The Effectiveness of Psycho-Educational Group Counseling on Sixth Grade Male Students' Anger.

Ashley L. Ellis

The College at Brockport, a.ellis44@yahoo.com

Follow this and additional works at: http://digitalcommons.brockport.edu/edc_theses

Part of the Student Counseling and Personnel Services Commons

Repository Citation
http://digitalcommons.brockport.edu/edc_theses/29

This Thesis is brought to you for free and open access by the Counselor Education at Digital Commons @Brockport. It has been accepted for inclusion in Counselor Education Master’s Theses by an authorized administrator of Digital Commons @Brockport. For more information, please contact kmyers@brockport.edu.
The Effectiveness of Psycho-Educational Group Counseling on Sixth Grade Male Students’ Anger.

Ashley L. Ellis

The College at Brockport
Acknowledgements

To my son: Your existence has transformed my world for the better. All I do is for you little one. You exemplify all that it is to be a good “counselor”; genuineness, empathy, listening, observing, just being…and with each new day I continue to learn from your presence. I love you. This is for us Lil’ Man! My Parents: Mom and Dad, this opportunity would not have been possible without your selflessness. As my world changed, you readjusted your own lives to accommodate my own. You continue to dedicate your life to others, now I hope you can live for yourselves. This celebration and new beginnings belongs to all of us. We are eternally grateful for all you have done for us. I know you don’t want to be thanked, but it has to be said, as I dedicate this work to you and our Lil’ Man. Auntie Lei Lei: You are my other half, Lei, my sister. The day you moved away, I knew it couldn’t be the same here for me. Our friendship has grown in such an awesome way and your support, guidance, and constant courage has seen me through these days. There is nothing that can break us; I know this because of you. More than a friend, you are my family and Lil Man and I couldn’t ask for more! Thank you Auntie, thank you Lei. Tiff: You have been my rock. There are no words to possibly express my gratitude for your friendship. You have inspired me from the beginning and continue to do so. Through this experience we have grown together and I couldn’t imagine having shared this journey with anyone else. It has been a privilege to have known you academically, professionally, and personally. There is no doubt; I could not have made it without your patience, dedication, phone calls on rides home, and the illusion of your honey…we do exist! It will be an honor to walk with you on our graduation day. We have arrived Tiff! Laconda: You were there from the beginning and helped me to realize the realities of situations and to just move forward. Thank you for keeping me in line. Love you! Jessica: You have helped to make this all possible. Your supervision has enabled new insights and aspirations. To me, you have been more than a supervisor and I appreciate all that you are. Karl: For holding me to it and keeping me REAL! I embrace your challenges. Tom and Susan: Thank you for enabling me to “just be”. You have provided me with an opportunity to really find myself and to embrace true reflection of my experiences. I won’t forget, I can’t forget; this is a part of who I am. THANK YOU.
Abstract

This study examined anger in children and adolescence and the use of psycho-educational group counseling in anger reduction. It was hypothesized that a six week psycho-educational anger management group would reduce the cognitive, behavioral, and emotional components of anger. A pre and post-test assessment was conducted using the Multi-dimensional School Anger Inventory (MSAI) on the effectiveness of psycho-educational group counseling across five subscales: Anger Experience, Hostility, Behavioral Expression, Destructive Expression, and Positive Coping. Findings indicated a positive change in all subscales with the exception of positive coping which resulted in a slight negative change. The study’s strengths and limitations were discussed as well as suggestions for future research. Implications for the counseling practices were also addressed.
Table of Contents

1. Acknowledgements ............................................................................. 2
2. Abstract .............................................................................................. 3
3. List of Tables and Figures ................................................................. 7
4. Introduction ....................................................................................... 8
5. Review of the Literature .................................................................... 9
   a. Anger in Children and Adolescents .............................................. 9
      i. Anger Development ................................................................. 9
   b. Components of Anger ................................................................. 11
   c. Effects of Anger ......................................................................... 12
      i. Social Effects ......................................................................... 12
      ii. Emotional Effects ................................................................. 13
      iii. Physical Effects .................................................................. 13
      iv. Behavioral Effects ............................................................... 14
   d. School Interventions ...................................................................... 15
   e. Psycho-Educational Group Counseling ......................................... 16
   f. Anger Management Groups for Children and Adolescents .......... 17
      i. Anger Management Group Techniques .................................. 18
      ii. Anger Management Group Strengths and Limitations .............. 19
6. Measuring Anger ............................................................................... 20
7. Methods ............................................................................................. 22
   a. Settings ....................................................................................... 22
   b. Participants .................................................................................. 23
c. Procedures ................................................................. 24
   i. Week 1 ................................................................. 24
   ii. Week 2 .............................................................. 25
   iii. Week 3 .............................................................. 26
   iv. Week 4 .............................................................. 27
   v. Week 5 .............................................................. 28
   vi. Week 6 .............................................................. 29

d. Materials ................................................................. 29
   i. Anger Assessment: MSAI ....................................... 29
   ii. Children’s Inventory of Anger (CHIA) ....................... 31
   iii. School Assessment Inventory (SAI) .......................... 31
   iv. MSAI Reliability and Validity ................................. 32
   v. MSAI Scoring Procedures ...................................... 33

8. Results ......................................................................... 33

9. Discussion ..................................................................... 36
   a. The Psycho-Educational Group ............................... 36
   b. Group Selection ...................................................... 39
   c. MSAI: Pre and Post-Test .......................................... 40
   d. Limitations .............................................................. 40
      i. MSAI Assessment ................................................ 40
      ii. Attendance ......................................................... 42
   e. Suggestions for Future Research ............................... 43
   f. Implications for Counseling Practice ......................... 44
g. Conclusion ............................................................................. 44

10. References ......................................................................... 46

11. Appendices .......................................................................... 54
    a. Appendix A: Parental Consent ........................................... 54
    b. Appendix B: Student Consent ........................................... 57
    c. Appendix C: Handout 1 ..................................................... 60
    d. Appendix D: Handout 2 ..................................................... 62
    e. Appendix E: Handout 3 ..................................................... 65
Tables and Figures

1. Figure 1: MSAI Group Results……………………………………. 34
2. Figure 2: Individual Pre-Test Subscale Scores………………….. 35
3. Figure 3: Individual Post-Test Subscale Scores………………….. 36
The Effectiveness of Psycho-Educational Group Counseling on Sixth Grade Male Students’ Anger.

Anger is a powerful and universal emotion from infancy throughout the course of life (Adnopoz, Armbruster, Berkowitz, Comer, Marans, Schowalter, Volkmar & Woolston, 1994). The emotion of anger is an essential part of being human with evolutionary and adaptive importance (Sharp & Herrick, 2000). Anger consists of cognitive, behavioral, and emotional components which include, but are not limited to, physical symptoms, psychiatric disorders, as well as school and interpersonal difficulties (Smith & Furlong, 1998; Smith, Furlong, Bates, & Laughlin, 1998; Taylor, Eddy, & Biglan, 1999). Moreover, anger was reported to affect every area of a child’s and adolescent’s life, from academic to familial to interpersonal relationships (Wilde, 2002). Research cautioned that this stubborn emotion could not be ignored as children and adolescence fall victim to and desire relief from the effects of excessive anger (Carter, 1995).

Despite the fact that youth violence has reached epidemic proportions, there has been less research dedicated to the treatment and assessment of youth’s anger (Smith et al., 1998). The importance of a preventative need was reported to first identify students with anger problems and then to develop effective coping strategies to better manage interpersonal conflicts (Furlong, Smith, & Bates, 2002). These components together with hostility and aggression ask for research to pay consideration to at risk school-age populations as youth violence continues to rise (Smith et al., 1998).
Review of the Literature

The literature has been populated by books and articles from counseling, school counseling, psychology, as well as mental health perspectives. This literature will focus on research from these sources and will address the following areas: (1) anger in children and adolescents; (2) the effects of anger; (3) the components of anger; (4) school interventions; and (5) measuring anger.

Anger in Children and Adolescents

Anger has been described as a natural response to internal experiences while learning to manage uncomfortable feelings (Herrick & Sharp, 2000; Kassinove, 1995; Kulic, Horne, & Dagley, 2004). The literature indicated that anger was normal but that it was important to be aware of the individual’s response to anger as youth often thought their anger to be an appropriate emotional reaction (Feindler, 1986; Kassinove, 1995; Kulic, Horne, & Dagley, 2004). The importance of helping children and adolescents in understanding, identifying, and confronting anger was also emphasized (Carter, 1995; Debaryshe & Fryxell, 1998). Due to the emotional confrontation, most children and adolescents avoid talking about anger (Messer, Coronado-Bogdaniak, & Dillon, 1993). Additionally, most children fail to realize that they create their anger, not others (Ellis & Tafrate, 1998). Throughout infancy and into adolescence, anger becomes personalized and anger patterns are developed, rehearsed, and reinforced (Carter, 1995; Hankins & Hankins, 1988).

Anger Development

Anger was recognized as a practiced, developed skill that becomes habit forming, automatic, and compulsive in nature which enabled youth to think this a normal response
pattern (Potter-Efron & Potter-Efron, 1995). Anger patterns are developed in childhood, particularly with frustration tolerance (Lindenfield, 2000). Children are not born with the ability to tolerate frustration; this tolerance is learned early in life (Wilde, 2000). Furthermore, children and adolescents believe that their lives should be simple and easy; it is this unrealistic demand to not experience frustration that actually causes the frustration (Wilde, 2000).

During early life stages children are self-centered focusing on their own needs and they become angry when these needs are not met (Hankins & Hankins, 1988). Throughout adolescence, youth resort to the same self-centeredness seen in early childhood (Hankins & Hankins, 1988). Children and adolescents often learn that anger can be rewarded and reinforced when others give in to their frustrations (Carter, 1995). Often times, children are not able to articulate these unmet needs, emotions, and feelings, thus internal and external expressions of anger act as communicative means to release these emotions and frustrations (Carter, 1995).

Anger was recognized as a form of communication as some type of message is being conveyed through anger (Carter, 1995). A reason exists behind the behaviors and emotions shown by children and adolescents (Carter, 1995). Children in particular are unaware of how to cope with and express anger, and as a result, their anger is mishandled (Messer et al., 1993). Anger is painful for children and their behavior is frequently the result of such pain (Messer et al., & Dillon, 1993). The expression of anger, feelings, and attitudes are usually adapted by children from their social upbringing (Goodenough, 1931).
Children are frequent observers and investigators within their environment and the experiences of anger are integrated within their larger social world (Debaryshe & Fryxell, 1998). The living environment provides the initial exposure to emotional, behavioral, and cognitive learning as well as children’s exposure to models of anger expression and conflict resolution (Carter, 1995; Debaryshe & Fryxell, 1998; Larson & Lochman, 2002; Smith, Larson, DeBaryshe, & Salzman, 2000). Throughout childhood and adolescence, alternative emotions and responses may have not been modeled within their social upbringing (Kassinove, 1995). Children often model and practice the angry expressions of adults (Carter, 1995). These anger patterns and habits are established early in life; therefore it is critical that anger management interventions begin early to address the components of anger (Smith et al., 2000).

Components of Anger

There is a multidimensional quality to anger (Furlong & Smith, 1998). Investigations of anger have recognized the anger construct to include emotional, behavioral, and cognitive components (Smith et al., 1998). Since individuals often display one or more of these anger components, research has examined these components separately (Smith et al., 1998). The affective or emotional component of anger refers to the physical symptoms associated with anger (Smith, Larson, DeBaryshe & Salzman, 2000). The cognitive component of anger relates to beliefs or attitudes about life as well as social awareness, as seen when angry children often misinterpret situational and social cues (Smith et al., 2000; Wilde, 2002). For instance, angry youth reported having negative thoughts while also thinking the world had it out for them (Wilde, 2002). The behavioral or expressive dimension of anger represents the response to anger which can
be displayed both positively and negatively (Smith et al., 2000). Problems in association with anger may occur in one or more dimension causing multiple effects (Furlong & Smith, 1998; Smith et al., 2000).

Effects of Anger

There are a range of anger-related experiences for children and adolescents (Feindler, 1986; Furlong & Smith, 1998; Wilde; 2002). Most children outgrow angry displays and learn more socially appropriate expressions of anger, however, these behaviors are not always remedied (Feindler, 1995). Angry children have been described as being deficient in social skills which then contribute to the display of inappropriate behaviors (Garrison & Stolberg, 1983). Anger expression includes both constructive and destructive anger displays (Buchele, 1995; Deffenbacher, Kemper, Lynch, & Oetting, 1996). The presentation of anger problems are seen through negative social, emotional, academic, and behavioral outcomes (Furlong & Smith, 1998). In particular to school settings, research cited social and emotional health as prerequisites for academic learning (Adnopoulos et al., 1994).

Social Effects

There is a huge social cost for those afflicted and associated with the patterns of anger (Sharry, 2000). Anger expression is frequently met with disapproval and rejection (Lindenfield, 2000). Angry children often become school bullies and these students find their needs met since peers comply to avoid problems (Berg, 2005; Ellis & Tafrate, 1998; Larson & Lochman, 2002). Moreover, research suggested that angry children and adolescence attended to more hostile social cues as well as thinking that others made them angry (Deffenbacher, 1995; Wilde, 2002). The literature referenced other social
consequences of anger to include relationship difficulties, which included peer rejection and avoidance, particularly within the school setting where youth spent the majority of their time (Deffenbacher, Huff, Oetting, & Thwaites, 1995; Smith et al., 2000; Wilde, 2002). Due to these social impacts of anger, youth also suffered from low self-esteem and depression as well as other emotional effects as a result of their anger (Lindenfield, 2000).

**Emotional Effects**

Anger has been described as an emotional reaction (Hankins & Hankins, 1988). The emotional response of anger was directed at others, oneself, and/or the world (Wilde, 2002). Due to such responses, anger was also reported to affect psychological health (Lindenfield, 2000). The research indicated that anger could be a symptom of depression in some children as anger expression occurs internally as well as externally (Carter, 1995; Wilde, 2002). The internal and external expressions of anger occur as a result of adolescent’s inability to articulate their emotions and feelings (Carter, 1995). The personal distress and emotional arousal that accompanies anger can include depression, guilt, embarrassment, and feeling out of control (Ellis & Tafrate, 1998; Hains, 1994; Wilde, 2002). In contrast to this distress and emotional drain, anger also generates physical energy and power (Hankins & Hankins, 1998).

**Physical Effects**

Anger is a natural reaction in response to a potentially harmful situation, which provides physical energy to protect oneself (Lindenfield, 2000). The physiological effects of anger release a complex response from the brain which releases a biochemical change, putting the nervous system into a mode of high arousal (Lindenfield, 2000). For some,
the physiological sensation, or the adrenaline surge, becomes addictive (Potter-Efron & Potter-Efron, 1995). The addictive anger rush was also accompanied by physical symptoms that posed a threat to children and adolescence physical health (Potter-Efron & Potter-Efron, 1995).

Anger was described as being a health hazard (Potter-Efron & Potter-Efron, 1995). Physical symptoms of anger include warmth, increased heart rate and blood pressure, increase of testosterone in men, muscle tension, pupil dilation, redness of face, and perspiration (Lindenfield, 2000; Smith et al., 2000). Chronic anger was linked with increased cholesterol, blocked arteries, colitis, headaches, and heart disease (Lindenfield, 2000; Siegel, 1992). Also, young people experienced a significant amount of tension from anger; enough to result in physical illness (Carter, 1995). Furthermore, the incidence of disease is higher in angry than non-angry children (Goodenough, 1931). Due to these physical symptoms and increased health risks, it is important to help children identify and cope effectively to reduce the potential long term effects of anger (Lindenfield, 2000).

**Behavioral Effects**

In combination with social, emotional, and physical dimensions of anger, a behavioral component also existed with anger (Smith et al., 2000). Students who experienced anger displayed negative behaviors and attitudes, frustration with school, and poor academic achievement (Elliot & Witt, 2005; Smith et al., 2000). Additionally, students were identified to be less respectful and more defiant toward authority figures which resulted in misconduct and behavioral concerns (Wilde, 2000). Conduct problems resulting from anger have been shown to lead to rejection of peers, failure in school, and
participation in delinquent activities as well as drug and alcohol use and aggressive
tendencies during adolescence (Taylor et al., 1999).

As a result of these tendencies and disruptive patterns, the research brings
attention to the strong concern for safety within the school setting (Furlong, Smith, &
Bates, 2002; Lindenfield, 2000). The literature suggested that schools used to be a safe
environment for children and adolescence but this was no longer the case (Wilde, 2000).
Due to anger’s host of negative outcomes, including the issue of school safety, the
implementation of behavior interventions in school setting for angry and aggressive
children have been strongly encouraged (Smith et al., 1998; Taylor et al., 1999).

School Interventions

The implementation of a school-based anger curriculum was emphasized as these
institutions deal directly with a sizeable amount of children for an extended period of
time (Larson, 1992; Miller, 1985; Sharry, 2000). The research suggested that children and
adolescence counseled in schools displayed improved behavior and grades and returned
to a healthier developmental path (Adnopoz et al., 1994). Particularly with school-age
populations, an anger coping program provided promising effects at home and within
school environments (Brown, Benoit, Boyd, Cobb, Dinkmeyer, Fuller, Fuller, Grieger,
Moore, & Weisz, 1983; Larson & Lochman, 2002). In response to anger control
problems within the school context, schools started to implement psycho-educational
group programs to prevent and reduce anger (Feindler & Weisner, 2006; Fleckinstein &
Horne, 2004).
Psycho-Educational Group Counseling

Young people were more likely to engage in help-seeking from family and friends for mental health problems (Adnopoz et al., 1994; Boyle 2007). As a result of these help-seeking attempts from informal sources, young people did not receive the help they needed; moreover, these individuals were more likely to associate themselves with those of similar problems (Adelson, 1980; Boyle, 2007). In contrast to informal forms of help, psycho-educational groups provided a learning environment for students sharing the same concerns to practice cognitively and behaviorally based skills through role-plays, practice, and the changing of thought processes (Gorman, Kassinove, & Sukhodolsky, 2004; Kulic et al., 2004; Platts & Williamson, 2000).

Psycho-educational group counseling was one of the most common prevention and early intervention approaches used within the school context (Boyle, 2007; Gerrity & Delucia-Waak; 2007; Larson & Lochman, 2002). This approach is particularly accommodating to students within the school system as it fits within their education experience (Fleckenstein & Horne, 2004). Kulic, Horne and Dagley (2004) wrote:

Groups are a logical choice given the amount of time children and adolescents spend in groups with their peers, both in and out of the classroom. The group is the primary socializing influence through the early developmental stages of life and it provides context within which children and adolescents will receive preventative interventions and will practice and utilize them in their real lives (p. 139).

Psycho-educational groups offered many advantages including group relatedness, skill development, potential enhancement of self-esteem through helping others, as well
as the application of practiced behaviors and skills to real-life (Larson & Lochman, 2002). These acquired skills are encouraged and reinforced within the social environment beyond the therapeutic setting where social interactions are exchanged (Brown et al., 1983; Larson & Lochman, 2002; Snyder, Kymissis & Kessler, 1999). Additionally, self-management and self-monitoring skills are also implemented to encourage independence toward behavior change and skill implementation (Dwivedi & Gupta, 2000). In providing a safe and relatable environment, these self-monitoring and socially transferable skills enable change, particularly for programs implemented to address and confront interpersonal conflict, as seen in anger management groups (Snyder et al., 1999).

*Anger Management Groups for Children and Adolescents*

The literature suggests a need for an anger management intervention program within the school setting to provide strategies to effectively cope with interpersonal conflicts (Furlong, Morrison, Austin, Huh-Kim, & Skager, 2001; Larson & Lochman, 2002). The role of psycho-educational anger management groups is to educate participants about anger arousal and expression as well as the consequences of angry feelings and behaviors (Smith et al., 2000). Within these groups, students are provided with the opportunity to express common social and emotional concerns, enable change in communications, suggest and implement positive forms of anger expression, and to develop strategies for problem-solving (Gerrity & DeLucia-Waak, 2007; Larson, 1992).

Psycho-educational anger management groups within the school support students in developing and adapting anger management skills within their social surroundings (Snyder et al., 1999). Moreover, group members support each other to further generalize the group experience beyond counseling (Fleckenstein, 2004). These groups allowed
children and adolescents to practice anger management and social skills, safely, within a positively reinforced environment where participants explored their beliefs and experimented with new behaviors and strategies for anger expression (Buchele, 1995; Larson & Lochman, 2002; Sharp & Herrick, 2000).

**Anger Management Group Techniques: Role Play, Self-Awareness, and Self-Talk**

An anger management group provides group members with exposure to alternate responses through situational role-plays and discussions (Garrison & Stolberg, 1983). Role playing is an effective anger management technique that rehearses interactions and exchanges between people to help participants increase self-understanding through different perspectives (Hankins & Hankins, 1988). Role-play can be used as an adaptive approach to tune into particular needs in the moment (Larson & Lochman, 2002). This technique can provide an opportunity for participants to say everything they would want to say, with an empty chair approach (Lindenfield, 2000). The use of role-play enables social problem-solving, skill building, and self-awareness (Larson & Lochman, 2002).

Hankins and Hankins (1988) thought that self awareness was an essential component to effectively manage anger. Often, children and adolescence think other people make them angry (Wilde, 2000). For instance, awareness of self-centeredness reduced anger as students displayed more concern for others’ wants than their own needs (Hankins & Hankins, 1988). In being aware, group members extend themselves to be more empathetic toward others while considering their perspective (Hankins & Hankins, 1988). Hankins & Hankins (1988) wrote:

> Self control lies within the power of perspective-taking (p. 231).
By putting situations in both personal and global perspectives within the group setting, members are able evaluate their world more objectively and realistically by tapping into their thoughts (Hankins & Hankins, 1988).

Self-talk is the language of thoughts, feelings, and behaviors (Hankins & Hankins, 1988). The utilization of self-talk results in an anger management tool that is beneficial to use before, during, and after an anger-provoking event as it enhances self-awareness through thought, behavior, and feeling recognition (Hankins & Hankins, 1988). The use of self-talk occurs in both a negative and positive way, such as having a negative world view and thinking “he had it out for me and bumped into me on purpose” as opposed to thinking “he probably didn’t even see me standing there when he backed up” (Hankins & Hankins, 1988; Wilde, 2002).

Anger Management Group Strengths and Limitations

Review of anger management groups reported interventions to reduce angry feelings, impulsiveness, improve peer status, as well a reducing the emotional component of children’s anger (Smith et al., 2000). Group successes also included greater inclusion within school, the ability to take responsibility and ownership of behaviors, recognizable changes within their environment, and establishing group connections that enable consistent and supportive networks (Sharp & Herrick, 2000). The group connectedness can also facilitate a safe environment for anger expression where members actually empathize and relate with each other’s anger (Buchele, 1995; Larson & Lochman, 2002).

Participants’ sense of responsibility and motivation are prerequisites for a successful outcome, however, some members are unmotivated to change and are often forced into treatment (Kassinove, 1995; Sharp & Herrick, 2000). Furthermore, the
engagement of group members could be difficult, particularly when the group agenda varied from their personal plan (Sharry, 2000). Research also recognized an inconsistency with the counseling focus between participant and counselor, for instance, participants often worked toward changing their anger target where as the counselor was working on changing the participants’ cognitive and behavioral response to anger (Kassinove, 1995). In addition, the existence of support services through screening, intervention, and evaluation are also critical components in program development (Furlong et al., 2002). Unfortunately, despite the need for anger management groups, there have been few attempts to evaluate their use with children, particularly within the school setting (Smith et al., 2000).

Measuring Anger

Educators are implementing anger management programs in schools, however, the evaluation of the programs’ effectiveness have received minimal research efforts (Furlong & Smith, 1998). Overall, there has been more research evaluating the reliability and validity of adult anger scales than child and adolescent scales (Furlong & Smith, 1994). Many of these adult assessments have been modified for use by children and adolescents to develop an understanding of their anger experiences (Furlong & Smith, 1994).

School settings often include self-report and rating scale instruments to assess anger (Furlong & Smith, 1994). Rating scales are acknowledged as the best tools for screening, intervention selection, behavioral variation, and program outcome evaluation (Furlong & Smith, 1994). However, considerations and cautions for using self-report and rating scales have been highlighted within the research (Furlong & Smith, 1994). In order
to adequately assess group effectiveness and content, research suggested considering two major factors when selecting an assessment instrument: anger exhibited in school and the actual school environment (Larson & Lochman, 2002). The lack of effective assessment tools available for the school environment has hindered further development of research on anger within the school setting (Stolberg & Garrison, 1983).

Anger patterns are developed in childhood and proceed throughout the lifespan (Adnopoz, et al., 1994). Research indicated that children and adolescents can gain awareness of their feelings, emotions, and thought processes when provided with the space and skills to appropriately express their anger (Deffenbacher, McNamara, Sabadell, & Stark, 1990). By confronting and dealing with anger, youth can improve their relationships as well as their social-emotional and physical health, however when ignored, anger can have destructive consequences (Carter, 1995; Lindenfield, 2000). These consequences caused research to emphasize the issue and reality of school safety (Furlong, Smith, & Bates, 2002; Lindenfield, 2000). The literature further cautioned that schools could no longer be identified as a safe environment (Wilde, 2002). As a result of these consequences and concerns, researchers presented the need for anger management interventions available within the school setting for at-risk youth (Smith et al., 1998; Taylor et al., 1999). In addition to these programs, the literature also reported the importance of recognizing the interrelatedness of the cognitive, behavioral, and emotional components of anger in selecting an appropriate assessment instrument to appropriately measure youth’s anger (Furlong & Smith, 1998; Smith et al., 1998).

For this research, it was hypothesized that sixth grade male students’ anger would be reduced after participating in a psycho-educational counseling group. The current
study was examining psycho-educational anger management group counseling effectiveness in reducing participants cognitive, emotional, and behavioral components of anger in twelve-year old males. The purpose of this group was to teach and expose students to anger management skills and techniques to assist students in actively reducing their anger.

Methods

A six-week psycho-educational anger management counseling group was implemented to improve anger management skills and reduce components of anger. Six, sixth grade, twelve-year old male students were addressed using a pre/post assessment to measure anger and the cognitive, behavioral, and emotional components associated with anger.

Setting

This study was implemented in a large suburban middle school located in the North Eastern United States. The middle school represented one of the four middle schools located within this school district. The community estimated 36,995; 32.5% of which had children under the age of eighteen-years-old living there (Office of Information Reporting Services, 2006). The student population across sixth, seventh, and eighth grade consisted of approximately 953 students, 272 of which made up the sixth grade class (Office of Information Reporting Services, 2006). The NYS School Report Card). The school demographics included 9% of African Americans, 5% of Hispanics and/or Latinos, 2% of Asian and/or Native Hawaiian, and 82% percent of white students (Office of Information Reporting Services, 2006). Within this school, 26% of the student population was eligible for free lunches (Office of Information Reporting Services,
2006). There were a total of seventy-three teachers within the middle school building and ten professional staff which included the school nurse, psychologist, counselors and administrators (Office of Information Reporting Services, 2006). The sixth grade class was split into four teams which taught the core classes of math, english, science, and social studies (Office of Information Reporting Services, 2006). These core courses averaged twenty-four students per class (Office of Information Reporting Services, 2006).

The group took place in a large open room in the back of the counseling office which was removed from activity levels and noise, thus offering an environment low in stimulus (Larson & Lochman, 2002). This space also offered a two rectangular tables as well as adequate space for a group circle to comfortably fit the group size. The room was also equipped with a two-door entry way which provided additional privacy to further protect confidentiality.

Participants

The psycho-educational anger management group was comprised of six, twelve-year-old, sixth grade male students who were predominantly white with the exception of one Latino student. Students were selected for this group based on the sixth grade school counselor’s suggestion and referral. This researcher obtained permission and received support from the middle school principal as well as the Institutional Review Board at the College at Brockport prior to implementing the psycho-educational anger management group. For participation purposes, parents signed and returned mailed consent forms to this researcher through their child (See Appendix A). These consent forms were mailed home three weeks prior to the group implementation date. In addition to parental
permission, student consent was also obtained using the minor consent form at the beginning of the initial group meeting (See Appendix B).

PROCEDURE

This study consisted of six weekly sessions which lasted for approximately fifty-five minutes. Group sessions were held for two consecutive periods. Four out of the six students came out of lunch and reading while the remaining students came out of alternating core classes. Each session had a preplanned format; however, freedom existed within each meeting for further student and group exploration. The main topics and discussions of the weekly sessions are provided below.

Week 1

During the initial meeting, students read along with this researcher and signed the provided minor consent form. Group members were also administered the anger pretest immediately after signing the consent form. Each pretest displayed a code number representing a specific child. These numbers were chosen at random prior to the first group meeting. Both the consent form and pretest were made available in group members’ individual folders, which were distributed after the students selected a seat around the table. The students were then asked to develop and determine the group rules. These rules were student recorded and posted on the table where visibly accessible to all members.

Once rules were established, students were asked to introduce themselves and provide some insight into what they thought about being in the group. Upon finishing introductions and the discussion, a game entitled “Pass the Ball” was utilized as an icebreaker and transition into the first lesson (Larson & Lochman, 2002). With this game,
members who received the ball from their peer were asked to first provide similarities and during the second round, differences between one another. These responses included factors such as gender, height, skin color, and/or family environment which allowed the group to recognize their relatedness, differences, and perceptions about each other. This game acted as a warm up activity and generated conversation regarding accurate and inaccurate perceptions as well as a transition into the “Anger: Tip of the Ice Burg” handout activity (Moles, 2003; See Appendix C). Group members filled out the handout and shared their experiences which generated further discussion, particularly about perceptions and how most adults misperceive what’s really happening with them. Discussions concluded with a summary of the activities as well as five minutes of free time before returning to their regular class schedule.

Week 2

At the beginning of the group session, group members spent five minutes summarizing the initial meeting by reviewing the group rules as well as the content of the last meeting (Larson & Lochman, 2002). This researcher then provided the students with a scenario and inquired about their response to what they had just heard. The scenario involved student A backing into student B in the lunch line. Group members were asked to think about their response if they had been student B. After providing their responses, students were then given the “Self-Talk” handout which offered an additional example as well as the definition and description of self-talk (Moles, 2003; See appendix D). This handout was a warm-up for the next activity.

The students participated in a self talk, fishbowl activity (Larson & Lochman, 2002). Group members assembled into a circle and one volunteer sat in the middle of the
circle with this primary researcher. The member inside the circle was asked to recall and
describe a situation involving another person as well as the responses of that particular
person. After providing this description, this researcher re-enacted the role of the
described person while the client re-enacted his part. Once this role-play was completed,
this primary researcher and the group member switched roles. This researcher modeled
non-hurtful and non-threatening responses that the students could use if a similar
situation arose in the future. The student was asked to share his reactions to the role-play
and the surrounding group members had an opportunity to provide observations,
suggestions, and feedback. Group members further practiced these modeled responses
and tuned into their self-talk through additional role-plays. Group concluded with brief
overview of the self-talk lesson, particularly the importance of self-awareness with
recognizing and listening to their self-talk. Five minutes of free time was provided before
transitioning to their regular class schedule.

Week 3

To begin this group, group members were asked to think and converse about how
the past week had gone in addition to reviewing the self-talk material from the previous
week. After this ten-minute discussion, group members were instructed to select a
recorder as well as someone to read aloud the provided handout entitled, “Physical Cues
to Anger” (Moles, 2003; See appendix E). For the activity, this researcher encouraged the
group to think about three questions revolving around the existence and recognition of
the physiological responses to anger, which were as follows: (1) what happens to you
when you’re angry; (2) how can you tell when you’re feeling angry; and (3) how do you
notice when others are getting angry. The group then shared their responses and the
Psycho-Educational Group recorder wrote them on the chalkboard to highlight similarities and differences among responses which provoked further discussion. This group ended with five minutes of free time before returning to classes.

Week 4

The session began with group discussion regarding how the past week had gone before reviewing the physical symptoms and bodily warning signs associated with anger discussed in the previous group meeting. After reviewing that material, the group was asked to generate a list of scenarios involving problems and/or issues within school that aroused anger. This researcher then asked the following question to reinforce the importance and impact of these thoughts on anger: (1) what did you say to yourself in that situation; (2) what thoughts did you have; (3) did these thoughts help with controlling and coping with anger; (4) what could you have said to help with anger control; and (5) how does your body respond to these thoughts (Larson & Lochman, 2002). After this discussion, group members were asked to think about the influence of these thoughts on their anger, specifically, with choices and consequences surrounding anger.

This researcher defined choices as being options while consequences were the result of those choices, or what happened (Larson & Lochman, 2002). The group then selected a recorder to transfer the groups’ thoughts to the chalkboard which displayed two columns; “choices” and “consequences”. The group chose several anger arousing incidents from the school setting and brainstormed choices and alternatives available to them in that situation (Larson & Lochman, 2002). The group was then instructed to look at each of the choices listed for that particular situation and to question three content
areas: (1) whether or not anger coping and self-control was used in this choice and how; (2) were self-statements involved in this choice selection; and (3) how anger coping, self-control, and/or self-statements affected their choices (Larson & Lochman, 2002). The group then brainstormed the consequences for each choice listed, in addition to discussing whether this consequence was good or bad (Larson & Lochman, 2002). These responses were recorded under the consequence column across from the appropriate choice. To summarize, the group was also asked to think about and discuss the following: (1) who decides what choice is made; (2) who decides what consequences will occur; (3) were self-talk or self-statements involved in these choices and consequences; and (4) can these thoughts help enable choices that lead to good consequences (Larson & Lochman, 2002). After completing this activity, the group wrapped up with five minutes of free time before returning to classes.

Week 5

The group used this meeting for open discussion and game time. Thirty minutes was devoted to discussion while the remaining twenty-five were invested into the game. The game was called, “Catch Phrase” and the group was split into two groups of three. The object of the game was to identify the word described to the team by a team representative within the thirty to sixty second time period. If that team did not identify the word within the given time, the other team had the opportunity to steal the point. This researcher observed as members conversed and played, redirecting the behavior when appropriate. The group had the option to continue playing or finish up with five minutes of free time before returning to classes.
Week 6

The last meeting was identified as a celebration of the groups’ completion, and this party included their choice of pizza and wings. This researcher asked each member to think about, and if willing, to share their responses to the following: (1) one thing they learned about themselves through group; (2) what they have improved upon; and (3) what they would like to improve upon and/or keep working toward (Wilde, 2002). After exploring these questions, the group debriefed and provided feedback for one another and this primary researcher. Before closing, this researcher provided the group with their observations and offered the opportunity to continue with follow-up meetings. Group members individually met with this researcher prior to the end of the school day to complete the anger post-test.

Materials

This researcher obtained permission via email from Michael Furlong and Douglas Smith to use the research version of the Multidimensional School Anger Inventory (MSAI) for the purposes of this study.

Anger Assessment: Multidimensional School Anger Inventory

Research identified the Multidimensional School Anger Inventory (MSAI) as the only comprehensive assessment tool relevant to the school context to independently measure the affective, cognitive, and behavioral components of anger (Furlong, et al.; Smith et al., 1998). The MSAI is available in three forms: the MSAI-R represents the refined version of the assessment which consists of thirty-six items, the research version that contains fifty-four items, or the original thirty-one item inventory (Furlong et al., 2002; Smith et al., 1998). All versions of the MSAI measure anger across four subscales:
anger experience (affective component), cynical attitudes (cognitive component), positive coping and destructive expression (anger expression/behavioral component) (Furlong et al., 2002). The school-based assessment was developed from a multidimensional perspective for children and adolescents to identify the needs of students who may exhibit high levels of anger, hostility, and aggression (Smith et al., 1998; Furlong et al., 2002). This assessment instrument was cautioned to not be used as a diagnostic instrument (Furlong et al., 2002).

The original thirty-one item scale version of the MSAI, was developed exclusively for male students since males reported anger more than females (Crick & Dodge, 1996; Smith et al., 1998; Smith et al., 2002). The literature noted that the anger experience and response of female students differed from males as they exhibited indirect or passive aggressive forms of anger expression (Crick & Grotpeter, 1995; Furlong et al., 2002). The MSAI was later enhanced and refined through identifying gender patterns in anger, making the assessment tool accessible to both male and female students (Furlong et al., 2002; Smith & Furlong, 1998).

The refined version of the MSAI also included five parallel items, making the assessment a thirty-six item inventory which improved the reliabilities of the anger expression scales (Furlong et al., 2002). The MSAI was developed to measure anger, and its components, for child and adolescent populations within the school context based on earlier scale development including the Children’s Inventory of Anger (CHIA) and the School Anger Inventory (SAI) (Smith & Furlong, 1998).
Children’s Inventory of Anger (CHIA)

The CHIA is designed to examine external events in association with anger arousal (Finch, Saylor, & Nelson, 1987). This assessment considers the three aspects of anger; affect, cognition, and behavior (Furlong & Smith, 1994). The CHIA consists of a seventy-one, four-point Likert scale presented with both verbal descriptions and faces with emotional expressions indicating the level of anger. (Finch, Saylor, & Nelson, 1987; Furlong & Smith, 1994).

The internal consistency split-half reliability was high (range = .91-.99) with item-whole correlations being low to moderate (range = .34-.59) (Furlong & Smith, 1994). Validity of the CHIA was determined with anger data collected through the use of the CHIA, peer nominations, teacher ratings, and staff identification of anger control problems (Furlong & Smith, 1994). Concurrent validity was moderate (range = -.36-.36) and a mild association was present for the above sources (Furlong & Smith, 1994). The highest association was with the teacher ratings and peer nominations (Furlong & Smith, 1994). In addition to the CHIA scale, the School Assessment Inventory (SAI) also contributed to the development of the MSAI.

School Assessment Inventory

The SAI is designed to examine the range and intensity of angry feelings in children within the school setting (Smith et al., 1998). The SAI consists of a twenty-seven item, 6-point Likert-type response scale with verbal descriptions and facial expression icons to represent degree of anger with response choice (Furlong & Smith, 1994). This assessment is comprised of modified CHIA items as well as new items (Furlong & Smith, 1994). The internal consistency of the SAI was high (range = .76-.83).
Further establishment of this inventory is needed; however, there was a relationship between learning problems and anger but not with behavioral problems and anger (Furlong & Smith, 1994). In addition, female students were found to obtain a higher score than males on this particular anger assessment (Furlong & Smith, 1994).

**MSAI Reliability and Validity**

The MAI, CHIA, and the SAI assessments used in the development of the MSAI had moderate to high internal consistency and test-retest reliability with coefficients ranging from .51-.96 (Smith & Furlong, 1994; Smith et al., 1998). Both the CHIA and the SAI measured the range and intensity of angry feelings in children; however these one dimensional inventories, unlike the MAI, were not designed to measure the affective, cognitive, and behavioral components of anger (Smith et al., 1998). The MAI was designed to measure anger arousal, anger-eliciting situations, hostile outlook, and anger expression through a 25-item self-report scale (Siegel, 1992; Smith, et al., 1998).

Each subscale of the MSAI measured an independent component of anger (Smith et al., 2002). The anger experience and cynical subscales had moderate to high internal consistency (range = .75-.88), where as the positive coping and destructive expression subscales yielded low to moderate internal consistency (range = .58-.79) (Bates, Furlong, Laughlin, & Smith, 1998).

Teacher and self-reported ratings of anger and aggression from the Conners Teacher Ratings Scale (CTRS) and the Aggression Questionnaire (AQ) were measured across the subscales and inventory items to provide support for the MSAI’s content, divergent, and convergent validity (Smith et al., 1998). The CTRS is a twenty-eight item measurement tool designed to rate youths’ classroom behavior (Smith et al., 1998). The
AQ is a twenty-nine item instrument used to assess physical aggression, verbal aggression, anger, and hostility (Smith et al., 1998). This assessment was used to provide convergent validity to the MSAI and yielded moderate to high internal consistency reliability coefficients across the four subscales (range .52-.93) (Smith et al., 1998).

**MSAI Scoring Procedures**

The MSAI uses a four-point Likert-type response format throughout the questionnaire (Smith et al., 1998). Currently, the fifty-four item version of the MSAI has norms available for only thirty-one items (D. Smith, personal communication, October 27, 2007). The scores on the MSAI subscales can be obtained by adding the 1-4 Likert-type response score (D. Smith, personal communication, October 27, 2007). The anger experience subscale score can be determined by adding items 1-13 (range = 13-42); items 20-25 comprise the hostility subscale (range = 6-24); items 33-44 comprise the behavioral expression subscale (range = 12-48); items 33, 36, 38, 41, and 44 comprise the destructive expression subscale (range = 5-20); and items 34, 35, 37, 39, 40, 42, and 43 comprise the positive coping subscale (range = 7-28) (D. Smith, personal communication, October 27, 2007).

**Results**

The group means for the five subscales on the research version of the MSAI are represented using the following abbreviations: Anger Experience (AE), Hostility (HOS), Behavioral Expression (BE), Destructive Expression (DE), and Positive Coping (PC). These data are reported using the pre and post test group means on each subscale. The pre and post-test group mean for anger experience was 30.83 and 28.17, which resulted in a 2.66 point decrease. The pre and post-test mean for hostility was 19.83 and 14.7, which
resulted in a 5.13 point decrease. The pre and post-test means for behavioral expression was 21.5 and 18.7, which resulted in a 2.8 point decrease. The destructive expression pre and post-test means was 9.7 and 7.3, which resulted in a 2.4 point decrease. The positive coping subscale pre and post-test means was 12 and 11.3, which resulted in a .7 point decrease. The point reduction across all subscales ranged from .7 to 5.13. The group means are shown below in Figure 1:

![Figure 1: MSAI Group Results](image)

The pre and post-test individual group scores on each subscale were also reported for Student 1, Student 2, Student 3, Student 4, Student 5, and Student 6. The anger experience pre and post-test scores were as follows: Student 1 scored a 33 and 28; Student 2 scored a 25 and 23; Student 3 scored a 32 and 33; Student 4 scored a 38 and 30; Student 5 scored a 41 and 37; and Student 6 scored a 16 and 18. The hostility pre and post-test scores were as follows: Student 1 scored a 16 and 15; Student 2 scored a 22 and
Student 3 scored a 21 and 20; Student 4 scored a 21 and 13; Student 5 scored a 20 and 11; and Student 6 scored a 19 and 11. The behavioral expression pre and post-test scores were as follows: Student 1 scored a 23 and 15; Student 2 scored a 19 and 18; Student 3 scored a 22 and 22; Student 4 scored a 28 and 23; Student 5 scored a 24 and 15; and Student 6 scored a 19 and 13. The destructive expression pre and post-test scores were as follows: Student 1 scored a 10 and 5; Student 2 scored an 8 and 6; Student 3 scored a 12 and 10; Student 4 scored a 12 and 7; Student 5 scored a 10 and 8; and Student 6 scored a 6 and 8. The positive coping pre and post-test scores were as follows: Student 1 scored a 13 and 10; Student 2 scored an 11 and 12; Student 3 scored a 10 and 12; Student 4 scored a 17 and 16; Student 5 scored a 14 and 7; and Student 6 scored a 7 and 11. The individual scores are shown below in Figures 2 and 3:
The purpose of this group was to educate and expose students through providing anger management skills and techniques to assist in anger reduction. The findings indicated, from this study as well as previous research, that the group experience was effective in reducing the cognitive, behavioral, and emotional components of middle school male students’ anger.

**The Psycho-Educational Group**

As indicated by the finding of this study, and consistent with the literature, group work for anger management has been found to be effective and powerful for provoking change within participants (Kulic et al., 2004; Kassinove, 1995). Psychological intervention was found to bring about change in youth (Feindler, 1986). The use of
psycho-educational anger management groups were identified as empowering means to help students establish anger-control (Wilde, 2002).

The current study was modeled and adapted from Larson and Lochman’s (2002) work which highlighted the use of cognitive-behavioral interventions as effective approaches in helping school children cope with anger (Ellis & Tafrate, 1998; Larson and Lochman, 2002). Additionally, Larson and Lochman (2002) identified social-cognitive success through this approach with effects lasting up to three years. The use of cognitive-behavioral approaches, such as role-plays, enabled a sense of relatedness through shared experiences and emotions surrounding the group (Lindenfield, 2000). Through this technique, members practiced group resolution, problem-solving, and social skills which represented skills that allowed for anger maintenance (Musante et al., 1999).

Role-play activities were identified as an effective tool to increase participants understanding about self, create new insights, be more empathic, while also teaching constructive ways to confront others (Hankins & Hankins, 1988). This technique was particularly effective during Week 2 with the self-talk fishbowl activity as it provoked self-awareness and insight into perspective-taking, both of which were skills promoted by the previous literature (Hankins & Hankins, 1988; Larson & Lochman, 2002). The modeling of behaviors and experimentation with alternate responses through role-play and recognition of group feedback can be used to facilitate the development and practice of effective interpersonal skills (Feindler, 1986). The implementation and enhancement of these skills reinforce the literature findings that children are constantly learning about handling their emotions, which further supports the promotion of self-awareness (Carter, 1995).
The previous research also emphasized the importance of individualizing the suggested intervention approaches with children (Larson & Lochman, 2002). For instance, the group sessions were developed around a preplanned format, however, flexibility existed to adapt to the group members’ current needs (Larson & Lochman, 2002). The initial meeting was structured around introductions, establishment of group rules, and a pre and post anger assessment to evaluate group effectiveness as recommended in the literature to evaluate group effectiveness (Larson & Lochman, 2002; Larson, Nuckles, & Smith, 2006; Wilde, 2002). In generating and establishing group rules, this researcher encouraged group discussion around group transition, participation, cooperation, displaying respect for one another, noise level, physical contact, and confidentiality as facilitated by group leaders in previous work (Larson & Lochman, 2002).

The importance of reinforcement was also highlighted within the literature for positive behaviors beyond the group in the generalized setting to allow for successful group experience (Larson & Lochman, 2002; Snyder et al., 1999). Three weeks into group, this researcher witnessed a group member avoid a negative peer confrontation by role-modeling appropriate behavior through the use of de-escalating skills during passing time. As a result of his behavior, this researcher rewarded the group member with a positive referral which included breakfast with the principal as well as having their name published in the school’s newspaper. In keeping with reinforcement, any leniency provided in the group intensified students’ inappropriate behavior, thus consistent reinforcement was imperative to the group and individual process (Hankins & Hankins, 1988). The group rules were continually expressed, initially by this primary researcher.
and then by fellow group members. Group participation and accountability, as with rule reinforcement, were strong determinants for group effectiveness (Waterman & Walker, 2001).

**Group Selection**

Appropriate group member selection helped to foster a successful group experience. Students for this group were selected by the sixth grade school counselor as mentioned in the literature regarding group selection. The research recognized that referrals most often came from teachers, counselors, and administrators since self-referrals were not common for children and adolescents with anger problems, although self-referral opportunities were encouraged (Waterman & Walker, 2001; Wilde, 2002). Since these students were not self-referred, this researcher consulted with the sixth grade counselor regarding the selected individuals to help determine their appropriateness for the group. Additionally, Waterman and Walker (2001) recommended the selection of participants who could potentially help the group process since youth who exhibit extremely disruptive behavior may be more appropriate for the individual counseling setting.

The group selection resulted in a recommendation of six students since previous research suggested the anger management group not exceed eight participants in order to properly monitor student progress (Waterman & Walker, 2001; Wilde, 2002). The particular students selected for this group were male, as supported by the literature which stated that historically groups have been male-dominated, since more males were associated with anger incidents than their female counterparts (Smith et al., 2000). The literature noted that females reported having less hostility toward school related
experiences than males and employed more positive coping strategies to manage their anger expression and feelings (Furlong et al., 2002). Despite having an all male group, the assessment tool used to measure the groups’ effectiveness was made applicable to female students as well (Furlong et al., 2002; Smith & Furlong, 1998).

*MSAI* Assessment

The results of the pre and post assessment on the group means displayed a positive change in the MSAI subscales which included Anger Experience, Hostility, Behavioral Expression, Destructive Expression, and Positive Coping. The scores indicated that the 6-week psycho-educational anger management group was effective in reducing male middle school students’ anger and components of anger. Although the mean scores decreased across all subscales, the positive coping subscale revealed a slight negative change with pre and post-test mean scores of 12 and 11.3 resulting in a .7 decrease, whose statistical significance is difficult to determine. During the post-test, modifications were made when administering the post-test measure.

*Limitations*

*MSAI* Assessment

Upon administering the pre-test, four out of the six group members complained about the length of the assessment and one of these four students stopped reading the statements and circled all the same response answers of “1” on items thirty-three through fifty-four. Of these items, 34; 35; 37; 39; 40; 42; and 43 made up the positive coping subscale, thus, the positive coping scale scores may not have been representative of the students’ individual process during the pre-assessment. Moreover, during the initial
meeting and when provided the pre-test, group members fed off one another and were not able to focus on their individual process because of peer distractions and disruptions.

As a result of these interruptions, this researcher modified the administration approach of the post-test. The group did not complete the post-test during the sixth and final group session; they did however meet individually with this researcher before the completion of that school day. Due to the fact that participants completed the post-test with more focus on their individual process as well as the meaning of the individual items, the positive coping scale scores may not have been representative of the students during the pre-assessment. Conversely, when completing the post-test, group members took considerably more time to read the items and respond, particularly on the second page with items thirty-three through fifty-four, which may have more accurately displayed their positive coping scores.

The MSAI can be used in school settings as a screening and needs assessment particularly since the format increased reliability, represented an efficient way to gather data, offered a way for children to communicate when they cannot or refuse to cooperate, and included a variety of items so that information is not unintentionally ignored by scorers (Furlong & Smith, 1994). However, consideration to cultural background and ethnicity needs to be established as well as more normative data to determine the inventory’s use across various settings (Furlong et al., 2002). In addition, cautions related to students when using the MSAI include the following biases: (1) being too tough or too easy on self; (2) avoidance of using extreme ends of the provided scale; (3) rating self above average on positive traits; and (4) social desirability. Cautions in accordance with
the scale itself include the use of appropriate wording to assess specific problems to elicit strong emotional reactions (Furlong & Smith, 1994).

**Attendance**

In working within a school environment, there were many interruptions relative to group attendance which included sickness, testing, make-up work, lunch detentions, and suspensions. Of the six group sessions, the highest attendance rate was all six members being present and the lowest attendance rate was three out of the six group members being present. Although lack of attendance can be viewed as a limitation, it can also be viewed as strength since absences often propelled the group process.

In response to group member absences, other members inquired about the missing member or members. The group facilitated discussion around the difference in the group dynamic relative to the person or people absent. For instance, group members noticed participation among themselves and others to either increase or decrease in response missing members. That being said, participation was effected in a variety of ways such as aggressive posturing, raising of voice, refusal to engage in group discussion or activities, and/or an overall lack of respect and tolerance for group rules. On the other hand, certain group member absences enabled some members to become actively engaged, less guarded, and seemingly more comfortable regarding their involvement in the group process.

Through attendance patterns, group members were enabled an opportunity to explore the significance of their behavior within the group relative to the presence or absence of particular group members. As a result of these changes within the group
experience, these absences contributed to additional growth through awareness from both an individual and group perspective.

**Suggestions for Future Research**

The literature suggests implementing psycho-educational counseling programs as intervention strategies, particularly for at-risk school age children (Smith et al., 1998; Taylor et al., 1999). Providing this anger curriculum and counseling approach opportunity to elementary students and schools would be beneficial as prevention or early intervention means.

Recommendations also include meeting individually with group members prior to the initial group meeting to administer the pre-test. To properly address anger coping alternatives and approaches, an extended program of 8-12 weeks with additional focus on positive coping techniques may be effective in increasing this subscale score as well as displaying a stronger decrease in the other subscales. In addition to these pre and post group assessment meetings, the scheduling of follow-up meetings was suggested to monitor the progress of group members as research noted difficulty in maintaining acquired social skills beyond the group environment (Feindler, 1986; Wilde, 2002).

The literature also advised the group leader to reserve the right to excuse a member from the group session if their behavior or attitude was detrimental to the group goals and process (Waterman & Walker, 2001). On one occasion, this researcher asked a particular member to leave group after breaking the physical contact group rule when putting his hands on another student (Wilde, 2002). Maintaining a group of this size and composition may elicit the use of a co-facilitator to provide additional support and leadership. In addition to co-facilitation, school staff personnel such as administrators can
also help to reinforce group members’ positive behaviors to further extend the group experience to their social surroundings.

*Implications for Counseling Practice*

The counseling practice, particularly school counseling, can benefit from and take advantage of the research-based effectiveness of psycho-educational groups within the school setting as supported by this and previously cited work. The importance of pre and post assessments in providing data to schools to present “evidence” of group effectiveness is to be acknowledged and reinforced. In addition to providing schools with information regarding psycho-educational group counseling, parents can also be informed, facilitating parent-school counseling program connectedness. In doing this, school counseling professionals extend awareness and advocacy for the student population.

Due to the effectiveness of this group, perhaps it may be appropriate and worth investigating the extension of psycho-educational anger management group counseling to female student populations. Moreover, applying the use of psycho-educational group counseling based on other concerns effecting youth, can also be examined for future practice. However, despite expected group composition and content, it is imperative to consider the institutional, parental, and student consent as a prerequisite prior to group implementation (Sharp & Herrick, 2000).

**Conclusion**

As an emotion, and as humans, anger is a part of life; however, anger is habitual and eventually feels normal for the angry individual (Potter-Efron & Potter-Efron, 1994). Being angry robs children and adolescence of using their energy toward more productive
purposes while also having the potential to destroy relationships (Carter, 1995; Messer et al., 1993). Youth behavior problems are prevalent and persistent and in need of immediate intervention since schools were reportedly unsafe as youth violence continues to rise (Feindler, 1986; Smith et al., 1998; Wilde, 2002).

Buddha once said, “Don’t just do something, stand there” (Messer et al., 1993). This message is particularly relevant to youth who are unsure about what to do with their anger (Potter-Efron & Potter-Efron, 1995). Having children and adolescents focus on self-observation and evaluation through the use psycho-educational group counseling enables youth to tap into the cognitive, emotional, and behavioral components of anger (Feindler, 1986; Hankins & Hankins 1998). In providing support with the implementation and development of effective coping strategies, research noted that students would be more prepared to deal with interpersonal conflict (Furlong, Smith, & Bates, 2002). Such a program would enable the utilization of these learned skills beyond the group and school setting and into their social surroundings (Larson & Lochman, 2002; Snyder et al., 1999). Additionally, providing an assessment tool to appropriately evaluate these components to adequately measure youth’s anger is advised (Furlong & Smith, 1998; Smith et al., 1998).
References


*Helping at risk students: A group counseling approach for grades 6-9* (pp. 1-17).

New York: Guildford Press.


Lanham, MD: Scarecrow Press.
Appendix A
STATEMENT OF INFORMED CONSENT FOR PARENTS

The purpose of this research is to assess the effectiveness of the anger management group entitled, “Keeping Your Cool”. Group members will be provided with skills to better manage their anger experiences and expressions and to develop positive coping techniques within their social contexts. This research project is also a requirement for completion of my masters thesis from the Department of Counselor Education at the State University of New York College at Brockport. If you agree to have your child participate in this study, s/he will be asked to complete a fifteen minute pre/post anger assessment.

Your child’s participation in this study is completely voluntary. Being in this study or refusing to be in this study will not affect your child’s grades or class standing. S/he is free to change her/his mind or stop being in the study at any time.

I understand that:

1. My child’s participation is voluntary and s/he has the right to refuse completing the anger assessment. S/he will have a chance to discuss any questions s/he has about the study with the researcher.
2. My child’s confidentiality will be protected with an assigned code number for data comparison on his/her pre/post assessment. If any publication results from this research, s/he would not be identified by name. Results will be given anonymously and in group from only, so neither the participants nor their schools can be identified.
3. There will be no anticipated risks because of participation in this project. The informed consent form will be read to my child as s/he read the written form with the researcher.
4. My child’s participation involves completing a pre/post test measure and attending eight weekly group sessions.
5. As many as ten male sixth grade students will take part in this study. The results will be used for the completion of a research project by the primary researcher.
6. Data and consent forms will be kept separately in a locked filing cabinet by the investigator and will be destroyed by shredding when the research has been completed.

You are being asked whether or not you will permit your child to participate in this study. If you wish to give permission to participate, and you agree with the statement below, please sign in the space provided. Remember, you may change your mind at any point and withdraw your child from the study. Your child can refuse to participate even if you have given permission for her/him to participate.

I understand the information provided in this form and agree to allow my child to participate as a participant in this project. I am 18 years of age or older. I have read and
understand the above statements. All my questions about my child’s participation in this study have been answered to my satisfaction.

If you have any questions you may contact:

<table>
<thead>
<tr>
<th>Primary researcher</th>
<th>Faculty Advisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ashley Ellis</td>
<td>Thomas Hernandez</td>
</tr>
<tr>
<td>421-2084</td>
<td>Department of Counselor Education; 395-2258</td>
</tr>
</tbody>
</table>

______________________
Signature of Parent / Date

______________________
Child's name
Appendix B
STATEMENT OF INFORMED CONSENT FOR MINORS

The purpose of this research is to look at the effectiveness of the anger management group entitled, “Keeping Your Cool”. As a group member, you will be provided with skills to better manage your anger experiences and expressions and to develop positive ways of dealing with anger. This research project is also a requirement for completion of my masters thesis from the Department of Counselor Education at the State University of New York College at Brockport. If you agree to participate in this study, you will be asked to complete a fifteen minute pre/post anger assessment.

Your participation in this study is completely voluntary. Being in this study or refusing to be in this study, will not affect your grades or class standing. You are free to change your mind or stop being in the study at any time.

I understand that:

1. My participation is voluntary and I have the right to refuse completing the survey. I will have a chance to discuss any questions I have about the study with the researcher.
2. My privacy will be protected with an assigned code number to be placed on my pre/post assessment. If any publication results from this research, I will not be identified by name. Results will be given anonymously and in group form only, so neither you nor your schools can be identified.
3. There will be no anticipated risks because of participation in this project. The informed consent form will be read to me as I read the written form with the primary researcher.
4. My participation involves completing a pre/post test measure and attending eight group sessions.
5. As many as ten students will take part in this study. The results will be used for the completion of a research project by the primary researcher.
6. Data and consent forms will be kept separately in a locked filing cabinet by the investigator and will be destroyed by shredding when the research has been completed.

You are being asked whether or not you want to participate in this study. If you wish to participate, and you agree with the statement below, please sign in the space provided. Remember, you may change your mind at any point and withdraw from the study. You can refuse to participate even if your parent/guardian gives permission for you to participate.

If you have any questions you may contact:

Primary researcher       Faculty Advisor
Ashley Ellis             Thomas Hernandez
421-2084                 Department of Counselor Education; 395-2258
I understand the information provided in this form and agree to be a participant in this project.

________________________________________
Signature of participant / Date

________________________________________
Birth Date of participant

________________________________________
Signature of a witness 18 years of age or older / Date
Appendix C
Imagine you are a passenger on a cruise to Alaska. You see a giant iceberg that seems to be floating in the water. You may not realize that what you see above the surface of the water is only the very tip of the iceberg. Most of the iceberg is underneath the water's surface.

Anger is like the tip of the iceberg. People might see only the anger; without realizing that beneath the surface, there is much more to a person's emotions than anger.

Imagine the iceberg below represents your emotions. The tip of the iceberg is your anger. Below the water's surface, write all of the emotions that have been beneath the surface of your anger in the past.

**Below, practice recognizing the emotions under the surface of your anger:**

A time when I expressed anger: ____________________________________________

The emotions below the surface: _______________________________________

A time when I expressed anger: ________________________________________

The emotions below the surface: _______________________________________

A time when I expressed anger: ________________________________________

The emotions below the surface: _______________________________________
Appendix D
Self-Talk

What is Self-Talk?
Self-talk is that "little voice inside your head." It is what you tell yourself about yourself, or about a situation. Self-talk can be positive, like when you tell yourself "I can do this" to help you get through something you're nervous about. Or, it can be negative, like when you tell yourself "I'm so stupid" and beat yourself up about a mistake you've made.

What does Self-Talk have to do with anger management?
A lot. Self-Talk has a huge influence on your feelings and can make you feel better or worse about any given situation. If your self-talk tends to be negative, you probably spend a lot more time feeling angry (at yourself or at others) than someone whose self-talk tends to be positive.

Example:
Situation: John is in a movie theatre on his way back to his seat from the concession stand. Someone bumps into him and knocks half of his super-sized bucket of popcorn onto the floor. The guy who bumped into him just kept walking.

Negative self-talk: "That jerk probably bumped into me on purpose. He's trying to make me look like a fool. Embarrassing me in front of all these other people, they are probably all thinking I'm a punk if I don't do something about it. I can't let him disrespect me like that."

Positive self-talk: "The guy is probably oblivious — doesn't even realize what he just did. Either that, or he's got some serious issues going on. Everyone who saw this is probably thinking what a jerk he is. I'm not going to let it ruin my night. Anyway, he just cut my calorie intake for the night in half."

Pick a recent situation in which your anger escalated. Describe it briefly below:
**Self-Talk**

Describe your self-talk before, during and after the situation you described on the previous page:

<table>
<thead>
<tr>
<th>BEFORE:</th>
<th>DURING:</th>
<th>AFTER:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Self-talk about myself:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Self-talk about the person I was angry with:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Other self-talk (about other people involved, family, the world in general, etc.):</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Now, go back to the above description of your self-talk and circle every example in which your self-talk was negative. For any of the examples of negative self-talk you circled, re-write the self-talk to be more positive and constructive.

How do you think the situation might turn out differently if you could go back and do it again, using your positive self-talk?
Anger is a normal reaction to a perceived threat. All animals have certain physiological reactions to threat which allow us to respond physically: for example, to run away from danger; to fight to protect ourselves or our family, or to “freeze” in order to avoid being seen by another creature that poses a danger.

On the illustration below, circle any physical symptoms you experience when your anger is escalating, and write in any others that are not listed.

The symptoms you circled above can be used as ‘cues’ to let you know when your anger is escalating and you need to take control before things get out of hand. Some of these cues may take place sooner than others. If you tune into these physical cues to anger, you can learn to recognize them earlier and respond to your emotions in more planned and effective ways.