

Colorado Probation Research in Brief

Cognitive-Behavioral Therapy in the Treatment of Anger: A Meta-Analysis

Beck, R., and Fernandez, E. (1998). Cognitive-Behavioral Therapy in the Treatment of Anger: A Meta-Analysis. *Cognitive Therapy & Research*, 22(1), 63-74.

Key Words: CBT, anger management, cognitive-behavioral therapy, domestic violence, meta-analysis

CBT and Anger Issues

Summary/Conclusions

The authors conducted a meta-analysis of the studies which used cognitive-behavioral therapy as an intervention with those experiencing problems with anger. The researchers used 50 studies reported in the literature between 1970 and 1995. These studies included sample populations of varying characteristics, such as adult prison inmates and children with aggressive classroom behavior. The meta-analysis resulted in very robust findings, which indicate cognitive behavioral therapy can be used as a successful intervention for anger issues with a wide array of populations.

Limitations of Information

Although controlled for statistically, the meta-analysis included studies of varying quality; i.e., 80% of the studies that were included used control groups, samples were comprised of a variety of populations, studies had different outcome measures, and more than half the studies used self-report outcome data instead of third party observation. The study identified these issues, weighted data, and engaged statistical methods to ensure meaningful results.

Caveat: The information presented here is intended to summarize and inform readers of research and information relevant to probation work. It can provide a framework for carrying out the business of probation as well as suggestions for practical application of the material. While it may, in some instances, lead to further exploration and result in *future* decisions, it is not intended to prescribe policy and is not necessarily conclusive in its findings. Some of its limitations are described above.

“Meta-analysis is a quantitative procedure for evaluating effectiveness by the calculation of effect sizes. The effect size expresses the magnitude of difference between the treated and untreated subjects.” For this meta-analytic review, Beck and Fernandez searched several databases to capture as many possible cognitive-behavioral therapy (CBT) studies related to the treatment of anger. They targeted the timeframe of 1970 to 1995 and found 58 relevant studies. Of the 58 studies, 50 were included for the meta-analysis and incorporated a total of 1,640 subjects. Although they did not limit for inclusion the population type studied, they did ensure that all studies included were based on cognitive-behavioral treatments. “Studies using *purely* cognitive or behavioral interventions alone were not included.”

Upon analyzing the results of the studies and controlling for a variety of differences in the 50 studies, the researchers found significant results. Specifically, the meta-analysis concluded that “the average subject in the CBT treatment condition fared better than 76% of those not receiving CBT.”

These robust and significant findings suggest that CBT can be an effective tool when intervening on anger management issues, regardless of the individuals specific characteristics. Whether adult or juvenile, prison inmate or college student with reported anger problems, cognitive-behavioral therapy can be employed with the expectation of modest results.

Practical Applications

- √ Use CBT techniques in contact sessions. For example, have the client identify triggers that lead to anger, then discuss, create, and rehearse with the client self-statements designed to reframe the client’s anger response. An example of a self-statement might be, “It isn’t worth blowing up over this.”
- √ Discuss with and encourage clients to utilize relaxation skills such as deep breathing and pausing before reacting, when faced with situations that trigger anger.
- √ When domestic violence classes are not available or appropriate, consider a referral to a CBT course instead, such as Thinking for a Change, Moral Reconciliation Therapy (MRT), or WhyTry.
- √ For clients who are court-ordered to anger management classes, ensure that the referral agency is using a CBT-based curriculum. If they are not using CBT, consider using a CBT program instead.
- √ Brainstorm with the client to identify ways to develop a calm state. For example, designate a quiet place to go and calm down or identify friends or family who the client can call on the spot for assistance in calming down.

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