

**Table 2.4: Different mainstream secondary school anger management interventions**

Author	Definition of participants	Length of intervention	Number of participants	Theoretical background of intervention and what is included in the intervention	Methodology	Results
Lochman and Lenhart (1993)	Secondary aged pupils	12 or 18 sessions	31- anger coping participants, 52- untreated aggressive 62- nonaggressive	Cognitive behavioural intervention programme, The Anger Coping Program, which included; <ul style="list-style-type: none"> <li>• Increasing awareness of physiological responses to anger</li> <li>• Social problem solving</li> </ul> Strategies for dealing with conflict	2 experimental and 1 control group	18 sessions better than 12 sessions. Three year follow up, some long term results especially from the booster conditions.

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Deffenbacher et al (1996)	Early adolescents	9 sessions (45 minutes each)	120 (12- 14 groups)	<p><i>Cognitive- relaxation coping skills (CRCS);</i></p> <ul style="list-style-type: none"> <li>• List anger provoking situations and reactions</li> <li>• Anger is emotional, cognitive and physiological</li> <li>• Relaxation training</li> <li>• Identifying less anger thoughts</li> <li>• Rehearsal of these techniques</li> <li>• Handout of cognitive strategies</li> </ul> <p><i>Social skills training (SST);</i></p> <ul style="list-style-type: none"> <li>• List provoking situations</li> <li>• Anger is ineffective communication</li> <li>• Learn communication skills</li> <li>• Role play</li> <li>• Hand out of behaviour strategies</li> </ul>	3 groups of CRCS 3 groups of SST 41 children in control group	Both intervention groups reduced anger and negative outwards expression. CRCS also reduced depression, shyness, anxiety and other deviant behaviours. The authors concluded that this was because CRCS focuses on reducing emotional response before an issue whether as SST focuses upon dealing with a problem once one has started.

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Bosworth et al (2000)	adolescents	Computer based- 13 weeks (modules)	558	<i>Cognitive behavioural therapy</i> <ul style="list-style-type: none"> <li>• What's anger</li> <li>• Triggers and fuses</li> <li>• Anger busters</li> </ul>	RCT of groups	Cognitive not behavioural change- 5 outcome measures (self awareness, self efficacy, beliefs supportive of violence, aggressive behaviour, intention to use nonviolent behaviour)
Kellner et al (2003)	Middle school	10 sessions	46 whole class	<i>Cognitive behavioural therapy</i> Anger is normal feeling The personal triggers Physiological signs Physiological/ cognitive/ behavioural calming techniques Self evaluation	3 classrooms intervention 2 controls	Increased use of anger logs by individuals to review their anger. Fewer aggressive incidents in intervention groups than in control group at follow up.

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Sharp and McCallum (2005)	Average age 162.6 months	8 sessions	21	<i>Cognitive behavioural therapy:</i> Changing beliefs about situations Recognising signs of anger Practicing anger control Building empathy	Waiting control design	Participants increase knowledge of REBT Decreased number of referrals Increased level of rational actions Control thinking