

Impulse Control and Anger Issues for Children, Adolescents and Adults with TS

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What is anger?

- Anger is one of the most frequently felt basic emotions.
- Everyone gets angry, but people differ in terms of frequency and intensity of their anger experiences.
- People also express their anger differently.
- Types of anger experience and expression that interfere with one's well-being and relationships may warrant psychotherapy.

Elements of Anger

- **Emotional component** - Affective experience ranging in intensity from mild annoyance to fury and rage
- **Behavioral component or aggression** - Intentional behavior that results in damage to persons or objects
- **Cognitive component or hostility** - Tendency to perceive and think about people in negative, cynical fashion

Anger and normal development

	<u>boys (%)</u>		<u>girls (%)</u>	
	<u>4-11</u>	<u>12-18</u>	<u>4-11</u>	<u>12-18</u>
Argues a lot	70	71	66	69
Disobedient at home	53	40	48	35
Temper tantrums	42	33	35	27
Lies and cheats	31	27	24	18
Disobedient at school	26	26	12	15
Gets into fights	17	12	11	9
Physically attacks people	11	5	7	4
Cruel to animals	6	3	2	1
Sets fires	3	2	0	1
Steals at home	3	4	2	1

Causes of anger and aggression

- Genetics
- Biological factors
- Situational influences
- Socio-economic factors
- Mental health conditions
- Harsh and inconsistent parenting
- Social-cognitive deficits

Anger and related problems in TS

- **Angry affect** - Anger is intense (rage) and out of proportion to provocation.
- **Explosive behavior** - Physical or verbal aggression that escalates within seconds after provocation.
- **Oppositional behavior** - Not following adult directions and arguing over demands and discipline.
- **Hyperactivity** - Excessive motor and verbal behavior such as moving around, talking too much.
- **Impulsiveness** - Acting or speaking without forethought, interrupting others.

Possible Causes of DB in TS

- **Neurological deficits of inhibition**
- **Burden of a chronic illness**
- **Comorbid conditions**
 - ADHD, OCD
- **Maladaptive-parent child interactions**
 - Negative reinforcement of bad behavior
- **Cognitive-behavioral mechanisms**
 - Poor mood regulation
 - Cognitive distortions
 - Highly learned behavior (habits)

TS and related conditions

- ADHD 24% to 62%
- OCD 28% to 68%
- ODD/CD 20% to 80%

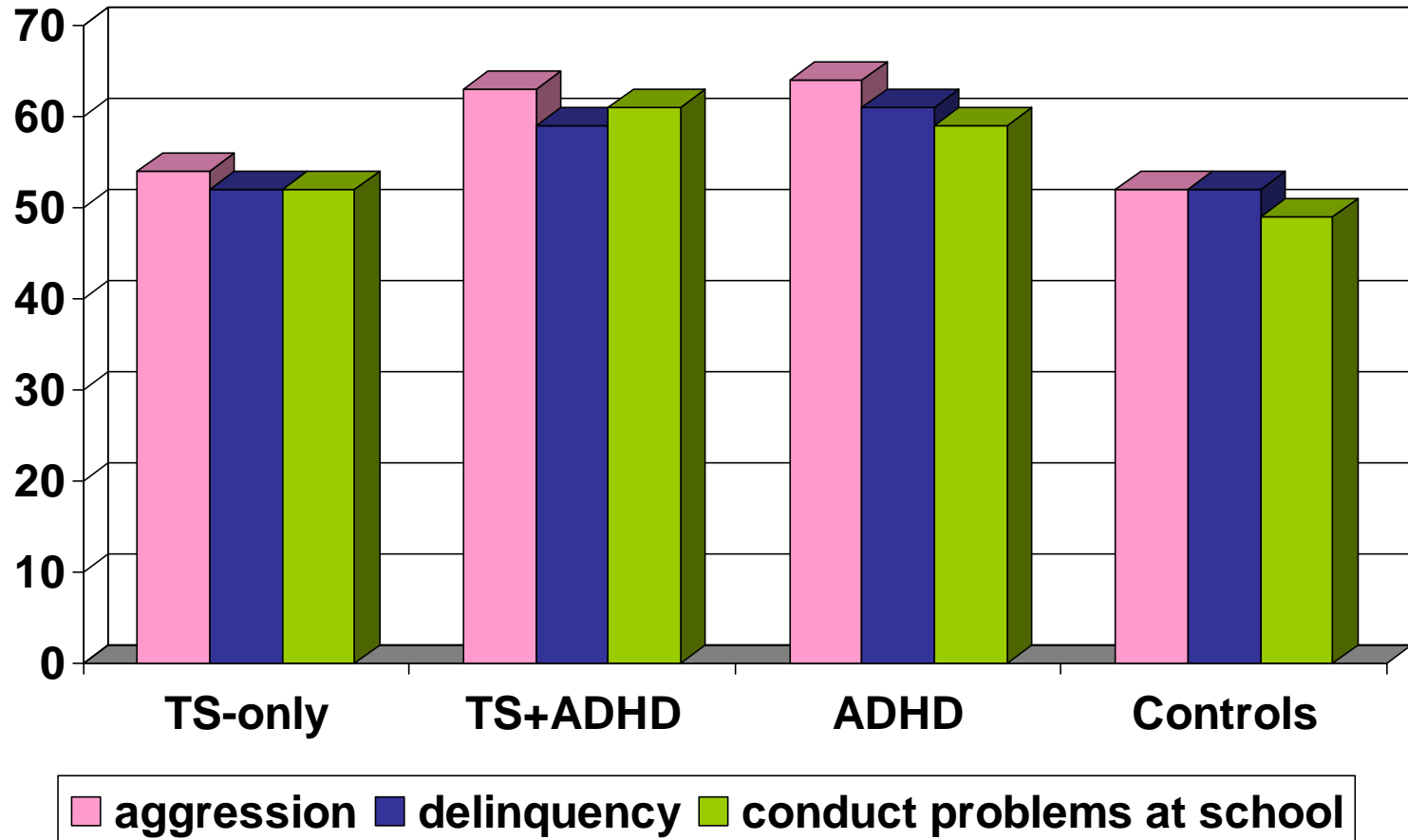
– Also:

- Mood Disorders
- Anxiety Disorders (other than OCD)
- Learning Deficits

ADHD

- Inattention: e.g., easily distracted, careless mistakes, poor organization
- Hyperactivity: e.g., fidgeting, excessive talking
- Impulsivity: e.g., interrupting, intruding
- Lasts for more than 6 months
- *Impairment* in two or more settings

Disruptive Behavior in children with TS-only versus TS+ADHD (Sukhodolsky et al, 2003)



OCD

- Obsessions: recurrent thoughts and images
- Compulsions: repetitive behavior in response to compulsions
- Time consuming
- Cause distress and impairment

Anger Control Training

- Anger Control Training (ACT) is a form of Cognitive Behavioral Therapy.
- It has been used for over 30 to help individuals with anger related problems.
- The targets of ACT are poor emotion regulation and maladaptive behavior during frustrating situations.
- ACT has been effective in children and adolescent with disruptive behavior.

Brief History of ACT

- Novaco, 1975 – introduced anger control for adults.
- Feindler, 1984 – adapted anger control for adolescents
- Lochman, 1984 – adapted anger control for children
- Kassirer, 1995 – first book on anger disorders

CBT for anger in children: Meta-Analysis

(Sukhodolsky, 2004)

- 51 Treatment vs. Control comparisons from 40 studies.
- A total of 1953 participants (mean age 12.5 years).
- 84% used group modality; 58% and 18% were conducted in schools and outpatient settings, respectively.
- Overall Effect Size $d=.67$

ACT in TS: Study Design

- **Inclusion Criteria**
 - Boys and girls, 11-16 years
 - TS or CTD + high level of disruptive behavior
- **Design**
 - Randomized Controlled study
 - Blind clinician rating
- **Primary Measures**
 - Disruptive Behavior Rating Scale (Parent Rating)
 - Clinical Global Improvement Score (Blinded Clinician)
- **Treatment**
 - 10 weekly, individually administered ACT sessions
 - Treatment as Usual (TAU)

Anger Control in TS: Treatment

1. Education: ABC of anger.
2. Arousal management: cues, deep breathing.
3. Brief relaxation training.
4. Cognitive restructuring: identifying hostile attributions.
5. Coping self-talk: reminders to ignore and stay calm.
6. Thinking-ahead: evaluating consequences.
7. Practice anger control skills.
8. Practice anger control skills.
9. Practice anger control skills.
10. Program review.

Conclusion

- Anger and disruptive behavior are common in children and adolescents with TS.
- ACT may be helpful for reduction of disruptive behavior in and adolescents with TS.
- These results should be confirmed in children and adults.

Research Group

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