

Sessions help disabled students manage anger

Simplified versions of programs that teach people how to manage their anger can benefit individuals with autism and pervasive developmental disorder (PDD), according to a new study by Millicent Kellner and Judith Tutin.

The researchers started an "anger management group" at their school, and tested its effects on four students between the ages of 15 and 18. The diagnoses of the four students included autism, PDD, attention deficit disorder, and depression. The IQs of the students bordered on retardation. Kellner and Tutin say that "the students were selected because their inability to cope with their anger, as exhibited through aggressive acting out or severe withdrawal, led to frequent interruptions in their school program."

The group held weekly meetings (later changed to twice-weekly 30-minute sessions) incorporating the following techniques, borrowed from other anger management programs but simplified for developmentally disabled participants:

—Each participant kept a "Mad Log," which was a weekly calendar mounted on cardboard and divided into morning and afternoon sections. Students recorded their feelings during the day, either by writing on the log or by drawing "happy faces" or "mad faces." (One student used stickers.) Classroom teachers helped the students fill out their logs.

—Most students began the group with the belief that anger itself was "bad," and Kellner and Tutin say that "not infrequently, a student came to group with a log which was either blank or completely filled with happy faces." Thus, group leaders spent a great deal of time explaining that anger is a natural and acceptable emotion but one that must be managed. In addition, students were praised for recording "angry" times.

—Students in the group were taught to identify the physical signs of anger—red

face, raised voice, sweaty palms, rapid heartbeat—and to spot these signs in themselves and in others. After students learned to recognize the signs of anger, they were taught relaxation, counting, and deep-breathing techniques they could use to manage anger.

—Students were encouraged to use anger-management techniques outside of the group, and then discuss how well they worked. When students reported reacting negatively in an anger-provoking situation, therapists role-played the situation and discussed what techniques might have worked better. Therapists also used films and pictures to portray anger-provoking situations and encourage discussions about how they could be handled.

—Group members collectively kept an ongoing "Trigger List," on which they recorded the situations most likely to make them angry, and a "How My Anger Was Managed" list recording whether they had coped effectively or ineffectively with anger-provoking situations. "Students who engaged in positive behavior were encouraged to engage in self-praise and also received strong praise from the therapists and the group, regardless of the outcome," the researchers say. "Students who displayed negative behaviors were encouraged, with assistance from the group members and facilitators, to re-evaluate their strategy. They were engaged in a discussion of selecting an alternative strategy they might use in the future when confronted with the same trigger."

—At the last group session, members received certificates and "Anger Buster" T-shirts which were handed out by the school director in a special ceremony designed "not only to stress the importance of continuing to use these skills, but to reinforce a sense of accomplishment."

—Therapists kept teachers, speech clinicians, and other therapists outside the

group involved in the program. "When group members displayed anger-based problems," Kellner and Tutin say, "many staff could then use the language and techniques of the anger-management program to intervene." In the future, staff members plan to include parents in the program as well.

Kellner and Tutin say that based on positive reports from teachers and observations by the therapists conducting the sessions, it appears that "developmentally disabled and emotionally disturbed adolescents and young adults can benefit from an anger-management program in a group format, modified to meet their specific learning needs."

—
"A school-based anger management program for developmentally and emotionally disabled high school students," Millicent H. Kellner and Judith Tutin; *Adolescence*, Vol. 30, No. 120, Winter 1995, pp. 813-825. Address not given.

Rett syndrome

(continued from page 2)

abled individuals, they say, "it is rare to find such ups and downs in attention for days at a time, especially in the absence of seizures." They believe marked fluctuations in attention may be a distinctive feature of Rett's.

—
"Rett syndrome in Estonia: prevalence of the classical phenotype," T. Talvik, A. Sõõt, A. Beilmann, T. Soopõld, and K. Nurk; *Acta Paediatr*, Vol. 84, 1995, pp. 1070-1071. Address: T. Talvik, Children's Hospital, University of Tartu, Tartu, Estonia.

—and—
"Rett syndrome: clinical peculiarities and biological mysteries," B. Hagberg, *Acta Paediatr*, 84, 1995, pp. 971-976. Address: B. Hagberg, Department of Paediatrics, East Hospital, S-416 85 Gothenburg, Sweden.

—and—
"Pervasive neuroanatomic abnormalities of the brain in three cases of Rett's syndrome," M. L. Bauman, T. L. Kemper, and D. M. Arin; *Neurology*, Vol. 45, August 1995, pp. 1581-1586. Address: M. L. Bauman, Children's Neurology Service, Massachusetts General Hospital, Boston, MA 02114.

—and—
"Behavioral treatment of Rett's disorder: ineffectiveness in three cases," Tristram Smith, Morten Klevstrand, and O. Ivar Lovaas; *American Journal on Mental Retardation*, Vol. 100, No. 3, 1995. Address: Tristram Smith, Department of Psychology, Washington State University, Pullman, WA 99164-4820.

Clonidine suspected in sudden deaths

ARRI recently summarized studies linking the antidepressant desipramine to sudden death (ARRI 9/3, 9/4). Now two physicians report that the blood pressure medication clonidine, often given to children with autism, obsessive compulsive disorder, Tourette's syndrome, or attention deficit disorder, also may be responsible for several cases of sudden death.

Michael Maloney and Jeffrey Schwam report that two children taking clonidine with methylphenidate (Ritalin) have died of cardiac arrest. (A third case was reported, but the child involved had also taken an overdose of fluoxetine.) While the physicians note that "the relationship to clonidine in these three deaths is not clear," they say that "a review of the literature shows that clonidine, even at low doses, has been associated with abnormal EKG find-

ings." Maloney and Schwam cite a 1994 report by K. Chandran, who described abnormal EKG patterns in three children taking low doses of clonidine (.15 to .45 mg) as a treatment for aggressive behavior. "In these children," they note, "the EKG returned to normal when the clonidine dose was lowered."

Maloney and Schwam say that before prescribing clonidine for behavior problems, doctors should evaluate a patient's cardiac history, current medications, and baseline EKG. Patients on clonidine, they add, "should be monitored to avoid the cardiac risk factors that appear to be associated with clonidine usage."

—
"Clonidine and sudden death," Michael J. Maloney and Jeffrey S. Schwam, *Pediatrics*, Vol. 96, No. 6, December 1995, pp. 1176-1177. Address not given.

Additional information about Rett syndrome is available from the International Rett Syndrome Association, 9121 Piscataway Road, #2B, Clinton, MD 20735, 1-800-818-RETT or (301) 856-3334, fax (301) 856-3336.