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Coming on strong: Is Responsive Aggression Regulation Therapy (Re-ART) a promising intervention?

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Appendix



1. Focus on the modules

Modules	Content / focus
<u>All modules</u>	There is a structured approach to working on <u>problem-solving skills</u> . The adolescent are encouraged to think of solutions for each module using problem scenarios that have been introduced, as well through discussing fictional situations. Every now and then role play is used to practise the solutions. The adolescentn is instructed to apply in practice the solutions that have been worked-out.
<u>Module intake and motivation</u> (standard)	This module is aimed at highlighting and encouraging the uptake of the optional modules through the use of the “optional modules checklist”. Motivation is encouraged by making contact with and connecting to the young person’s self-interest. The benefits and disadvantages of following the AR program are investigated, including the advantages and disadvantages of aggressive behavior and this is linked into what the adolescent really wants to achieve in his life.
<u>Aggression chain module</u> (standard)	The adolescent learns about aggression problems. The young person acknowledges his aggression chain. There is an exploration of the triggers, emotions, thoughts and physical signs that are related to the aggression problems.

Modules	Content / focus	Potential parallel option alongside AR
<p><u>Stress and aggression reduction</u> incl. early warning plan (optional).</p>	<p>The adolescents learns to get more control of his own tensions, stress and aggression and applies exercises to reduce the stress. This leads to a reduction in the aggression arising from stress. Mindfulness exercises are also used in this module.</p> <p><u>Tricks / exercises:</u> First: Practise through observation then:</p> <ol style="list-style-type: none"> 1. You are able to consciously do something to calm yourself down 2. You are able to consciously find distractions by doing things you enjoy. 3. Consciously direct your attention to something else. 4. You can consciously do something about your feelings of anger. 5. Acceptance. 6. Talk about your irritations. 	<p>EMDR if there is trauma in the foreground. This may be indicated at any point in the treatment.</p>

Modules	Content / focus	Potential parallel option alongside AR
<p><u>Impulse control</u> (optional).</p>	<p>Attention is paid to improving impulse control by, for instance, working with tailored mindfulness exercises aimed at learning to focus / direct attention. The adolescent learns to recognize his impulses better and practises tricks to manage these more easily when required.</p> <p>Psycho-education about impulsivity. Exploring the advantages and disadvantages of impulsivity <u>Practise by:</u></p> <ol style="list-style-type: none"> 1. Doing activities to express unrest, tensions and dissatisfaction 2. Identifying the urge to act impulsively at an early stage 3. Learning to focus your attention (concentrating) 4. Strengthening your willpower 5. Thinking things through sensibly 6. Talk to / coach yourself in your thoughts 	<p>Medication if there is ADHD</p>

Modules	Content / focus
<p><u>Self-management skills</u> (standard)</p>	<p>The application of various self-management tricks is practised. During this process the young person is confronted (in consultation) with triggers that provoke anger. The difficulty is slowly increased. A young person who primarily displays instrumental aggression will, in particular, practise managing his urge to achieve his goal / intention in this module.</p> <p><u>TRICKS:</u></p> <ol style="list-style-type: none"> 1. Focus your attention on something external to you. For instance, focus your attention on a fixed spot on the wall or on an object. 2. Thinking ahead: <ul style="list-style-type: none"> <i>2a: You can think of the disadvantages to you if you don't control yourself.</i> <i>2b: You can think about what you want to achieve</i> 3. Talk to yourself encouragingly. For instance: "stay calm", "don't react", "take a deep breath", "count to ten". 4. Step out of your anger by distracting yourself with something nice. Decide in advance what you're going to think about if you are becoming angry. 5. Walk away from the situation (take a time-out). 6. Apply the stop-think-do method.

Modules	Content / focus
<u>Influence of thinking</u> (standard)	CBT techniques are used to work on cognitive biases. The role of cognitions during treatment is central in addition to this module. For virtually all themes that are discussed young people are encouraged to identify unhelpful thoughts and to turn these into helpful thoughts.
<u>Emotion regulation</u> (optional)	This contributes to the reduction of mood changes and/or being better able to differentiate between and shape/express emotions that are related to anger and aggression. The module helps to better regulate emotions, thoughts and behavior and therefore contributes to a reduction in aggressive behaviour.
<u>Observation and Interpretation</u> (optional)	Aggressive feelings will arise less quickly by learning to objectively interpret others' intentions. This is encouraged by practising with objective interpretation (not thinking too quickly for another person), as well as taking the other person's perspective.
<u>Assertive Behavior</u> (standard)	The adolescent learns to approach conflicts or difficult situations in an assertive way. The young person learns to properly deal with negative comments, work is undertaken on constructive communication and considering others. Exercises can be carried out on finding an assertive solution for the violent (criminal) behaviors that occurred in the past.

Modules	Content / focus
<u>Conflict management</u> (optional)	Various skills are worked on in this module that are necessary to be able to manage conflicts in a constructive way. Examples include proper communication, dealing with authorities, criticism, applying conflict inhibitors and learning to recognize your own conflict triggers.
<u>Family focus module</u> (optional in residential (inpatient) settings and standard in outpatient settings).	This module is primarily employed to improve the interaction between parent(s)/tutor(s) and the adolescent. Carer(s) learn more about behavioral / aggression-regulation problems. Furthermore, the focus is on applying de-escalating techniques, recognizing each other's trigger, and learning to communicate properly. Where necessary there is also a focus on teaching the carer(s) parenting skills that are relevant to them.
<u>Partner focus module</u> (optional)	This module is applied if the young person has a partner and there has been domestic violence or where a relationship increases the feelings of aggression. Work is undertaken on applying the time-out procedure and improving mutual interaction, for instance, by practising reducing conflict triggers.

2. Checklist indication criteria Re-ART for adolescents

An adolescent will satisfy the indication criteria if there are three or more “yes” responses, if there is a moderate to high risk of recidivism and there is no contra-indication present.

Young person’s name	
	Applicable yes/no
1. The adolescent scores high on the item “impulsive behavior / risky behavior” on the risk taxonomy instrument RAF/MH or SAVRY.	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. The adolescent scores high on the item “stress experienced and limited coping skills” on the risk taxonomy instrument RAF/MH or SAVRY.	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. It is apparent from the risk taxonomy instrument (RAF MH / SAVRY) that the adolescent has displayed a pattern of violent crimes or it is apparent from the personality assessment / file information that the young person has limited aggression regulation and impulse control.	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. The adolescent directs his aggression weekly toward other people or items in the form of verbal and/or physical aggression.	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. The adolescent has flown into a “blind” rage where he/she is no longer aware of what he/she is doing more than twice in his/her life.	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. The adolescent’s aggressive behavior has caused problems in various areas of his/her life in the past and/or the present.	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. The adolescent’s behavior has led to criminal or civil court orders / (suspended) sentence.	<input type="checkbox"/> YES <input type="checkbox"/> NO

<p>8. The adolescent scores moderate to high on the RAF MH / SAVRY for impulsivity / (risky behavior), problems with anger management and presence of cognitive distortions / negative thoughts.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>Are there any contra-indications?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>YES, if: 1. The aggression problems were <u>caused</u> by hard drugs and/or consumption of large quantities of alcohol. 2. If there is a manifest psychosis present or a severe trauma in the foreground.</p>
<p>Adolescent satisfies the indication criteria</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>