

The effectiveness of school-based anger interventions and programs: A meta-analysis

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Abstract

Twenty peer-reviewed journal articles that described outcomes of interventions that took place in school settings and either focused on anger or included anger as a dependent variable were meta-analyzed. No differences in outcomes were found for group comparisons by school setting, special education status, entrance criteria, or treatment agents. Although 60% of articles discussed its importance, only two articles actually measured treatment integrity. Across outcomes, the weighted mean effect size of the interventions post treatment was determined to be .31. The largest effects were found for anger and externalizing behaviors, internalizing, and social skills, with mean effect sizes of .54, .43, and .34 respectively. Weighted mean effect sizes for follow-up studies were also calculated, but given the small number of studies that reported follow-up effects, those must be interpreted with caution. The results of this meta-analysis are discussed as they relate to research, practice, and intervention with children.

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School violence in the United States is a complex and escalating problem. Due to growing public safety concerns, a variety of approaches has been utilized to counter this trend. These approaches have ranged from early intervention programs designed to decrease the risk of children engaging in aggressive and violent behavior (e.g., Webster-Stratton & Reid, 2003), to skills-based intervention programs in schools (e.g., Deffenbacher, Lynch, Oetting, & Kemper, 1996), to “zero-tolerance” policies in schools for weapons and drugs, as well as for violent behavior (Skiba & Peterson, 2000; Yell & Rozalski, 2000). One approach to decreasing school violence that has an extensive history has been to target anger as a precursor of aggressive behavior (Fryxell & Smith, 2000).

Anger is a strong feeling of displeasure that includes a sense of antagonism (Merriam-Webster Inc., 1984). Anger may be both a significant concern in schools as well as an important mediator of concerns such as aggressive behavior. Anger can be an unpleasant experience for the angry person as well as those at whom the anger is directed, and can lead to negative consequences for those whose anger leads them to engage in inappropriate behaviors. Aside from the uncomfortable experience of anger at the time that it occurs, it is associated with a large number of negative outcomes for children, adolescents, and adults. These include, but are not limited to physical damage to others, themselves, and their environments; poor quality interpersonal relationships; poor quality work, school, and social experiences; anxiety and depression; drug abuse; and health problems such as hypertension and cardiovascular disease (Deffenbacher et al., 1996). Clearly, learning for all students may be in jeopardy when students’ anger and its expression as aggression prevent them from attending to instruction, and when anger expressed as aggression and violence prevents access to instruction due to removal from the classroom, detention, or expulsion (Feshbach, 1983).

Given the long-term consequences and the seriousness of the negative outcomes associated with anger, researchers and clinicians have designed and described a variety of intervention programs in the literature to combat it. Most programs tend to be multi-component in nature, and the large majority of anger treatment outcome studies use a cognitive-behavioral approach (CBT, Beck & Fernandez, 1998). These approaches have generally focused on Novaco’s (1975) adaptation of stress inoculation training (SIT, Meichenbaum, 1975), which was originally designed for treating anxiety (Beck and Fernandez). The basic idea of training is that participants learn to identify triggers of the anger response, followed by rehearsing self-statements that will allow them to think about the situation in a way that is less likely to induce anger than their usual response. Relaxation training follows, giving participants the opportunity to learn a response that is incompatible with anger and aggression. Practice, role-play, and imagery are common characteristics of the final phase of intervention (Fernandez & Beck, 2001; Golden & Consorte, 1982; Spirito, Finch, Smith, & Cooley, 1981).

Meta-analysis of CBT studies in a variety of treatment settings such as clinics, schools, residential treatment programs, and community centers shows effects in the moderate range (Beck & Fernandez, 1998; Sukhodolsky, Kassinove, & Gorman, 2004). A meta-analysis of CBT in the treatment of anger with mostly adult samples found positive effects for treatment, with a mean effect size (Cohen’s *d*) of .70, in which effect sizes were

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