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*OT Practice* (ISSN 1084-4902) is published 22 times a year, semimonthly except only once in January and December by the American Occupational Therapy Association, Inc., 4720 Montgomery Lane, Bethesda, MD 20814-3425; 301-652-2682. Periodical postage is paid at Bethesda, MD, and at additional mailing offices.

**U.S. Postmaster:** Send address changes to *OT Practice*, AOTA, PO Box 31220, Bethesda, MD 20824-1220.

Canadian Publications Mail Agreement No. 41071009. Return Undeliverable Canadian Addresses to PO Box 503, RPO West Beaver Creek, Richmond Hill ON L4B 4R6.

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# OT PRACTICE

AOTA • THE AMERICAN OCCUPATIONAL THERAPY ASSOCIATION

VOLUME 13 • ISSUE 19 • OCTOBER 20, 2008



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# “When I get MAD...”



CHRISTENE MAAS  
RENÉ MASON  
CATHERINE CANDLER

For children in elementary school, dealing with anger can be as much a part of daily life as reading, writing, and arithmetic. Children have much to deal with personally, and most do not have the resources or skills to address all of their emotional needs. According to the U.S. Departments of Education and Justice, public schools experienced a 10% increase in one or more violent incidents from the 1999–2000 school year to the 2003–2004 school year.<sup>1</sup> Schools reported these incidents as anger-related issues such as racial tensions, daily or weekly bullying, verbal abuse of teachers, widespread disorder in the classroom, and student acts of disrespect for teachers.<sup>1</sup> Public schools therefore have a vested interest in helping children cope with anger, which may also help prevent social

## **An anger management and self-regulation group helps children identify symptoms of anger and provides strategies for anger management to enhance learning.**

isolation, labeling, and other social problems.

Poverty, lack of school resources, and an absence of quality personal management models are risk indicators for students' inability to manage anger, which can affect their school performance.<sup>2</sup> Anger management programs for children who are considered at risk are conducive to the school setting. These programs can

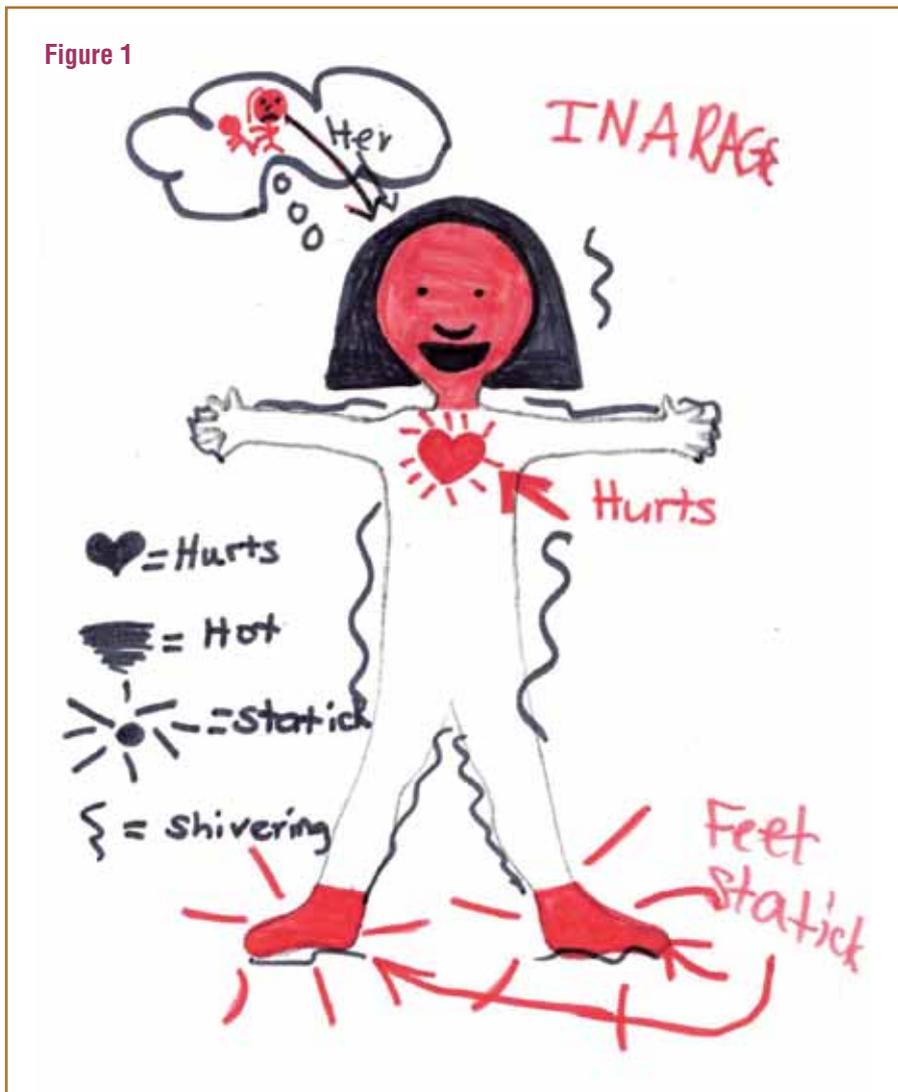
be administered in group settings or target specific students. Educators, counselors, and administrators typically run these programs; however, occupational therapy practitioners can and should also contribute, particularly with children who are already on their workload. For example, many school-based practitioners work with children with Asperger's syndrome or autism spectrum disorders (ASD);

children with these conditions have a high incidence of secondary mood disorders and may experience problems with anger management.<sup>3</sup> Occupational therapy practitioners may also become involved with children who are at risk in general education as an early intervening service, as reflected in the Individuals with Disabilities Education Act.<sup>4,5</sup> An anger management program, as an early intervening service or as a Response to Intervention, can address a general education student's need for behavioral support before his or her anger becomes so disruptive that it interferes with classroom performance. The anger management program for an entire classroom can address multiple children's needs for behavioral support and benefit all students, with or without disabilities. (Check your state regulations to see if prereferral occupational therapy activities are included in your licensure law.)

These were the thoughts of a team of teachers, their occupational therapist, and their social worker in a special 4th grade inclusion classroom for children with ASD in a Brooklyn, New York, public school. Three special education teachers worked in this classroom in a collaborative team teaching (CTT) program that includes higher functioning students on the autism spectrum with their typically developing peers. Two of the teachers taught the core curriculum to the whole class, and the third provided social, academic, and behavioral supports for students on the spectrum.

Observation and teacher report in this class revealed that several of the general education students and the students with ASD demonstrated behavioral issues associated with anger, such as yelling angrily out of turn, banging on desks, arguing with teachers or peers, having outbursts of crying, and withdrawing. The children with ASD demonstrated increased intensity during their outbursts, such as walking out of the room or completely refusing to do their class work, and they often required one-on-one assistance from a teacher or other staff member. Teacher report and observation pointed to at least one student outburst per class period during a 7-day period; however, on some days

Figure 1



there was more than one. The teachers often stopped instruction to address behaviors, repeated directions, or restarted their lessons. Students in the class were distracted by both the outbursts and the disruptions to the instruction.

The teachers, occupational therapist, and social worker noted that the general education children needed strategies for anger management and self-regulation, and that the children with ASD had poor self-awareness of their emotions. Led by the occupational therapist and social worker, the educational team decided to combine concepts from two approaches—anger management and sensory modulation intervention—to address the needs of the whole class.

The occupational therapist shared concepts concerning sensory modulation interventions. A commonly used

sensory modulation program, the *Alert Program* (aka, *How Does Your Engine Run?*)<sup>6</sup> has been successfully used for children with and without emotional and sensory processing problems<sup>7</sup> to help them understand their own physical responses to events, particularly events with sensory qualities.<sup>8</sup> The children use an engine metaphor: Low alertness is compared to a low engine, and high alertness is compared to a high-go engine. The children are then instructed in strategies to use sensory qualities to self-modulate their level of alertness.

The social worker shared information concerning anger management programs from cognitive behavioral therapy (CBT), an approach that comes from the field of psychology. A specific CBT program created for individuals with ASD is Tony Attwood's *Exploring Feelings*.<sup>9</sup> In the first stage

of the program the child with ASD learns about emotions, thereby connecting cognition, affect, and behavior. The degree of intensity of feelings is explored, in addition to how the emotion affects the child physically and in his or her thinking.<sup>9</sup> Similar to the way the Alert Program uses the image of an engine, a thermometer is used to explain intensity levels of anger and what happens to the body at each level. Other activities can include modeling, role playing, and labeling or coloring a picture of the body to indicate what physically occurs when they get angry. Cognitive restructuring is then used to help children with ASD to address possible misinterpretations of situations that have induced anger. In the final steps of the program, the children are taught to recognize when they are becoming angry, and an “emotional toolbox” of anger management strategies is introduced.

The Alert Program and Exploring Feelings were selected because they have elements that complement each

other. The Alert Program includes activities from a sensory integration perspective but also incorporates cognitive approaches. Its authors also acknowledge that it can be used with other therapies.<sup>6</sup> The Emotional Toolbox in the Exploring Feelings program includes strategies for problems associated with anger. These include “physical tools” (e.g., bouncing on a trampoline) and “relaxation tools” (e.g., listening to music, manipulating a stress ball). Exploring Feelings also includes an Environmental Toolbox, with modifications and adaptations for sensory processing difficulties or sensitivities.

There is evidence for the effectiveness for both programs. In a study evaluating evidence-based practices for students with ASD, Simpson reported sensory integration and cognitive behavioral modification as “promising practices,” indicating that they have demonstrated positive outcomes (although more objective research is still needed).<sup>10</sup>

## THE ANGER MANAGEMENT/ SELF-REGULATION PROGRAM

The team elected to use the training that connects cognition, affect, and behavior from the Exploring Feelings program with the instruction in strategies using sensory qualities from the Alert Program. The program was structured for 30 minutes per week for 10 weeks. The occupational therapist led the group, with consultation support from the social worker and collaborative involvement from the teachers in scheduling the sessions and providing follow-up by using the language and concepts taught in each session within the school day. Administrative and parental approvals were obtained, and all 15 children in the classroom participated in the anger management group.

The first task of the group was to create a picture of a thermometer with anger ratings of annoyed, frustrated, angry, furious, and rage. Each child was asked to draw and fill in his or her own thermometer and identify the physical sensations and bodily

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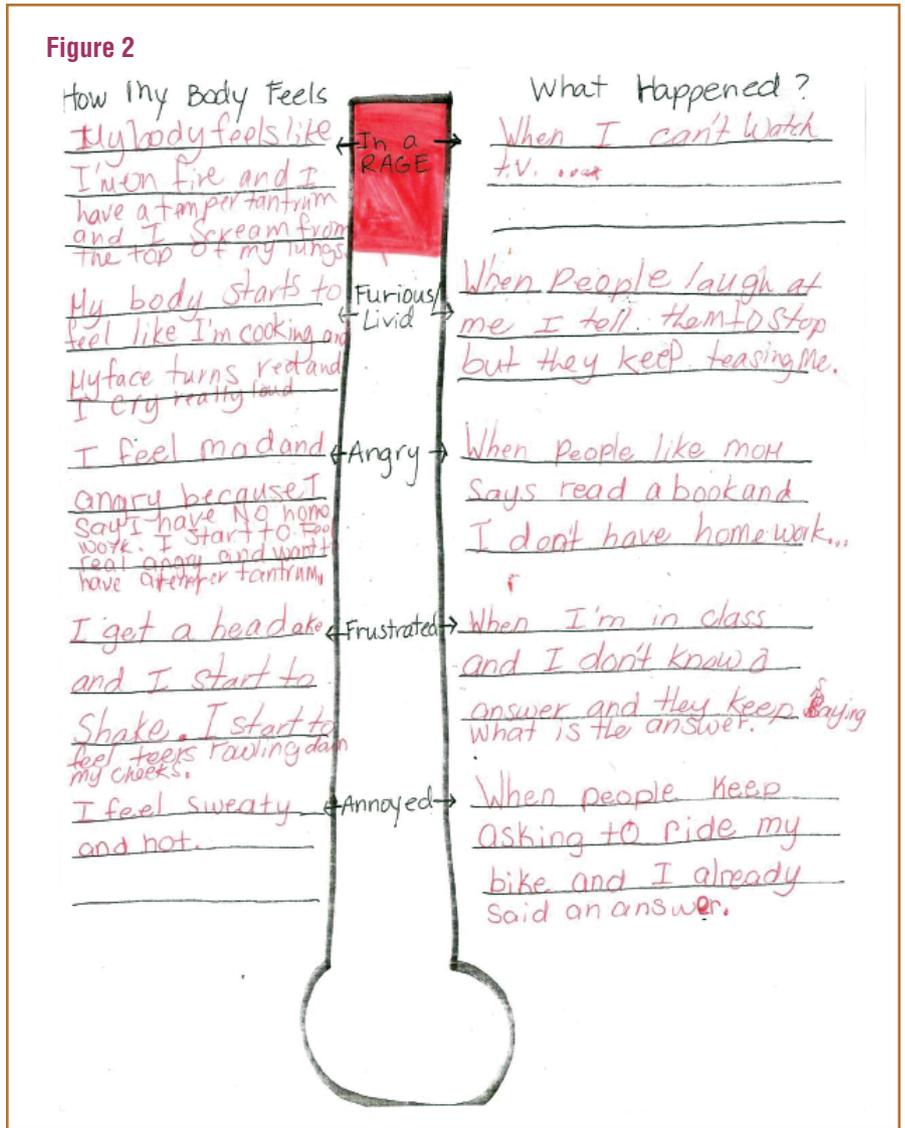
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responses experienced at each level. The team had allotted a single session for this activity but was surprised to find that the children had a great deal of difficulty with it. They were unable to separate the physical sensations of anger, such as feeling flushed, having a rapid heartbeat, and breathing quickly, from the behavioral manifestations of anger, such as yelling or wanting to hit. To help them understand, the social worker asked them to draw a picture of themselves and to label how each body part felt when they were angry (see Figure 1 on p. 10). This strategy was helpful, but some of the children were still not making the connection. Many left blank spaces or did not feel that they had experienced high levels of anger intensity, although some had been observed in what appeared to be “furious” or “rage.” The team chose to not attempt to correct this lack of insight because they recognized that how the children felt had priority over how others perceived them to feel. Instead, the team chose to explore the basic concept of levels of intensity more deeply with a third exercise (to accommodate this change, the team decided to add an additional 1 to 2 weeks to the program). Again, pulling from the Exploring Feelings program, the children were asked to recall situations when they had experienced anger and to rate on the thermometer (on a scale of 1 to 5) whether the situation had made them mad; if so, how mad? (See Figure 2.) Although the class responded well to this teaching strategy, one of the children with ASD found the personal exploration of feelings overwhelming at this point. To adapt the activity, this student was given a thermometer drawing and hypothetical scenarios were written on sticky notes. The concrete aspect of matching and sticking allowed him to participate without feeling threatened. In all, the first 5 weeks of the program were needed to achieve an understanding of the continuum of anger, to identify levels of anger intensity, and to make connections between levels of anger intensity and the physical sensations experienced at each of these levels.

Over the next 3 weeks (weeks 6 through 8) the team shifted instruction



from the intensity and manifestations of anger to how angry behaviors are generated in humans as part of the “fight-or-flight” response. It was important for the children to understand this response as a physical reaction in order to understand why and when to implement the strategies. By helping the students understand the fight-or-flight response as an innate physiological reaction that is activated in response to perceived threat or danger, the emotions associated with this response were normalized, which allowed them to discuss their feelings more easily. The children were told a story about the fight-or-flight response and its value as a survival tool to cavemen in prehistoric times. The group discussed how this response can be activated by any number of stressful situations in the modern world, but since we are only

rarely in physical danger it is important for us to control the intensity of our reactions. The children were then given a picture of a circle that illustrated the connection of thoughts, feelings, and behavior as described in cognitive behavioral theory. The cycle of anger was illustrated with role plays to assist the children in understanding how their own perceptions can be distorted during the fight-or-flight response, leading to feelings that can escalate into negative behavior and negative consequences. (At this point another week was added to the program so that all the children would have the opportunity to participate in the role playing.) They were taught that they can intervene at any point in the cycle for a better outcome—they can control their emotions, rather than their emotions controlling them.

In week 9, concepts from the Alert Program were inserted by relating the previous lessons to the concept of engine levels. The children were asked to indicate their engine level when they were angry. Most children stated high, but a few felt that their engines were low when experiencing anger. Again the team leaders did not attempt to influence the children's responses, as it was more important that participants developed self-awareness, which cannot occur when adults label how they feel.

In the final 5 weeks, sensory strategies from the Alert Program were explored. These included oral motor input; vestibular/proprioceptive input; and tactile, visual, and auditory input to change "engine levels."<sup>8</sup> With each lesson, the children used worksheets from the Alert Program that were adapted by the occupational therapist, to ponder their responses to different types of sensory input and to determine the sensory strategies they would prefer. To pull all the lessons together, a visual was created for the children to use: a stop sign with the phrases "Stop,

Think, and Choose." The children were taught that when experiencing anger they should first *stop* and use a sensory strategy to calm. They should *think* about how they feel and the choices they have, and then *choose* what to do next.

### PROGRAM EVALUATION AND LESSONS LEARNED

The Anger Management/Self-Regulation program was conducted over 15 weeks and ended near the conclusion of the school year in June. In the last 3 weeks of June the teachers were asked to indicate how often children in the class used the strategies taught in the program. The three teachers agreed that the strategies were used in 75% of situations where students' behavior was an issue. They reported that not only did the students implement the strategies, but that it was easier to redirect them when they were getting angry, and that the strategies were easy to implement in the classroom. Another valuable contribution to classroom behavior was that the program gave the students and teachers a common

vocabulary regarding self-regulation and anger. At the end of the project, a folder of the strategies and the content of the program was sent home for the students to share with their parents and to help the students keep the strategies in mind. When asked how to improve the program, the teachers stated that they would like more time, and more small, focused group activities for those who were struggling with the concepts and also to enrich the experience of those who understood quickly. Other improvements would include more caregiver involvement with weekly communication of lessons, formally tracking how the strategies were generalized outside of the classroom, and the use of a formal checklist for specific classroom behavior.

The students were also provided with a questionnaire, and 9 of the 15 responded. When asked if they liked the group, 8 checked "yes" and the other 1 checked "I don't know." They were also asked which type of strategy they liked the best and which they used when they are angry. The other 8 who had checked "yes" indicated strategies

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By L. Jackson & M. Arbesman, 2005. Bethesda, MD: AOTA Press. (\$39 for members, \$55 for non-members. To order, call toll free 877-404-AOTA or shop online at store.aota.org. Order #1198C-MI)

**AOTA CE Article: Hidden in Plain Sight: Working With Students With Emotional Disturbance in the Schools**

By B. Chandler, January 22, 2007. *OT Practice*, 12(1), CE-1-CE-8. (Earn .1 AOTA CEU [1 NBCOT PDU, 1 contact hour.] \$24.75 for members, \$35 for non-members. To order, call toll free 877-404-AOTA or shop online at store.aota.org. Order #CEA0107-MI)

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By K. J. Barnes, A. Beck, K. A. Vogel, K. O. Grice, & D. & Murphy, 2003. *American Journal of Occupational Therapy*, 57, 337-341.

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such as “things to use with my hands,” “things to use with my mouth,” and so forth, and were able to indicate one that they would use when angry.

Overall, the team determined that the program had been successful, as measured by a teacher questionnaire and a goal attainment scale completed by the teachers. To track the behavior from the beginning of the program, data were used from the teachers from an existing behavior system based on a curriculum called the Positive Behavior Intervention System. The children can receive a reward total of 6 points for the day, based on following specific class rules for each academic period. The teachers created a key for the specific rule broken and determined the consequence (e.g., teacher conference, parent phone call, focused work time, disciplinary referral). The class average of reward points increased from February through April, although we were not able to isolate the anger management program as a direct cause of this increase.

The most surprising finding was the length of time required for the children to process the cognitive concepts of understanding anger. The concepts of levels of intensity of anger; the physical

characteristics of those levels; and how thoughts, feelings, and behavior are related, proved to be very complex for them. Future implementation of this program will include more instruction periods for these concepts with small focused activities. More generalization strategies and regular home education activities will also reinforce the program concepts. Another future goal is to track specific behaviors to measure future outcomes.

The response to this Anger Management/Self-Regulation program was positive, as measured by the teacher and student questionnaires. The key to this success was the collaboration of the educational team. Joining expertise and efforts across disciplines makes a difference in the quality of services received by children in the public schools. Collaboration is a powerful force in the classroom and occupational therapists are crucial team members. In Brooklyn, occupational therapy demonstrated a welcome impact on the ability of school children to manage anger. ■

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