

ACT with RAGE-Control-IP
Anger Control Training with Regulating and Gaining
Emotional Control - Inpatient

Open label Bader 5 Pilot Study Treatment Protocol

ACT with RAGE-Control: Inpatient Edition

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RA Responsibilities	
Recruitment	
<ol style="list-style-type: none"> 1. Screen all Bader 5 patients for study inclusion with the STAXI-CA 2. Attend rounds each morning. 3. When patients have a STAXI >30 on S and T subscales, check medication inclusion criteria. If patient qualifies for the study, approach clinical team to get permission to approach the family during the next family meeting. 4. Consent/ assent patient and family at the next family meeting. 	
Patient tracking	
<ol style="list-style-type: none"> 1. Complete medication tracking for all patients consented for the study. 2. Record CGI score for consented patients each morning at rounds. 3. Calculate inter-rater reliability of CGI scores between assessors. 4. Complete General Information Sheet (GIS) for all consented patients 	
Administrative	
<ol style="list-style-type: none"> 1. Data entry 2. DSMP Report (due on the first Monday of each month) 3. IRB Correspondence and study binder 	

Therapist Responsibilities	
Baseline Visit	
<ol style="list-style-type: none"> 1. Child Emotional Reactive Protocol (CERP) 2. STAXI-CA 	
RAGE-Control Protocol	
<ol style="list-style-type: none"> 1. Record attendance each session 2. Have patient complete RSRS each session 3. Heart Rate data in RAGE-Control 	
Final Visit	
<ol style="list-style-type: none"> 1. CERP 2. STAXI-CA 3. THQ 4. TASA 	

Protocol for Baseline Visit

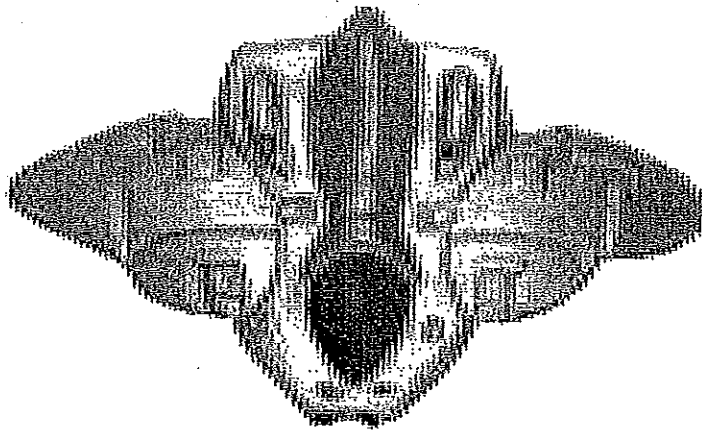
STAXI-CA - The baseline visit will take place at the beginning of the first intervention session, which will take place after the patient has provided consent/ assent to be part of the study. Tell the patient that before you get started with the programs there are two other measures you need to complete with them first. One is the same measure they completed before, the STAXI-CA, and the other involves a task using the computer to record the patient's heart rate. Have the patient begin filling out the STAXI-CA while you set up the computer task. When you give the patient the STAXI-CA ask them to think about how they feel right now when they are filling out the scale.

CERP - Once the patient has finished filling out the STAXI-CA form, tell the patient the next task will be a short math exercise to see how fast they can complete several math problems involving simple addition. Show the patient the CERP scale which consist of the alphabet with each letter representing a number of 1-26 (A=1, and Z=26). Tell the patient that when we begin, the therapist will attach the heart rate monitor to their finger and ask the patient to rest for one minute where neither you nor the patient will be talking. After this minute, the therapist will turn over a paper that contains 15 three letter combinations on it. The patient will then have three minutes to answer as many of the 15 math problems as they can while connected to the heart rate monitor. They will be given a pencil and scrap piece of paper and told that they can use any strategy they would like to use to answer the questions. Tell the patient that they will do this task twice, once now and one more time on the last day you meet. For every answer they get correct, they will get \$1 with the total possibility of getting \$30 if they are able to complete the entire task. During the task, for every right answer the therapist will ring a bell, but for every wrong answer, the therapist will ring a buzzing noise. The patient will have the option to go back and correct it or they can simply move on to the next problem, which will be their decision. At the end of the three minutes, the therapist will tell the patient the task is over and ask them to turn the page containing the math over. At this point, the patient will rest for one more minute without the therapist or the patient talking. After the task is complete, let the patient know how many questions s/he got right and record this data.

ACT with RAGE-Control IP

Anger Control Training with Regulating and Gaining
Emotional Control – Inpatient Edition

Therapist Manual



Children's Hospital, Boston

Session 1: Introduction to ACT with RAGE-Control IP

Objectives:

1. Overview of the ACT with RAGE Control Program
2. Review Confidentiality
3. Psycho-education Regarding Anger
4. Firecracker Metaphor
5. Coping Strategies
6. Deep Breathing Technique
7. EEG
8. RAGE-Control
9. End of Session Paper Work

Overview of the ACT with RAGE Control Program - Begin by presenting an overview of the ACT with RAGE-Control IP program. Explain to the patient that s/he will be meeting with you once a day for five consecutive days for a duration of 30 to 45 minutes per session. The goal of the program is to learn new methods for controlling and reducing anger. Some patients may demonstrate resistance to the program; they may initially feel that the program is unnecessary for them or insist that they do not have an anger problem. With every patient, it is important to meet the patient "where they are". If they are resistant it may be useful to spend some time talking about the program in a way that is less threatening to the patient. For example, you might start by saying:

"Well you probably already have some effective ways to handle your anger, but we just want to see if we can add anything to the techniques you are already using."

Review Confidentiality – Before beginning the first activity of the program with the patient, review confidentiality with the patient. To help build rapport with the patient, tell him/her that what is discussed during each session will remain confidential. However, there are certain exceptions to this rule; if the patient expresses the desire to hurt him/herself or another person, you are required to alert staff to help the patient stay safe.

Psycho-education Regarding Anger – Although psycho-education is often delivered to patients in a didactic manner, we find it important to create a dialogue with the patient in which you as the therapist begin to: 1) normalize the experience of anger, and 2) solicit examples of anger and/or aggression from the patient's life. One way to begin this is by saying:

"Anger is an emotion that everyone experiences from time to time. People get angry for lots of different reasons, such as when things go wrong or do not go their way, or if someone offends them. Anger can happen a lot, and when it takes control it can really get in our way and create all sorts of problems for us. That's why this program was developed, so people just like you can develop new ways to cope with anger. Can you tell me about a situation where you became angry in the past?"

To help facilitate this dialogue, utilize the patient's responses on their STAXI (State Trait Anger Expression Inventory) score. Inquire about answers that indicate the patient feeling angry or annoyed and ask when s/he feels this way.

If the patient struggles to articulate responses to the questions or is difficult to engage in treatment, you might describe an incident of anger that you have personally experienced or that someone else has experienced. An example of this dialogue could be:

"Yesterday on my way home from work a car came speeding up beside me and then very suddenly cut me off, almost causing a car crash. Luckily this did not happen, but the experience was extremely frightening and I felt angry about the driver's recklessness."

After talking to the patient about his/her experiences with anger, provide the patient with psycho-education about anger. Explain that most people experience anger at least once a day and that these episodes can last for up to an hour at a time. People often become angry when they are already under a lot of stress, in a bad mood, or if they have had a difficult day at school or work. People sometimes become angry because they feel offended by someone or because they feel ashamed. For example, when many people described why they were angry with someone or how they acted in an angry way, the most common reason they cited is because they felt "disrespected." It may be helpful to use the examples of anger that the patient has described in order to illustrate what the cause of the patient's anger may have been.

When talking about the patient's experiences of anger, begin to define what anger means to the patient. Ask the patient how s/he was able to identify each situation described as anger as opposed to another emotion (e.g., feeling aggravated or frustrated).

Firecracker Metaphor – The firecracker example may be a good metaphor to use with children and adolescents to illustrate the way in which problems can become exacerbated into extreme anger and aggression. Below is one way to describe the firecracker example to patients:

"When the trigger goes off, it ignites two types of reactions at the same time. In your mind you will have certain negative thoughts and feelings about the trigger. You might think what's happening to you is unfair, awful, or terrible. You might feel frustrated, annoyed, threatened, irritated, resentful, or hassled. As a result of these negative reactions occurring in your mind, your body will also react in an out-of-control

manner. Inside your body you might experience muscle tightness or tension, butterflies in your stomach, increased heart rate and blood pressure, sweating, or shortness of breath. You might also exhibit nervousness, clenched fists, rigid body posture, angry stares, a red face, cold and clammy hands, yelling, swearing, hitting, threatening, or throwing objects. Basically, your body and mind will be feeding off of each other's reactions. The longer you have negative thoughts about the trigger, the more your body will react in an out-of-control manner. So it is not so much the trigger that makes you angry, but it is actually the way your mind and body react to the trigger that makes you angry. Picture your mind and body as if they were a firecracker. The match that ignites or lights the fuse is the trigger. The fuse is your mind, and your body is the firecracker. The longer you let the fuse burn, the more you risk blowing up and losing control. How quickly you put the fuse out depends on how well and how quickly you can stop and control your negative thoughts and feelings. Remember, the sooner you put the fuse out, the more personal power you will have over your actions and the better chance you have of dealing with the anger-provoking situation effectively."

Coping Strategies - Inquire about what s/he does to stop feeling angry after anger-provoking situations. Do not be surprised if the patient indicates that s/he responds in an aggressive manner (e.g., yelling, breaking objects, or punching walls or doors). Explain to the patient that sometimes people incorrectly believe that outward expressions of anger will help to reduce anger, but that this instead exacerbates the existing level of anger.

Start to develop a list of coping skills the patient can use to help decrease anger. Using distraction when faced with confrontation or anger-provoking situations may be effective in reducing anger. If patients are having difficulty identifying coping strategies, you might suggest some of the following:

- | | | |
|-------------------------|----------------------|--------------------|
| - Listening to music | - Watching TV | - Running/exercise |
| - Playing an instrument | - Playing solitaire | - Cooking |
| - Reading | - Playing videogames | - Dancing |
| | - Writing | - Singing |

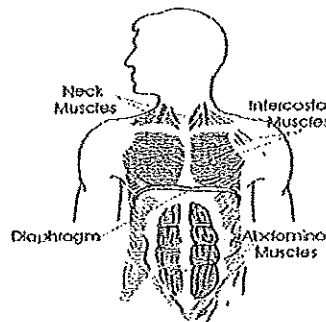
Note: If adolescents describe smoking, drinking or overeating as their coping mechanisms, spend some time talking with them about the differences between healthy and unhealthy coping strategies.

Deep Breathing Technique - Discuss with the patient that a way to decrease anger is by utilizing a technique called deep breathing. This technique involves deliberately slowing down the breathing rate. Deep breathing helps blood to circulate throughout the body more effectively, and blood has oxygen in it, which helps us to feel more relaxed. This is why people usually feel better after sighing for example. To teach patients the deep breathing technique, you might begin by saying the following:

"There are two ways in which people breathe: from the chest or from the abdomen. When people encounter stress, their breathing often becomes faster, which usually results in breathing from the chest. This type of breathing is ineffective for relaxation. Because of this, we are going to focus on abdominal breathing, a technique more effective in helping people relax."

Below are the steps to abdominal breathing:

1.) Begin by explaining to the patient that everyone has a muscle in his/her body called a diaphragm. This muscle is located in between the chest and stomach.



2.) After showing the patient where his/her abdomen is located, tell him/her to place one hand on the chest and one hand on the diaphragm (at the top of the abdomen).



(Image obtained from www.cchs.net)

3.) Once the patient's hands are in place, ask him/her to take a deep breath. The patient should observe the hand on the abdomen rising, whereas the hand on the chest should remain still. Instruct the patient to exhale through his/her mouth and take another slow breath inward, this time through the nose. It might be helpful to tell the patient to imagine that s/he is breathing in the smell of freshly baked cookies. Instruct the patient to first hold this breath for three seconds, and then exhale for four seconds. As the patient exhales, s/he will notice the hand on the abdomen returning to its original position, whereas the hand on the chest will continue to remain still. Tell the patient that to deepen breathing, it is important to thoroughly exhale each breath. Slowly repeat this cycle of breathing four or five times (or as many times as you feel is necessary) while

simultaneously trying to develop a steady rhythm for each breath. It might be helpful for the patient to learn this technique while lying down. This may help the patient to better understand the concept and develop the technique of deep breathing.



(Image obtained from www.anxietypanic.com)

EEG Headset - After teaching the breathing technique and before having the patient demonstrate their breathing technique on the RAGE-Control videogame, tell the patient that while they play RAGE-Control they will be wearing an EEG headset that is designed for videogame use. Before the patient puts on the headset, apply the saline solution to the electrodes of the headset, then have the patient put on the headset and check the connection on the laptop. Once you have a strong EEG connection as indicated by the Emotiv program, show the patient the RAGE-Control videogame.

RAGE Control - Once you are logged on to the computer and the heart rate monitor is connected, you are ready to explain the RAGE-Control video game to the patient. Begin by asking your patient if s/he is familiar with the videogame called "Space Invaders." The following is a suggested script for explaining the RAGE Control videogame:

"The RAGE Control video game is a remake of Space Invaders. When the game starts, you will be the spaceship at the bottom of the screen. You will only be able to move horizontally. While the game is going, you are flying through space while other spaceships are flying by you. The white spaceships you will see on the screen are enemy spaceships, and the blue spaceships are your friends. The goal of the game is to shoot and destroy as many enemy spaceships as you can. However, in order for your gun to fire, you will have to keep your heart rate at or below your threshold heart rate, which we will take in a minute. This means that while you are playing the game you will have to be practicing the relaxation exercises that you just learned."

While the patient is playing the game, s/he will see his/her score and current heart rate in the right corner of the screen. In addition, s/he will hear his/her own heart rate at times. If the heart rate increases, the patient will hear it getting faster. If the patient's heart rate is at or below the initial threshold level, the patient will see that s/he is able to fire large yellow bullets from their spaceship. These are the only bullets available that will kill the enemy ships. If the patient's heart rate increases above the initial threshold level, s/he will lose access to yellow bullets; the patient will only be able to fire small red bullets that will not kill the enemy ships.

After explaining how the videogame works and answering any questions, obtain a baseline heart rate of the patient.

To begin:

1. Place the heart monitor on the patient's pinky finger (either hand) and ask him/her to try and relax for a moment while you obtain a current heart rate reading.
2. On the computer screen, open the icon titled "RAGE," which will open a new window with game options.
3. First click on the icon labeled "New Player" and then click on the icon labeled "Calculate." This will begin calculating the patient's baseline heart rate (30 seconds to complete). Once the heart rate calculation is completed, the patient's baseline heart rate will appear on the screen as "Threshold heart rate: XX" – the "XX" represents the patient's current heart rate.
4. Close out of the window and open the RAGE icon again. On the left side of the window there are 7 guest players. These are labeled "Guest-55" through "Guest-85." Each of these guests represents a heart rate. For example, "Guest-60" would be for a player with a threshold heart rate of 60. "Guest-70" represents a threshold heart rate of 70 and so on. Choose whichever heart rate is closest to the patient's by clicking on it. Then click the icon to the right that says "Play Game!"

The game will last 180 seconds. As the game progresses, more ships will start appearing on the screen and will begin moving at a faster pace. Observe the patient while s/he plays the game, noting to see if s/he appears to be applying the relaxation skills. If s/he is struggling, intervene for a moment and ask him/her to focus on you. Remind the patient of how to use the relaxation, asking them to demonstrate for you if necessary. Then have the patient return to the game, reminding him/her to use their relaxation skills.

At the conclusion of the game, inquire about the patient's playing experience. Talk about any difficulties that may have arisen while s/he was trying to apply the relaxation skills. If the game was not that difficult, tell the patient that it sometimes takes a few games to figure out what will be the most appropriate heart rate. Today, the first day the patient plays RAGE-Control, the goal is to test out the game a few times in order to find the heart rate we will use for the duration of the program. After finding the setting that provides the patient with the most appropriate level of challenge, remind the patient that it takes practice to learn these skills and that over time s/he will see improvement.

End of Session Paper Work – At the end of the session, have the patient complete the Revised Session Reaction Scale (RSRS).

Session 2: Physiological Cues and 5-Second Delay

Objectives:

1. Mood Check-In
2. Review Main Points of the Program Thus Far
3. Monitoring Angry Cues
4. 5- Second Delay
5. EEG
6. RAGE Control
7. End of Session Paper Work

Mood Check-In – Tell the patient that before you start each session you will check in with him/her first to see how they are doing on a scale of 1-10. On this scale, 1= a lousy day, and 10 = a great day. Spend some time talking to the patient not only about his/her current self-rating, but also about what other numbers on the scale might look like for him/her. Children and adolescents with anger problems often have very limited vocabulary to describe their feelings. Talking about this scale and what each number might represent will help the patient to use more words to describe how they are feeling. Use the Mood Check-In handout if you find it helpful (Handout). Also continue to review the presence of angry symptoms by reviewing the STAXI with the patient again looking for times when s/he has felt angry or annoyed.

Review Main Points of the Program Thus Far – Briefly review the previous session with the patient and discuss what s/he has learned thus far. If at all possible, invite the patient to talk about what s/he learned and ask him/her to describe it to you. This will help to reinforce the skills learned from session to session.

Monitoring Anger Cues – Many patients are aware of anger-arousing situations, but unaware of their physiological responses to anger. As a result, this next task will involve drawing the patient's attention to the process by which his/her body reacts to anger-provoking situations. You might begin this conversation by saying:

"Many people I talk to who describe angry experiences say they feel like they go from 0-10 in a split second. Although it may feel like this, there are usually internal cues happening in their bodies that they are overlooking that could be indicators that they are getting angry. So today I want to talk about what some of those indicators may be."

Common responses to physiological arousal include:

<i>Heart racing</i>	<i>Muscle tension</i>	<i>Blood rushing</i>
<i>Body shaking</i>	<i>Clenching fist</i>	<i>Butterflies in your stomach</i>

After identifying physiological cues with the patient, tell him/her that when they first notice these cues, an effective way to avoid becoming angry is through a technique called the 5-Second Delay.

5 – Second Delay – Introduce this skill by externalizing the problem from the patient. For example, you might tell the patient that sometimes anger can just take over and people find that instead of being in control, anger is now in the driver's seat. After explaining this notion to the patient, ask him/her to come up with examples of when s/he may have acted before thinking. You may want to refer to the list of anger-provoking situations that was developed in the previous session or provide your own examples. If patients are having difficulty identifying coping strategies, you might make suggestions from the list below:

- Yelling at mom when she asks you to clean your room
- Yelling at mom when she asks you to do your homework
- Hitting a classmate when s/he says something you don't like
- Throwing a ball when you don't agree with the referee's call in a game
- Crying and running away from a conversation you don't like

Once you have developed some examples with the patient, explain that these situations often get people into trouble; they may make us think and act in ways that we wouldn't normally think or act. Explain that one way people avoid acting before they think is to count to 5 before reacting to a triggering situation. Sometimes this is enough to diffuse the situation entirely.

EEG Headset – Before playing RAGE-Control attach the EEG headset to the patient by applying the saline solution to the electrodes, then have the patient put on the headset and check the connection on the laptop. Once you have a strong EEG connection as indicated by the Emotiv program, have the patient begin playing RAGE-Control.

RAGE Control – Next you are going to have the patient play RAGE Control again. Continue to watch the patients breathing technique and give feedback when appropriate. Try to set some goals for the patient to achieve in the game, e.g. more time below threshold, hitting fewer friends, etc. Praise the patient for doing a good job on the game.

End of Session Paper Work – At the end of the session, have the patient complete the Revised Session Reaction Scale (RSRS).

Session 3: Continued Relaxation Training

Objectives:

1. Mood Check-In
2. Review Main Points of the Program Thus Far
3. Progressive Muscle Relaxation (PMR)
4. EEG
5. RAGE Control
6. End of Session Paper Work

Mood Check-In – Using the same scale of 1-10, check in with your patient and ask him/her to explain their rating and to elaborate as necessary. Check in on symptoms and feelings of anger.

Review Main Points of the Program Thus Far – Briefly review the previous session with the patient and what they have learned thus far. If at all possible, invite the patient to talk about what s/he learned and ask them to describe it to you. This will help to reinforce the skills learned from session to session.

Progressive Muscle Relaxation (PMR) – Explain to the patient that you are going to teach him/her how to relax certain muscle groups in his/her body. Explain that one way to relax is to tense and then release specific muscles within the body while simultaneously focusing on the difference between tension and relaxation. Walk your patient through PMR focusing on the muscles in the hands and arms.

1. Begin by asking your patient to clench his/her left fist. Tell him/her to clench the fist tightly, hold it for 5 to 10 seconds, and then release it.
2. Next, ask your patient to relax his/her hand, letting the fingers naturally spread apart. Tell him/her to notice the difference between tension and relaxation. Ask your patient to repeat again, clenching the left fist tightly, holding it for 5 to 10 seconds. Then instruct the patient to release his/her hand, letting the fingers part slightly and noting the difference between tension and relaxation.
3. Then ask your patient to do the same with his/her right hand. Instruct your patient to clench his/her right fist tightly and hold it for 5 to 10 seconds. Then have your patient release the hand. Tell your patient to let his/her hand rest naturally, allowing the fingers to

part slightly. Ask your patient to notice the difference between tension and relaxation. Now, ask your patient to repeat that exercise one more time. Instruct him/her to clench the right fist tightly, hold it for 5 to 10 seconds and then release it. Again ask your patient to notice the difference between tension and relaxation, and the looseness developing in his/her hands.

4. Tell your patient that now that his/her hands are a little more relaxed, you are going to focus on the arms. Ask your patient to rest his/her forearms on a flat surface, clench both the right and left fists and point them towards the ceiling. This will cause the patient to feel tension in his/her forearms. Ask him/her to remain in this position for 5 to 10 seconds before releasing the fists.

5. Then ask your patient to let his/her hands and arms rest naturally, noticing the difference between tension and relaxation in the arms. Ask the patient to repeat this one more time. Have him/her clench both fists and point them towards the ceiling while his/her arms are on the chair. Ask the patient to hold this position for 5 to 10 seconds while studying the tension in his/her forearms. Then ask the patient to release the fists, asking once again that the patient notice the difference between tension and relaxation.

Once you have finished the PMR exercise, explain to the patient that this is an exercise that can be done with any muscle group in the same way by tensing and then relaxing the muscles.

EEG Headset – Before playing RAGE-Control, attach the EEG headset to the patient by applying the saline solution to the electrodes; then have the patient put on the headset and check the connection on the laptop. Once you have a strong EEG connection as indicated by the Emotiv program, have the patient begin playing RAGE-Control.

RAGE Control – Next you are going to have the patient play RAGE Control again. Continue to watch the patients breathing technique and give feedback when appropriate. Try to set some goals for the patient to achieve in the game, e.g. more time below threshold, hitting fewer friends, etc. Praise the patient for doing a good job on the game.

End of Session Paper Work – At the end of the session have the patient complete the Revised Session Reaction Scale (RSRS).

Session 4: Cognitive Restructuring

Objectives:

1. Mood Check-In
2. Review Main Points of the Program Thus Far
3. Thinking When Angry
4. EEG
5. RAGE Control
6. End of Session Paper Work

Mood Check-In – Using the same scale of 1-10, check in with your patient and ask him/her to explain their rating and to elaborate as necessary. Assess for the presence of anger related symptoms.

Review Main Points of the Program Thus Far – Briefly spend a couple of minutes reviewing the last session with the patient and what they have learned thus far. If at all possible, invite the patient to talk about what s/he learned and ask them to describe it to you. This will help to reinforce the skills learned from session to session.

Thinking When Angry – Explain to the patient that today you are going to talk about what it's like to think when you're angry. You might begin the conversation by saying:

"When we are angry, sometimes we just don't think straight. For example, sometimes we might accuse someone of always doing something, when sometimes the opposite is true. Has this ever happened to you?"

Create a dialogue with the patient about this experience. If necessary, provide the patient with examples of people not thinking straight when they are upset or angry. Present the patient with the list of cognitive distortions (Handout). Ask the patient to identify which distortions s/he has experienced when s/he has been upset or angry.

Then, discuss the idea that people can have different views of the same problem. You might provide an example of how Democrats and Republicans often look at the same situations from two entirely different viewpoints. Explain to the patient that when we are able to see how other people view a particular situation, this can sometimes help to reduce the angry feeling we may be experiencing. Present the patient with the thought bubble sheet (Handout) and explain how to use

it. Then, present the patient with the thought-counter thought (Handout) and explain how to use this worksheet as well.

Thinking about the ways that other people view the situations in which they feel angry and what the consequences might be for them is another way to help reduce anger. Choose a situation that the patient has previously experienced and explore with the patient the perspectives of others involved in the situation. Be sure to talk about what the consequences were for the other person.

EEG Headset – Before playing RAGE-Control attach the EEG headset to the patient by applying the saline solution to the electrodes; then have the patient put on the headset and check the connection on the laptop. Once you have a strong EEG connection as indicated by the Emotiv program, have the patient begin playing RAGE-Control.

RAGE Control – Next you are going to have the patient play RAGE Control again. Continue to watch the patients breathing technique and give feedback when appropriate. Try to set some goals for the patient to achieve in the game, e.g. more time below threshold, hitting fewer friends, etc. Praise the patient for doing a good job on the game.

End of Session Paper Work – At the end of the session, have the patient complete the Revised Session Reaction Scale (RSRS).

Session 5: Social Skills Training

Objectives:

1. **Mood Check-In**
2. **Review Main Points of the Program Thus Far**
3. **Social Skills Training**
4. **EEG**
5. **RAGE-Control**
6. **End of Session Paper Work**

Mood Check-In – Using the same scale of 1-10, check in with your patient and ask him/her to explain their rating and to elaborate as necessary.

Review Main Points of the Program Thus Far – Briefly review the previous session with the patient and discuss what s/he has learned thus far. If at all possible, invite the patient to talk about what s/he learned and ask him/her to describe it to you. This will help to reinforce the skills learned from session to session.

Social Skills Training - The ability to relate to others in a positive, effective, and productive manner is essential to circumventing the feelings which catalyze anger and aggression in children. Helping patients relate better to others is integral to improving their reception by other people, as well as improving their ability to better interpret social situations.

There are three main objectives for this section. First, introduce social skills to the patient. Second, demonstrate appropriate social skills and encourage the child to role-play these skills during interpersonal situations. And third, to discuss specific issues or concerns identified by the child regarding application of these social skills to actual situations.

Introduce the six primary components of effective social skills with the patient: 1) Eye contact, 2) personal space/appropriate distance, 3) appropriate voice tone, 4) greetings, 5) good listening, and 6) nonverbal communication. After you discuss each behavior with the patient, role-play situations to increase the patient's understanding of how to engage in these behaviors to demonstrate why these behaviors promote better and more effective communication.

Part 1: Eye Contact

Appropriate eye contact is a very important social skill. Eyes are used not only for seeing, but also for communicating, interacting, and listening to others. Looking at someone when s/he is talking shows that you are interested in what is being said.

Role Play Exercise

To demonstrate the importance of eye contact and to expose patients to the power of eye contact to nuance a conversation, role-play scenarios in which eye contact is integral in establishing the tone of the conversation. Below are scenarios and examples of how to facilitate this dialogue with patients that you might find useful:

- *You are watching television at home and your mother asks you to clean your room. Using your eyes, show me what you would do.*
-Emphasize that this dialogue requires eye-contact. Demonstrate to the patient the importance of looking at the parent when responding to communicate that s/he is listening.
- *A friend is talking to you about a book that s/he just read that is very good. What are you doing when your friend is talking?*
- *You're drawing at your desk during recess, and your teacher comes into the room and announces that class is about to start. Where should you look and what should you do?*

Part 2: Personal Distance (Appropriate Personal Space)

This concept should be described to children as "right space," or the "right" amount of space one should keep between oneself and another person. Explain to the patient that standing too far or too close to a person when engaging in a conversation may make the other person uncomfortable. Explain that the right amount of space is an arm's length away.

Role Play Exercise

To be sure that the patient has grasped the concept of "right space" (i.e., that s/he should always stand an arm's length away from people), question the patient about how far s/he should stand from others in the following scenarios. If the patient does not respond with an arm's length away, or if s/he is unsure of the answer, remind them that an arm's length is always the "right space" distance.

- *You are standing in line in the school cafeteria. How far or close should you be to the person in front of you?*
- *You need to ask the teacher a question and you walk over while s/he is at the blackboard. How far away or close should you be standing?*
- *You are about to ask your friend to borrow a game that s/he is playing with. How close or far away should you stand?*

Part 3: Appropriate Voice Tone

It is important that people distinguish between appropriate and inappropriate voice volume. An "indoor voice" should be used when talking quietly in a classroom. An "outdoor voice" can be used outside while playing sports. Voice tone is also important because it allows people to express feelings in a way that people can understand them.

Role Play Exercise

To demonstrate the importance of voice tone, provide different scenarios and inquire about which voice would be the most appropriate kind in each situation. Below are the situations and examples that might be useful in facilitating this dialogue:

- *Therapist: I am pretending to be outside at a relay race at school. I start to say (therapist whispers) "Run, run, run." Is this the right voice to cheer my friends on?*
- *Therapist: I am in the library and I ask the librarian (therapist yells) "Excuse me, where is this book I am looking for?" Is this the right voice to speak to the librarian with?*

Part 4: Greetings

Greetings are words or statements that start conversations or interactions with others. Greetings are simple things to say when a person is interested in getting someone's attention and are useful in helping to get to know people.

Role Play Exercise

To teach the patient appropriate ways to initiate a dialogue, present him/her with different openers. Inquire whether or not these openers are appropriate. If they are not, instruct the patient to identify a more appropriate opener. If they are appropriate, have the patient explain why that opener is appropriate. Below are some examples of appropriate and inappropriate openers you might find useful:

- *"Hey you"*
-This would be an inappropriate greeting as you need to say "Hello" first. "Hey you" sounds inappropriate and is not the polite way to start a conversation.
- *"Who are you?"*
-This is an inappropriate greeting, as you need to say "Hello" first. This is not an appropriate way to initiate a conversation.
- *"How are you doing?"*
-Remember to always start a conversation with "Hello" first. Listen how much better this sounds, "Hello, how are you doing?"
- *"Hi my name is..."*
-This is a good polite conversation opener because you say "Hello" first, and then introduce yourself. Introducing yourself is polite.

Part 5: Good Listening

Good listening is very important. Being aware of what others are saying can help a person to better understand others and their points of view. Understanding people better helps us to better connect and interact with other people. Good listening accompanies some of the other social skills on which you and the patient have worked; it requires using eye contact (Lesson 1) to demonstrate to others that you are listening to them and paying attention to what they are saying. In a conversation where people are talking to one another and listening to what each other are saying, good personal space needs to be maintained (Lesson 2). Appropriate voice tone (Lesson 3) needs to be used when responding in conversation.

Role Play Exercise

The best way to demonstrate the importance of listening to others is to role-play how frustrating it is when other people do not listen, or do not use other social skills (like good eye contact) to show that they are listening. Below is an example of how to role-play good listening skills:

- *Tell the patient to talk to you about their day at school. Do not look at the patient; ignore what s/he is saying. Ask the patient how s/he felt about that interaction. Then, instruct the patient to ask you a series of questions (e.g., what your name is, how your day was, etc.). Ignore the patient and look away. Afterwards, ask the patient how s/he felt while this was happening. Then, repeat the exercise. This time, model good listening skills to show the patient how much better the interaction can be with another person when good listening is involved. Ask the patient how s/he felt after this positive interaction.*

Part 6: Nonverbal Communication

Nonverbal communication is a social skill that we use everyday without even realizing it. Nonverbal communication involves how we use our bodies to express our feelings when we are with other people. Nonverbal communication involves the use of gestures, body language, facial expressions, eye contact and personal space.

Role Play Exercise

Good nonverbal communication allows other people to understand a person's feelings. If a person uses the wrong nonverbal communication or body language, people may be confused when what is being said does not match one's actions. To demonstrate the importance of body language in relaying messages, role-play situations where there are mixed messages and what is being said does not match the actions. Use these situations to facilitate dialogue about the importance of using the correct nonverbal communication. Below is an example.

- *Ask the patient to guess what you are feeling. Stretch out your arms and yawn. The patient should guess that you are showing that you are tired. Now discuss with the patient when you would want to use this skill. Also discuss the importance of being aware of nonverbal communication, as it may be inappropriate to yawn and stretch and show tiredness in certain situations. To demonstrate this, have the patient tell you how his/her day was. In the middle of this conversation, yawn and stretch. This demonstrates to the patient that this it seems like what s/he is saying is boring, tiring, or unimportant to you.*

EEG Headset – Before playing RAGE-Control, attach the EEG headset to the patient by applying the saline solution to the electrodes; then have the patient put on the headset and check the connection on the laptop. Once you have a strong EEG connection as indicated by the Emotiv program, have the patient begin playing RAGE-Control.

RAGE Control – Next you are going to have the patient play RAGE Control again. Continue to watch the patients breathing technique and give feedback when appropriate. Try to set some goals for the patient to achieve in the game, e.g. more time below threshold, hitting less friends, etc. Praise the patient for doing a good job on the game.

End of Session Paper Work – At the end of the session, have the patient complete the Revised Session Reaction Scale (RSRS).

HOW DO YOU FEEL?



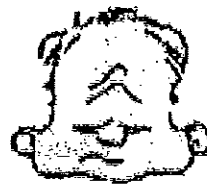
EXHAUSTED



CONFUSED



ECSTATIC



GUILTY



SUSPICIOUS



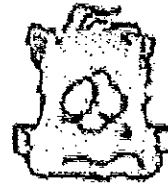
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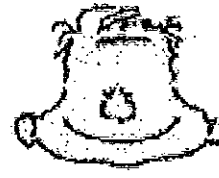
HYSTERICAL



FRUSTRATED



BAD



CONFIDENT



EMBARRASSED



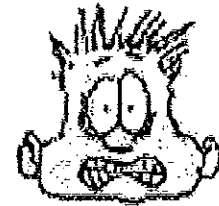
HAPPY



MISCHIEVOUS



DISGUSTED



FRIGHTENED



ENRAGED



ASHAMED



CAUTIOUS



SMUG



DEPRESSED



OVERWHELMED



HOPEFUL



LONELY



LOVESTRUCK



JEALOUS



BORED



SURPRISED



ANXIOUS



SHOCKED



SHY

Final Study Visit

STAXI-CA – Immediately after finishing the last session with the patient, have him/her complete the last final study visit measures. Begin by having the patient complete the STAXI-CA measure. Remind the patient when they complete this scale that they should fill out the form while thinking about how they feel at this moment.

CERP – While the patient is completing the STAXI-CA score, set up the computer to administer the CERP task. When the patient is ready, complete the CERP task by using the same protocol as the first administration.

TASA – After the CERP task is complete, ask the patient to complete the TASA scale which is a self-report questionnaire measuring the strength of the therapeutic alliance through the patients perspective. This questionnaire should take 3-5 minutes to complete.

THQ – The last measure the patient will complete is the Therapeutic Helpfulness Questionnaire, which contains both quantitative and qualitative items regarding the patients experience with the treatment.

Upon completion of all the measures, thank the patient for participating and give him/her the gift cards as a thank you for participating in the study.

Session 1 Therapist Checklist

Major Objectives for Session 1:

Introduction to ACT with RAGE Control IP

- ☐ Overview of the ACT with RAGE Control Program
- ☐ Review Confidentiality
- ☐ Psycho-education Regarding Anger
- ☐ Firecracker Metaphor
- ☐ Coping Strategies
- ☐ Deep Breathing Technique
- ☐ EEG
- ☐ RAGE-Control
- ☐ End of Session Paper Work

Session 2 Therapist Checklist

Major Objectives for Session 2: Physiological Cues and 5-Second Delay

- ☐ Mood Check-In
- ☐ Review Main Points of the Program Thus Far
 - ☐ Deep Breathing
- ☐ Monitoring Angry Cues
- ☐ 5- Second Delay
- ☐ EEG
- ☐ RAGE Control
- ☐ End of Session Paper Work

Session 3 Therapist Checklist

Major Objectives for Session 3: Continued Relaxation Training

- ☐ Mood Check-In
- ☐ Review Main Points of the Program Thus Far
 - ☐ 5-Second Delay
- ☐ EEG
- ☐ RAGE Control
- ☐ End of Session Paper Work

Session 4 Therapist Checklist

Major Objectives for Session 4: Cognitive Restructuring

- ☐ Mood Check-In
- ☐ Review Main Points of the Program Thus Far
 - ☐ Progressive Muscle Relaxation (PMR)
- ☐ Thinking When Angry
- ☐ EEG
- ☐ RAGE Control
- ☐ End of Session Paper Work

Session 5 Therapist Checklist

Major Objectives for Session 5: Social Skills Training

- ☐ Mood Check-In
- ☐ Review Main Points of the Program Thus Far
 - ☐ Cognitive Restructuring
- ☐ Social Skills Training
- ☐ EEG
- ☐ RAGE Control
- ☐ End of Session Paper Work