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UNIVERSITY OF OKLAHOMA

GRADUATE COLLEGE

THE EFFECTS OF A CLASSROOM ANGER MANAGEMENT PROGRAM ON LEVELS OF ANGER AND DEPRESSION IN FOURTH GRADE STUDENTS

A Dissertation

SUBMITTED TO THE GRADUATE FACULTY

in partial fulfillment of the requirements for the

degree of

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By

THERESA ANN PRIDE-LAWSON
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1998

THE EFFECTS OF A CLASSROOM ANGER MANAGEMENT PROGRAM
ON LEVELS OF ANGER AND DEPRESSION
IN FOURTH GRADE STUDENTS

A Dissertation APPROVED FOR THE
DEPARTMENT OF EDUCATIONAL PSYCHOLOGY

BY

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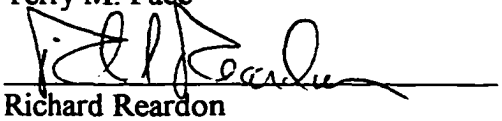

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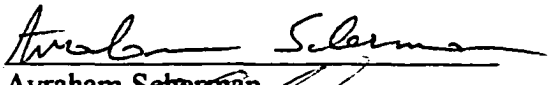

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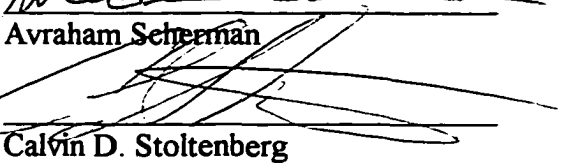

Calvin D. Stoltenberg

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ABSTRACT

The present study examined the effects of a cognitive-behavioral Classroom Anger Management Program on self-report and teacher report measures of anger as well as self-report levels of depression in a sample of 70 fourth grade students. Additionally, correlations of anger and depression were examined, as were gender differences in anger and depression. The four classrooms were randomly assigned to the treatment and control conditions.

Results of a pretest analysis suggested that there was no significant relationship between self-report measures of anger and depression; however, there was a significant relationship between the Teacher Report of School Anger Control Problems and the Children's Depression Inventory overall score, as well as the depression subscales assessing interpersonal problems and ineffectiveness. A significant relationship was found between the Student Anger Inventory and the subscales for negative mood and anhedonia on the Children's Depression Inventory. No gender differences were found on any of the dependent measures.

Posttest analyses revealed a significant treatment effect on self-reported and teacher reported levels of student anger in the classroom, with no significant effect on levels of depression. The need for peer evaluations of affect and follow-up testing is discussed.

The Effects of a Classroom Anger Management Program on Levels of Anger and Depression in Fourth Grade Students

Introduction

Clifford (1983) emphasized the need for teachers to better understand children's anger in the classroom. Children's classroom behavior is often a reflection of circumstances in their broader home and social environments. Anger emerging from such circumstances may be expressed through behavior and displaced onto teachers and peers. Increasingly, teachers have become liaisons between students with anger control problems and their families, and at times, between students, their families, and mental health professionals. However, very little research has been conducted regarding teachers' ability to accurately identify emotional distress in children (Maag, Rutherford, & Parks, 1988). Potentially serious consequences may occur as a result of teachers' inability to recognize high-risk students and to make appropriate referrals.

The emotional and behavioral experiences of children are inevitably the result of complex interactions among a broad range of personal, social, and familial factors. In recent years, there has been a growing interest in understanding the role of anger in children's experience and behavior. Anger can be assessed through various avenues, i.e., behavior, cognition, and affect. In children, anger is usually assessed through overt behavior in the form of aggression. The affective component of anger may be assessed through self-report measures, while cognitive assessments of anger have generally not been used with children (Finch, Saylor, & Nelson, 1987). Research has shown that while teachers might be able to identify the behavioral component,

aggression, peers may be more accurate in perceiving the more subjective, affective dimensions of anger (Finch & Eastman, 1983). This difference in teachers' and peers' ability to identify anger dimensions in students may be explained by research conducted by Underwood, Coie, and Herbsman (1992), which suggested that children were more genuine in expressing their anger with peers than with teachers. They suggested that social context was an important factor in determining when children would express anger as a result of display rules which mask (hide or change) the expression of emotion. Display rules are cognitive mediators, which are determined by expected consequences of emotion expression. Consequently, display rules can change from one social setting to the next. Masking of emotion takes place in two ways, by surpressing emotion or by expressing emotion in ways that are socially acceptable in a given setting. Studies that have investigated display rules have revealed that boys generally expected negative consequences for expressing sadness (Fuchs & Thelen, 1988; Underwood, Coie, & Herbsman, 1992). If boys are socialized not to express sadness or related emotions, it seems possible that these emotions may be expressed in the form of anger, with anger masking depression. While the relationship between anger and depression in children has not been uniformly supported in empirical studies (e.g., Wolfe, Finch, Saylor, Blount, Pallmeyer, & Carek, 1987), enough evidence exists to warrant further examination of the inter-relatedness of these emotions.

Accurate differential diagnosis when working with children is essential if effective interventions are to be developed and implemented. One line of research that is particularly illustrative of this assertion has explored the relationship between learning disabilities and emotional/behavioral problems. It has been reported that

children with learning disabilities exhibit higher levels of anger, more negative behavior, less positive behavior, and less on-task motivation than students without learning disabilities (Heavey, Adelmann, Nelson, & Smith, 1989). Also, concerns have been raised regarding the potential misdiagnosis of depressed children as learning disabled, particularly given the likelihood that depression interferes with such processes as attention span and memory (Hart, 1991; Hall & Haws, 1989; Wienberg, McLean, Snider, Nuckols, Rintelman, Erwin, & Brumback, 1989). At the present time, the causal nature of the relationship of learning difficulties and emotional problems, if one exists at all, is not known. Given the substantial differences in treatment implications for learning problems versus emotional/behavioral problems, the importance of accurate diagnosis cannot be overemphasized. Again, teachers may be able to assess the behavioral component of emotions, but they may not be able to accurately assess the emotional component. Failure to accurately diagnose difficulties observed in children, along with failure to provide appropriate intervention, can result in chronic, long-term problems with pervasive effects on psychological, intellectual, and social development.

Once an at-risk student is identified and the nature of difficulty accurately diagnosed, the next step is to develop an effective plan for intervention. Both small group and individual cognitive-behavioral approaches have been used to significantly decrease anger and aggressive behavior in elementary school students (Akande & Akende, 1994; Davis & Boster 1993; Lochman, Burch, Curry, & Lampron, 1984; Lochman & Lenhart, 1993; Omizo, Hershberger, & Omizo, 1988). Specific cognitive-behavioral techniques include modeling, role playing and positive reinforcement (Omizo, Herscberger, & Omizo, 1988); appreciative humor (Sluder 1986); affective

imagery training (Garrison & Stolberg, 1983); and anger coping skills training (Lochman, 1985; Lochman, Burch, Curry, & Lampron, 1984). Despite the evidence that these cognitive-behavioral interventions have had a positive impact with most students, the results need to be generalized to the classroom in order to have maximum effect. For instance, the results of one cognitive-behavioral intervention with boys resulted in a decrease in aggressive behavior in the classroom, but a shift in perceptions and cognitions from anger to sadness was also noted (Garrison & Stolberg, 1983). This shift makes sense in light of masking rules which could discourage males from expressing sadness. Depression may have been the underlying problem rather than anger. Although cognitive-behavioral interventions may be effective in reducing aggressive behavior, the shift from anger to sadness could go untreated because in the absence of disruptive, acting-out behavior, symptoms of emotional distress may be overlooked by teachers.

Lochman, Lampron, Gemmer, Harris, and Wyckoff (1989) found that when teachers were included as consultants in the anger intervention process to facilitate and monitor generalization effects to the classroom, it was not shown to have a significant impact on interventions with individual students. The inclusion of the teacher only as a monitor of classroom behavior may not be the most effective method of utilizing teachers in the intervention process, as the teacher could now focus his or her attention on the student's negative behavior.

While systems approaches to intervention are widely used in family therapy and organizational consultation, they have not been widely applied in the treatment of behavioral problems in the school. The referral of a student for treatment may be

interpreted to mean that the student is solely responsible for problems that occur in the classroom. Teacher perceptions of the child as "problematic" may remain unchanged and undermine treatment effects, particularly if the teacher is burned-out or angry with the student. What if intervention was instead taken to the classroom with a broader emphasis on prevention in addition to remediation? Given the extensive contact between students and teachers, particularly in the elementary grades, teachers are in a unique role to facilitate the development of adaptive coping skills among their students. This may also help to generalize the intervention from a therapy session to the classroom. Unfortunately, formal efforts to facilitate this kind of adaptive development are rarely a part of classroom activities. Instead, students learn via informal methods such as observation, trial and error, etc., relying upon their own subjective perceptions of the often covert, unspecified rules governing behavior and interaction.

The Classroom Anger Management Program (CAMP) is a cognitive-behavioral program designed to include teachers and peers as part of a systems approach to the treatment of anger control problems in the classroom. This program incorporates education regarding what emotions are and their purpose, negative expressions of anger, assertive communication, and classroom rules for expressing anger. The CAMP also utilizes humor and problem-solving skills. The program includes homework assignments and role-play opportunities, both of which are strictly voluntary activities. Homework assignments are not turned in, but are used to help the students monitor his or her affect and behavior in the classroom. Students are also not required to participate in any classroom discussions. Together, students and teachers develop rules for appropriate expressions of anger for their particular classrooms. The CAMP focuses on

students taking responsibility for their behavior without labeling the students as "bad." An outline of the program is included in Appendix B.

The purpose of this study was to utilize a cognitive-behavioral systems approach to examine the impact of a Classroom Anger Management Program (CAMP) on self--reported levels of anger and depression, as well as teacher-reported levels of anger in fourth grade students. Depression was included to examine the relationship between anger and depression and to explore possible gender differences in the expression of these emotions. It seems possible that anger masks depression in boys because of display rules which suggest negative consequences for the expression of sadness. In addition, teacher ratings of anger were obtained prior to implementation of the program in an effort to examine the comparability of perceptions across sources, i.e., students' self-reported anger and teachers' perceptions of students' anger. Specifically, the following research questions were addressed:

1) Will there be a significant relationship between anger and depression in this fourth grade sample?

2) Will there be significant gender differences in measured levels of anger and depression?

3) Does participation in an anger management program significantly lower levels of anger and/or depression in children as measured by a decrease in scores on standardized measures of these constructs?

Method

Participants

Participants in this study were 70 fourth grade students (31 males, 39 females) from the same rural southwestern elementary school. Two of the students were Native American, one was Asian, and the remaining 67 students were Caucasian. Ages ranged from 9 to 11 years, with both a mean age and a median age of 10 years.

Due to absences there was incomplete data for 6 students (3 male , 3 female). Two students were in the treatment group and four students were in the control group.

Dependent Variables

The School Anger Inventory (SAI). The School Anger Inventory (SAI) is a 30 item self-report instrument which assesses students' anger related to school (Heavey, Adelman, Nelson, & Smith, 1989). Items are presented on a 4-point Likert scale ranging from "I don't care, that situation doesn't even bother me" to "I can't stand that! I'm furious!" Sample items include "Someone in your class tells the teacher on you for something" and "Someone in your classroom acts up, so the whole class has to stay after school." Drawings of facial expressions are used to facilitate understanding of the scale. The SAI has been found to have an internal consistency reliability of .83 and a test-retest reliability of .76. The SAI has been found to correlate .41 with school behavior problems (Heavey et al., 1989). The SAI is adapted from the Children's Inventory of Anger (Nelson & Finch, 1978), which is recommended for use with students in grades 4 - 8. The Children's Inventory of Anger is recommended for determining the effectiveness of treatment programs rather than making clinical decisions (Nelson, Hart, & Finch, 1993).

The Teacher Rating Scale of Anger Control Problems (TRSACP). The TRSACP assesses the teacher's perceptions of student anger (Finch & Eastman, 1983). This is a 29-item instrument with sample items like "has a chip on shoulder" or "hits and pushes other children." Children are rated on a 4-point scale that ranges from "not a problem" to "always a problem." It was developed from a variety of well -constructed problem checklists designed to measure anger and aggression and has been reported to correlate .34 with peer ratings of anger.

Children's Depression Inventory (CDI). The CDI is a 27-item self-report instrument which assesses depression (Kovacs & Beck, 1977). The CDI was designed for ages 8 - 17 years. The CDI yields a total score and 5 subscale scores: negative mood (scale A), interpersonal problems (scale B), ineffectiveness (scale C), anhedonia (scale D), and negative self-esteem (scale E). Items ask children to pick one of three statements that best describes them, such as "I am sad once in a while", "I am sad many times," "I am sad all the time."

Although reliability and validity measures have been judged acceptable, some studies have indicated that perhaps the CDI measures general distress rather than actual depression. Carey, Faulstich, Gresham, Ruggiero, and Enyart (1987) found three factors on the CDI, depressive affect, oppositional behavior, and personal adjustment, with a sample of clinical and non-referred children. The CDI was found to discriminate between depressed and non-depressed children, but none of the factors discriminated between the depressed and conduct-disordered children. Internal consistency coefficients ranging from .71 - .89 and test-retest coefficients ranging from .51 - .77 have been reported (Kovacs, 1992).

Procedure

There were four fourth grade classrooms at the elementary school. Classrooms were randomly assigned to the treatment and the control group conditions. Consent forms were sent home with all students one week prior to the beginning of the study. The three students not receiving permission to participate in the study went to another fourth grade class during the periods the study was being conducted. Students were also given consent forms to sign. These consent forms were read to each class by their teachers.

The TRSACPs were completed by all four teachers three days prior to the beginning of the Classroom Anger Management Program (CAMP). Two days prior to the CAMP, the SIA were completed by all students. One day prior to the CAMP, the CDI was completed by all students. The teachers read the SAI and the CDI out loud to their classrooms to ensure that students with reading difficulties would be able to complete the instruments. Additionally, because students were accustomed to completing forms and following directions from their teachers, teachers' involvement was solicited to minimize potential extraneous interference that could result from a stranger conducting this portion of the study in the class.

The CAMP was presented, by this researcher, to each of the treatment classrooms in six, fifty-minute sessions. The teachers were present and participated in the program. The school counselor was also present during the presentations but did not participate. The program was presented during the final six weeks of school and the control group was engaged in structured free-time activity (e.g., story-time or games) during the time the treatment group participated in the CAMP. One week after

completion of the CAMP, post-test data were collected, following the same procedures that were used to collect the pre-test data.

Results

Pretest Analysis

Pearson Product-moment correlations were computed on the CDI, SIA, and TRSACP to determine the degree of relationship that existed among them. Table 1 reflects significant correlations between the TRSACP and the CDI total score ($r = .24$, $p < .05$), Scale B - interpersonal problems, ($r = .32$, $p < .01$), and Scale C - ineffectiveness, ($r = .27$, $p < .05$). Also, significant correlations were found for SAI scores with Scale A - negative mood, ($r = .34$, $p < .01$) and with Scale D - anhedonia, ($r = .27$, $p < .05$). No significant correlations were found between teacher perceptions of student anger (TRSACP) and the students' self-report measure of anger (SAI). As expected, a high degree of relationship was found between the CDI total score and it's subscale scores, as well as among subscale scores.

Means and standard deviations for the dependent measures for males and females are presented in Table 2. Table 3 presents the results of a 2 (gender) X 4 (classroom) MANOVA computed for the pre-test scores on the dependent measures. As reflected in the table, neither the interaction nor the main effects for gender or classroom were statistically significant. It is interesting to note, however, that although there were no significant gender differences on the CDI scores, the standard deviations reflect less variance for males compared to females, indicating that males may have a narrower parameter for the expression of depression.

Posttest Analysis

The means and standard deviations for treatment and control groups on the CDI, SAI, and TRSACP are presented in Table 4. The effects of treatment were analyzed using two (pre-test vs. post-test) x 2 (treatment and control groups) repeated measures MANOVAs. In the first MANOVA total scores on the CDI, SAI, and TRSACP served as dependent variables and in the second MANOVA scores on the 5 subscales of the CDI served as dependent variables. A summary of the first MANOVA is presented in Table 5. As can be seen in the table, a significant group (treatment, control) x test (pre, post) interaction effect was found, Wilks = .763 F (3, 60) = 6.23, p = .001. In the presence of the significant interaction, little interest remains in the main effects. Consequently, simple main effects tests were performed for test within group and for group within test. The results of the simple main effects tests are reported in Table 6. The recommended procedure for simple main effects tests is to assign the same per family error rate to simple main effects tests as to the overall F-ratio (Kirk, 1982). Thus, alpha equals .025 for all four of the simple main effects tests reported in Table 6. As reflected in the table, the only significant difference found was the comparison of pretest and posttest scores for the Treatment Group. Univariate F - tests were then conducted to determine on which of the dependent measures significant differences were found. Results of this analysis revealed that the Treatment Group differed significantly from the pretest to the posttest on the SAI (F, (1, 62) = 18.14836, p = .000) and the TRSACP (F (1, 62) = 12.30279, p = .001), but not on the CDI (F, (1, 62) = .00745, p = .932). Figure 1 presents graphical displays of the ordinal interaction of group and test on each of the three dependent measures.

The second repeated measures MANOVA was conducted using the five CDI subscales as dependent measures. The results of this analysis are reported in Table 7. As can be seen in the table, neither the interaction effect nor the main effects were statistically significant.

Discussion

This study examined the following three research questions: 1) Were there significant correlations between anger and depression measures? 2) Were there significant gender differences on measures of anger and depression? 3) Did participation in the CAMP significantly lower levels of anger and/or depression in children? The results of the analyses and suggestions for future research will be discussed.

No significant relationship was found between student self-reported anger and teacher reports of anger problems, indicating that teachers' perceptions of student anger and students' emotional states may not be consistent. Finch and Eastman (1983) also failed to find a correlation between children's self-reports of anger and teacher assessments of anger. They did, however, find significant correlations between students' self-reports of anger and peer evaluations of student anger. As they suggest, it may be difficult for teachers to assess the affective component of students' anger, and teachers must rely on more objective and visible indicators of anger, like aggressive behavior. Student anger may not be identified by teachers unless anger is expressed as aggressive behavior.

Although students' self- reports of anger and teacher reports of anger were not correlated, a significant relationship was found between teacher perceptions of anger

and students' overall level of depression as measured by the CDI and two CDI subscale dimensions, interpersonal problems and ineffectiveness. Teachers may interpret ineffectiveness and interpersonal problems as symptoms of anger, while students' affective state may actually be sadness or depression. Carey, Faulstich, Gresham, Ruggiero, and Enyart (1987) suggested that because the CDI was not able to discriminate between conduct disorder and affective disorders in children, the CDI may be a measure of general distress in children rather than a measure of depression, and a significant relationship was found between student reports of anger and negative mood and anhedonia on the CDI. The effects of the CAMP on teachers was not explored, but future research might focus on appropriate referrals by teachers and generalization of anger management to other classrooms. Differences in teacher and administrative styles may hinder implementation The flexibility of the CAMP does allow for teacher and administrative differences. Each teacher has students with different rules for displaying anger, which was most likely learned at home. The CAMP covers the same information in the first five sessions, but the last session allows the program to be tailored to an individual classroom because the rules for appropriate anger expression are developed by the teacher and students in that particular classroom.

The present study did not assess peer ratings of anger, however, peer ratings may provide another useful component to the assessment of student anger in the classroom. Peer evaluations of student anger and depression may shed some light on whether children are masking emotions or whether teachers are assessing symptoms of depression as anger. Also, parent reports of anger and depression would have been useful, but as some parents had concerns about their parenting styles being evaluated,

the school administration would only allow classroom evaluation of students. The additional information from parents, coaches, or other organizations would provide valuable information about generalization to other areas of functioning that the present study could not assess.

Analysis of the data indicated no significant gender differences on any of the assessment instruments with this study. Although no significant differences were found, Table 3 reveals that males have less variance in depression than females as measured by the CDI and perhaps less range of expression for depression or sadness than females. It is also interesting to note that referrals to anger management groups for the previous three years at this school consisted of all males. Unlike many of the studies that examined the relationship between anger and depression, this study did not use participants from a therapy setting. Consequently, many of the subjects had minimal levels of anger or depression to begin with, making any possible gender differences difficult to detect.

Although anger and depression are often assessed independently, they may actually occur in clusters. Blumberg and Izard (1985) found that for girls the CDI was significantly correlated with self-directed hostility, sadness, and shame, respectively. More accurate assessment of students' emotional state by teachers may ultimately result in more appropriate referrals and intervention. Efforts to assist children in better understanding emotions and their relationships to behavior may prove to be a worthwhile investment of time and resources.

Even though many of the students in this study had low levels of anger, the CAMP did positively affect student and teacher perceptions of anger. The CAMP

impacted those students who were experiencing higher levels of anger and who were, perhaps, at risk for development of anger control problems. A CAMP can be an efficient method to utilize the ecological perspective advocated by Brofenbrenner (1977). Often in therapy parents or guardians of children are included in therapy because of the limited power and/or control a child has to change their environment or factors that contribute to the problems they are experiencing. Within the educational system, however, teachers are generally excluded from treatment and utilized exclusively for assessment. The expectation for change is placed solely on the child, who may be just as powerless to change their social environmental at school as they would be in their home. Generalization of anger management skills can be facilitated by including the teacher and peers of high risk students in the intervention.

Children often rely on simplistic categories in classifying emotions, e.g., "anger is bad," which in turn may lead to the conclusion that individuals who behave in angry ways, e.g., aggression, are "bad people". Open discussion of appropriate methods for coping with and expressing emotions could remove much of the confusion in behavioral expectations for students and teachers. The CAMP intervenes in the environment, focusing on the system rather than picking the "bad" students and "fixing" them. The self-esteem of the at-risk students can be protected because students take responsibility for their behavior without being labeled as "bad". If the CAMP can effectively reduce acting-out behavior among students in the classroom, the amount of time and energy that a teacher must spend on disciplinary activities can likewise be reduced, thereby increasing the quantity and quality of time spent on educational activities. This would be an area for further research.

Also, if students are able to reduce their levels of anger, they may have improved concentration on educational tasks. This increased concentration may, in turn, help to improve academic performance and this issue should be explored. Future research may shed some light on this. The CAMP may also serve as a prevention program for those low risk students who are not experiencing higher levels of anger at this time. These students would benefit from having an increased ability to recognize and accept their feelings. In addition, the CAMP would enable teachers to have a more accurate assessment of student affect, facilitating earlier referrals to counselors for assistance when needed. Finally, a better understanding of how classroom dynamics contribute to individual behavior problems could help teachers intervene within their own classroom. For these low-risk students, classroom interventions may provide a more efficient, less intrusive form of anger management.

Overall, this study demonstrates the potential usefulness of a classroom intervention for anger control problems. There are a number of relevant factors that were not explored or controlled for in this study that should be examined in future. For example, it may be helpful to include a measure of teachers' perceptions of depression in students, as teachers' perceptions of anger in this study seemed to be more closely associated with the student depression measures rather than with the student anger measures. Because this program was presented at the end of the school year, it was not possible to reassess the students at a later date. It would have been helpful to present the CAMP to the control group to see if a similar treatment effect would have occurred. It would also have been helpful to retest the group at a later interval during the school year to see if treatment effects did generalize, with scores maintained at a lower level.

However this was the only time the school had available for this study to be conducted. Finally, in future research the teachers might be kept blind on whether their class is in the treatment group or the control group, thereby preventing influences of their perceptions of students' emotional states by knowledge of their class' group assignment.

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Table 1

Pearson Product Moment Correlations Among Pretest Measures

	TRSACP	SAI	CDI	A	B	C	D	E
TRSACP	1.00	-.11	.24*	.12	.32*	.27*	.13	.20
SAI		1.00	.23	.34*	-.01	.18	.27*	.07
CDI			1.00	.81*	.66*	.83*	.89*	.80*
Scale A- Negative Mood				1.00	.37*	.58*	.65*	.61*
Scale B - Interpersonal Problems					1.00	.54*	.52*	.42*
Scale C - Ineffectiveness						1.00	.67*	.55*
Scale D - Anhedonia							1.00	.59*
Scale E - Negative Self-esteem								1.00

*$p < .05$

Table 2

Means and Standard Deviations for Males and Females on Dependent Measures

Measure	M	SD	M	SD
	Males		Females	
	(n = 30)		(n = 38)	
CDI	12.70	7.38	13.16	10.50
SAI	81.80	13.50	84.03	14.76
TRSACP	46.90	17.01	39.84	14.45

Table 3

MANOVA for Gender and Classroom Differences on Pretest Measures

Source of Variance	Wilks Lambda	Exact F	Significance of F
Classroom	.83	1.36	.20
Gender	.94	1.28	.29
Classroom x Gender	.88	.83	.59

Table 4

Means and Standard Deviations for the Dependent Measures

	Treatment Group (n = 35)		Control Group (n = 29)		Total Sample (n = 64)	
Measure	Pre	Post	Pre	Post	Pre	Post
CDI						
M	11.23	11.31	14.97	16.97	12.92	13.88
SD	7.82	9.10	10.65	14.24	9.32	11.95
SAI						
M	82.80	74.80	83.79	82.35	83.80	78.22
SD	13.35	13.15	15.03	21.07	14.15	17.46
TRSACP						
M	43.09	36.40	42.17	44.52	42.67	40.08
SD	16.24	16.34	16.36	23.40	16.17	20.10

Table 5

Repeated Measures MANOVA Summary Table for the CDI, SAI, and TRSACP

Source of Variance	Wilks Lambda	Exact F	Significance of F
Group	.94050	1.27	.294
Test	.80761	4.77	.005
Group x Test	.76282	6.23	.001

Table 6

Simple Main Effects Summary Table

Source of Variance	Wilks Lambda	Exact F	Hypothesis DF	Error DF	Significance of F-ratio
BETWEEN SUBJECTS					
Test at Treatment Group	.660	10.28128	3	60	.000
Test at Control Group	.929	1.5324	3	60	.215
WITHIN SUBJECTS					
Group at Pretest	.950	1.05221	3	60	.37
Group at Posttest	.889	1.50071	3	60	.06

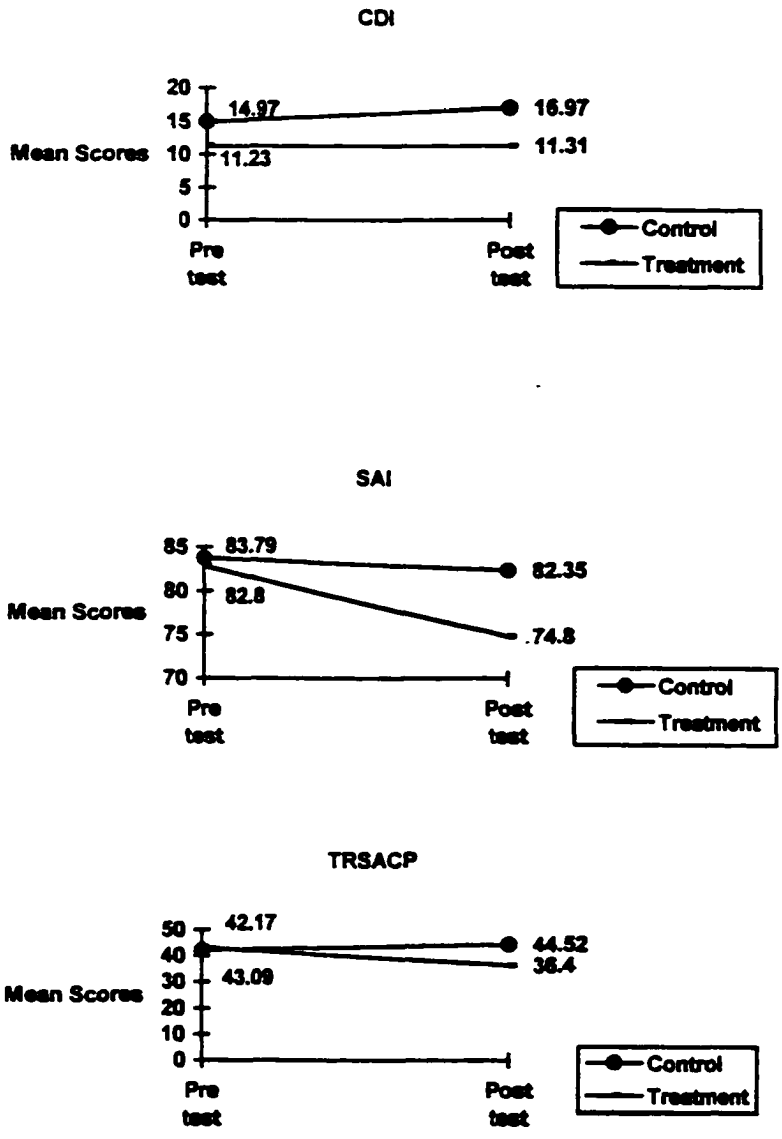
Table 7

Repeated Measures MANOVA Summary Table for CDI Subscales

Source of Variance	Wilks Lambda	Exact F	Significance of F
Group	.88774	1.54278	.19
Test	.95906	.52085	.76
Group x Test	.93216	.88789	.495

Figure 1

Ordinal Interaction of Group and Test on the CDI, SAI, and TRSACP



APPENDIX A

Dissertation Proposal

Effects of an Anger Management Program on

Levels of Anger and Depression in Fourth Grade Students

April 12, 1993

INTRODUCTION

Background of the Problem

Between 1950 and 1980, juvenile arrests, drug/alcohol usage, suicides, and academic underachievement have increased dramatically (Steinberg, 1989). Anger, depression, achievement problems, and hostile family relationships have been linked with adolescent substance abuse (Brook, J., Whiteman, M., Gordon, A. and Cohen, P., 1986); and adolescents involved in substance abuse are also more likely to be involved in delinquency, fatal and non-fatal accidents, and to experience depression and school difficulties (Steinberg, 1989). Concerns regarding the youth of this country have become a serious issue within the educational system. At the most fundamental level, aggressive or disruptive behavior can have a detrimental effect on the entire classroom as it can detract from the on-task behavior of students (Lochman, Burch, Curry, & Lampron, 1984). In addition, time that the teacher spends monitoring and intervening in disruptive behavior takes away from time that could be spent on educational tasks. Further, given that early developmental difficulties can and often does result in more serious, pervasive personal, social, and academic deficits, there are compelling reasons to intervene as early as possible.

Violent behavior and suicide are both important issues that at first glance may seem like very different variables. Assessment of either of these behaviors, however, can become complicated for a number of reasons. One reason is the overlap of definition between depression and aggressive behavior. Aggressive behavior and irritability may be part of the criteria for assessing depression in children (Hart, 1991).

There is some evidence to show that the socialization process may actually

work to mask the expression of selected emotions in children. Girls may express most emotions and inhibit the expression of anger, while boys may express anger and inhibit the expression of most other emotions (Brody, 1985). This factor would make it even more difficult to accurately assess the emotional states of children. Along those lines, Miller & Sperry (1987) found that a transgression or perceived injury will elicit either anger or sadness in children depending on the child's interpretation of the event, with primary caregivers providing many of the rules for appropriate and inappropriate expressions of affect.

The classroom teacher is in a critical position to identify developing or existing difficulties and to make referrals for assistance. Increasingly, teachers have become liaisons between student, family, and mental health professionals. A problem arises however, when teachers are not able to accurately identify high-risk students. Although teachers are being utilized as liaisons, very little research has been conducted regarding their ability to accurately assess emotional distress in children (Maag, Rutherford, & Parks, 1988).

Research has shown that while teachers may be able to identify the behavioral component of anger, aggression, peers may be more accurate in perceiving the more subjective, emotional state of anger (Finch & Eastman, 1983). A possible explanation may be in the research conducted by Underwood, Coie, & Herbsman (1992) which found that children would be more genuine in expressing their anger with peers than with teachers. They also found that social context was an important factor in determining when children would express anger.

Once an at-risk student has been identified, what is the best means of

intervention? Many times the student is referred for individual counseling or the student is referred for an anger management group. Group counseling is usually seen as a more efficient intervention in terms of resources. Lochman, Lampron, Gemmer, Harris, & Wyckoff (1989) found that a cognitive-behavioral treatment approach could significantly reduce aggressive or disruptive behavior with elementary students. Despite the evidence that the intervention had a positive impact with these students, the authors conclude that not all students are helped by these interventions, as the results need to be generalized to the classroom in order to have maximum effect.

Brofenbrenner (1977) advocates research with an ecological perspective on human development which involves examining the broader environment. With this line of research, an examination of the microsystem would be in order. The microsystem is the interaction of the person and the setting in which behavior takes place. It includes the elements of place, time, activity, participants, roles, and physical features of a particular setting. This approach may be particularly useful in working with children.

It has been proposed that teachers be included as consultants in the intervention process in order to facilitate and monitor generalization effects to the classroom, but this has not been shown to have a significant impact (Lochman, Lampron, Gemmer, Harris, & Wyckoff, 1989). The inclusion of the teacher as a monitor may not be the most effective method of utilizing teachers. Perhaps inclusion of the teacher as a part of treatment may have produced more positive results. It has also been suggested that teachers and counselors could benefit from classroom assessments of potential at-risk students because the counselors could assess students in their natural environment and teachers could learn from counselors regarding identification of possible problems

(Maag, Rutherford, & Parks, 1988).

Statement of the Problem

Evidence suggests that anger, hostility, and violence in our society is a problem for children and adolescents. Early identification and intervention in emotional and/or behavioral problems in children and adolescents are essential to preventing chronic, long term personal, social, and educational difficulties among our youth. Unfortunately, few school systems are structured to facilitate these goals. Teachers are often placed in a liaison position without the benefit of training to assess emotional, psychological, or behavioral difficulties of students. Often disruptive, acting-out behavior is the primary means of identifying students in need of assistance. Children who are experiencing difficulties which are not manifested in overt behavior are likely to be frequently overlooked. Further, the current emphasis in many schools would seem to favor remediation as opposed to prevention of psychological/behavioral problems among students. When angry, aggressive children are identified in the schools, usually based on overt behavior, treatment typically consists of punishment and/or counseling in a context that is largely distinct from the classroom which is the child's primary environment. Given what we know about systems theory, the generalizability of intervention effects to the classroom is questionable. What if intervention was instead taken to the classroom with a broader emphasis on prevention in addition to remediation?

The purpose of this study is to examine the impact of a cognitive-behavioral Classroom Anger Management Program (CAMP) utilizing a systems approach on self--reported anger and depression in fourth grade students. Depression is being included

because of evidence suggesting the two constructs overlap, i.e., that anger is believed to be a component of depression in many children. For example, it has been suggested that anger in girls is often manifested in behavior that more closely resembles depression. In addition, teacher ratings of anger will be obtained prior to implementation of the program in an effort to examine the comparability of perceptions across sources, i.e., self and teachers.

Research Questions

1) Does participation in an anger management program significantly lower levels of anger and/or depression in children as measured by a decrease in scores on standardized measures of these constructs?

2) Will there be significant gender differences in anger and depression?

3) Will there be a significant correlation between anger and depression measures?

Significance of the Study

If the hypotheses of this study are supported, the findings could be beneficial to the school system. If the intervention results in behavioral changes that would decrease the amount of time that a teacher spends on disciplinary activities, there may be an increase in the amount of time spent on educational activities. Additionally, both anger and depression are covered in the CAMP. Teachers may be more aware of the affective states of their students and may be in a better position to make appropriate referrals if necessary, that would be based on more than overt, acting-out behaviors. As a result, teachers may be better able to assess potential emotional problems that do not manifest as behavioral problems, e.g. depression in some children.

Potential benefits to students may be an increased ability to recognize and

accept their feelings. Also, if students are able to reduce their levels of anger and/or depression, they may be better able to concentrate on educational tasks. This increased concentration may, in turn, help to improve academic performance. In addition to potential academic benefits, the self esteem of the at-risk children may be protected, as the CAMP focuses on the system rather than selecting individual students to be "fixed" and returned to the classroom. The CAMP focuses on children taking responsibility for their behavior without labeling children as "bad" and focuses on preventing problems.

Finally, counselor participation will hopefully develop a better understanding of children's emotions and may help facilitate work with teachers to develop intervention strategies for future behavior problems.

REVIEW OF THE LITERATURE

Introduction

Intuitively, most people have some understanding of the concept of anger. As a psychological construct, anger has played a critical role in several major theories of personality and human behavior. Efforts to measure the concept of anger have been greatly enhanced by the fairly recent development of effective instruments such as the State-Trait Anger Expression Inventory (Spielberger, 1986). However, much of the research on anger has focused on adults rather than children, and we cannot assume the experience and/or expression of anger is analogous in these different groups. The application of theories and interventions developed for adults may be of limited value in understanding or treating anger in children.

The following sections provide an overview of theoretical perspectives and definitions of anger, the impact of developmental changes on anger, assessment, the

effects of socialization of anger, the interaction between depression and anger, anger in the classroom, and interventions.

Definitions and Theories of Anger

Anger is a broad construct that has been defined in a number of ways, depending on the theoretical perspective used to investigate it. The two main theoretical explanations of anger in counseling research have been psychoanalytic and cognitive-behavioral approaches. Rubin (1969) defined anger as "a universal human response in which a person is aware of being (or feeling) in a state of displeasure ... It can be accompanied by physical feelings and changes" (p. 161). Anger has also been defined as a physiological stress reaction that prepares the body to fight (Diamond, 1982), and as an emotional response that indicates a need state (McKay, Rogers, & McKay, 1989).

Using a psychoanalytic approach to define anger, Madow (1972) stated that anger is the frustration that results when the reality principle delays the pleasure principle. Frustration is proposed to lead to anger, and anger generates energy. If this energy is used constructively, it is a healthy aggression, such as an ambitious drive. If it is used negatively, as self-destructive drives, the energy is expressed as hostility and violence. Anger can be openly expressed (hitting) or it can be repressed and disguised (crying). Innate, aggressive impulses are cumulative and can build up if anger is not expressed.

Lerner (1985) combined psychoanalytic and family systems theory to address gender differences in the expression of anger and to define women's anger within relationships. Women are thought to have strong affiliation needs, and separation

anxiety facilitates the suppression of anger. Women are supposed to be "nice" and protect the other person in order to maintain harmony in the relationship. Being nice results in an unconscious buildup of anger which is repressed until a woman blows up in an "irrational" and "destructive" manner. Lerner used a feminist approach and viewed anger as a tool that women can use to protect themselves and grow stronger in relationships because anger provides information that an important emotional issue is being compromised. Psychoanalytic theories of anger has been criticized because of the inability to operationalize and objectively measure key components of the theory, such as the energy of anger, catharsis, and repression (Tavris, 1989).

Novaco (1978) utilized Schachter's Cognitive Attribution Theory of Emotion to outline a model of anger and aggression. His model conceptualizes anger in terms of affective, cognitive, and behavioral components. Anger is defined as a strong emotional reaction to frustration which produces increased arousal of the autonomic nervous system, and is mediated by cognitive labeling. External cues are learned stimuli which are indirectly related to aggression. Subjective cognitive appraisals mediate between external cues and aggressive behavior. Previous experiences are used to identify subsequent anger provoking events. The arousal of anger increases the possibility of aggression, and aggression in turn decreases the level of arousal related to anger. Many cognitive-behavioral explanations of anger involve a cognitive component which triggers the emotional component of anger. This in turn leads to a learned behavioral response.

McKay, Rogers, and McKay (1989) proposed a two step cognitive-behavioral theory of anger which contradicts many of the assumptions of psychoanalytic theory.

Anger is defined in terms of its function, which is to stop four types of stress: painful affect, painful sensation, frustrated drives, and threat. These stressors are subjective experiences of arousal, and awareness of these stressors is the first step in this model. Anger is created in the second step. Stress by itself is not enough to produce anger, rather the conversion of stress to hostility is needed to create anger. This is done by choosing to focus on blame and what should happen, with intentionality and core beliefs triggering anger.

Berkowitz (1962) defined anger as a state of arousal that results from frustration, attack, or insult. It is a variable that intervenes between frustration and aggression, and is a drive that increases the likelihood that an aggressive response will occur. Anger results from an external cue, interacts with a more general state of arousal, and is mediated by cognitions.

Because anger is a subjective emotion and is difficult to operationalize for assessment, anger is usually described through behaviors that can be observed and measured. The behavior that is used most often is aggression, particularly in children. Social learning theories such as Novaco (1978) are currently the most widely used and investigated theories of anger.

Assessment of Anger in Adults

Terms such as frustration, hostility, aggression, anxiety, and depression may or may not he examined independently of anger. As a result, it can be difficult to know which construct has been assessed. For psychoanalytic approaches, these terms may be used synonymously with anger, while cognitive-behavioral approaches generally view these terms as independent constructs.

Often the physiological assessment of anger has been investigated through research on stress and the Type-A personality. Type-A's are characterized by competitiveness, time urgency, impatience, and a tendency to be hostile (Friedman & Rosenman, 1959). Diamond (1982) reviewed the literature on the relationship of anger, hostility, and Type A Personality, to hypertension and coronary heart disease. Most studies reviewed defined anger by its behavioral component of aggression, but the factor that appeared to have the most significant negative impact on physical health was hostility. Hostility was defined as an action intended to injure or destroy an object or person and was accompanied by feelings of anger. Hypertensives were generally found to be anxious and conflicted regarding the expression of anger. Coronary prone individuals were more aggressive and more likely to react to an anger-provoking event.

Research in this area has suffered from failures to distinguish between hostility, aggression, anger, and personality. Spielberger (1986) addressed this problem in developing the State-Trait Anger Expression Inventory (STAXI). Anger is viewed as a multi-dimensional concept and is defined as an emotional state of autonomic arousal with feelings that vary from annoyance to rage. Hostility and aggression are viewed as related, but more complex concepts that include the variable of anger. Hostility is defined as a set of attitudes and feelings that are vindictive and may motivate aggressive behavior. Aggression is defined as destructive or punishing behaviors.

Spielberger (1986) also distinguishes between state and trait anger. State anger is situational and changes in intensity over time as needs are blocked. Trait anger refers to individual variations in the number of times that anger is experienced. Those having a high level of trait anger are likely to interpret more events as anger-provoking with a

corresponding increase in levels of state anger. Trait anger is assessed for angry temperament and angry reaction. Angry temperament is the tendency to become angry for a specific reason, while angry reaction is the likelihood of an individual to express anger. Anger can be suppressed (anger-in) or directed toward other people (anger-out). The STAXI also provides a general measure of anger that is expressed regardless of direction (anger expression), and the amount an individual tries to control the expression of anger (anger control).

Riley and Treiber (1989) examined convergent and discriminant validity of multi-dimensional self-report measures of anger in adults. Scales included neurotic and reactive hostility, state-trait anger, anger-in, and anger-out scales. Factor analysis indicated three factors, anger experience/hostility, verbal/adaptive anger expression, and maladaptive/physical anger expressions. Measures of anger experience showed concurrent validity but not discriminant validity in relation to hostility measures. The authors concluded that further validation of anger measures need to be completed before conclusions can be drawn regarding the effects of anger on physiological and emotional health.

Anger is a complex variable that has been assessed differently, depending on the theoretical perspective by which it has been defined. Psychoanalytic theories tend to focus on the affective, subjective state of anger, while social learning theories tend to focus on more objective, measurable components such as behaviors and cognitions related to the experience of anger. The physiological component of anger has generally been assessed through research on the Type-A personality. The STAXI represents a substantial advance in anger assessment by identifying different aspects of anger and

related concepts for a more thorough assessment of anger in adults. However, although Riley & Treiber (1989) identified a verbal/adaptive expression factor in anger assessment instruments, much of the research and discussion related to anger is in relation to its negative impact. Useful, productive expressions of anger are generally ignored in the literature.

Assessment of Anger in Children

Many of the theories of anger and the means of assessing anger in children have been developed from those used with adults. Anger is usually assessed through the behavioral component of aggression or conduct disorder in children. Affective components of anger are assessed through self-report measures, while cognitive assessments have generally not been used with children (Finch, Saylor, & Nelson, 1987). Conflicting results can occur when different components of anger are assessed, i.e. anger may be experienced affectively, but may or may not be expressed behaviorally.

Finch and Eastman (1983) used a multi-method approach of self-report, peer nomination, and a teacher rating scale for assessing anger in boys at an impatient psychiatric facility. They found that self-report measures of anger correlated significantly with peer ratings, but not with teacher ratings. Shapiro, Lentz, and Sofman (1985) also used a multi-method assessment of anger with emotionally disturbed children, but found significant correlations on self-report scales and teacher rating scales. Anger in the Shapiro, Lentz, and Sofman study was assessed by the behavioral component of aggression, and no peer assessment was utilized. The Finch and Eastman study assessed both behavioral and affective perceptions of anger by

teachers and peers. The lack of correlation on self-report and teacher measures may be due to the addition of the affective component of anger which is more difficult to assess through observation.

It also seems that contextual factors effect anger expression among children and must be considered in assessment. For example, Underwood, Coie, and Herbsman (1992) found that children would be more genuine in expressing their anger with peers than with teachers, and that social context was an important factor in determining when children would express anger. Display rules, which are guidelines for when and how emotions are expressed during social interactions, may change from one social settings to the next. In addition, emotions may be masked (hidden or changed) in settings where expression of a particular emotion would lead to negative consequences.

Jacobs, Phelps, and Rohrs (1989) found that fourth and fifth grade students expressed anger in four stylist methods; anger-out, anger-control, anger-reflection, and anger-suppression. Gender differences were found in that males tended to use anger-out to express anger, while females tended to use the other methods. Gender differences may be a confounding variable and could be important to examine when assessing affective expression of anger in children.

It may be useful to measure more than one component of anger in order to better understand the dynamics children's anger. Behavioral assessments completed by parents, teachers, or peers, may be more objective than self-report measures, but they may also be confounded by masking and display rules.

Additionally, behavioral components of aggression may be more than indications of anger. Some displays of aggression may actually represent symptoms of

depression. Hart (1991) reported that depression in children may include the symptoms of irritability and aggression. Special consideration of the discriminant and convergent validity of any instrument used to assess anger in children is warranted.

Anger Development

Anger in children may not be the same as anger in adults. Anger may be a construct that changes developmentally over time. Stoner and Spencer (1987) found significant age differences in the expression of anger. Younger adults (21 - 39 years) expressed more anger externally than older adults (60 - 83 years). Younger adults and middle-aged adults (40 - 59 years) expressed more anger, overall, than older adults.

Labouvie-Vief, Hakim-Larson, Devoe, and Schoeberlein (1989) proposed a model of emotional self-regulation which differentiates adult anger from children's anger. Children use an intuitive, subjective, and emotional thought process to express anger. Adults employ a rational, objective and emotional thought process to express anger. They indicate that emotional control develops as verbal ability and ego strength develop.

DeRivera (1989) found that for adults, simple frustration is not a result of not having a need met, but is the result of not getting something that an individual feels entitled to. Adults view anger as an experience in which they have been deprived and someone is to blame. Furthermore, it is suggested that children learn these response patterns from adults. If dysfunctional patterns of interaction are learned by children, these negative patterns may create problems in school.

Erickson (1987) examined children who were mistreated between the ages of 4 and 6 years, as well as children who were mistreated during the first two years of life.

She found that the children in both groups had difficulty adjusting to the demands of school, were not popular with other children, had difficulty with independence, and seemed to have pervasive anger. Mistreatment during early childhood appears to have a significant impact on school adjustment. Adjustment difficulties have been largely attributed to the lack of nurturance, sensitivity, and support that is common in abusive families. Similarly, Davis and Graybill (1983) reported that abusive families were less supportive, permitted less freedom to express needs, were more independent, more rigid, and more likely to express anger and aggression.

This research indicates that there may be developmental shifts in emotional maturity and ability to self-regulate emotions. Children may lack the necessary skills to understand and regulate the expression of anger, particularly children from dysfunctional families. If at-risk children can be identified, schools may be an avenue for enhancing these skills and teaching more appropriate expressions of anger.

Gender Differences and Socialization

Brody (1985) reviewed theories and research related to gender differences in the expression of emotions. She found that as children develop, boys are socialized to inhibit the expression of most emotions while girls are socialized to inhibit the expression of anger. Female students were better able to identify facial expressions of fear and sadness with actresses, while male students were better able to identify expressions of anger in actors (Wallbott, 1988). No gender differences were found in the students ability to communicate facial expressions of emotion or in their ability to recognize joy.

If boys are socialized not to express sadness, it may show up as anger. Also, if

girls are socialized not to show anger, it may show up as depression. Studies that investigated display rules found that boys generally expected negative consequences for expressing sadness (Fuchs & Thelen, 1988; Underwood, Coie, & Herbsman, 1992). Display rules are cognitive mediators that are determined by expected consequences of the expression of an emotion and work to mask the expression of emotion (Underwood, Coie, & Herbsman, 1992). Masking takes place in two ways, by expressing no emotion or by expressing an emotion that is acceptable.

Miller and Sperry (1987) analyzed the communication patterns used in the socialization of anger and aggression in a longitudinal study of three children in the family environment. They found that, among children, a transgression will elicit either anger or sadness depending on the child's interpretation of the event, with primary caregivers providing many of the rules for appropriate and inappropriate expressions of affect. Fuchs and Thelen (1988) interviewed first, fourth, and sixth grade children regarding their expected consequences of expressing sadness or anger. The authors found that socialization tended to suppress the expression of sadness among boys, and that they were less likely to expect positive consequences for the expression of sadness than girls. Girls were less likely to express anger than males. They suggested that affective display rules are initially learned from parents and continued to be reinforced by teachers and peers.

Brody (1984) in a study of elementary age children found that given identical hypothetical situations, girls described themselves as sad or afraid, while boys described themselves as angry. Birnbaum & Chemelski (1984) presented preschoolers with hypothetical emotional situations and asked them to state the gender of the person

involved. They found that girls were consistently associated with fear, but anger and happiness varied with the situation.

Gender differences have also been reported on a variety of behavioral dimensions. For example, Fabes and Eisenberg (1992) observed preschoolers during play periods and found that boys tended to vent their feelings more than girls, but that girls tended to be more assertive than boys. They further suggested that boys used anger to meet their own needs, while girls tended to focus on interpersonal harmony. Cole & Carpentieri (1990) found an overlap between conduct disorder and depression in fourth graders as measured by self-report, peer nomination, and teacher ratings. Boys were found to display more oppositional behavior while girls displayed more dysphoric affect.

The validity of observation of gender differences in the expression of anger has been questioned (Sharkin, 1993). He concluded that there was little empirical basis to support the notion that gender differences mediate the expression of anger. He pointed out that much of the evidence supporting the effects of gender differences is based on clinical cases which may not be representative of the normal population. He also pointed to studies which found no gender differences in the expression of anger. However, college students served as subjects in many of these studies, raising questions about their generalizability as well. Kopper (1993) examined the relationship between gender, sex role identity, and Type A behavior on anger and depression in college students. She found no gender differences in relation to anger expression, but did find significant differences in the expression of anger for sex role identity. Subjects with a masculine sex role identity, were more likely to express anger outwardly, while subjects with a feminine sex role identity were more likely to suppress and/or control

the expression of anger. Also, feminine sex role subjects had the highest levels of depression while masculine sex role subjects had the lowest levels of depression. Type A subjects with a feminine sex role identity indicated the highest levels of anger proneness and anger suppression, while Type B subjects with a feminine sex role identity had the lowest levels of anger proneness. Sex role identity may be a component which sheds some light on the gender differences issue. However, further study is warranted in light of the confusing and contradictory nature of the current literature.

Discriminating Anger and Depression

Differential Emotions Theory (Izard, 1972) proposes that cognitions, emotions, and environment interact to create a pattern of emotional responses rather than a single emotional response. The elicitation of one emotion will also elicit the other emotions in the pattern. Carey, Finch, and Carey (1991) examined the relationship of emotions at a psychiatric inpatient facility for children and adolescents using Differential Emotions Theory. They found that the emotions of shyness, anger, enjoyment, and shame explained 51.4% of the variance in depression.

The interrelatedness of emotions, particularly depression and anger, has been demonstrated in a number of studies. For example, Shoemaker, Erickson, and Finch (1986) used a multi-method approach of self-report, peer nomination, and teacher report to examine convergent and discriminant validity measures of anger and depression in third and fourth grade boys at a parochial school. Significant convergent validity was found between self-report anger and depression measures, but not significant discriminant validity.

Type A Personality has also been investigated in adolescents and children (Normand & Robert, 1990; Heft, Thoresen, Gray, Wiedenfeld, Eagleston, Bracke, & Arnow, 1988). Heft et al. (1988) found that children rated as high in Type A characteristics reported significantly higher levels of depression, anger, anxiety, reactivity, and cognitive disorganization than children rated as low Type A. Also, girls were found to have higher levels of depression than boys regardless of Type A classification. While the relationship between anger and depression in children has not been uniformly supported in empirical studies (e.g., Wolfe, Finch, Saylor, Blount, Pallmeyer, & Carek, 1987), enough evidence does exist to warrant further examination. Finch, Saylor and Nelson (1987) state that since anger and depression are theoretically related, it is not surprising that the Children's Depression Inventory-CDI (Kovacs & Beck, 1977) and the Children's Inventory of Anger-CIA (Nelson & Finch, 1973) are significantly correlated in many studies. Carey, Faulstich, Gresham, Ruggiero, and Enyart (1987) recommended that since the CDI was not able to discriminate between conduct disorder and affective disorders in children, other measures should be used with the CDI as it may be a measure of general distress rather than depression. However, previous research has shown that the CDI is able to discriminate clinically depressed children from non-depressed children (Kovacs & Beck, 1977).

Accurate differential diagnosis when working with children is essential if effective interventions are to be developed and implemented. One line of research that is particularly illustrative of this assertion has explored the relationship between learning disabilities and emotional/behavioral problems. For example, it has been reported that children with learning disabilities exhibit higher levels of anger, more negative

behavior, less positive behavior, and less on-task motivation than students without learning disabilities (Heavey, Adelmann, Nelson, & Smith, 1989). At the present time, the causal nature of the relationship, if one exists at all, is not known. On the other hand, others have raised concerns regarding the potential misdiagnoses of depressed children as learning disabled, particularly given the likelihood that depression interferes with such processes as attention span and memory (Hart, 1991; Hall & Haws, 1989; Weinber, McLean, Snider, Nuckols, Rintelman, Erwin, & Brumback, 1989). Given the substantial differences in treatment implications for learning problems vs. emotional/behavioral problems, the importance of accurate diagnosis cannot be overemphasized. Failure to accurately diagnose difficulties observed in children, along with failure to provide appropriate intervention, can result in chronic, long-term problems with pervasive effects on psychological, intellectual, and social development.

Anger and depression seem to be associated in some instances, but the relationship is unclear. The affective component of anger and depression may be determined by cognitive processes that interpret situations or events in different ways leading to either anger or depression. The behavioral component may be affected by social expectations in which girls may cry in response to anger and boys may become aggressive in response to depression. The possibility of gender differences may the most apparent at the behavioral level. Studies using the CDI have resulted in inconsistent findings with respect to gender differences, with girls having higher scores on some samples and boys having higher scores on other samples. Normative data on the CIA found no gender differences. However, referrals for anger management programs in the school system have generally consisted of boys, and much of the

research completed for anger management programs has used male participants (Lochman, 1985; Lochman & Curry, 1986; Omizo, Hershberger, & Omizo, 1988).

Another issue to consider is the fact that emotions may not occur independently, but in clusters as Differential Emotions Theory suggests. Emotional responses may be mediated by a number of factors, such as the child's perceived level of control over situational circumstances. Blumberg and Izard (1985) examined affective and cognitive aspects of depression in children. They found that three of the emotions that significantly correlated with the CDI for girls were sadness (r = .75), self-directed hostility (r .82) and shame (r = .77). For boys, the three emotions most highly correlated with the CDI were anger (r .45), shame (r = .42), and sadness (r = .37).

Anger in the Classroom

The emotional and behavioral experiences of children are inevitably the result of complex interactions among a broad range of personal, social, and familial factors. Developmental factors also play a significant role in the nature and level of children's coping abilities. For example, Cantrell (1986) reported that age was a significant determinant of children's emotional reactions to parental divorce. Younger children (6 - 8 years tended to respond to parental divorce with sadness, while older children (9 - 12 years) responded with anger.

Clifford (1983) emphasized the need for teachers to better understand children's anger in the classroom. classroom behavior is often a reflection of what has been learned at home via familial relationships. Anger emerging from circumstances in the home may be displaced onto the teacher and expressed through behavior. Interestingly, the teacher may in turn become angry with the child because persistent behavior

problems may create a sense of failure or inadequacy as a teacher. The reciprocal anger between teacher and student may become cyclical, only increasing difficulties. This notion that "anger begets anger" has been observed between parents and their children (Cummings, 1989). Relatedly, Dix (1990) reported that angry mothers expect negative behaviors from their children. A similar pattern may occur in teacher/student relationships.

Graham (1984) found that the affective cues of sympathy and anger from the teachers in the classroom had significant effects on students self-esteem. She reviewed a series of studies on causal attributions of teacher anger and sympathy toward failing students in the classroom. In achievement situations anger is elicited when failure is due to a factor that is perceived to be controllable, i.e., a bright student who does not turn in assignments. Sympathy is elicited when failure is due to uncontrollable causes, i.e., the student has low ability. In some cases it was found that the affective cue of anger could improve a student's self-esteem because it implies to the student that they can improve if the try harder, while sympathy would sometimes imply that the student could not improve and hurt a student's self-esteem.

The notion that students respond to affective cues of their teachers is an interesting one, worthy of further investigation. Given the often overwhelming demands placed on classroom teachers, it would not be surprising if the effects of such stress were being communicated to students via affective messages. Morgan and Krehbiel (1985) reported that teachers suffering burn-out reported significantly higher levels of dissatisfaction, tension, anxiety, anger, and depression. Stephenson (1990) compared the levels of psychological investment in their students by teachers who

were: a) burned out, i.e., emotionally invested in students, but disappointed at the return on their investment; b) worn out, i.e., continues to teach but are no longer emotionally invested; and c) healthy, i.e., maintain emotional investment with realistic expectations for return. Of the 740 teachers, 6 % were identified as burned out, while 18% were identified as worn out. Although some similarities were found across groups, worn out teachers reported the least amount of guilt for student failures, while burned out teachers reported the highest levels of guilt. Burned out teachers reported the most pride in students' success, while worn out teachers reported the least. Burned out teachers also reported the highest levels of disappointment in student failure. The precise meaning of such findings is difficult to infer. However, they do suggest that teachers respond to job related stress along affective dimensions which may, in turn, be transmitted to their students in various forms.

Given the extensive contact between students and teachers, particularly in the elementary grades, teachers are in a unique role to facilitate the development of adaptive coping skills among their students. Unfortunately, formal efforts to facilitate this kind of development are rarely a part of classroom activities. Instead, students learn via informal methods such as observation, trial and error, etc., relying upon their own subjective perceptions of the often covert, unspecified rules governing behavior and interaction. With respect to anger in particular, children may benefit in substantial ways from more structured, thorough treatment of the topic. For example, children often rely on overly simplistic categories in classifying emotions, e.g., "anger is bad," which in turn may lead to the conclusion that individuals who behave in angry ways, e.g., aggression, are "bad people". Efforts to assist children in better understanding

emotions and their relationships to behavior may prove to be a worth while investment of time and resources. Open discussion of appropriate methods for coping with and expressing emotions may remove much of the confusion in behavioral expectations.

Interventions

Both small group and individual cognitive-behavioral approaches have been used to significantly decrease aggressive behavior in elementary school students (Lochman, 1985; Lochman, Durch, Curry, & Lampron, 1984; Lochman & Curry, 1936; Omizo, 1988). Much of this research has been completed with boys who have been identified by teachers as angry and/or aggressive. Specific cognitive-behavioral techniques used modeling, role playing and positive reinforcement (Omizo, 1988); and anger coping skills training at school (Lochman, 1985) and at home (Lochman, 1984).

Sluder (1986) has suggested the use of creative and appreciative humor as a method of defusing anger. This involves fostering humor in the child, and point out the differences between laughing at someone and laughing with someone through modeling and role-play techniques. Garrison and Stolberg (1983) used affective imagery training with angry students identified by the Child Behavior Checklist-Teacher Report Form (Edebrock & Achenbach, 1984). Results indicated not only a decrease in aggressive behavior in the classroom, but also a shift in perceptions and cognitions from angry to sad. This shift makes sense in light of the socialization process which may discourage males from expressing sadness. Depression may have been the underlying problem rather than anger. It is also interesting to note that the Child Behavior Checklist-Teacher Report Form (CBC-TRF) does not contain a depression scale for boys, but does for girls. Also, the CBC-TRF is not strongly correlated with self-report measures

of anger (Finch & Eastman, 1983).

Although a variety of cognitive-behavioral interventions appear to be effective in reducing aggressive behavior, the shift from anger to sadness which was noted by Garrison and Stolberg (1983) may go untreated. In the absence of disruptive, acting-out behavior, symptoms may be overlooked. In addition, the implication of treating the child individually is implies the student is solely responsible for any problems that may have occurred in the classroom. Teacher perceptions of the child as problematic may remain unchanged and undermine treatment effects, particularly if the teacher is worn-out or burned-out.

Bronfenbrenner (1977) advocates that research utilize an ecological perspective of human development. This involves examining the broader environment, which would in this case involve the microsystem. The microsystem consists of the interaction of the person and the setting in which behavior takes place. It includes the elements of place, time, activity, participants, roles, and physical features of a particular setting. This broader approach permits assessment of behavior along a general vs. situation specific dimension. For example, behavior problems may occur in a particular classroom or with a particular teacher, but not generalize to other settings. Other teachers may report no behavior problems with the same student. Teacher variables have not generally been examined, although they may be an important factor to consider in assessing anger of students.

While systems approaches to intervention have become popular in family therapy and organizational consultation, they have not been widely applied in the treatment of behavioral problems in the school. Lochman, Gemmer, Harris, and

Wyckoff (1989) included teachers as consultants in the intervention process with a group of aggressive boys, but found no significant differences in generalization of treatment effects to the classroom. However, this may have been because teachers were not included in the intervention process itself, but were used only to monitor classroom behavior. Teacher feeling and attitudes were not assessed or addressed.

Conclusions

Emotional and behavioral difficulties of children in the classroom can be difficult to assess and treat. Referral for treatment are often made in response to disruptive or acting-out behavior, assumed to be motivated by anger and hostility. Those children experiencing difficulties which are not manifested in problematic behavior may be easily overlooked. Some evidence suggests that depression and anger may be difficult to distinguish among children. Further, sexrole expectations may contribute to higher levels of anger and aggression in boys and higher levels of depression in girls. Diagnosis of emotional difficulties in children is further complicated by developmental factors. Given the potentially serious implications of failing to respond adequately to children in need of assistance, it is imperative that collaborative efforts between teachers and counselors be undertaken to facilitate early identification and intervention. Approaches which maximize transfer of learning should be utilized.

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Classroom Anger Management Program

Lesson 1
Objective: Define Anger (cognitions, physical effects, behaviors)

Introduction of program and presenter:
Rules for participation:

1. Participate to the level you are comfortable. If you do not want to answer a question during discussions, just shake your head when it is your turn to answer and you will be skipped over. Everyone has a "right" to not answer questions, including the teacher, who participates as one of the students.

2. There are no right or wrong answers to questions.

3. Say **CHECK** if you feel angry during the class. Everyone gets angry and that's alright. This class will give you a chance to practice being angry. Check means I am aware that I feel angry and I can express anger in a different way.

Emotions

Anger is one of four emotions that tells about a **perceived "need state."** What do you think the other three might be?

How many people like chocolate chip cookies? I will use chocolate chip cookies to explain emotions.

Chocolate Chip Cookies

Imagine you are a child and you come home from school. As you come through the door you smell freshly baked chocolate chip cookies. You go to the kitchen and pick up one, still warm from the oven. **What emotion do you feel?** Happy. The perceived need (chocolate chip cookie) is **met.**

Who walks in the kitchen before you can take a bite? Mom! And what does she say? It will ruin your dinner. **What emotion do you feel?** Anger. The perceived need has been **blocked.**

Now you are laying on the bed thinking about how close you came to eating that cookie, and now it's gone. Your emotion may change again. **What emotion do you feel?** Sadness. The perceived need has been **lost.**

As you continue to think, you wonder if all the cookies will be gone before dinner or if dad will eat them all up. Once again, your emotion may change. **What emotion do you feel at this point?** Fear. The perceived need is **in danger.**

What do you think about **(cognitions)** when you can't eat your cookie? The thoughts usually involve a perception of injustice, attack or unfair treatment.

How does it feel (**physical effects**) when you are angry? Heart rate increases, adrenaline increases, muscles tense.

What might a person do (**behaviors**) when they are angry? Yell, throw something, walk away? What is one of the most common ways to express anger? There are lots of ways to express anger, but the most common way is say "**I don't care**" because if you don't care, then it won't bother you. However, happiness means your need is met. Needs can't be met if they are ignored. The first step to managing anger is to recognize when you feel angry.

Gender differences
Not everyone responds the same way. Do boys and girls respond the same way?

Emotion	Perceived Need	Boys	Girls
Happiness	Met		
Fear	In danger		
Sadness	Lost		
Anger	Blocked		

Homework - monitor anger in the classroom
On a sheet of paper, make a checkmark every time that you feel angry for any reason while you are at school. Homework will not be turned in, it is used to help you to recognize your feelings.

Lesson 2
Objective: Define the purpose of Anger

ANGER CAN BE POSITIVE

Anger can motivate you to protect yourself. The purpose of the physical reactions are to prepare you to "fight" for what you "need" to be happy. Everyone has a chance to answer the following questions.

- When would you want to be angry?
- When would expect someone to be angry with you?

ANGER CAN BE NEGATIVE

Anger is a normal emotion, but how we respond when we are angry can work against us. Anger can be destructive if expressed in an inappropriate way.

- When would you not want to get angry, even though you may be angry anyway?
- When should people not get angry with you, even though they may do it anyway?

Being angry and being mad (hostile) are not the same thing. Being mad happens when you don't express the anger but hold onto the thoughts. Every time you think about it, you feel angry again (physical effects). Hostility can be the most destructive type of anger. Being **Angry** and being **Mad (Hostile)** are not the same thing. **Being mad is a choice**. Every one has a chance to answer the following questions.

What would you do if you were standing with a group of friends and...

1. your **brother or sister** calls you stupid?
2. your **classmate** calls you stupid?
3. your **mother** calls you stupid?
4. your **father** calls you stupid
5. your **best friend** calls you stupid
6. your **teacher** calls you stupid
7. the **new kid** calls you stupid
8. a **store clerk** calls you stupid

Were responses the same? Many times you do manage your anger. There are usually only some situations where anger expression **(behavior)** is a problem. Why would responses be different for the same event? Different expectations, hostility **(cognitions)**.

Homework - monitor anger in the classroom

On one side of a sheet of paper make a checkmark every time that you feel angry at school. On the other side, mark when you are mad. Remember, homework will <u>not</u> be turned in, it is used to help you to recognize your feelings.

Lesson 3
Negative Expressions of anger

From experiences, we learn negative rules (beliefs) about anger. For example:

- I don't get angry, so you can't get angry (anger is bad)
- I get angry, but I don't talk about it and neither can you (hostility)
- If I get angrier, faster, I win (anger and aggression are the same things)

OSCAR

Oscar is a trash can because he holds most of the "trash" or hurtful thoughts we keep by being "mad." Rocks represent angry thoughts because they both can feel cold and hard. Also, you can find them both anywhere. When you shake up the trash can, the rocks (beliefs) he holds by being MAD hurt him, they hurt others, and they hurt relationships. Pennies represent good things that happen. What happens to the pennies when you have a lot of rocks and you shake the trash can? They sink to the bottom. It's hard to be happy when you're mad all the time. Holding on to the rocks is internalizing anger, throwing them is externalizing anger.

Internalizing Anger (mad)	Externalizing Anger
Crying/Sadness	Being too nice (make others guilty)
Guilt	Name calling/Labeling
Overeating	Gossiping
Sleeping/Insomnia/Nightmares	Instigating
Sickness	Bullying
Pouting/Denial	Class Clown (jokes mask anger)
Substance Abuse	Teasing
Daydreaming/Procrastinating	Violence/vandalism

Homework

Do you internalize or externalize anger? Pick the behavior(s) you would like to change and try to think of a different way to respond. Monitor how often you are able to respond in a different way.

Lesson 4
Objective: Changing negative communication of anger to positive

LABELS

Beliefs about yourself will affect how you express your emotions. Answer these questions on a sheet of paper. They will not be picked up.

- When you are at school, choose one word that describes what kind of person people think you are? For example: smart, dumb, funny, quiet.

- When you are at school, choose one word that describes the kind of person you think you are?

- When you are at school, choose one word that describes the kind of person you would like to be?

Write some negative labels on the board, such as bad, strong, mean, scary, bully. Ask if the class can think of others they might encounter in school.

Ask students for some positive labels and list them on the board. Then ask the class for some situations that could trigger angry feelings at school. Have volunteers role play some of these situations wearing positive labels. For example, students cutting in front of the line during lunch. Talk about what would happen if they wore negative labels instead. **Discuss why it is difficult to wear positive labels at school.**

Homework

Pick a positive label to wear for one hour during the school day during the next week. Note what happens, both positive and negative when you try to change a negative label to a positive one.

Lesson 5
Objective: Practice Assertive Communication

There are three ways that emotions can be communicated, passive, aggressive, and assertive. Be aware of *speech patterns, eye contact, and physical space*

PASSIVE BEHAVIOR - What you want is important, what I want is not important.
Are there times when you want to be passive? (Fire drill)
Are there times when you do not want to be passive? (class examples)
AGGRESSIVE BEHAVIOR - What I want is important, who cares what you want.
Are there times you want to be aggressive? (Sports)
Are there times you do not want to be aggressive? (class examples)
ASSERTIVE BEHAVIOR - What I want is important, what you want is important.

Problem Solving Assertive Message

- Pick a good time and place to talk
- Be honest
- Be direct
- Listen to the other person
- Wear a positive label
- Thank the other person for communicating with you if appropriate.

Expressing Anger

(Behavior) When I ...
(Emotion) I feel...
(Need) I want...
(Solution) I would like...

Receiving Anger

Stay CALM
Wear an appropriate label
Repeat what you have heard
Address the solution
Respond with your own assertive message if appropriate.

Role play assertive communication using examples from the students. Review previous lessons. Are the students angry, hurt, sad, jealous, scared?

Homework

Practice assertive behavior, monitoring what happens, both positive and negative. Write down assertive messages first to help with the practice.

Session 6
Objective: Develop appropriate expressions of anger in the classroom .

What is the teacher's job in the classroom?

List all of the responses on the board. Review the list after explaining that teachers pay a great deal of money to become teachers. Ask if teachers spent that money so they could...? Negative responses are usually removed by the students.

What is the student's job in the classroom? List all of the responses on the board. Discuss the responsibility the student has in the classroom. For example, would the teacher need to discipline students if each student did their job in the classroom?

The classroom is asked to think of ways that anger can be expressed in the classroom. Incorporate all the things that has been discussed so far, but make sure that it doesn't interfere with the teacher's job or the student's job.

At this point, the class is turned over to the teacher to complete the program. The teacher writes down all ideas but the criteria for not interfering with jobs is used as the criteria for possible choices. The final decision is up to the teacher.

Additional ways to control anger

- Humor
- Physical activity
- Rest and relaxation
- Hobbies
- School Counselor

Question and answer
Termination

APPENDIX C

University of Oklahoma, Norman Campus
Teacher Informed Consent Form

"Effects of an Anger Management Program on Classroom levels of Anger and Depression in Fourth Graders"

Theresa Lawson, M.S.
Third year doctoral student in Counseling Psychology

Explanation of Study

This study will help students and teachers learn about feelings and being able to understand what happens when other people are feeling sad or angry. You will be in either a classroom anger management program or no anger management program.

You will be asked to complete the School Inventory of Anger and the Children's Depression Inventory, before and after the anger management programs are presented. There are no right or wrong answers to the questions.

It is alright if you do not want to be in this study, you will be allowed to go to another classroom during the class period when the study is going on, and it is alright for you to stop being a part of the study at any time.

Any feelings that you might have while helping in this study should not last long, but the school counselor will be there if you want to talk to her.

Your name will be taken off the forms so that no one will know what you marked.

Your cooperation will be beneficial to this study and will contribute to our knowledge of children's emotions.

If you have any questions about research participants' rights, contact Theresa Lawson at 325-2914.

Statement of Consent and Agreement

I have read the Explanation of Study and my signature indicates that I freely agree to participate in this study.

_____ _____

Signature of Teacher DATE

University of Oklahoma, Norman Campus
Student Informed Consent Form

"Effects of an Anger Management Program on Classroom levels of Anger and Depression in Fourth Graders"

Theresa Lawson, M.S.
Third year doctoral student in Counseling Psychology

Explanation of Study

This study will help students and teachers learn about feelings and being able to understand what happens when other people are feeling sad or angry. Students will participate in one of two groups, a classroom anger management program or no anger management program. The anger management program will be presented for 50 minutes a week for 6 weeks.

The following questionnaires will be used: The School Inventory of Anger, the Children's Depression Inventory, and the Teacher Rating Scale of Anger Control Problems.

Students not wanting to participate in the study will be given an alternative activity in another classroom. The study will not involve any risk to those who participate. However, the experimenters and counselor will be available if there are any concerns. Participants may withdraw from this study at any time without penalty.

No information on any individual will be used and names will be removed from the instruments.

Being in this study will help us learn more about how children behave at school. If you have any questions about being in this study, call Theresa Lawson at 325-2914.

Statement of Consent and Agreement

I have read the this form or have had this form read to me and I would like to be a part of this study.

_____ _____

SIGNATURE DATE

University of Oklahoma, Norman Campus
Parent Informed Consent Form

"Effects of an Anger Management Program on Classroom levels of Anger and Depression in Fourth Graders"

Theresa Lawson, M.S.
Third year doctoral student in Counseling Psychology

Explanation of Study

This study will help students and teachers learn about feelings and being able to understand what happens when other people are feeling sad or angry. Students will be in one of two groups: a classroom anger management program or no anger management program. The anger management program will be presented in six, 50 minute sessions.

Students will be asked to complete the School Inventory of Anger and the Children's Depression Inventory. Teachers will be asked to complete the Teacher's Rating Scale of Children's Anger.

Students not taking part in the study will be given an alternative activity to do in another classroom during the class periods that the study takes place. Students can withdraw from the study at any time without a problem.

Any feelings that the students may have while helping with this study should not last long, but the school counselor will be there if student wants to talk to her. Students may learn about ways of expressing anger at school.

No information on any individual student will be used and names will be removed from the questionnaires

Your cooperation will be helpful to this study and will add to our knowledge of children's emotions. If you have any questions about this study, contact Theresa Lawson at 325-2914.

Statement of Consent and Agreement

I have read the Explanation of Study and I understand that my child **WILL** be a part of this study **unless** I sign and return this form to the school as soon as possible.

_____ _____

Signature of Parent/Guardian **NOT** wanting their child to participate in this study. DATE

Harrah Public Schools

BOARD OF EDUCATION OFFICE
20670 Walker
HARRAH, OKLAHOMA 73045

CLARA REYNOLDS ELEMENTARY
755 Harrison
Harrah, Oklahoma 73045

RUSSELL BABB ELEMENTARY
20901 N.E. 10th
Harrah, Oklahoma 73045

HARRAH MIDDLE SCHOOL
20665 Walker
Harrah, Oklahoma 73045

HARRAH HIGH SCHOOL
20458 Elm Street
Harrah, Oklahoma 73045

April 10, 1993

To Whom It May Concern,

Russell Babb Elementary School agrees to participate in the research project being conducted by Theresa Lawson entitled "Effects of an Anger Management Program on Classroom Levels of Anger and Depression in Fourth Graders". It is understood that participation in this program is voluntary.

Sincerely,

Glendia Warren

Glendia Warren, Principal
Russell Babb Elementary

APPENDIX D

TEACHER REPORT

Please rate the behavior of the above student according to your knowledge of his/her behavior.

Ratings

1. Not a problem
2. Occasionally a problem (acting this way from time to time)
3. Frequently a proble (common, usual, persistant)
4. Always a problem (at all times, without exception)

1	2	3	4	(1)	Disruptiveness, tendect to annoy and bother.
1	2	3	4	(2)	Jealousy over attention paid to other children.
1	2	3	4	(3)	Fighting.
1	2	3	4	(4)	Temper tantrums.
1	2	3	4	(5)	Disobedience, diffficulty in disciplinary control.
1	2	3	4	(6)	Destructiveness in regard to own and/or other's property.
1	2	3	4	(7)	Negativism tendency to do the opposity of what is expected.
1	2	3	4	(8)	Profane language, swearing and cursing.
1	2	3	4	(9)	Irritability; hot tempered, easily aroused to anger.
1	2	3	4	(10)	Bursts into tears or rage.
1	2	3	4	(11)	Gets very upset or overemotional.
1	2	3	4	(12)	Expresses anger in a poorly control way.
1	2	3	4	(13)	Reacts with immediate anger or upset.
1	2	3	4	(14)	Expresses anger.
1	2	3	4	(15)	Teases or bullies other children.
1	2	3	4	(16)	Starts fighting over nothing.
1	2	3	4	(17)	Hits and pushes other children.
1	2	3	4	(18)	Does things to get others angry.
1	2	3	4	(19)	Will put up an argument when told not to do something.
1	2	3	4	(20)	Uses abusive language towards other children.
1	2	3	4	(21)	Is infuriated by any form of discipline.
1	2	3	4	(22)	When angry, will refuse to speak to anyone.
1	2	3	4	(23)	Fights back if another child has been asking for it.
1	2	3	4	(24)	Sulks when things go wrong.
1	2	3	4	(25)	Fights with other children.
1	2	3	4	(26)	When angry, threatens to hurt other children.
1	2	3	4	(27)	Gives other children dirty looks.
1	2	3	4	(28)	Finds fault with instructions given by adults.
1	2	3	4	(29)	Has a "chip" on shoulder.

CHILDREN'S INVENTORY OF ANGER

These are some general situations that sometimes make boys and girls angry (mad). Read (listen to) each statement carefully and try to imagine that it's acutally happening to you. Then decide how angry (mad) you would get in that particular setting.

1. I don't care. That situation doesn't even bother me. I don't know why that would make anyone mad (angry).

2. That bothers me. But I'm not too angry (mad) about it. I'll just forget it.

3. I'm really mad (angry;, but I think I can control myself.

4. I can't stand that! I'm furious! I feel like really hurting or killing that person; or destroying that thing!

1	2	3	4	(1)	On the playground a boy (girl) younger than you pushes you down.
1	2	3	4	(2)	Your friend's making fun of you.
1	2	3	4	(3)	Being blamed for something that was not your fault.
1	2	3	4	(4)	Somebody calls you a "chicken".
1	2	3	4	(5)	You put your only quarter in the Coke machine and it takes your money.
1	2	3	4	(6)	Someone in your classroom acts up, so the whole class has to stay afer school.
1	2	3	4	(7)	Someone cuts in front of you in the lunch line.
1	2	3	4	(8)	You brought your favorite candy bar in your lunch today but when you go to get it out, it's all melted.
1	2	3	4	(9)	Someone calls you a liar.
1	2	3	4	(10)	Teachers who give give out a lot of homework on the weekend.
1	2	3	4	(11)	You are playing a game, someone on the other side tries to rough you on purpose.
1	2	3	4	(12)	The teacher's pet gets to do all the special errands in class.
1	2	3	4	(13)	You tell someone a real secret and they blab it to everyone.
1	2	3	4	(14)	Someone calls your mother a name.
1	2	3	4	(15)	You are playing a game and someone on the other side tries to cheat.

1. I don't care. That situation doesn't even bother me. I don't know why that would make anyone mad (angry).

2. That bothers me. But I'm not too angry (mad) about it. I'll just forget it.

3. I'm really mad (angry), but I think I can control myself.

4. I can't stand that! I'm furious! I feel like really hurting or killing that person; or destroying that thing!

1	2	3	4	(16)	You are trying to do your work in school and someone bumps your desk on purpose and you mess up.
1	2	3	4	(17)	Your friends are playing a game but won't let you play too.
1	2	3	4	(18)	Someone you don't like punches you.
1	2	3	4	(19)	You do something special for a friend and later they won't do something for you.
1	2	3	4	(20)	The teacher marks X's all over your homework.
1	2	3	4	(21)	The bus driver takes your name for acting up on the bus, but everybody else was acting up too.
1	2	3	4	(22)	At lunch, you select a piece of pie and the kid behind you knocks it out of your hand.
1	2	3	4	(23)	At school, two bigger kids come and take your basketball away from you and play "keep away" from you.
1	2	3	4	(24)	You didn't notice that someone put gum on your seat on the bus and you sit on it.
1	2	3	4	(25)	You run to catch the bus to go home but just as you get there, it drives away.
1	2	3	4	(26)	You accidentalyy bump into a stranger on the bus and he threatens to beat you up if you get near him again.
1	2	3	4	(27)	You go to your desk in the morning and find out that someone has stolen some of your school supplies.
1	2	3	4	(28)	Someone in your class tells the teacher on you for something.
1	2	3	4	(29)	Someone spits at you.
1	2	3	4	(30)	Someone tries to trip you on purpose.

Name:_____ Age:_____ Birthdate:_____
Grade in school:_____ Sex:_____ Today's date:_____

CDI

Maria Kovacs, Ph.D.

Kids sometimes have different feelings and ideas.

This form lists the feelings and ideas in groups. From each group of three sentences, pick one sentence that describes you ***best*** for the past two weeks. After you pick a sentence from the first group, go on to the next group.

There is no right answer or wrong answer. Just pick the sentence that best describes the way you have been recently. Put a mark like this ☒ next to your answer. Put the mark in the box next to the sentence that you pick.

Here is an example of how this form works. Try it. Put a mark next to the sentence that describes you ***best***.

Example:

- ☐ I read books all the time.
- ☐ I read books once in a while.
- ☐ I never read books.

When you are told to do so, tear off this top page. Then, pick the sentences that describe you best on the first page. After you finish the first page, turn to the back. Then, answer the items on that page.

Remember, pick out the sentences that describe you best in the PAST TWO WEEKS.

Published by Multi-Health Systems, Inc., [in the United States] 908 Niagara Falls Boulevard, North Tonawanda, New York 14120-2060; [in Canada] 65 Overlea Boulevard, Suite 210, Toronto, Ontario M4H 1P1. Telephone: (800) 456-3003 [U.S.A.] (800) 268-6011 [Canada], (416) 424-1700 [U.S.A. or Canada].

Item 1

- ☐ I am sad once in a while.
- ☐ I am sad many times.
- ☐ I am sad all the time.

Item 2

- ☐ Nothing will ever work out for me.
- ☐ I am not sure if things will work out for me.
- ☐ Things will work out for me O.K.

Item 3

- ☐ I do most things O.K.
- ☐ I do many things wrong.
- ☐ I do everything wrong.

Item 4

- ☐ I have fun in many things.
- ☐ I have fun in some things.
- ☐ Nothing is fun at all.

Item 5

- ☐ I am bad all the time.
- ☐ I am bad many times.
- ☐ I am bad once in a while.

Item 6

- ☐ I think about bad things happening to me once in a while.
- ☐ I worry that bad things will happen to me.
- ☐ I am sure that terrible things will happen to me.

Item 7

- ☐ I hate myself.
- ☐ I do not like myself.
- ☐ I like myself.

Item 8

- ☐ All bad things are my fault.
- ☐ Many bad things are my fault.
- ☐ Bad things are not usually my fault.

Item 9

- ☐ I do not think about killing myself.
- ☐ I think about killing myself but I would not do it.
- ☐ I want to kill myself.

Item 10

- ☐ I feel like crying every day.
- ☐ I feel like crying many days.
- ☐ I feel like crying once in a while.

Item 11

- ☐ Things bother me all the time.
- ☐ Things bother me many times.
- ☐ Things bother me once in a while.

Item 12

- ☐ I like being with people.
- ☐ I do not like being with people many times.
- ☐ I do not want to be with people at all.

Item 13

- ☐ I cannot make up my mind about things.
- ☐ It is hard to make up my mind about things.
- ☐ I make up my mind about things easily.

Item 14

- ☐ I look O.K.
- ☐ There are some bad things about my looks.
- ☐ I look ugly.

Remember, describe how you have been in the past two weeks.....

Item 15

- ☐ I have to push myself all the time to do my schoolwork.
- ☐ I have to push myself many times to do my schoolwork.
- ☐ Doing schoolwork is not a big problem.

Item 16

- ☐ I have trouble sleeping every night.
- ☐ I have trouble sleeping many nights.
- ☐ I sleep pretty well.

Item 17

- ☐ I am tired once in a while.
- ☐ I am tired many days.
- ☐ I am tired all the time.

Item 18

- ☐ Most days I do not feel like eating.
- ☐ Many days I do not feel like eating.
- ☐ I eat pretty well.

Item 19

- ☐ I do not worry about aches and pains.
- ☐ I worry about aches and pains many times.
- ☐ I worry about aches and pains all the time.

Item 20

- ☐ I do not feel alone.
- ☐ I feel alone many times.
- ☐ I feel alone all the time.

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Item 21

- ☐ I never have fun at school.
- ☐ I have fun at school only once in a while.
- ☐ I have fun at school many times.

Item 22

- ☐ I have plenty of friends.
- ☐ I have some friends but I wish I had more.
- ☐ I do not have any friends.

Item 23

- ☐ My schoolwork is alright.
- ☐ My schoolwork is not as good as before.
- ☐ I do very badly in subjects I used to be good in

Item 24

- ☐ I can never be as good as other kids.
- ☐ I can be as good as other kids if I want to.
- ☐ I am just as good as other kids.

Item 25

- ☐ Nobody really loves me.
- ☐ I am not sure if anybody loves me.
- ☐ I am sure that somebody loves me.

Item 26

- ☐ I usually do what I am told.
- ☐ I do not do what I am told most times.
- ☐ I never do what I am told.

Item 27

- ☐ I get along with people.
- ☐ I get into fights many times.
- ☐ I get into fights all the time.

MHS

Remember to fill out the other side

THE CITADEL
THE MILITARY COLLEGE OF SOUTH CAROLINA
171 MOULTRIE STREET
CHARLESTON, S.C. 29409

Memo

To: Theresa A. Lawson
From: A. J Finch, Jr., Ph.D., ABPP (Clinical)
Re: Children's Inventory for Anger and Teacher Report form

This note is to "formally" give you permission to use the Children's Inventory of Anger and Teacher Report form in your research. You have my permission to make as many copies as you need. Good luck in your research and please inform me of what you find.

The
University of Oklahoma

OFFICE OF RESEARCH ADMINISTRATION
1000 Asp Avenue, Suite 314
Norman, Oklahoma 73019-0430
(405) 325-4757
FAX: (405) 325-6029

May 20, 1993

Ms. Theresa Lawson
2628 Amber St.
Moore, OK 73160

SUBJECT: IRB-NC Review of Proposal

Dear Ms. Lawson:

The Institutional Review Board-Norman Campus has reviewed your proposal, "Effects of an Anger Management Program on Levels of Anger and Depression in Fourth Graders," under the University's expedited review procedures. The Board found that this research would not constitute a risk to participants beyond those of normal, everyday life, except in the area of privacy, which is adequately protected by the confidentiality procedures. Therefore, the Board has approved the use of human subjects in this research.

You must submit a report describing your use of human subjects in this research not later than twelve months from the date of this approval. Should this research be extended beyond twelve months, a progress report must be submitted not later than twelve months from this date, and a final report must be submitted at the end of the research.

Should you wish to deviate significantly from the subject research procedures described in your proposal, you must obtain prior approval from the Board.

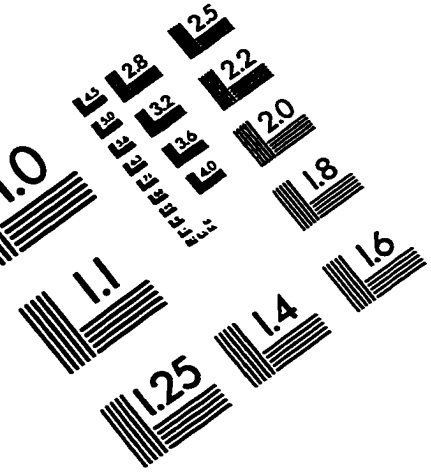
Sincerely yours,

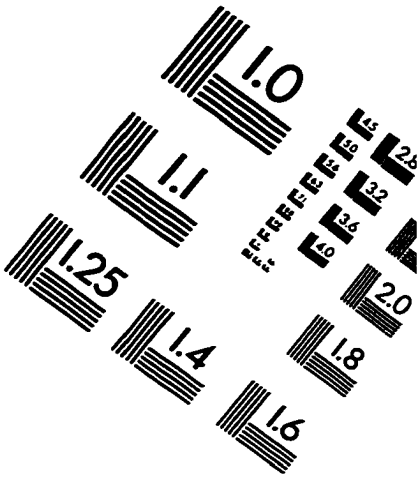
Karen Petry
Administrative Officer
Institutional Review Board

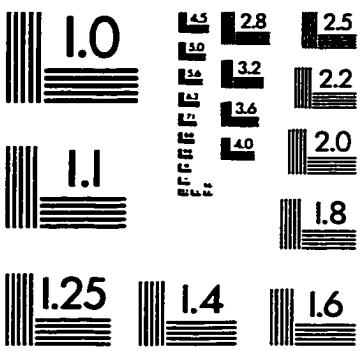
KP/clw

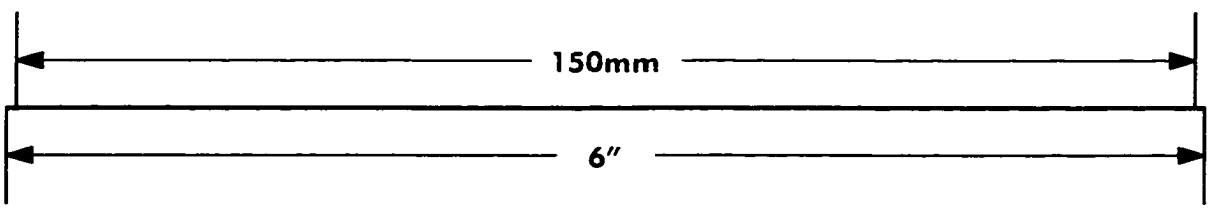
cc: Dr. Eddie Carol Smith, Chair, IRB
Dr. Avi Scherman, Educational Psychology

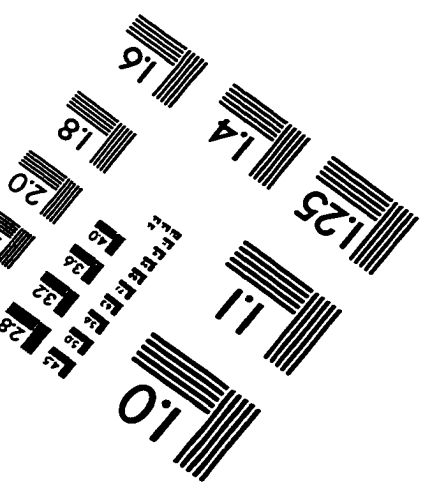
IMAGE EVALUATION
TEST TARGET (QA-3)

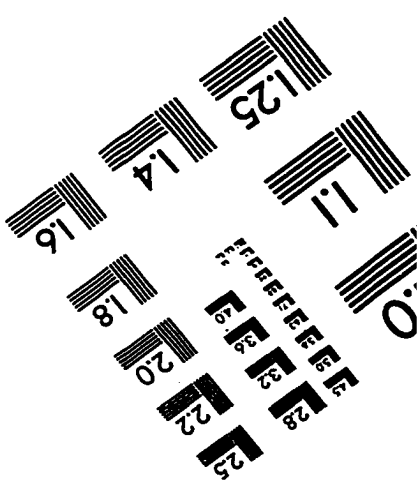












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