

Anger Management for Dementia Caregivers: A Preliminary Study Using Video and Telephone Interventions

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Data are presented on a preliminary study investigating the efficacy of an anger-management video series and workbook for dementia family caregivers. Materials from a previously developed intervention (Gallagher-Thompson & DeVries, 1994) were used to create a videotaped version of the treatment program. Women and men ($N = 33$) caring for a relative with dementia were randomly assigned to one of two formats for the video and bibliotherapy intervention (home-based viewing with weekly telephone sessions or class-based viewing) or to a wait-list comparison condition. The 8-week intervention focused on cognitive and behavioral skills to manage anger and frustration (i.e., relaxation training, cognitive restructuring, and assertion training). Compared to control participants, caregivers in both of the treatment conditions had lower posttreatment levels of anger and depression, and higher ratings of caregiving self-efficacy. Results from this preliminary study suggest that innovative multicomponent anger interventions can be effective for middle-aged and older caregivers of dementia patients; investigations using larger sample sizes are needed to confirm these findings.

The experience and treatment of anger-related problems are relatively understudied, accounting for less than 5% of all research on negative affective states and clinical disorders (Eckhardt & Deffenbacher, 1995). Clinical scientists may neglect anger because of the lack of diagnostic clarity on anger disorders; there are few *DSM-IV* disorders in which anger is the predominant emotion, and current research does not always carefully articulate the differences between anger as an emotional state, hostility, and aggression. The research that does exist has found that anger episodes are common and likely to be directed towards familiar others (Averill, 1982, 1983). Although overt physical aggression is rare (i.e., occurring in less than 10% of episodes), individuals report frequent impulses toward verbal (82%) and physical (40%) aggression when they are angry (Averill, 1982, 1983).

Interventions for anger-related problems are typically multicomponent. First introduced by Novaco (1975; 1977; 1985), treatments combining cognitive, relaxation and other behavioral strategies have been quite successful,

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