The International Journal of Indian Psychology
ISSN 2348-5396 (Online) | ISSN: 2349-3429 (Print)
Volume 12, Issue 4, October - December, 2024
DIP: 18.01.124.20241204, DOI: 10.25215/1204.124
https://www.ijip.in

Case Study

Cognitive Behavioral Therapy for Anger Management in Children with ADHD: A Case Study and Review of Techniques

Sakshi Kalra[1]*

ABSTRACT

Children with Attention-Deficit/Hyperactivity Disorder (ADHD) often experience anger and impulsivity challenges that can affect their emotional regulation and social interactions. This paper explores the effectiveness of Cognitive Behavioral Therapy (CBT) for anger management in children with ADHD, focusing on key techniques such as trigger identification, cognitive restructuring, and impulse control. A case study of a 13-year-old girl with ADHD demonstrates how tailored CBT interventions, combined with parental counseling, can reduce disruptive behaviors and improve emotional resilience. The findings underscore CBT's potential as a foundational treatment for managing behavioral issues in children with ADHD.

Keywords: *ADHD, anger management, behavioral therapy, Cognitive Behavioral Therapy (CBT), emotional regulation, impulsivity, parental involvement*

Attention-Deficit/Hyperactivity Disorder

ADHD, or Attention-Deficit/Hyperactivity Disorder, is a common neuro developmental disorder primarily affecting children, though it can persist into adulthood. It's characterized by patterns of inattention, impulsivity, and hyperactivity that can interfere with daily functioning and development. Children with ADHD often struggle to concentrate on tasks, control their impulses, and stay still, which can affect their academic performance, social interactions, and overall well-being. ADHD is generally categorized into three types: predominantly inattentive, predominantly hyperactive-impulsive, and combined presentation.

ADHD, or Attention-Deficit/Hyperactivity Disorder, is marked by a range of symptoms across three primary areas: inattention, hyperactivity, and impulsivity. Individuals with inattention symptoms often struggle to maintain focus on tasks or activities, making frequent careless mistakes in schoolwork or similar assignments. They may appear not to listen when spoken to directly and commonly experience challenges with organizing tasks and managing time effectively. Additionally, these individuals may avoid tasks that require sustained mental effort, such as homework, and frequently lose items necessary for tasks, like books or pencils.

[1]M.A Student, Amity Institute of Psychology and Allied Sciences, Amity University, Noida.
*Corresponding Author

Received: November 09, 2024; Revision Received: November 15, 2024; Accepted: November 18, 2024

Hyperactivity symptoms involve excessive movement and an inability to stay seated or still when it is expected, such as in a classroom setting. Children with ADHD may fidget constantly, squirm in their seats, or feel compelled to move around even in inappropriate situations. They often have trouble engaging in quiet activities, seeming always "on the go" or as if they are driven by a motor. Impulsivity is another core aspect of ADHD, where individuals may blurt out answers before questions are fully asked, struggle to wait their turn in games or other group activities, and frequently interrupt or intrude on conversations or activities involving others. These combined symptoms can lead to significant challenges in academic, social, and everyday functioning.

Cognitive Behavioral Therapy

Cognitive Behavioral Therapy (CBT) is a widely-used, evidence-based psychotherapy approach that focuses on identifying and changing negative thought patterns and behaviors. Developed by Aaron Beck in the 1960s, CBT is grounded in the idea that our thoughts, feelings, and actions are interconnected. By understanding and altering negative or unhelpful thoughts, individuals can change how they feel and respond to various situations.

CBT for Anger Management in ADHD: Cognitive Behavioral Therapy (CBT) is an effective approach for managing anger in children and adolescents with ADHD. Anger issues are common in ADHD due to impulsivity, frustration with tasks, and challenges with emotional regulation.

Key Techniques in CBT for Anger Management in ADHD

- **Identifying Triggers and Recognizing Anger**: Children first learn to identify situations that trigger their anger, whether it's frustration with schoolwork, conflicts with peers, or difficulties in following directions. They are taught to recognize early signs of anger, such as physical responses (clenching fists, tense muscles) or emotional cues (feeling irritated or impatient).
- **Cognitive Restructuring**: This technique helps children challenge negative or irrational thoughts that may fuel their anger. For example, if a child feels they "must" complete a task perfectly or immediately, they may become frustrated when this doesn't happen. Cognitive restructuring helps them replace these thoughts with more balanced views, reducing the intensity of their anger response.
- **Developing Impulse Control**: Since impulsivity is a core aspect of ADHD, CBT includes exercises that teach children to pause before reacting. They might practice taking deep breaths, counting to ten, or using "stop and think" techniques before responding to situations that upset them. These strategies encourage thoughtful reactions rather than immediate, impulsive outbursts.
- **Problem-Solving Skills**: Children with ADHD may become angry when they feel unable to resolve a situation. CBT introduces problem-solving techniques, helping them break down challenges into manageable steps and brainstorm solutions calmly. This can reduce feelings of helplessness or frustration, which often lead to anger.
- **Emotional Regulation Techniques**: CBT includes mindfulness practices and relaxation exercises, such as deep breathing or progressive muscle relaxation, to help children stay calm and regulate their emotions in challenging situations. By regularly practicing these techniques, children become more resilient to stressors that might otherwise trigger anger.

CASE CONCEPTUALIZATION

Ms. H is a 13-year-old female diagnosed with Attention-Deficit/Hyperactivity Disorder (ADHD), presenting with symptoms of increased activity levels, poor academic performance, and frequent anger outbursts. Her developmental history includes a cesarean birth with normal postnatal development in feeding and vaccinations; however, speech delays were noted, and she has remained unschooled, limiting her exposure to structured educational and social environments. Assessment findings highlight ADHD symptoms with a score of 72 on the ADHD questionnaire, a score of 98 on the Seguin Form Board Test (indicating average intelligence), and a Developmental Screening Test (DST) Developmental Quotient (DQ) of 64, suggesting she is a "slow learner."

Ms. H's academic struggles, likely exacerbated by her unschooled background and delayed speech development, may have contributed to her frustration, manifesting in anger outbursts. Her lower DQ further points to a slower cognitive pace, which could make it difficult for her to meet typical academic expectations, potentially impacting her self-esteem and heightening her frustration. Additionally, the absence of formal education may have limited her ability to develop essential learning and social skills, which can be challenging for individuals with ADHD, as they benefit greatly from structured routines and consistent interactions.

Given her needs, the treatment approach focuses on providing intensive parental counseling, remedial therapy, and specialized behavioral support. Parental counseling will be essential in equipping her family with strategies to set realistic expectations, manage ADHD symptoms, and establish routines that foster positive behavior. Remedial therapy and special education are recommended to help Ms. H develop her academic skills at a pace suitable to her cognitive profile, addressing gaps in her learning due to her lack of formal education. Additionally, intensive behavioral therapy will target her impulsivity and anger management through techniques such as positive reinforcement and social skills training. This multi-faceted approach aims to enhance Ms. H's self-regulation, academic skills, and social interactions, offering her a stronger foundation for personal and academic growth.

LITERATURE REVIEW

Vacher et al., (2022) investigated the effectiveness of Cognitive Behavioral Therapy (CBT) in managing aggressive behaviors in children with ADHD and emotion dysregulation (ED), a condition marked by intense, inappropriate emotional reactions and shifts. This study aims to compare CBT, which teaches anger management, with a theater-based intervention (TBI) that fosters emotion understanding through movement and mimicry. The randomized trial, involving 68 children aged 7-13, assesses changes in aggression, overall impairment, executive function, and quality of family life. Vacher et al.'s study addresses the lack of non-pharmacological interventions for ED in children with ADHD, focusing on improving long-term functional outcomes through tailored behavioral therapies.

Asvaroglu and Bekirogullari (2020) explored the effectiveness of Cognitive Behavioral Therapy (CBT) for managing anger in children. They describe CBT as a structured, present-focused approach designed to alter dysfunctional thought and behavior patterns. CBT has been widely applied to address children's behavioral issues, including self-control, with techniques like the ABC model to shift thought processes surrounding anger triggers. Additionally, the study incorporates mindfulness-based interventions to enhance emotional regulation. Their case study of a nine-year-old with anger issues post-divorce illustrates how

CBT and mindfulness together reduced dysfunctional anger, highlighting CBT's potential for effective anger management interventions in children.

Parker et al., (2016) explored the effectiveness of a school-based cognitive-behavioral therapy (CBT) intervention for managing ADHD symptoms and explosive anger in an adolescent. Through an integrative service model that included CBT sessions over six months and a nine-week Daily Behavior Report Card in the classroom, they observed reduced disciplinary referrals, lower levels of disruptive behavior, and improved prosocial behavior. The multi-modal assessment and intervention framework proved effective, with improvements maintained into the next school year, demonstrating the benefits of school-based CBT in managing ADHD and anger in adolescents.

Sukhodolsky et al., (2016) examined the effectiveness of Parent Management Training (PMT) and Cognitive-Behavioral Therapy (CBT) for managing anger, irritability, and aggression in children. PMT targets negative family dynamics contributing to disruptive behavior, while CBT focuses on emotion regulation and problem-solving skills. Both therapies have shown effectiveness in trials, and the authors suggest a transdiagnostic CBT approach for treating anger and aggression across multiple diagnoses. They also highlight the need for further research on relational aggression and the influence of callous-unemotional traits in treatment response.

Moodi et al. (2015) studied the impact of Cognitive-Behavioral Therapy (CBT) on anger management in children with ADHD. Thirty-two students were divided into experimental and control groups, with the experimental group receiving nine CBT sessions focused on anger control. Results showed significant reductions in anger and aggression, with improved peer relationships among participants in the CBT group, indicating CBT’s effectiveness in managing anger in children with ADHD.

DISCUSSION

The literature on the effectiveness of Cognitive Behavioral Therapy (CBT) for managing anger and associated behavioral issues in children with ADHD supports its potential to foster improvements in emotional regulation, interpersonal skills, and overall functional outcomes. Studies by Sukhodolsky et al. (2016) and Vacher et al. (2022) provide evidence that CBT techniques, such as emotion regulation, problem-solving, and behavioral interventions, effectively address disruptive behaviors in children with ADHD. Additionally, their research highlights the value of transdiagnostic approaches to CBT, emphasizing its adaptability across various behavioral challenges, including anger and irritability, which are frequently observed in children with ADHD. The findings underscore CBT's capacity to address emotional dysregulation, especially when combined with parental training, which reinforces consistency and support within the family environment.

Further, Asvaroglu and Bekirogullari’s (2020) exploration of CBT's integration with mindfulness for anger management indicates that mindfulness practices enhance CBT's efficacy by enabling children to develop self-awareness and emotional regulation. Their study demonstrates how mindfulness complements CBT by addressing anger triggers and equipping children with self-control skills, proving especially beneficial in younger populations dealing with anger following family disruptions or other stressors. Parker et al. (2016) also support CBT’s utility in educational settings, showcasing its positive impact when implemented in school environments to manage ADHD and associated anger. Their

findings indicate the importance of structured support systems, like behavior report cards and individualized sessions, in sustaining behavioral improvements.

The current case of Ms. H, a 13-year-old with ADHD and anger issues, reflects the complex interplay of factors that influence behavioral management in children with ADHD. Her background, developmental delays, lack of structured education, and unschooled status likely exacerbated her frustration, underscoring the need for tailored, multi-faceted intervention strategies. The use of CBT for Ms. H would likely address her impulsivity and anger by helping her identify triggers, restructure negative thoughts, and develop impulse control skills. Moreover, integrating her parents into the therapeutic process through counseling would provide them with strategies to support Ms. H's progress and reinforce positive behavior.

CONCLUSION

Cognitive Behavioral Therapy (CBT) emerges as a highly effective intervention for managing anger and associated emotional and behavioral challenges in children with ADHD. The studies reviewed demonstrate CBT's potential to significantly reduce anger, aggression, and disruptive behaviors, while also promoting emotional regulation and fostering social competence. In the case of Ms. H, applying CBT techniques tailored to her specific challenges, including cognitive restructuring, impulse control, and problem-solving skills, could serve as a foundation for her academic and emotional growth. Additionally, the involvement of her family in therapeutic interventions would further enhance treatment efficacy by establishing a supportive environment that encourages Ms. H's progress both at home and within potential educational settings. Future research and continued practice improvements will benefit from exploring additional non-pharmacological interventions, such as mindfulness, to further support children with ADHD in achieving long-term emotional and behavioral stability.

REFERENCES

Azad, M. M., Alizadeh, H., Tabataba, A., Ghobary, B., & Soleimani, M. (2015). Effectiveness of cognitive behavior therapy on anger management in children with attention deficit/hyperactivity disorder. *Psychological Research, 17*(2). http://neevandpub.ir/Uploads/Public/products/journal-of-psychological-research/93eb32abb938449f9c724aa8191040bd.pdf

Parker, J., Zaboski, B., & Joyce-Beaulieu, D. (2016). School-based cognitive-behavioral therapy for an adolescent presenting with ADHD and explosive anger: A case study. *Child and Adolescent Social Work Journal, 20*, 356–369. https://link.springer.com/article/10.1007/s40688-016-0093-y

Sukhodolsky, D. G., Smith, S. D., McCauley, S. A., Ibrahim, K., & Piasecka, J. B. (2016). Behavioral interventions for anger, irritability, and aggression in children and adolescents. *Journal of Child and Adolescent Psychopharmacology*, *26*(1), 58-64. https://doi.org/10.1089/cap.2015.0120

Asvaroğlu, S. Y., & Bekiroğulları, Z. (2020). Cognitive behavioural therapy treatment for child anger management. *The European Journal of Social & Behavioural Sciences*. https://www.europeanpublisher.com/en/article/10.15405/ejsbs.274

Vacher, C., Romo, L., Dereure, M., Soler, M., Picot, M. C., & Purper-Ouakil, D. (2022). Efficacy of cognitive behavioral therapy on aggressive behavior in children with attention deficit hyperactivity disorder and emotion dysregulation: Study protocol of

a randomized controlled trial. *BMC Psychiatry*, *23*, Article 124. https://link.springer .com/article/10.1186/s13063-022-05996-5

Acknowledgement
The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interest
The author(s) declared no conflict of interest.

How to cite this article: Kalra, S. (2024). Cognitive Behavioral Therapy for Anger Management in Children with ADHD: A Case Study and Review of Techniques. *International Journal of Indian Psychology*, *12*(4), 1318-1323. DIP:18.01.124.20241204, DOI:10.25215/1204.124