take-home message. The first session is rich with new information, so the therapist should highlight selected topics that resonated with the child. Taking a common or ongoing anger-provoking situation and formulating a coping strategy that would help to improve this situation during the next week can enhance the child's motivation for treatment. We found that distraction and rhythmic breathing relaxation are the easiest anger management techniques for children to learn, and most children who participated in this program with us were able to make use of them. The following script can be used to provide session summary.

Today we spoke about [summarize an anger-provoking situation reported by the child]. Do you think you will be able to use any of the material that we covered today to handle this situation better?

Let's say the child agrees that going to his room and listening to his favorite music will make him feel better.

OK, so if this or a similar situation happens next week, could you try and practice this strategy at home? You told me that last time it happened, you ended up in an argument and were upset for half an hour. This time, try to go to your room and listen to music, and see if you can calm down in less than half an hour.

- 7.1. *Practicing anger management skills between sessions is a crucial part of treatment.* These skills can be practiced in naturalistic ways every time an opportunity presents itself and also as formal homework assignments. Written homework assignments are important to increase the chances that the child will think about and practice new skills between the sessions. The scope of homework assignments should also be proportionate to the child's motivation and cooperation. Clinicians should use their judgment and not overload the child with assignments that have low likelihood of being completed.
- 7.2. **Daily Anger Monitoring Logs** can be used for the first 2 weeks of the program with highly motivated children. The level of motivation can be inferred from cooperation with various tasks of the session as well as general enthusiasm about the treatment. The therapist should ask the child to record and briefly describe all incidents of anger that occur between this session and the next. The therapist and the child should look over the handout and discuss its categories.
- 7.3. **Anger Management Log 1** should be handed out at the end of this session and completed as homework before the next session. In this assignment, the child is asked to record one episode during that week when he was able to use one of the anger-control techniques effectively. The rationale for this assignment is twofold. First, having this homework assignment serves as a reminder to use anger management techniques in real life. Second, asking the child to describe a situation in which he was able to successfully manage his anger may lead to increased self-efficacy, a belief that he can control his anger.
8. **Check in with parent(s).** Because the first session contains a parent component at the beginning, a parent check-in at the end of the session can be relatively brief. At the end of this session, parent(s) or guardian(s) can be invited to review material of the session and the anger management plan for the next week. Ask the child to tell his parents what he learned in session. If needed, therapists may provide two or three bullet points from the session material that resonated most with the child. As noted in Section 2.2, parents can be enlisted to come up with specific rewards to encourage their child to participate in therapy and practice anger management skills between sessions.