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First things first: anger management group work in a mainstream high school setting

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ABSTRACT
In an attempt to support the emotional development and behavioural choices of young students in grades 7–10, a six session therapeutic group programme was devised – culminating in a written manual to enable future replication of the programme. This pilot programme was introduced as a once-weekly, morning session aimed at prioritising a student’s need for emotional regulation in an attempt to support academic learning outcomes. Specifically, the group programme provided a five-stage understanding of the cycle of anger, with an additional session allocated for case studies and review. This article seeks to describe the pilot intervention – specifically the therapeutic content – such that it can be replicated elsewhere. Informed by cognitive behavioural therapy, attachment theory and systems theory, the programme sought to respond to the similar needs of multiple students within a time efficient and age-appropriate format.

Context
St James College is a Catholic Coeducational Secondary school in the Edmund Rice Tradition. Edmund Rice started his first school in Ireland in 1802 with a view to providing education as a means to liberating youth from disadvantage. The Christian Brothers took this message – founded on Gospel stories – and established school throughout the developed and developing world. The ethos of such schools can be summed up by the four touchstones of: liberating education, gospel spirituality, justice and solidarity. It is located centrally in the city of Brisbane and as such, draws its students from 158 of Brisbane’s suburbs. Its students number approximately 400 but identify with over forty different cultural and ethnic backgrounds. Recently, the school has opened its doors to students who are seeking political asylum and refugee status from Asia, Africa and the Middle East. Additionally, students are diverse in socioeconomic status with poverty being a significant contributor.
to student outcomes. The school has also garnered itself a reputation in dealing successfully with students who have a verified disability and currently enrolls 116 students with either a social/emotional, cognitive, sensory or physical disability. Consequently, the pastoral programmes at the school need to be fully geared towards supporting the students in their learning environment. It operates a vertical house-based pastoral system with four distinct houses under the leadership of the house dean. The school employs three counsellors who make up the equivalent of two full-time continuing workers. Whilst the focus of the counsellors is on providing therapeutic support in response to student needs, the counsellors also have the additional role of providing careers education as well as workplace organisation and support. It is important to note that inherent in this school is a strong culture of counselling such that engagement with the counsellors is neither disguised nor considered unusual. Counsellors are most often in the yard engaging in conversation with students during breaks and attend all extra-curricular events such as sports carnivals, formals and camps.

The profile of the student body at St James is primarily one of disadvantage. Whether that be socioeconomic, physical, emotional, cognitive, linguistic or political, as is the case with students seeking asylum, a large number of the students at the school fall under one or a multiple of these types of disadvantage. Significantly, that provides a unique challenge to a client-based counselling model. With the number of students requiring therapeutic support of some sort in order for their learning to be effective, appointments for the counselling staff fill up very quickly. So much so, that a prioritisation referral strategy was introduced to assist in the allocation of clients according to need. One thing became abundantly clear however, and that was there simply are not enough resources to effectively deal with an anger-management strategy on a one-to-one basis. This also provided a significant challenge to the ethos of the school which required all students to be individually catered for according to their need. According to the College website, ‘We (St James College) honour the dignity of each member of our diverse community through our lived pastoral environment inspired by a living spirit of community and compassion’ (St James College, 2017). Consequently, a group therapy approach was designed to ensure that this ethos could be fulfilled and students not be left untreated.

The challenge for this school, as with many others, is the balance between providing a client-based counselling model to the whole student body and maintaining efficiency and equity such that the individual needs of each student is appropriately and professionally met. Given the nature and profile of the student body, many students were coming to the attention of house deans as a result of conflict with staff and/ or students. As such, all of the students referred to this group programme were all having some difficulty in managing their anger and would typically have been invited to attend individual sessions with the counsellors. Given that all students shared a common need to better regulate their response to anger, a group-therapy approach was proposed as a way of effectively
assisting these students. The subsequent group was entitled the ‘AM Group’ which references both Anger Management and had the added benefit that any other students who heard verbal reminders that the session was to run that morning might assume the title referred to the time of day at which the session ran, thus maximising individual privacy.

**Participants**

The decision to run this as a group programme, inclusive of similarly aged peers, reflects an understanding of the difficulty associated with ‘teaching students to respond appropriately to anger-provoking situations in natural settings’ (Presley & Hughes, 2000, p. 126). As such, this paper will describe a group programme that deliberately and systemically facilitated a process inclusive of offering students an understanding of a cycle of anger, reflection and case study material, all the while acknowledging that much of the efficacy of the programme emerged out of the process engaged rather than the content prescribed.

This paper describes a closed group structure – that is, new participants were not eligible to enter once the initial group had been defined. This decision reflected the intent of creating a collegial space amongst peers within which a sense of safety and containment was prioritised. The programme was designed to accommodate approximately 10 students – with this number designed to balance the ideals of a robust group dynamic with adequate staff coverage given the potential volatility of the attendees. A previous history of conflict between participants was not an exclusion criteria and students were given choice over whether they attended sessions.

Participants were nominated by house deans, with the referral criteria specifying students of specific gender, enrolled in grades seven to ten, who were identified as struggling with inappropriate expressions of anger. Prior to starting the group the counsellor met with each student individually in order to ensure that they were aware of the referral, provided with information specific to the programme, able to ask questions and provided with the opportunity to consent/decline involvement. It is noted that no student was mandated to attend. Consent from a student was followed up with a phone call to a primary carer such that information could be provided and consent sought. The initial selection of male students’ reflects the population of the school, with enrolments being significantly more weighted towards boys. However, professional experience was backed up by literature which suggests that there is not necessarily a ‘… difference in anger between boys and girls. Findings suggest gender-role inconsistent displays of externalizing emotions in low-income adolescents under acute stress …’ (Panjwani, Chaplin, Sinha, & Mayes, 2016, p. 117). As such, a repeat of the process was open to female students.

The role of a counsellor or therapist working in a school is necessarily complex. Examples of potentially dichotomous demands include: requirements of student confidentiality whilst maintaining a collegial and team-based approach where no
one person ‘owns’ information; attending immediately to child protection concerns whilst referring elsewhere those related concerns that are best responded to by external service providers; identifying the needs of each student and holding the individual student in mind as the primary client, yet recognising that the most effective mode of intervention might be systemic – be that peer-based group work or family therapy. Recognising all of these concerns, a decision was made to ensure that from the outset participants were informed that as part of this process they would be afforded limited confidentiality – in that observations of their interactions and descriptions of their contributions to the group would be provided to their house deans in an effort to support the student’s development outside of the group. The rationale for this position being informed by the reality that house deans are well placed to support students on a daily level but have been found to welcome alternative – therapeutically informed – understandings of behaviour. In addition, it is acknowledged that students cannot be relied upon to maintain total confidentiality with regards to the session once they resume their usual course of interactions.

**Rationale**

The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) describes criteria for the classification of mental disorders. Within this book is reference to a ‘clustering of disorders according to what has been termed internalising and externalising factors’ with impulsivity and disruption characterising externalising behaviours (American Psychiatric Association, 2013, p. 13). Diagnostically, attendees referred to the group were observed and reported to have demonstrated a range of externalising behaviours, notably those grouped under the diagnosis of oppositional defiant disorder (ODD) and Conduct Disorder. ODD is predominantly characterised by clusters of behaviours grouped under the terms ‘angry/irritable mood’; ‘argumentative/defiant behaviour’ and ‘vindictiveness’ (American Psychiatric Association, 2013, p. 462). When considering the most readily observed expressions of anger, the externalising symptoms attract the most attention. For example, actions such as hitting walls with fists, throwing light items of furniture, and assaulting others were not uncommon behaviours demonstrated within this cohort but have significant capacity to impact upon the educational engagement of each individual. Beyond matters of immediate safety there is an understanding that poorly modulated emotional responses have the capacity to limit the capacity to engage in thinking. The idea being that repeated or excessive ‘Negative emotions – stress, worry, anxiety, anger – have all been significantly associated with higher levels of cortisol’ and are understood to be ‘terrible for learning’ (Jensen & Nutt, 2015, p. 173). This is also supported by a number of educationalists who claim that positive or good emotional health is vital to the learning process (Hassed & Chambers, 2014, p. 49; Hogan, 2003; Jensen, 2005, p. 73; Luckner & Rudolph, 2009, p. 160; Marzano, 2007, p. 149; Rogers, 2011, p. 215; Smith, 2002).
School-based counselling acknowledges the link between the cognitive and emotional well-being of students as part of an attempt to support the holistic individual. As part of a multi-pronged approach to supporting student's emotional well-being, students may benefit from being withdrawn from the learning process in the event that they are temporarily unable to engage in it optimally. In the case of St James, a ‘Responsible Thinking Room’ (RTR) is a separate and distinct space set up for the purpose of allowing students to rethink their commitment to the learning process – essentially teachers can instruct a student to remove themselves from the classroom and attend the RTR as an immediate response to challenging classroom behaviour, or a student may self-refer as part of an attempt to regulate their own behaviour. It is a strategy drawn from the Restorative Justice Model of Behaviour Management. In essence, this restorative approach puts repairing harm done to relationships and people over and above the need for assigning blame and dispensing punishment (Hopkins, 2002). The effect of this approach which involves the bringing together of all relevant parties and their parents/ carers has the effect of increasing empathy and lowering impulsivity on the part of the participant (Elliott & Gordon, 2005). This model has been adapted from juvenile justice models and developed throughout schools across the world. The students referred to this group programme were observed to have been heavily involved in the Restorative Justice Model of Behaviour Management, and held striking similarities with regards to individual student's problematic regulation and management of their emotions.

The primary goal of the AM group programme was to provide the targeted group of students with strategies to help them regulate their emotions – mostly anger – in more constructive ways so they can re-engage more effectively with the teaching and learning process. The group therapy approach was designed to allow the process to be more effective and save time but also to allow for the students to be supportive of each other throughout the sessions. This echoes the supportive nature of the pastoral programme of the school which relies heavily on peer influence and mentoring. For example, the vertical house based system of pastoral care is designed to allow for the positive influence of the peer group. By generating smaller groupings within the house, called ‘homerooms’, each consisting of students with multi ages, the free flow of influence across peer groups from the older students towards the younger is facilitated. As such, the application of a similar peer influence strategy fits in quite well with the current pastoral structure in that students are confident with each other and know each other well enough to act in a supportive way through the therapeutic process.

**Intervention – content**

Literature has suggested that young people with cognitive, emotional and behavioural concerns ‘… may be limited in their potential to benefit from traditional, insight-orientated therapies’ but rather might represent ‘… good candidates for the structured, concrete approach of a skill-building model’ (Kellner & Tutin, 1995,
Recognising the diverse learning needs and contextual demands influencing this particular cohort, a decision was made to ground this intervention firmly within a cognitive behavioural therapy framework. According to Nelson, Finch, and Ghee (2012) ‘The cognitive-behavioural model is based on the rationale that children’s emotional and subsequent actions are regulated by the way they perceive, process and/or mediate environmental events’ (p. 101). As such, discrete tasks were devised with a view to deconstructing the complexity of emotional experience and augmenting behavioural responses.

When developing this programme, priority was giving to ensuring that all resources created were able to be replicated and provided to attending students. Weeks one to five stages were based on an understanding of the cycle of anger, with an additional session allocated for case application and review. The cycle of anger was outlined on a readily available web address and describes the following cyclical process.

Using the Cycle of Anger as an organising tool, various tasks were then allocated to each of the five substantive sessions:

**Week 1**

Week 1 involved an emphasis upon the ‘triggering event’. As such, the group focused upon assisting each student to define:

- a history of events including precursors;
- distinguishing between times when the emotional experience has resulted in helpful and unhelpful behavioural sequences;
- identification of motivation for change and naming individual measures of potential success.

It is well recognised that anger is a likely response to disruptions in attachment relationships (Kobak, 1999; Weinfield, Sroufe, Egeland, & Carlson, 1999). In particular an alignment between poor emotional regulation and attachment ruptures has been discussed (Diamond, Diamond, & Levy, 2014, p. 23). This session examines precursors and invariably identifies human interactions as being one the most likely triggers for ill expressed anger. As such, this session seeks to acknowledge that whilst anger may represent an attempt to ‘… protect a relationship which is of very special value to the angry person’ (1988, p. 89), the reality confronting each student is the need to acknowledge that they can only exert control over their own actions and as such from this point forward the programme takes an inwards reflective stance, as evidenced by the individual goals written by each student. Recognising that this is a cohort inclusive of various cultures, the point is made that ‘children’s drive or striving for attachment security is universal’ and whilst infant’s across cultures express attachment needs through similar behaviours (e.g. crying, reaching out), the behaviours of older children will be shaped by culture (Diamond et al., 2014, p. 41).
Week 2

Week 2 involved an emphasis upon ‘negative thoughts’. This session called upon participants to recall an event from the past week that caused them to both: (a) feel angry and (b) respond in a manner that was not helpful to their overall well-being. In many instances, students recalled school-based examples which enabled other participants to provide commentary thus increasing the feedback loops offered to the student. As such, session two involved a careful deconstruction of:

- thoughts that occurred when anger was experienced;
- psychoeducation relating to a range of possible cognitive approaches inclusive of rigid concrete thinking, over-generalisations, processing in extremes, minimisation and catastrophizing;
- a ‘detective’ approach to challenging negative thoughts such that questions were raised about the substance, evidence and legitimacy of these thoughts as likely interpreted by self and another;
- a brief application of how these thoughts might manifest into words and action.

Week 3

Week 3 involved an emphasis upon ‘physical symptoms’. This session was heavily based in psychoeducation and explored:

- a range of at least 20 possible physical responses to anger;
- exploration of the most commonly observed responses in each student;
- introduction of the notion that some interventions can assist to reduce anger and facilitate bodily calm.

It is within this session that the concept that anger can be helpful is first explored, specifically, Bowlby’s notion that ‘in the right place, at the right time and in the right degree, anger is not only appropriate but may be indispensable’ (1988, p. 89). As with previous sessions, group members were encouraged to comment upon what physical symptoms they had previously observed in another group member, with the intent here being that students receive information through multiple sources: their own reflective capacity, peer commentary and therapist feedback.

Week 4

Week 4 involved an emphasis upon ‘behavioural response’. This session included an application of Albert Ellis’s ABC theory of Rational-Emotive Therapy (Ellis, 1991) which assists with the deconstruction of intense feelings such as anger. This approach encourages participants to explore:
• A = Activating event (review of week 1: the trigger)
• B = Beliefs (review of week 2: negative thoughts)
• C = Consequences or feelings (primarily explored in week 5)
• D = Decide, dispute or respond (primarily explored in week 4)
• E = Ethics (primarily explored in week 5)

This session initially asked each student to identify the behavioural response they actually employed, before then creating a space for group discussion within which peers were asked to nominate other behavioural responses that might have provided the student in question with more functional options and less unhelpful restrictions. The suggestion being that, in keeping with task of the adolescent to differentiate from parents and the heavy emphasis placed upon peer relationships (Waddell, 2005) the views of their peers are likely afforded greater weight and ultimate influence over capacity for change. A final step was added to augment the ABC model, namely a request that the student considers the ‘ethics’ espoused by choosing an alternative or more helpful response to anger. The insertion of this step reflects the Catholic tradition of the school and particularly, each student’s exposure to the touchstones of Edmund Rice Education – these being: liberating education; inclusive community; gospel spirituality; justice and solidarity. As such, students were asked to consider how their revised behaviour might better align with these ideals.

**Week 5**

Week 5 involved an emphasis upon emotional responses and ethics. Returning to the ABC model, this session places a heavy emphasis upon ‘C’ or ‘consequences and feelings’. In particular, emotional insight is specifically addressed through the explicit naming and description of a range of other emotions that might also represent realistic responses to scenarios that might previously have been defined by overly rigid ‘anger’ responses. It is at this point in the programme that the student is likely able to complete an adaptation of Ellis’s ABC Model, utilising a personal example or experience.

**Week 6**

Week 6 was allocated to individual case studies and review such that students were required to complete homework in the preceding week, requesting that they use the previously described pro forma to reflect upon their own lived experience of anger. Further, students were provided with a copy of Figure 1, with the purpose being that individual student’s be provided with the option to complete the flow diagram during their time in the RTR – thus engaging in a structured and formalised mechanism for self-directed reflection. Ideally, the completion of such a form – in the immediate hour after any incident involving inappropriately expressed anger – would form a partial school-based response to behaviour management.
such that the consequences for a poor behaviour choice were somewhat reduced subject to the reflective, insightful and honest completion of the flow diagram. The availability of the school counsellor to attend and work through this form with the student upon its completion is highly desirable though not essential.

**Intervention – process**

The six session structure described above outlines the content contained within the six session structure. However, the capacity of the adolescent cohort to engage with this content relies heavily upon the process by which it is applied by the group facilitator. In support of this position, Zimmerman and Bambling (2012) suggested that ‘the quality of the working alliance between therapist and client might be the best predictor of treatment outcome’ whilst balancing that ‘… curative factors in psychotherapy require a more active educative, and leading role of the therapist … a view of psychotherapy as a creative art form rather than a science’ (p. 76).

The central ideas here being first and foremost, the importance of the working alliance and secondly, the capacity to engage with therapy as an art form.

**Working alliance**

The importance of relationship as a foundation of therapeutic intervention has been described elsewhere (Diamond, Shahar, Sabo, & Tsvieli, 2016, p. 37; Zimmerman...
Informed by attachment theory, it was the view of the group facilitator that the attachment construct of the ‘secure base’ held relevance. Though Ainsworth is credited with the original introduction of the term (Bowlby, 1988), Bowlby described the secure base as being ‘available, ready to respond when called upon to encourage and perhaps assist, but to intervene actively only when clearly necessary’ (1988, p. 11). Hence, the role of facilitator – here extrapolated from Bowlby’s reference to the parent – sought to be both containing and directive, not purely with the view to maintaining necessary influence over the running of the group as a whole but rather, with a view to creating the very relational space in which new ways of feeling, thinking and relating can occur.

For many students in this cohort, this group process represented their first engagement with the school counsellors. Observations of students suggested that naming and discussing the intensity of emotions such as anger risked being perceived as an awkward experience or worse, the opportunity to attempt to promote oneself with bravado, or comparing street-smarts in an attempt to increase peer-based legitimacy. In response, it is suggested that a capacity to interact with students in a manner that fosters a real presence – being present in the moment and with authenticity, whilst employing humour where possible appears to have benefit. However, it was the experience of the facilitator that relationship building with attendees is greatly enhanced if interactions are not limited to the group sessions alone – a position that fits well with a systemic understanding of the importance of context and that any one system represents more than the sum of its parts (Becvar & Becvar, 2003). By being entrenched within the school the facilitator has multiple opportunities to interact with the students in various scenarios inclusive of individual therapy, restorative justice meetings or even by being seen as a routine presence during incidental classroom breaks.

**Therapy as creative**

Extrapolating on the previously made suggestion that therapy can be viewed as a creative art form (Zimmerman & Bambling, 2012), the facilitation of this group also drew upon a metaphor of a conductor orchestrating the interactions of a large group of musicians. The challenge to the facilitator is to ensure that all voices are heard, in relatively equal measure, with attention to the important themes, extrapolation of minor comments that deserve greater emphasis, and at times, a damping down of comments made that might be deemed less significant or even inappropriate. This metaphor has similarities with the previously proposed ideal that the facilitator may serve as a secure base to the group. Specifically, it is proposed that the facilitator must remain available to hear the content, be alert to the relevant theoretical frameworks – cognitive behavioural therapy, attachment theory and systems theory – such that they can sustain a quality interaction with the group and ensure capacity to be directive when organising the content. At times the facilitator must assume a directive stance, offering clear direction...
when matters of legal certainty are raised (drugs, alcohol, violence being common examples), yet for the most part refraining from being another instructing adult in favour of facilitating a process for group maturation. Put simply, ‘Good therapy involves sorting through the details, finding core themes, and using these themes to organise the goal and direction of the therapy. This cannot be accomplished without a strong theoretical framework’ (Diamond et al., 2014, p. 37).

**Obstacles**

Conducting a therapeutic group in a school setting is accompanied by a range of theoretical and practical challenges that demand consideration from the outset.

On a pragmatic level, a group such as this requires a high level of organisation in order to ensure that a cohort of students who struggle with emotional regulation are able to organise themselves to attend at the specified time. Engaging homeroom teachers with weekly reminders proved to be a necessary requirement but also had the additional advantage of creating opportunities for more regular communication regarding the incidental progress of individual students.

Recognising that this is a cohort that is likely to struggle with adherence to rules and regulations, the balance between entrusting this group to self-regulate their interactions and adopting a more instructional approach was a matter for constant reflection. In an individual setting ‘errors’ are often the therapeutic ‘grist for the here-and-now-mill’ (Yalom, 2002, p. 70) such that the concern becomes the reflection or ‘talking point’ of the therapy. However, when working with a group of vulnerable students, there is a need for vigilance and perhaps even overly prescriptive boundaries until such point that the group as a whole has an increased capacity to self-regulate during times of distress. For example, restricting access to potential distractions (i.e. mobile phones) or possible weapons (i.e. contents of school bags).

Finally, returning the students to class after each session is also a matter that requires some attention. The often overlooked matter of escorting the group back to their various classes was anticipated and discussed prior to the completion of each session such that there would be minimal disruption to surrounding classes already in progress. Following the conclusion of the group some students requested that they attended the RTR space in order to proactively seek a period of calm or reflective thinking before attending to the usual demands of learning.

**Conclusion**

This article has detailed a therapeutic group programme devised with a view to responding to the needs of individual students, whilst holding in mind the challenges of the larger cohort. Individually, students were presenting via the pastoral system with similar behaviours after conflicts with other students and staff. An understanding of the cycle of anger provided a structure to the six group
sessions containing content derived largely from cognitive behavioural therapy, specifically Ellis’s ABC theory of Rational-Emotive Therapy. In addition constructs from attachment and systems theory informed an understanding of the process accompanying the therapeutic alliance.

In describing the work undertaken to date, it is acknowledged that formal measures of change have not been applied. Rather, it is proposed that this does not itself limit the validity of the work done as there is a need to continue to trial new ways to support complex presentations – for some of the clientele at this school it is very much a case that if there were an easy fix, it would have already occurred. As such, there is value in describing crucial components of the content and processes employed. Indeed, it is likely that this capacity to prioritise the working therapeutic alliance contributed to the outcome that at no stage was any member or facilitator threatened or harmed despite this being a cohort characterised by a common concern pertaining to express of intense feelings. Outcomes for this programme will be measured during future offerings of this programme.

**Disclosure statement**

No potential conflict of interest was reported by the authors.

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