

Parenting and Addressing



Your Child's Anger

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Acknowledgment

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Chapter #1 Introduction

What Anger Is:

Your child has anger and so do millions of other children in America. Anger is a normal emotion that everyone has. However, it is one of the few emotions that are negative and that can disrupt lives beyond repair. We as humans utilize anger in response to negative happenings that are encountered. Although anger is a normal emotion it is often a result of being offended.

In today's society, children can have problems controlling their anger. We see it in their everyday interactions with their teachers, peers, parents and other people that play a significant role in their lives.

Murray (2010) stated that some anger is good and healthy. When expressed appropriately it can result in positive outcomes. When not expressed properly or bottled up, anger can be dangerous.

The children in this study gave several definitions and ideas regarding their anger. Their responses range from simple concepts to complicated schemes (see chart #1).

Chart #1 Children's Definition of Anger

When you get mad	A disoriented way to express feelings
Emotions that lead to aggressiveness	Furious emotions that get to you
When someone pushes your buttons	When you want to fight
When someone ticks you off	Feelings that make you upset
When something upsets you	Expressing emotions in a wrong way
Feelings that can lead to destruction	Turning red due to not being happy

The participants were clear when asked what they do to manage their anger. The responses included exerting physical effort. For

example, 11-year-old DeAron stated the following when asked what he does to manage his anger: ***“To manage my anger, I punch my pillow or stuffed animals.”*** His response is typical and probably was suggested to him by a school official or counselor. The exerting of physical energy towards a safe item or target can be beneficial to the child.

The participant’s responses also included decisions to remove themselves from others and to think about things. Interviewee Elisha stated that, ***“I manage my anger by putting myself in time-out, that way I will not go too far overboard and I can have some control over things.”***

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In a similar fashion, 10-year-old Taron offered insight into how he manages his anger. He stated, ***“I really do not like getting angry. When I feel it coming, I want to stop it. So I will stay to myself and think about what is going. Then I will think some more. This works for me most of the time.”***

Chapter #2 Participants & Methodology

Participants:

For this study, there were 15 children (nine males and six females) ages 6-14 and 10 parents (six males and four females) interviewed. They live in the greater Flint, MI area.

The ethnic makeup of the children was one Hispanic-American, nine African-Americans and five Caucasian-Americans. The makeup of the parents was seven African-Americans and three Caucasian-Americans.

Method:

A qualitative methods study was utilized to examine the children's (ages 6-12) and parent's views regarding anger. With the assistance of focus groups, face-to-face and phone interviews, this study reports on prevention and intervention solutions that children, parents, educators and counselors can use to help angry children.

Our examination of this subject explores and reports on the effect childhood experiences, socio-economic status, mental illness, etc. have on anger levels. The children and their parents took part in typical intake and pre-screening questions such as age, socioeconomic status, source of their anger, etc. The children were asked the same open-ended questions regarding their anger. Likewise, the parents were asked a set of identical questions regarding their children's anger.

They were asked approximately 20 open-ended questions that ranged from "What is the definition of anger?" and "Why do

children become angry?” to “What is the best way to avoid anger?” and “How do you manage your child’s anger?” The participants’ responses generated qualitative data.

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Data Collection:

The data collection process utilized standard qualitative tools. The participants’ verbal responses to the interview questions became the raw data, with each response given equal weight, and transcribed verbatim.

In addition, the researchers’ reflections were collected in an attempt to identify the essence of experiences, themes, clusters, etc.

Chapter #3 Literature Review

According to the Center for Disease Control and Prevention (CDC, 2010), anger accounts for 31.5 percent of school related negative incidents. From 1999-2006 it was reported that 65 percent of school related homicides, 27 percent of stabbings/cuttings and 12 percent of beatings that took place were on school grounds as a result of someone's anger (CDC). The stated anger-related incidents possibly could have been prevented if those involved had been taught to control their anger.

It is held that anger (and aggression) accounts for more than 33 percent of referrals to outpatient children's mental health services. Of this number, 16 percent of the children actually received specialized services to address their issues. The remaining 84 percent of the children referred to mental health services remained untreated and in the community.

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Components of Anger:

Anger can be viewed from many angles and philosophies. When dissected, its internal workings and concepts are basic. According to Lewis and Michelson (1983) there are three components of anger.

The Emotional State of Anger: This stage is the emotion itself, which is also known as the arousal state. This stage arises when there is conflict over possessions or the invading of personal space. It also arises when there is physical assault, a verbal conflict, the feeling of being rejected and issues of non-compliance. This point was made by 28-year-old parent and adult interviewee Carlton. He stated, *“My son does well in most settings until someone violates his personal space. He just cannot handle people standing too close to him or making requests of him that are too personal in nature. He needs to know and feel that some things are his to enjoy and off-limits to others.”*

Expression of Anger: This stage features the act of expressing anger. Often children express their anger through facial expressions, slouching, crying, going to sleep and talking, but little effort is made to solve the problem. In other cases children will express their anger through revenge, avoidance and averting conflict with the provocateur.

Understanding Anger: In this stage, the interpreting and evaluating of emotions takes place. Children are able to reflect on their anger on a limited basis. This stage features the need for children to be “guided through the process” of understanding and managing their anger so as to get their anger out. The need to be guided through a process was made by 13-year-old Kevin. He stated, *“Sometimes I like having an anger outburst. You know, throwing things, acting defiant, cursing and being mean. Even though I like it sometimes, I wish I knew how to stop it from erupting all over the place. I need to get it out, but in the right way.”*

Getting the Anger Out:

According to Kellner (2003), once calm, children are able to recognize their anger triggers and are able to process the situation that resulted in anger. By identifying the true cause of anger, they are able to label their emotions, gain awareness and utilize pro-

social behavior skills to prevent escalation of their risk-taking behaviors. In addition, with the help of a parent (or a mental health professional) children are able to work backward to identify the true cause of their feelings.

Gottlieb (2010) reported that children who talk about their feelings and underlying frustrations are more likely to learn to self-regulate and behave better next time. For example, 11-year-old Ne Kole reported *“It helps me to inform others that I’m angry. Somehow this helps me avoid the need to break or destroy things. I do not have to retaliate.”* This point was also made by 9-year-old Lonnie. He stated, *“I like and I need to talk to adults about my anger. They usually can help me find a way to calm down.”*

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In a similar fashion 39-year-old parent and adult interviewee Betty stated, *“I tell the school all the time, my child’s anger would decrease if they would just listen to him and talk to him. Their move to punish him and call me is too quick. They have not figured out that suspending him is not the solution to his anger. I wish they would just talk to him a few minutes a day, before a potential blow-up is in sight. It is like he needs relationship and a support system within the school setting in order to avoid his anger episodes.”*

In general life or when experiencing problems, children want adults to listen to them. When the listening is not provided, the door is opened for negative responses from children. For example, 8-year-old Calieh stated, *“It angers me when people do not listen to me and when they accuse me of something that I did not do. That is why I yell, retaliate and try to destroy property when I’m angry.”*

The act of discussing their feelings and needs moves children toward viewing themselves as independent and not as victims (Marion, 2006). The current research is clear. When children understand their anger, there is a good chance that their level of frustration, hurt, tolerance and emotional stability will improve. Children who talk about their anger and emotions with friends and caring adults are more likely to learn from their experience and exhibit proper responses in the future.

Anger Overload:

It is believed that there is “anger” and then there is “anger overload.” Gottlieb (2010), argued “anger overload” is at work when a child’s anger regularly erupts from 0 to 10 in a matter of seconds and lingers for upwards of an hour (see chart #2).

When a child’s anger is viewed as an overload, a different approach to managing and assisting should take place.

Chart #2 Features of Anger Overload

Erupts rather quickly	Is in response to feeling rejected
Features yelling and disrespect	Initiated by insignificant events
Not associated with ADHD	Difficult to anticipate episodes
Features intense reactions	Not associated with Bipolar
Feelings are consumed	Child is risk taker
Not associated with ODD	Child is typically mild

What Works:

Levingston (2006) reported that most anger and violence prevention strategies have failed because the problem requires a holistic approach. The successful approach addresses and engages the entire school system as well as other major systems that children are a part of (i.e., family and community).

In developing anger and violence prevention programs based on a holistic approach, it is held that several steps and ideas are needed. First, there needs to be a clear-cut definition of what anger and violence are.

Second, a prevention step that addresses environmental control is needed. Third, an intervention piece that addresses choices and consequences is required. Fourth, on going anger management, conflict resolution, peer mediation training and support groups should be offered.

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The current body of literature suggests that there is a clear correlation between children's anger and a variety of poor outcomes. For example, children/adolescents who are given to anger can become destructive in the classroom. As well, anger can directly affect a child's academic performance and undermine the overall learning environment (Levinson, 2006).

General Semantics:

There are several effective treatments and preventive measures that teach children how to express their anger in socially acceptable ways. For example, general semantics (GS) can assist children in their effort to avoid anger.

General semantics is defined as an approach to life and events that encourages delayed reactions, logical thinking, respect for relationship, processing, consciousness of decision making, self-actualization and critical thinking.

General semantics ideas and formulations also are effective in countering anger's ability to produce changes in pulse, stomach acid secretions and blood pressure that can weaken the body's

immune system and make it more difficult to fight off diseases. In essence, general semantics, when applied to everyday problems, offers a more efficient approach and puts less strain on the body (Levinson, 2006).

Anger Management Class:

Anger management classes have a long history of effectively teaching children how to manage their anger. The goal of anger management is to teach children techniques, that when utilized, decrease levels of anger and promote appropriate responses.

When assisting children in their efforts to learn how to understand and manage their emotions, it is necessary to provide them with tools (see chart #3). For example, 32-year-old interviewee Nancy stated, *“I keep telling my daughter, you have got to learn skills regarding how to manage your anger. No matter how smart or cute you are, no one likes being around a “hot headed” girl who messes things up for everyone.”*

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Typical tools are new coping skills, physical activities, self-monitoring, increased self-awareness, avoiding confrontation, counting to 10, considering rewards/consequences, developing a support system, problem solving, displaying empathy/apathy and learning how to express their feeling and emotions properly (Dadachanji, 2008).

Childhood anger management skills provide a building block for the future and decrease disruptive behaviors in the home and school settings. In addition, the skills counter delinquent behaviors and aggressiveness.

Chart #3 Anger Management Tools

The Tools	Why They Work
Coping Skills	The skills provide children with alternatives and internal resources that allows them to make the best decision possible, manage their thoughts and exercise personal restraint.
Physical Activities	The activities can release frustrations and pains in a positive manner and in a safe supervised/unsupervised environment.
Self-monitoring	Child gains confidence from recognizing and responding positively to the environment, others and stimulation. Successful self-monitoring builds confidence and esteem.
Avoiding Confrontation	The fewer the number of potential incidents, the better for the child. Avoidance takes the pressure off having to respond properly and unnecessary processing.
Counting to 10	This act gives children additional time to consider their options, process their feelings and consider positive or negative consequences.
Rewards/Consequences	Can serve as the “voice of reason” and “overriding factor” when children are at the decision making point. Rewards and consequences have the ability to decrease unwanted behaviors.
Support System	The presence of caring adults and others can serve as a sounding board or place of refuge for children. Support that is provided at critical times is invaluable.
Problem Solving	Working through the pros/cons of a decision helps children identify their true wants, needs and desires.
Empathy/Apathy	Placing themselves in another person’s shoes and being able to “feel what others feel” has the ability to encourage children to choose correctly

Theories of Anger:

Children that address their anger properly tend to respond well to ideas and theories (i.e., frustration-aggression hypothesis and rational-emotive behavior therapy) that identify daily “frustrations” that lead to anger. When viewing anger as an emotion that is caused by frustration, it is easy to see that once the point of frustration is reached, the aggression drive is provoked.

Then, according to the frustration-aggression hypothesis, the only way to reduce the provoked aggression is to act aggressively in some way. The aggressive acting out is often labeled as anger or an act of anger.

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Another approach to understanding anger is by viewing beliefs held about life experiences that cause emotions. This approach (which is central to rational-emotive behavior therapy) suggests that individuals do not necessarily become frustrated, but rather are wounded by the compromised values and beliefs that they hold toward something.

How we view events can cause us to release certain irrational emotions such as anger. The anger pushes humans to demand that things should be a certain way (Levinson, 2006). This point was made by adult interviewee Max. He stated, *“My kid has an anger problem that really is not that bad. What is bad is that when angry, he begins to make demands and threatens adults. Pretty soon the issues are not what he is angry about, but rather the things he says, demands and denies when his is having a fall out.”*

Anger, the Beginning of Trouble:

Uncontrolled or untreated anger is one of the early warning signs that lead to violent or unpredictable behaviors. Larson and Lochman (2002) reported that anger-related behaviors play out as oppositional behavior, verbal abuse, physical aggression and self-harm.

Many children have difficulty effectively controlling their anger. In the most extreme situations, unresolved anger can result in fist fights, suicide, murder and depression on the part of children as young as 11 years-old.

Campbell and Loeber (1991) studied anger and aggression levels of 7-to 11-year-old children and their families. They reported that childhood aggression is associated with socioeconomic disadvantage, family stress and psychopathology. In addition, the study's children as they entered puberty had increased rates of school dropout, depression, juvenile delinquency, substance abuse and poor peer relationships.

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Lipman and Offord (2006) and Pajer (1998) reported that children who are given to anger early in life may be more likely to take part in criminal behaviors, develop an antisocial personality, encounter unemployment or begin using illegal substances.

Hemphill and Littlefield (2006) studied the characteristics of 106 children and their families (i.e., socio-demographic, child behavior, parenting behavior, parent-child interaction, child's behavioral and emotional problems).

The authors concluded that improved behaviors by children and parents were likely by developing early interventions and intensely targeting certain predictors of success (i.e., character development, ability to delay gratification).

Parents, What To Do/What Not To Do:

When a child is having an anger episode or reverts to anger, there are certain things that adults should do and should not do. The list (see chart #4) is not that long. The suggestions are often utilized by adults. The key is to use the suggestions intentionally and with purpose.

Chart #4 What To Do/What Not To Do

What To Do	What Not To Do
Wait until later to talk to child	Make a child talk when angry
Make good eye contact with the child	Stare or look them up and down
Keep your voice as calm as possible	Yell or change the pitch of voice
Repeat back to the child their concerns	Minimize their concerns and responses
Validate their feelings and experiences	Ignore their feelings and experiences
Assure them that it's safe	Avoid discussing consequences early
Help them identify their feelings fears	Discount their feelings and fears
Let them lead the conversation	Take over the conversation/discussion
Keep the focus on the child	Make your feelings the focus
Remind them that problems happen	Share a story with a happy ending
Help them discuss disappointment	Remind them that you told them so
Share the truth	Change things so as to protect others
Remind them that things will be okay	Give threats and worst case scenarios
Encourage them to get some rest	Disrupt their established schedule
Tell them how much they are loved	Talk to others about the incident

Childhood Ideas That Must Be Addressed By Parents:

Like most subjects, there are traditional and non-traditional ideas held by children that gives rise to anger. The “studious and insightful” parent prepares themselves to offset counter-productive ideas that lead to childhood anger that is based on irrational beliefs.

Irrational beliefs are rarely discussed when seeking to address anger issues. There are five irrational beliefs that lead to childhood anger.

Things should be quick and easy: Not many children enjoy waiting. Waiting can be viewed as annoying, a waste of time and a form of disrespect.

As a result, when events and requests take additional “time” and additional “work” it can be tempting to make demands and become angry.

To overcome this area, it is necessary to teach children that things are the way they are for a reason and making demands and having tantrums probably will not be beneficial.

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People should love and approve of me: It is typical and a natural desire to be loved and approved by others. When being loved and approved is viewed by a child as not being sufficient, anger can arise. To avoid this trap, it is important to teach children how to handle rejection.

Rejection is best managed by acquiring a strong sense of self-acceptance. Children and adults who accept themselves (regardless of how others view them) are much more likely to avoid unhealthy levels of anger.

Other people make me angry: The blaming of others for our anger is not a good idea. No one can make us angry. Why? Because we have power over our emotions. The irrational belief that other people have the ability to make us angry gives them too much control over our emotions.

The fact is that we choose to become angry. We make the choice to become angry. No one forces anger upon us. To avoid blaming others for an anger episode, it is best to accept personal responsibility, ask for support, seek professional help, etc.

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I must have certainty in my life: The world as we know it is fast paced and ever-changing. As a result, certainty is a fleeing idea. For the most part it is impossible for things to always turn out the way a child wants. Demanding that things should “work out right” and as a child “dreams things to be” is a good recipe for anger.

To avoid falling into the trap of needing certainty, children must learn to explore all their options, become more flexible emotionally, think out of the box and develop resiliency.

I must do well in everything: The irrational demand that is placed on children to “do well in everything” can result in anger. Regardless of how many skills a child has, failure to reach goals in a stated area should not create “space for anger.”

Regular successes and victories do not make children worthy or exceptional and failure does not make them “less than” the next child.

I must seek revenge for past harms: For children, revenge can be a positive or negative motivator. It has the ability to help children stay focused and determined. Likewise, revenge can lead children down the road of replaying embarrassment and humiliation that can result in anger.

To avoid the need for revenge, it is good for children to let others know how they feel. It is also good for children to be assertive.

Additional Parenting Tips:

Niolon (2010) stated that exploring and offering new approaches for managing your child’s anger is important. As the “teacher,” parents are able to address their child’s sense of frustration, helplessness, outburst anxiety, embarrassments, etc. (see chart #5).

For the typical parent the stated and below tips may take additional time and effort. Additional time and effort that is properly called “parenting and addressing your child’s anger.”

Chart #5 Additional Parenting Tips

Give clear expectations	Avoid embarrassing them
Identify their triggers	Respond to their request
Address their anxieties	Explain things and events
Be understanding	Find out their feelings
Give directives and challenges	Parent by example and modeling
Comment on their good behaviors	Ignore some inappropriate behaviors
Don’t be afraid to say “No”	Provide physical outlets
Take interest in their activities	Use humor regularly
Prepare child for change	Be creative and pro-active

Chapter #4 Conclusion

Anger that is not expressed properly can lead to aggressive behavior in children. There are many reasons why children have trouble managing and understanding their anger.

Regardless of the reasons, the fact remains that anger can lead to aggression, poor grades and mental health problems. Teaching your children to manage their anger is important. They need to be able to recognize their triggers and what it takes to have healthy life outcomes.

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Dr. Recco Santee Richardson, Ph.D., was born and raised in Flint, MI. He earned a Bachelor of Science degree in Business from Ferris State University. He earned a Master of Arts in Counseling Education from Central Michigan University. He also graduated from Walden University with a doctorate degree in Professional Psychology.

In 1990, he began implementing human services programming, supervision and program management duties within the workplace. He has mentored some of Genesee County's most outstanding counselors, case managers, supervisors and directors.

In 2005, he pioneered Recco S. Richardson Consulting, Inc., a multi-faceted human services agency that provides effective mental health services, seminars and research. The organization is registered with the State of Michigan as a mental health service provider. Currently over 500 persons per month are serviced through his two offices in Genesee County.

Dr. Richardson was licensed as a minister in 1987 and ordained an elder in 1992. He has held virtually every position in the local church setting including youth pastor, janitor, associate pastor, singles minister, outreach coordinator, etc.

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