Anger and Irritability in Oppositional Children, and Ways to Enhance Emotional regulation

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This presentation’s topics:

- Oppositional Defiant Disorder (ODD)
  - Anger and irritability subtype
  - Disruptive Mood Dysregulation Disorder (DMDD) in DSM-5
  - Children’s emotional dysregulation, evident in their uncontrolled anger, can lead to a reactive aggressive behavior pattern

- Cognitive Behavioral Therapy
  - Coping Power Program
  - Emotion Regulation Coping Strategies
  - How can children better recognize anger and levels of anger
  - How children can reduce their reactive aggression through anger management tools
Common comorbidity for ADHD: Oppositional Defiant Disorder (ODD)

- 40-50% of children with ADHD have comorbid ODD (Lubit, 2015)
- Persistent pattern (> 6 months) of markedly defiant, disobedient and provocative behavior, and angry mood
  - Physical aggression in the preschool years can occur with ODD
  - Expected to be first evident in early childhood
  - Above and beyond the ADHD symptoms of inattention or hyperactivity-impulsivity
- Occurs more frequently than is typical in others of same age and developmental level, not restricted to behavior with siblings.
  - 3.3% prevalence; boys to girls ratio is 1.4:1 (Lubit, 2015)
ODD has 3 “groups” of symptoms listed in DSM 5, but no subtypes

**ANGRY/IRRITABLE MOOD** (Review -- Evans, Burke, Roberts, Fite, Lochman, de la Pena & Reed, 2017: strongest support for)
- Often loses temper
- Is often touchy or easily annoyed
- Is often angry and resentful

**ARGUMENTATIVE/DEFIANT BEHAVIOR** (Evans et al.: moderate support)
- Often argues with authority figures (for children: with adults)
- Often actively defies or refuses to comply with requests from authority figures or with rules
- Often deliberately annoys people
- Often blames others for his or her mistakes or misbehavior

**VINDICTIVENESS** (Evans et al.: weak support)
- Is often spiteful or vindictive
Subtypes of ODD for ICD-11

- **With chronic irritability-anger**
  - Prevailing and persistent angry or irritable mood
  - Frequent and severe temper outbursts out of proportion in intensity of the provocation

- **Without chronic irritability-anger**
  - Not prevailing and persistent angry or irritable mood, but with headstrong argumentative, and defiant behavior
Rationale for angry-irritable subtype for ODD

- In over 2 dozen studies (Evans et al., 2017) the Irritability dimension of ODD predicts depression and anxiety outcomes, but not bipolar disorder (e.g. Burke, 2012; Burke et al., 2010, 2011; Drabick & Gadow, 2012; Ezpelleta et al., 2015; Kolko & Pardini, 2010; Krieger et al., 2013; Leadbeater & Hommel, 2014; Stringaris & Goodman, 2009)

- Becomes evident in the preschool years
  - In growth mixture models, trajectories of high and increasing irritability from age 3 to 6 were associated with more internalizing and externalizing problems at age 6 (Expeleta et al., 2015)

- Thus, is factorial evidence for a broad ODD construct which, for some children, includes a narrower construct of severe chronic irritability that is associated with internalizing problems
DSM-5’s DMDD

- DSM 5 responded to a need to reduce over diagnosis of Bipolar Disorder in US (4,000% increase in 12 years), **and** to the SMD (Severe Mood Dysregulation) findings (Deveney et al., 2014; Leibenluft, 2011; Stringaris et al., 2010) to create a new diagnosis: *Disruptive Mood Dysregulation Disorder (DMDD)*

- **But** (Evans et al., 2017; Lochman, Evans, Burke, Roberts, Fite, Reed, de la Pena, Matthys, Ezpeleta, Siddiqui & Garralda, 2015):
  - Lack of support for construct validity of DMDD
  - Problems in research that has been done on DMDD (Axelson et al., 2012; Copeland et al., 2013; Margulies et al., 2012):
    - Poor longitudinal stability
    - Limited interrater reliability
    - Enormous rates of comorbidity, especially with ODD
    - Unexpectedly high prevalence rates
In contrast, ICD-11 will have an angry-irritable subtype for ODD

- ICD-11 will **not** have a separate diagnosis of DMDD, but instead have the subtype of *chronic irritability-anger* within ODD (Evans et al., 2017; Lochman et al., 2015)
  - Most severely angry-irritable children at risk for internalizing disorders (and are not at risk for bipolar disorder) already meet the criteria for ODD
  - Substantial research on the angry-irritable dimension of ODD over the past 2 decades
  - Deemed by the ICD-11 task force to be more scientifically justifiable and parsimonious than creating a new diagnosis that had an insufficient empirical base
Risk Factors on the Developmental Trajectory for Children’s Aggressive Behavior
(Coie & Dodge, 1998; Hawkins, Catalano & Miller, 1992; Loeber & Farrington, 2001; Pennington, 2002)

- Child Factors: biology and temperament
- Family Context
- Neighborhood Context
- Peer Context
- Later Emerging Child Factors: social cognitive processes and emotional regulation

- Starting in the first year of life, 3 principal components of self regulation can begin to emerge, in part due to socialization (Keenan, 2002), and continue through childhood
  1. Development of behavioral control, involving inhibiting impulses, delay of gratification, and distraction
  2. Development of empathy, recognizing how one’s behavior affects others
  3. Management of negative emotions
Emotion Regulation: Socialization of Anger

Children’s language skills can assist in fostering their self-regulation and social interaction

1. Aggressive children’s weak verbal abilities can make it difficult for them to directly communicate their needs and ideas.

2. Among aggressive deaf children, poor communicative competence has been directly linked to their aggressive behavior \((r=.49)\), and intervention focusing on anger management and problem solving has enhanced their communication competence (Lochman, FitzGerald, Gage, Kannaly, Whidby, Barry, Pardini, & McElroy, 2001).
Social Cognitive Processes in Aggressive Children

Appraisal and Problem Solving Steps
(Crick & Dodge, 1994; Lochman, Whidby & FitzGerald, 2000)

1. **Cue encoding difficulties, by excessively recalling hostile social cues**
2. **Hostile attributional biases, and distorted perceptions of self and others in peer conflict situations**
3. Dominance and revenge oriented social goals
4. **Generate less competent problem solutions, with fewer verbal assertion, compromise and bargaining solutions**
5. **Expect that aggressive solutions will work, and value aggressive solutions more**
6. **Poor enactment of solutions, due to weak social skills**
Aughh! This stupid toaster burned my toast!!

Look at this! My toast is charred to a black cinder! I can't eat this! It's ruined!

So stick in another piece of bread and watch it this time.

Are you suggesting that this appliance didn't aggravate me with malice aforethought?!
Cognitions, emotions and behavior

- When children have hostile attributional biases in a situation, they become
  - physiologically aroused
  - very angry

- Children’s quick flashpoints of intense anger contribute to reactive aggressive behavior
Reactive and Proactive Aggression

(Dodge & Coie, 1987; Dodge, Lochman, Harnish, Bates & Pettit, 1997; Lochman & Wells, 1999)

**Reactive Aggression:**
- Encoding errors
- Hostile attributions
- Lower perceived social and general competence
- Emotional dysregulation; sad and depressed, as well as angry
- More harsh and non-involved parenting
- Neighborhood violence

**Proactive Aggression:**
- Expectations that aggression will work
- Low fearfulness
- Cognitive dysregulation – little concern for long-term consequences or goals
- Involved with peers who are approving of deviant behaviors
Summary: Developmental Sequencing of Risk Factors

➢ As ADHD children with emotional dysregulation move on escalating trajectories towards serious adolescent conduct problems, there is a developmental stacking of risk factors (e.g., community + temperament + parenting + peer rejection + social cognitive deficiencies + school failure + deviant peers) over time

➢ Later interventions must address multiple risk factors

➢ Thus, early interventions can impact children’s increasingly stable aggressive behavior before additional risk factors accumulate
Questions?
How to help ADHD children cope with emotional dysregulation related to ODD & DMDD

- Cognitive Behavior Therapy
- Coping Power Program

In randomized control trials, children with aggressive behaviors and ODD children receiving CP have reductions in externalizing behavior problems, hyperactivity symptoms, and anger-related cognitive distortions (Lochman et al, 2002, 2013, 2014; Muratori et al, 2017)
Teacher-rated Peer Aggressive Behavior 
(fighting and harming others from the TOCA-R) 
Coping Power vs Control: F(1,80)=4.18, p=.04
Coping Power
Child Component
Coping Power
Child Component

- 34 sessions
- Weekly meetings, typically 45 – 60 minutes
- 4 to 6 children and 1 to 2 leaders per group recommended
- Periodic 1-to-1 sessions
  - Reinforce generalization of skills to other settings
  - Tailor goal setting and problem-solving
  - Enhance relationship with adult co-leaders
- Implemented with children 8-14 years of age
Behavior Management Strategies in CP

- Token economy (point system) for behavior in and out of sessions
- Leader provides frequent labeled praise for positive behavior during sessions
- Leader models problem-solving and emotion-management skills
- Students help generate “rules”
- Warning “strikes” given for rule violations
- Positive feedback time at end of session
- Incentive system (“prize box”)
Foci for Coping Power Child Component

- Behavioral and personal goal setting
- Organizational and study skills
- **Accurate awareness of feelings related to anger and vulnerability**
- Anger management training, including methods for self-instruction, distraction, and relaxation
- Perspective-taking and attribution retraining
- Social problem-solving in a variety of situations (peer, teacher, family)
- Resistance to peer pressure, and focus on involvement with non-deviant peer groups
Awareness of Feelings and Anger Arousal

Tips for Clinicians:

- Some children have difficulty seeing a range of emotional arousal
- Some children may become highly emotionally aroused when thinking about their anger triggers
- Some children have difficulty identifying discrete triggers for their fuzzy sense of arousal
- Anger may be masking other emotional states (e.g. anxiety; depression)
- Some children may have very limited sense of coping responses to their emotional triggers
Different Emotional States

- Brainstorm list of emotions
- Discuss what makes a person feel a certain emotion
  - “I get scared when I enter a dark room.”
    - What triggered the emotion?
    - How do I feel inside?
    - What can people see?
    - What are the thoughts inside my head?
What Emotion Is This?
What Emotion Is This?
What Emotion Is This?
How Are You Feeling Today?

HAPPY  AFRAID  SAD  FRUSTRATED  ANGRY
SMUG  DISGUSTED  CONFUSED  SURPRISED  GUILTY
LONELY  DEPRESSED  ECSTATIC  HOPEFUL  WORRIED
ASHAMED  EMBARRASSED  JEALOUS  DISTRACTED  HOPELESS
EMPTY  CONFIDENT  NERVOUS  ENRAGED  EXHAUSTED
CAUTIOUS  PROUD  SHOCKED  OVERWHELMED  SHY
Identification of Feeling States:  
EMOTION = FEAR

<table>
<thead>
<tr>
<th>What People Can See</th>
<th>What You Feel Inside Your Body</th>
<th>Thoughts In Your Head</th>
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Identification of Feeling States: EMOTION = ANGRY
Anger Awareness: Physiological Cues

- Awareness of Signs of Anger
  1. Facial Expression
  2. Tone of Voice
  3. Body Position/Movement
  4. Internal Body States
    - Increased Heart Rate, Rapid Breathing, Feeling Flush
    - Sweating Palms, Tight Muscles, Clenched Fists
Anger Awareness: Anger Thermometer

- **Enraged, Furious**: Using thermometers, children label own levels of anger, and of their triggers at each level.
- **Steaming Mad**: Can better problem solve at low to moderate levels of anger.
- **Irritated, Annoyed**: Use large version of thermometer on the floor to show anger changes during role-play activities.
- **Frustrated**: Aggressive children tend to report their anger in “on-off” terms as “angry” or “not-angry”.
WORDS OF ANGER

Outraged

Annoyed

Upset

Mad

Enraged

Fuming

Furious

Frustrated

Bothered

Flustered

Upset

Irritated
ANGER THERMOMETER RECORD FORM

MONDAY

INTENSITY (CIRCLE)
VERY HIGH
HIGH
MEDIUM
LOW
VERY LOW

WHY AM I ANGRY?

TUESDAY

INTENSITY (CIRCLE)
VERY HIGH
HIGH
MEDIUM
LOW
VERY LOW

WHY AM I ANGRY?

WEDNESDAY

INTENSITY (CIRCLE)
VERY HIGH
HIGH
MEDIUM
LOW
VERY LOW

WHY AM I ANGRY?
### Assignment: Monitoring Anger

<table>
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<tr>
<th>Emotion</th>
<th>Trigger</th>
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<tr>
<td>Enraged, Furious</td>
<td>Jeff made fun of my mom (Thurs)</td>
</tr>
<tr>
<td>Steaming Mad</td>
<td>The teacher yelled at me in front of the class (Tues)</td>
</tr>
<tr>
<td>Irritated, Annoyed</td>
<td>I have lots of homework (Mon)</td>
</tr>
<tr>
<td>Frustrated</td>
<td>I can’t figure out this math problem (Wed)</td>
</tr>
</tbody>
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Foci for Coping Power
Child Component

- Behavioral and personal goal setting
- Organizational and study Skills
- Accurate awareness of anger and feelings related to vulnerability
- Anger management training, including methods for self-instruction, distraction, and relaxation
- Perspective-taking and attribution retraining
- Social problem-solving, using a PICC model, in variety of situations (peer, teacher, family)
- Resistance to peer pressure, and focus on involvement with non-deviant peer groups
“Now relax. ... Just like last week, I’m going to hold the red cape up for the count of 10. ... When you start getting angry, I’ll put it down.”
Anger Coping Training

Key points and activities during sessions:

► Easier to cope with problems if we don’t feel **so** angry

► How can we **reduce** our feelings of anger?

1. Distraction, focusing attention on something else (e.g. fun things to do later in the day)
2. Self instruction or self-statements
3. Deep breathing
Anger Coping – A Sequence of Activities

- **Memory Game** – using deck of playing cards
  - GROUP ACTIVITY
- **Dominoes** - build a tower using one hand
- **Puppet Exercise** – puppets tease each other
- **Self-control “taunting exercise”** – leader and child take turns coping with real teasing (Goodwin & Mahoney, 1967)
Sample Coping Statements

- Stay calm. Just relax.
- As long as I keep my cool, I’m in control.
- What she says doesn’t matter.
- I’ll grow up, not blow up.
- It’s too bad he has to act like this.
- I don’t need to prove myself to any one
Self Statements
Puppet Activity – Volunteers?
Discussion Questions

- What was the puppet thinking or saying to himself/herself to keep his anger going?
- What level of anger did the puppet experience during the teasing?
- What skills did the puppet use to maintain control over her/his anger?
- Did the puppet use different coping statements for different levels of anger?
- What other feelings did the puppet experience?
Anger Management Training: Tips for Self-Control Exercises

- Leader models first
- Leader can coach child, reciting coping statements in ear
- Child can read from “cheat sheet” with coping statements
- Can create hierarchy of anger triggers
  - Start with low-level taunt
  - Ask child what level of teases/taunts on anger thermometer willing to practice
  - Prohibit certain teases/taunts which are related to triggers at the very top of the anger thermometer (a physical defect, etc)
- Can reduce time of the role-play, when child is excessively aroused
Tips for Self-Control Exercises

- Leader models first
- Leader can coach child, reciting coping statements in ear
- Child can read from “cheat sheet” with coping statements
- Can have other students read pre-written acceptable taunts
- Can create hierarchy of anger triggers
  - Start with low-level taunt
  - Ask child what level of teases/taunts on anger thermometer willing to practice
  - Prohibit certain teases/taunts which are related to triggers at the very top of the anger thermometer (a physical defect, etc)
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Foci for Coping Power
Child Component

- Behavioral and personal goal setting
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- Accurate awareness of feelings related to anger and vulnerability
- Anger management training, including methods for self-instruction, distraction, and relaxation

Perspective-taking and attribution retraining

Social problem-solving in variety of situations (peer, teacher, family)
Resistance to peer pressure, and focus on involvement with non-deviant peer groups
Perspective Taking

- Helping children improve their perspective-taking skills may decrease problems related to **Hostile Attribution Bias**

- Different people can see the same thing or the same problem/situation very differently.

- All points of view have some validity.

- We role-play situations in pictures, leading to different views of the same situation. We then discuss the differences in perception.

- Child interviews a teacher to better understand teachers perspective. They ask rapport building questions to understand teachers intentions, expectations and goals.
Blind Spots

- Blind spots develop when we let feelings from conflict situations affect how we see people in current situations.

- It’s important to recognize how you are feeling and how that affects how you are currently dealing with your situation.
Perspective Taking

Wise Men Activity

- Read Wise Men and the ??? Story
- Discussion questions to foster discussion about the reason for the differences in perception
Perspective Taking

- “Motive in the Hat” activity
- Have a child select one “motive” from a hat
- Have the child briefly enact a scenario using that motive
- Discuss how it can be difficult to quickly determine the reason/motive for another’s behavior; goal is to move from inferred hostility to “I don’t know”
Thank You!

Center for the Prevention of Youth Behavior Problems
The University of Alabama

Questions?
Coping Power References

- Leader Guides and Workbooks available through Oxford Press or The Center for Prevention of Youth Behavior Problems


