Anger Management Institute Trainer's Advanced Level Certificate 40-hour Course: Part One

Anger Management Institute Trainer's Certification Manual

Lesson One

SUBJECT: Introduction and Overview to Anger Management

Dear Leader/facilitator, the purpose of this Advanced Trainer course is to: provide you with the best research-based anger management resources and skills for training, coaching and educating groups, classes, students and clients in appropriate and effective ways to manage anger. One important principle to keep in mind as you study this curriculum is the following: Anger, though potentially and often harmful, can be transformed into a positive force accomplishing great good in our lives and the lives of others. This is the premise of the Anger Management Institute curriculum and teaching materials. You, as an Anger Management Trainer/Specialist, will need to reframe anger in order to motivate your students to learn healthy ways of dealing with it and expressing it. If you are not convinced yet that anger can be used for good and is even a necessary change agent in our lives and in the world today – read on.

INTRODUCTION AND OVERVIEW TO ANGER MANAGEMENT FOR LEADERS: Instructions for completing this course: As you proceed through this course, you will discover what makes people angry, what coping skills they use to manage it and what new approaches can be applied to keep anger under control. You will gain personal insight and the resulting application will help you to successfully teach and coach others in anger management. Contact Lynette Hoy with any questions you may have at: 630.368.1880, ext. 1.

In order to understand what is happening in the lives of those you are coaching or counseling or who will be attending your group, ask this question: What makes people angry? Numerous answers may come to mind such as: differences of opinion, personality clashes, expectations, blocked goals, low self-esteem, depression, grief, mental health disorders, loss of hope and control, health problems, conflict, stress, job dissatisfaction, financial pressures, family or relationship issues.

Who is likely to schedule anger management coaching/counseling sessions with you or attend your group or class? Reading the book will help you understand what is drawing people to attend this group. Anger is a common emotion for everyone and thus, you will find that many people will have interest in participating. People may attend who are depressed or withdrawn, who are hurt, abused, controlling, abusive, hostile, those who have hidden anger, unexpressed feelings, who lash out and are aggressive when they feel angry. Since anger is not an acceptable emotion or experience for many religious people, your group/class or coaching sessions may draw those who are in denial about their angry outbursts or who are curious or want to help others with their anger. Many people are not in touch with their own feelings and can't identify when they are angry. This course will help your participants identify anger and frustration more readily.

What's Good About Anger? is a book which will give you and the participants a fresh look at anger and explore how this emotion – usually viewed as negative – can be helpful and be turned into assertiveness, conflict resolution, faith, problem-solving, empathy and forgiveness. Chronic anger can be costly – physically, emotionally and relationally. Most people can manage anger appropriately in some situations, and yet are ineffectual in other situations. Participation in the anger management group can reduce levels of anger, and help attendees learn to turn their anger into productive behaviors, new attitudes and even forgiveness. Students and clients can learn effective coping behaviors to stop escalation and to resolve conflicts. Logging anger, triggering situations and applying new coping approaches will help them to more effectively control unhealthy anger responses. The What's Good About Anger? anger management course and resources employs these major areas and anger control interventions:

• Understanding the dynamics of anger,

• Identifying triggers and underlying causes,

• Logging scenarios,

• Applying new skills such as: time-outs,

• Addressing issues with assertiveness,

• Establishing a plan of action,

• Learning to problem-solve,

• Getting guidance from a counselor, coach or mentor when needed,

• Changing self-talk and cognitive distortions

• Turning anger into forgiveness,

• Stress management skills,

• Conflict management skills,

• Emotional Intelligence insights, empathy skills

Anger and Anger Control: The book discusses several triggers for anger and causes for anger issues. Dr. Gintner provides more in-depth information on anger and anger control measures in the *BARK Manual: "Poor anger control can not only have adverse psychosocial consequences, but, it can also be hazardous to your health. Of all emotional reactions, anger yields the largest increases in heart rate and blood pressure (Schwartz, Weinberger, Singer, 1981). This physiological response may be why inappropriate expression of anger is associated with a greater risk of developing hypertension. Those with chronic anger problems characterized by hostility are more likely to have elevated lipid, cortisol, and norepinephrine levels (Rosenman, 1985).

Prospective studies indicate that hostility appears to the aspect of Type A personality that is most predictive of heart attacks and other aspects of coronary artery disease. Hostile individuals are also less likely to engage in self-care behaviors such as medical check-ups (Smith, 1992). … The good news is that a number of interventions have been shown to ameliorate the very problems described above. For example, anger control interventions have been shown to be effective for batterers (Deshner, 1984), physically abusive parents (Reid, Kavanagh, 1985) and adolescents with marked anger problems (Feindler & Ecton, 1986). There is even evidence suggesting that these interventions can also help hostile individuals prevent adverse health consequences such as heart attacks and the development of coronary artery disease (Friedman & Ulmer, 1984)."
*Resource: Gintner, Dr. Gary. Behavioral Anger Reduction Kit (BARK). Louisiana State University, 1995. Used by permission. Email: gintner@isu.edu

Psychologist Howard Kassinove, PhD, of Hofstra University, says the number of patients he saw clinically for problem anger just didn't correspond with the relative lack of attention to it in the academic literature. "Anger has been an understudied emotion," he says. "I was in clinical practice for more than 25 years. An enormous number of people come in with anger problems, but the literature base is small, there are no anger diagnostic categories and psychology textbooks rarely mention anger."

Dr. JERRY DEFFENBACHER (Psychologist): I was supervising doctoral students in our clinic training program, and they asked me to help them with helping their angry patients and what I could do. And I basically said damned if I knew, and we began to look in the literature and there was relatively little to help us with that, say, compared to the treatment of anxiety or depression. And so that just kind of piqued my curiosity, and I laid down the anxiety research and stress research that I was doing at the time and we started looking at anger and anger reduction.

Read the Foreword and Introduction chapters in *What's Good About Anger*. Complete the survey, logging anything that triggers your anger/frustration, write out personal scenarios and thinking. Complete the anger survey yourself so you can rate yourself and then, better understand how to instruct others. Then, read the group guidelines below. Apply the instructions below to yourself prior to leading your group. Keep your own log of anger and frustration and scenarios for at least one week. During the class sessions – every week – your group members need to re-evaluate their anger quotient and coping skills based on the survey. This will allow each person to measure their progress in managing anger.

GROUP GUIDELINES: Here are the instructions for your group regarding the use of the *What's Good About Anger?* Course with additional guidelines (found in the book)

1. Complete the Anger Survey. This will help you assess when, where and how you get angry and your general provocation scenario (GPS). Be honest about your feelings and experience with anger. After all, this course-work is personal and geared to help you get an understanding of how you can grow in tackling any problem you may be having with anger in your life and in your relationships.

2. Then begin reading through the book as directed in the lessons of this course, completing the questions as you progress. Additional information is given on how to apply your general provocation scenario (found in the Anger Survey) to the section in the course on Handling Anger Effectively.

3. Keep an anger log throughout the time you are reading this book. Complete the Anger Management Progress Report weekly. Each day think about and try one or two of the suggestions for handling anger yourself. This way you will determine which coping skills have been most beneficial for you.

4. Read the stress management and time-out chapters. Apply the relaxation techniques to help defuse escalation of anger and the fight/flight response. Make a plan to apply the time-out for provoking situations which make you feel like you are losing control. If you still find your anger escalating, then lengthen your time-out period (Example: one hour instead of 30 minutes).

5. Read and apply the assertiveness and conflict management skills. Write out scenarios and how to communicate more effectively.

6. Evaluate your thinking with the cognitive distortions questions and log your thinking patterns. This exercise will help you identify any false perspective you have about people or situations and challenge whether it is correct.

7. Read and apply the new chapter: How Emotional Intelligence Impacts Anger.

8. Finally complete the "Plan to Change Your Life By Changing Your Thinking" chapter in the book and read the FAQs.

Additional aspects of this course will encourage you to understand the effectiveness of forgiveness, assertiveness, problem-solving, conflict resolution skills, empathy and foundational principles in managing anger more effectively and building healthy relationships.

Lesson Two

SUBJECT: Physiological Mechanism of Anger

As the leader/facilitator you need to understand more about the physiological mechanisms in anger arousal. Dr. Gintner writes a more detailed description: "The perception of threat or provocation triggers an internal automatic response commonly referred to as the fight/flight response. It is an adaptive mechanism that mobilizes the body for action.
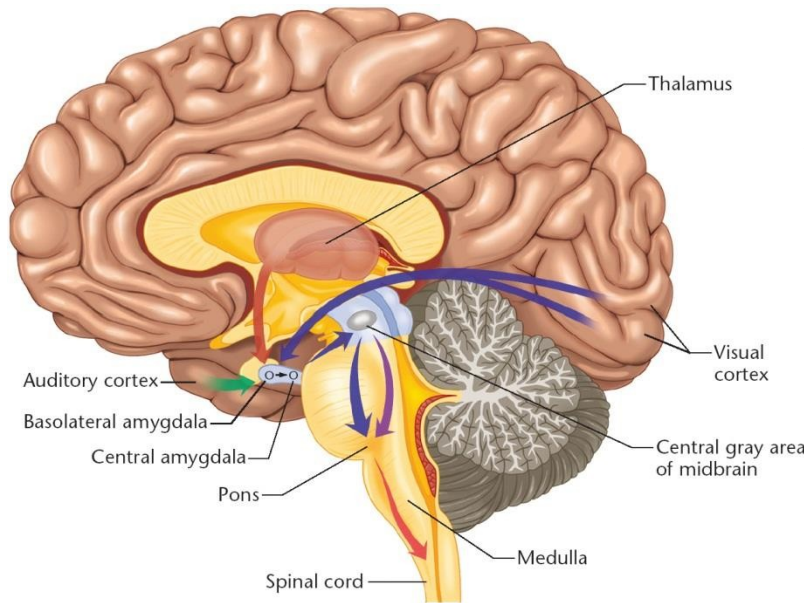
The amygdala – a component of the limbic system or emotional brain – mediates anger responses judging input either as rewarding or aversive (e.g., pain, threat). If an event is judged as potentially threatening, a message is sent to lower brain areas that activate the fight/flight response. This activation basically heightens sympathetic arousal in the body leading to increased breathing, heart rate, pupil dilation, and muscle tone. Blood vessels near the skin will constrict to prevent excessive bleeding in case of injury. Blood will drain from the face resulting in a pale complexion. All of these responses are mediated by nerve or electrical conduction. The reaction begins in less than a second and takes only about 3 seconds to become fully activated. This immediate response is then augmented by a more slowly responding hormonal surge that allows the body to be activated for a more prolonged period of time, typically about 30 minutes. About 10 seconds after the initial sympathetic reaction hormones will be released into the blood stream through activation of the adrenal gland. The primary hormones are adrenaline and noradrenaline. The latter is important in releasing stored blood sugar from the liver. This sugar is critical in giving muscles their heightened strength. It also helps sustain cardiac output to meet increased oxygen demands in the body. An important principle (as stressed in the book) is that if this long-term anger response can be interrupted, anger arousal can be markedly curtailed.

While each of us has anger arousal mechanisms wired into our brains, why do some individuals seem so reactive? Part of the answer to this question probably lies in their particular constitution. Genetic studies indicate that we may inherit a more labile fight/flight response. Like a thermostat that is set very low for cooling, the slightest "hot" elevation is sufficient to kick on a response (Krantz & Durel, 1983). There is also evidence that traits such as aggressiveness and mistrust may have inherited contributions (Smith, 1992)." (BARK manual, pgs. 5-6)

Substance Abuse and how it triggers anger arousal: Additional reading: pgs. 36-40 in the Handbook of Anger Management (not required). "Substance use has both direct and indirect effects on the occurrence of anger-related problems. Many substances, especially alcohol, can have a direct disinhibiting effect on anger and aggression. Two-thirds of all battering incidences involve alcohol. One third of all abusive parents were under the influence at the time of the abuse. For adolescents especially, alcohol is involved in most violent crimes. Substance use can be a contributing factor due to either: 1) intoxicating effects that trigger loss of control; or 2) withdrawal effects that heighten irritability.

Indirect effects, however, may be more pervasive in their impact. Research shows that early drug and alcohol use interferes with the development of social and personal competencies (Johnson & Pardina, 1991). Instead of learning how to deal with situations, drugs are frequently relied upon as the "universal solution". As a result opportunities for skill development occur at a much lower rate. Drug use predisposes individuals to have the very skill problems described above. Their drug recovery is then complicated by not only having to get off the substance but also having to do so with a limited repertoire of coping assets. This may explain why relapse rates are typically in the 70% plus range for adolescents." (Pg. 12-13, BARK manual)

Frequently reported DSM disorders associated with anger control problems which may need to be ruled out prior to joining the group or class. If you suspect any mental health, physical or substance abuse disorder – refer the individual for an evaluation by a competent mental health professional and family physician: • Substance use disorder • Mood disorders such as Post-traumatic stress, bipolar and anxiety disorders. • Intermittent explosive disorder • Childhood and Adolescent Disorders such as: personality disorders- antisocial, borderline, narcissistic, paranoid and passive-aggressive. • Organic conditions such as: epilepsy, head injury, strokes, dementia (Alzheimer's, etc.), diabetes, hormonal disturbances.

What are some views on the construct of anger?

Dahlen and Deffenbacher (2001) identify 3 main ingredients to anger. First, there is an anger-eliciting stimulus, typically an easily identifiable external source (e.g., somebody did something to me) or internal source (e.g., emotional wounds). Second, there is a pre-anger state, which includes one's cognitive, emotional and physical state at the time of provocation; one's enduring psychological characteristics, and one's cultural messages about anger and about expressing anger. Third, there is one's appraisal of the anger-eliciting stimulus and one's ability to cope with the stimulus. All three of these ingredients interact to create a state of being angry.

Dahlen and Deffenbacher also identify four related domains in which anger exists. First, in the emotional and experiential domain, anger is a feeling state ranging in intensity from mild annoyance to rage and fury. Second, in the physiological domain, anger is associated with adrenal release, increased muscle tension, and activation of the sympathetic nervous system. Third, in the cognitive domain, anger is associated with biased information processing. Fourth, in the behavior domain, anger can be either functional (e.g., being assertive, setting limits) or dysfunctional (e.g., being aggressive, withdrawing, using alcohol and drugs, etc.).

Anger Treatment: The goal of anger management counseling and education is not to eliminate anger. Anger is a natural emotion and when acted on appropriately – a healthy emotion. After a client or student acknowledges he or she is angry, the counselor or trainer can help them learn how to reduce the emotional and physiological arousal that anger causes and learn to control its effects on people and the environment.

Diagnostic categories or no, psychologists and counselors are still faced with treating anger in the therapy room. Yet how are they to do that? "I think there are three strategies or combinations of them that have the most empirical research behind them," says Deffenbacher. The strategies– relaxation, cognitive therapy and skill development–are new applications of existing concepts, he says. Since the 1980s, he and his colleagues have been studying whether cognitive and relaxation techniques affect anger. Angry college students and drivers in his studies reduced their anger levels from the 85th percentile to normal levels on Spielberger's Trait Anger Scale, using relaxation. "You can't be calm and relaxed and mad as hell at the same time," Deffenbacher jokes.

MANAGING ANGER

According to Wellness Reproductions there are three main methods of dealing with anger. First, there is "stuffing" one's anger, a process in which a person may or may not admit his or her anger to self or others and in which one avoids direct confrontations. A person may stuff his or her anger out of fear of hurting someone, fear of rejection, fear of damaging relationships or fear of losing control. Often, a person who stuffs anger is unable to cope with strong, intense emotions and thinks that anger is inappropriate or unacceptable. Stuffing one's anger typically results in impaired relationships and compromised physical and mental health.

Second, there is escalating one's anger, a process in which a person provokes blame and shame. The purpose is to demonstrate power and strength while avoiding the expression of underlying emotions. A person who escalates his or her anger is often afraid of getting close to other people and lacks effective communication skills. Escalating one's anger typically yields short-term results, impaired relationships, and compromised physical and mental health. Sometimes, escalating one's anger also leads to physical destruction of property or to abusive situations, thus adding the potential for legal ramifications.

Third, there is managing one's anger, a process in which a person is open, honest, and direct and in which one mobilizes oneself in a positive direction. The focus is on the specific behavior that triggered the anger and on the present (past issues are not brought into the current issue). A person who manages his or her anger avoids black and white thinking (e.g., never, always, etc.), uses effective communication skills to share feelings and needs, checks for possible compromises, and assesses what is at stake by choosing to stay angry versus dealing with the anger. Managing one's anger results in an increased energy level, effective communication skills, strengthened relationships, improved physical and mental health, and boosted self-esteem.

SUMMARY

It is this process of managing one's anger that is the primary goal of counseling people to effectively deal with anger. The goal is not to eliminate anger. Anger is a natural and healthy emotion. After a client acknowledges he or she is angry, a counselor can help the client learn how to reduce the emotional and physiological arousal that anger causes and learn to control its effects on people and the environment. To be more effective, practitioners should attempt to understand the extent and expression of the anger, the specific problems resulting from the anger, the function the anger serves, the underlying source of the anger, and the domain the problems occur in (e.g. emotional, physiological, or cognitive) before choosing interventions for the client.

*GLOSSARY

Aggression- Behavior intended to cause psychological or physical harm to someone or to a surrogate target. The behavior may be verbal or physical, direct or indirect.

Anger- A negatively toned emotion, subjectively experienced as an aroused state of antagonism toward someone or something perceived to be the source of an aversive event.

Anger control- The regulation of anger activation and its intensity, duration, and mode of expression. Regulation occurs through cognitive, somatic, and behavioral systems.

Anger reactivity- Responding to aversive, threatening, or other stressful stimuli with anger reactions characterized by automaticity of engagement, high intensity, and short latency.

Escalation of provocation- Incremental increases in the probability of anger and aggression, occurring as reciprocally heightened antagonism in an interpersonal exchange.

Frustration- Either a situational blocking or impeding of behavior toward a goal or the subjective feeling of being thwarted in attempting to reach a goal.

Hostility- An attitudinal disposition of antagonism toward another person or social system. It represents a predisposition to respond with aggression under conditions of perceived threat though it doesn't always include aggression.

Inhibition- A restraining influence on anger expression. The restraint may be associated with either external or internal factors.

Rage- The strongest form of anger, very physical, threatening the individual with possible lack of control over his/her actions.

Stress inoculation- A three-phased, cognitive-behavioral approach to therapy, involving cognitive preparation/conceptualization, skill acquisition/rehearsal, and application/ follow-through. Cognitive restructuring, arousal reduction, and behavioral coping skills training are the core treatment components. Therapist-guided, graded exposure to stressors occurs in the application phase, where the client's enhanced anger control skills are engaged.

Violence- Seriously injurious aggressive behavior, typically having some larger societal significance. The injury may be immediate or delayed.

Resource for glossary: Raymond W. Novaco. Encyclopedia of Psychotherapy, VOLUME 1, Copyright 2002, Elsevier Science (USA).

Hatred- The end product of the resentment process. Hatred is "frozen" anger that results in an intense and unchanging dislike of another.

Instructions:
1. **Review** this lesson (two) again and lesson one. **Read the following** book chapters for further instruction: Anger's Many Faces and The Power of Anger.

2. **Take Quiz One.**

Assignment: Anger Management Institute Case Scenario

Write out an example of a typical client or student you will be working with individually or in group. Describe the following:

1. Describe the manifestations of this client's/student's anger mismanagement:

What are his/her primary problems?

2. What kind(s) of situation(s) or event(s) or people is the client becoming angry about:

3. What are his/her typical triggers for stress/anger?

4. What is the typical unhealthy behavior pattern(s) he/she displays? Provide additional descriptions of the hot self-talk, biases, and/or cognitive distortions he/she is experiencing.

5. What kinds of consequences is he/she dealing with?

Anger Management treatment/services plan:

Write out 1-2 goals for this client?

What are some objectives for this client?

How will you provide anger management services for this client?

Individual   group   class (circle)

What empirically supported anger management treatment interventions will be most helpful for this client to achieve his/her goals?

Lesson Three

SUBJECT: Facilitator Guidelines and Resources

Method and Venue for offering Classes and Support Groups: Offer the program as part of an organization, church, community agency or public facility such as a library, YMCA, hospital or classroom. Provide visual and auditory educational tools: overheads, power point, videos, books and workbooks. Use discussion, teaching and role-plays.

Safety in the Group: It is recommended that you have a plan to contain angry outbursts. Run the group with a co-facilitator of the opposite sex. Keep a cell phone ready to call the police if necessary. Review the chapter on Defusing Anger and Hostility. Pray for protection. Keep alert for individuals who are easily irritated and defensive or depressed. Prior interviews can help weed out persons with violent tendencies or volatile anger. Expel the person from the group who disregards the group guidelines.

Group Insights: As the group facilitator you will be most concerned about the dynamics of your group, maintaining a healthy atmosphere and dialogue within the group. You will desire to see people grow and learn better coping skills for anger issues. Confidentiality is of utmost importance for people to freely share their feelings and concerns with other members. Anyone found to be breaking confidentiality should be expelled from the group. As a leader you want to remain non-judgmental, demonstrate empathy, and be prepared to draw people out who are not talkative. Yet, you will need to set boundaries with those who may tend to take over the group. You will need to provide support for those who are experiencing a considerable amount of distress because of their anger and difficult situations. Some people attending may be dealing with serious depression and some may have been physically abusive or abused in their marriages, families or relationships. Have a list of referrals to professional counselors and to qualified pastors available for those who are in crisis, depressed or need marriage intervention. Recognize that some individuals may not be appropriate for your group. They may need a mental health evaluation and counseling. Use the intake questionnaire and assessments included in this manual to help you ascertain whether someone needs counseling or does not meet the criteria for the group.

Any revelation of domestic violence or child abuse should be reported to the appropriate authorities. Anyone threatening suicide or who is severely depressed is not ready for a group situation. They need a counseling/psychological evaluation and possibly hospitalization.

As a group facilitator you have the right to ask someone to leave the group if their behavior is threatening or aggressive. Outbursts, inappropriate behavior such as yelling, harassment, threats, put-downs, walking out of the room, hitting, etc., are not allowed. Anyone who engages in harassment or rude behavior of other participants outside the group or breaks confidentiality should be expelled from the group without remuneration of the tuition fees.

Since we encourage you to focus on an educational approach – we hope this will help prevent anyone from displaying outbursts or inappropriate behavior. Anyone with a history of this behavior may need counseling or individual guidance. Anyone with domestic violence issues should probably be referred to a Batterer's Intervention group.

When discussing the group guidelines with participants, let them know that from time to time you will be consulting with your supervisor or the professional who oversees your group or a consultant. You are obligated to report serious issues and situations which may be disclosed. Address the fact that you will report to the appropriate authorities (police, elder abuse agency, DCFS: Dept. of Child and Family Services or the CPS: Child Protective Services) any revelation of behavior which may or may have caused harm to someone else or to themselves. You may want to include a statement regarding this matter in your Group Guidelines. People need to know that you care enough to help, to provide protection and direction when it is needed and that you are responsible and accountable to those supervising you, the legal system, state licensing organization and any professional organization to which you hold membership. Anger Management Certificates: When you have successfully completed this course, phone supervision and obtain the CAMS-I or II credential from NAMA-- you will be credentialed to do the following: educate students or clients and verify their completion of the What's Good About Anger? course by awarding a certificate with your name and your credentials.

LEADER GUIDELINES FOR EACH SESSION: Begin with introductions, reminding the group of the guidelines and importance of confidentiality. This will make the group a safe place for sharing and accountability.

Review the GROUP GUIDELINES: Individual preparation: Spend time reading each chapter prior to each meeting and answering the questions. Complete any assignments.

Group rules for participation:

1. Keep whatever is said in the group confidential.

2. Use "I" messages vs. "you" messages.

3. Don't give advice unless it is requested.

4. You don't have to talk if you prefer not to.

5. Avoid covering your pain with humor.

6. Demonstrate respect for others in the group. Participate versus dominate.

Review the previous week's material. Promote participation by drawing out quieter people and setting boundaries with those who tend to monopolize. Be ready to share your own situations and feelings to provide a role model for group members.

Qualifications for Anger Management Leaders and Facilitators: Since this program is geared to help people who are dealing with uncontrolled and unhealthy anger issues and those who may be struggling psychologically or with a crisis in their lives, we recommend that leaders in anger management meet the following criteria for teaching and facilitating groups:

1. Ethical code of conduct: The leader, facilitator or counselor should be a moral person adhering to high ethical standards; (Code of Ethics will be studied later in the course)

2. Psychological stability: the leader should be psychologically stable, not emotionally labile or volatile, but open and vulnerable. He or she should not be suffering from a serious psychological disorder and should be able to manage his or her own anger well;

3. Love for and interest in people: the leader should be a warm, caring, and genuine person with a real interest in people and their welfare;

4. Ability to guide and discern core needs: the leader, counselor, facilitator should have an ability to guide and counsel hurting people and be able to discern underlying issues people are struggling with- identifying when to refer people for professional help;

5. Previous training or experience in helping people: experience would be helpful but not necessary for the leader to have;

6. Availability and teach-ability: the leader should emulate the desire to be teachable and available when helping people and facilitating groups;

7. Ability to maintain confidentiality and handle information shared in the groups and from individuals responsibly. The leader should do all he/she can to protect the privacy of participants.

**Revised and taken from the resource: Lay Counseling: Equipping Christians for a Helping Ministry by Siang-Yang Tan; 1991, Zondervan Publishing House, pages 99-102.

Instructions:
Read Book Chapters Four, Five and Six.

Lesson Four

Defusing Anger by Managing Stress

What role does stress play in anger escalation? Research has demonstrated that high stress levels precipitate angry outbursts and aggression. Take the stress inventory at the end of this chapter to learn how stress is impacting your life and emotions.

Overview of Stress: The Wikipedia Encyclopedia states that "Stress (roughly the opposite of relaxation) is a medical term for a wide range of strong external stimuli, both physiological and psychological, which can cause a physiological response called the general adaptation syndrome, first described in 1936 by Hans Selye in the journal of Nature.
Stress and its effects
Selye was able to separate the physical effects of stress from other physical symptoms suffered by patients through his research. He observed that patients suffered physical effects not caused directly by their disease or by their medical condition.
Selye described the general adaptation syndrome as having three stages:
• alarm reaction, where the body detects the external stimulus
• adaptation, where the body engages defensive countermeasures against the stressor
• exhaustion, where the body begins to run out of defenses
There are two types of stress: eustress ("positive stress") and distress ("negative stress"), roughly meaning challenge and overload. Both types may be the result of negative or positive events. If a person both wins the lottery and has a beloved relative die on the same day, one event does not cancel the other — both are stressful events. Eustress is essential to life, like exercise to a muscle, however distress can cause disease. (Note that what causes distress for one person may cause eustress for another, depending upon each individual's life perception.) When the word stress is used alone, typically it is referring to distress. Serenity is defined as a state in which an individual is disposition-free or largely free from the negative effects of stress, and in some cultures it is considered a state that can be cultivated by various practices, such as meditation, and other forms of training.

Stress can directly and indirectly contribute to general or specific disorders of body and mind. Stress can have a major impact on the physical functioning of the human body. Such stress raises the level of adrenaline and corticosterone in the body, which in turn increases the heart rate, respiration, and blood pressure and puts more physical stress on bodily organs. Long-term stress can be a contributing factor in heart failure, high blood pressure, stroke and other illnesses."

Stress is a threat to the safety and well-being of the body. In time past, the physical stress response was a means of survival: it prepared us for fight or flight. What is this so-called fight or flight reaction? It is instinctive and consists of messages sent all over the body to and from the brain. These messages alert the body of a perceived threat. In a threatening situation, we are given two options: either we can stand our ground and fight the threat or we can run away from it. The choice is made based on our perception of the situation, if we feel we have a chance of overcoming the danger (e.g. winning the fight) or not.

The various triggers for anger covered earlier are also triggers for a stress response. A stress reaction can precipitate or coincide with an angry response. Thus, avoiding triggers such as: drinking, substance abuse, hot self-talk, irrational beliefs, distorted thoughts, over-spending, unhealthy behavior and any preventable stressful situations can thwart angry responses. Obviously, there are stressful circumstances in life which cannot be avoided.

Changing what you say to yourself and how you view life can greatly impact how you manage stress and anger. Your self-talk originates from your view of life & yourself. If you view life as "grab for all the gusto you can get!" based on the premise that "eat, drink, and be merry for tomorrow we die" then, you will experience more stress and anger! Why? Because you will hurry through life looking for satisfaction in anything without thinking about the consequences or caring about what is best for your life and those you love. And you will experience dissatisfaction – the opposite of what you really want! If you view life as meaningless, you will tell yourself: "what's the point?", "why bother?" when you face responsibilities and decisions. Or if you view life as overwhelming or yourself as never measuring up, you will tell yourself: "I
can't handle that" or "This is too much for me" or "I'll just fail anyway". Your negative self-talk will generate more feelings of stress, hopelessness, and less motivation for change. We call this inner talk "stress-talk". Stress-talk will cause more anger and frustration in your life. The chapters on cognitive distortions can help you challenge and change any stress-talk.
Other internal stress-talk messages occur when you try to control others. You may say to yourself, "he/she should do it my way" or "why is she going out dressed that way?" because of your need to control. Underlying your need to control may be feelings of insecurity, jealousy, low self-worth or the urge to teach others how to live their lives. Whatever the cause, your need for control will increase feelings of stress and anger.

How can you deal with the need to control? First, consider these negative consequences:
• You will run out of energy and feel more frustration when you try to control everything and everyone in your life.
• You will push your family and friends away from you. No one likes a controller.
• Generally, you won't get what you want when you try to control.
• In the long-run, your inner needs of security and significance won't be met.
Complete the "Am I a Controller?" inventory at the end of this chapter to see if you have this tendency.

Another form of Stress-talk is blaming. You may be blaming others for your anger and disappointments in life thinking, "if they would meet my needs… I would be happy". The fact

is that no one will completely meet your needs and that you have the power to make choices which will help fulfill your needs. You can take ownership of your feelings and better communicate your needs by saying to others:

" I feel (angry, frustrated, disappointed, overwhelmed, hurt, let down, etc.)_____ when you_____(don't listen to me or interrupt me).

This formula for communication helps you to express your reaction and emotions without blaming. It brings up the issue and helps the other person feel less defensive.

Think about some situations when you could have used the above formula: Situation:

I felt angry when I thought:

Identify the issue: Was it valid? Could you have made a request?

Balancing your relationships and life in order to manage stress: We were made to connect with people. Relationships are very important whether you are an extravert (outgoing) type of person or an introvert (needing more time to yourself). Having healthy, caring, significant relationships with others gives us meaning for living, encouragement, and companionship throughout our lives.

Relationships can be draining or restoring. If you are in relationships which are unhealthy because you are giving more than getting or there is too much conflict and friction, then, you will feel stressed out. It could be that you tend to be codependent and need boundaries or more assertiveness in your relationships.

What about focusing on your needs and preventing negative consequences? Many times we sabotage the efforts to meet our basic needs and manage anger by engaging in activities which are unhealthy and exacerbate both stress and anger. You may think that you are decreasing stress by drinking, smoking or using other substances when actually these habits are making your life more miserable. In the beginning of the book we discuss the fact that substance abuse increases irritability and thus, is a trigger for anger. You need to decide what to change and how to make healthy choices about which will improve your health, mind, emotions, spirit and relationships. You may find comfort in the use of substances but, it will only be temporary. The long-term negative consequences will outweigh the short-term 'highs' and only exacerbate feelings of anger.

How can you increase the "eustress" (positive stress) in your life? Take a look at your life to see how you can get revitalized. Do you have some activities which encourage and inspire you such as exercise, singing, playing an instrument, going to church, involvement in a support group or something else meaningful or creative?

Beginning a new goal such as a class or a hobby or sport will revitalize you. What past activities would you like to reestablish? Riding your bike? Going fishing? Taking an art class? Going hiking or canoeing? These kinds of activities will create "positive stress" and refresh you! You will notice the world around you and begin to love life again! Simplify your life by starting to do and be what you were designed for. You will begin to feel more hopeful, more peaceful and encouraged as you renew your whole person, soul and spirit. Maybe you are interested in how faith might decrease your stress and anger? Many people have found that their Higher Power gives them an eternal perspective on life and inner strength to manage anger effectively. If you are interested in reading

more and about how faith affects anger, order the first edition of What's Good About Anger? or the six-part DVD series at: www.whatsgoodaboutanger.com

Read the book chapter: Defusing Anger by Managing Stress.   Practice and Review the Relaxation Techniques from the book.

Relaxed breathing

Have you ever noticed how you breathe when you're stressed? Stress typically causes rapid, shallow breathing. This kind of breathing sustains other aspects of the stress response, such as rapid heart rate and perspiration. If you can get control of your breathing, the spiraling effects of acute stress will automatically become less intense. Relaxed breathing, also called diaphragmatic breathing, can help you.

Practice this basic technique twice a day, every day, whenever you feel tense. Follow these steps:

1. Inhale. With your mouth closed and your shoulders relaxed, inhale as slowly and deeply as you can to the count of six. As you do that, push your stomach out. Allow the air to fill your diaphragm.

2. Hold. Keep the air in your lungs as you slowly count to four.

3. Exhale. Release the air through your mouth as you slowly count to six.

4. Repeat. Complete the inhale-hold-exhale cycle three to five times.

Foundational insights:
Making personal choices to live a healthy life-style can decrease the stress which precipitates anger. Learning relaxation techniques can slow down your physiological "fight-flight" response to anger. Applying Relaxation, Cognitive restructuring and Behavioral skills are the best research-based strategies for controlling anger.

Steps in conducting desensitization

1. Generate a list of anger triggering situations.
2. Rate each: 1-10 scale
3. Order the scenes from least to most arousing.
4. Allow client/student to take 10 min. to relax
5. Once relaxation induced, instruct to imagine anger arousing scene for about 25 seconds, suggesting "calmness and relaxation".
6. Ask student to turn scene off and focus on totally on bodily relaxation sensations. Repeat step 5 after about 3 minutes.
Cue-Controlled Relaxation

Long exercise: balanced breathing; standard exercise. End with balanced breathing using a cue word on each exhale.

Week 1: practice long exercise every day.

Week 2: practice breathing components plus any short version of the exercise. Week 3: practice breathing components only. Use cue word on exhales.

Week 4: Balance breathing with cue word on exhale when: feel irritated, stressed, etc. Week 5: Use cue controlled relaxation when start to feel angry or to regain control. Questions for Thought and Discussion

1. Which of the suggestions in this chapter did you find most helpful in regard to managing anger? Why?

2. How can you implement these principles into your life? (Be practical, not theoretical.)

3. Do you agree that the reason we can't manage our anger is because we don't want to give up control? Is this true in your life? With what results? What can you do to get this in better balance?

4. Check which kind of "stress-talk" do you struggle with:
• "Eat, drink and be merry – for tomorrow we die."
• "I can't handle that." _
• "I'll just fail anyway."
• "He/she should do it my way."
• "If he/she would meet my needs– I would be happy."
• Other:

5. How do you communicate your needs to others? Do you tend to blame or take ownership for your needs?
What steps can you take to meet your own needs and responsibilities?

6. What happened when you tried the relaxation technique? How did you feel during and afterward?

7. What other types of activities help promote relaxation for you? Listening to music? Reading? Take time every day to relax as suggested. Plan for times of relaxing activities during the week as well.

8. Ask yourself about your need to control. What about trying for the next two weeks to let those you have been trying to control make their own choices?
Wouldn't it be refreshing to see them making the right choices according to their own volition? Wouldn't it be a relief to no longer have to nag, remind, manipulate or force someone to do what you think is best? Wouldn't it be a relief to just concentrate on your responsibilities, goals and mutually work with your spouse on family goals?

Take Quiz Two.

Lesson Five

Motivation Enhancement, Assessment, Intake, Progress Tools

Many clients and students are unmotivated to change their anger. Many are court or employer-mandated to take an anger management course or class. What can you do to help motivate them? Here are some ideas starting out with a goal.

Goal: *promote internal attribution for change* versus feeling coerced. Force works as long as contingencies are in place. Generalization or maintenance, deteriorates rapidly once contingencies are lifted. Thus, when people are motivated by their own attitudes and reasons (internal attribution) -- they are more likely to experience lasting change. (Gintner & Poret, 1988; Jefferey, 1974).

What's in it for me?

- Promote "personal power".
- Look at the pros and cons of reacting to provocation with aggression.
- Identify models who show self-control and composure under pressure.
- Empathy.
- Provide choices.

What's in it for you? What will you get out of controlling your anger?

- Self-control and a sense of "personal power".
- No one else will be able to make you angry or pull your strings.
- You will have the power to choose to be angry or not!
- If you can keep cool, you will respond in ways that serve the best interests of yourself and others.
- What are the pros and cons for acting to provocation aggressively?

Read the chapter on HANDLING ANGER EFFECTIVELY.

Anyone can become angry. That is easy. But to be angry with the right person, to the right degree, at the right time, for the right purpose and in the right way – that is not easy. **Aristotle (384-322 BC) – Greek philosopher**

Assessment, Intake, Progress Tools
What are the goals for assessing clients and students seeking anger management treatment? **To assess for appropriate treatment and referral. To increase awareness and motivation. To plan for treatment goals.**

The result of participating in anger management services may be that clients will change and improve their behavior but that is their choice and under their control. It is our desire and hope as helpers that people will change but, we cannot make change our goal.

Combine this assessment with the anger survey in the book. Ask participants/clients to complete weekly:

1. Give some examples of your anger problems in the past month:

2. If the situation(s) which caused your anger was like a movie, describe it frame by frame: How does it start?

How are you feeling?

Then what happens?

Do you notice anything about how your body feels?

What's going on in your head?

What are you saying to yourself?

What's the next thing that happens? What do you do?

How is your body feeling?

What are your thoughts-- what are you saying to yourself?

How does it end?

What do you do?

How does your body feel?

What about your thoughts?

3. Describe what you've done while you were angry. What happens the most?

What seems to make your anger worse? What's going on when you're able to handle your anger better?

4. What's your hunch about what is causing your problems?

What would your spouse (significant other) say is the primary cause?

How would your life be different if you had better control of your anger?

Are there any things you'd give up?

5. Why are you deciding to attend or continue a group/class now for help with anger control?

When did your anger problems start?

What have you tried to do to control your anger?

6. Do you ever have any unusual sensations prior to losing your temper?

Do you ever feel light-headed, dizzy, somewhat disoriented, hot or sweaty?

Do you notice unusual sensitivity to light, sound or temperature?"

*Resource (revised): Gintner, Dr. Gary. Behavioral Anger Reduction Kit (BARK). Louisiana State University, 1995. Used by permission. Email: gintner@isu.edu

Review the previous lessons and book chapters.

Take Quiz Three.

Lesson Six

Assertiveness is one of the most important skills for managing anger. Assertiveness makes it possible to transform the energy of anger into positive communication and behavior.

What is involved when training in Assertion?

- Provide information and education about: aggression, assertion, passivity.
- Give scenarios for students to identify whether assertive or otherwise.
- Ask client/student about what rights each individual has and how rights can be violated.
- To help client/student to understand that assertiveness is in their best interest: Ask them about advantages and disadvantages of assertive versus aggressive responses.
- Model assertive responses to typical encounters. Model also--aggressive and passive responses. Identify verbal and nonverbal components.   (BARK, Gintner)

What are the Components of Assertive Response?

- Body language.
- Verbal Component: use firm tone of voice; "I" statements.
- Have client/student rehearse situations from history. Start with least demanding situation.
- Provide feedback: "what I liked about your role-play was…" "what you could improve…" (first focus on eye contact)
- Homework: apply assertion at home to upcoming situations.

Now read the chapter on Anger and Assertiveness.

Ask yourself how to apply this strategy to your case scenario.

What is the goal for your client/student?

How will he/she benefit from applying assertiveness?

Go to Lessons Seven-Eight.

Lessons Seven-Eight

Mental Disorders, Medical and Other Issues Associated with Anger
Main Reference: DSM-5

The following questions and considerations should be included to determine whether your clients/students have any mental health or medical issues needing to be addressed or which need referral to another professional (counselor, psychologist or physician).

Mental, Personality Disorders or Medical Health Problem List:
Assessing Anger Related Problems

Clinical Disorder (psychiatric; mental health; substance abuse)
Evaluate: Could any psychiatric disorder or substance problems account for or exacerbate anger problems?
What are the behavioral, cognitive and physiological/emotional components to this student/client's anger problem?

Personality Disorders; Intellectual Disabilities

Evaluate:

- Are the anger problems related to a preexisting personality disorder?
- Is there any strong personality trait that needs to be modified?
- Is there any defense mechanism related to the anger problem that needs to be modified?
- In relationships, does anger expression serve to distance or control?
- Is anger resulting from an intellectual disability that needs to be evaluated and managed? (Neurodevelopmental Disorders– DSM-5)

General Medical Conditions
Evaluate:
• Are there any medical problems or medications that could be contributing to the anger problems?
• Is a psychiatric consult indicated?

Evaluate Strengths and Weaknesses:
• What strengths does the client/student possess?
• What is the level of social and occupational (or school) functioning?

The following conditions generally include anger issues and can lead to anger mismanagement.

Adult:

Mental Health Issues. Substance-Related and Addictive Disorders. Bipolar and Related Disorders. Neuro-cognitive Disorders. Intermittent Explosive Disorder. Trauma – and Stressor-Related Disorders such as PTSD. Depressive and Anxiety Disorders. Schizophrenia Spectrum and other Psychotic Disorders.

Personality Disorders. Antisocial, Borderline Personality Disorder. Narcissistic or Paranoid Personality Disorder

Medical: Hormonal Disturbance. Epilepsy. Diabetes. Strokes. Tumor. Head Injury
Major or Mild Neurocognitive Disorders due to Alzheimer's disease, Traumatic Brain Injury, Vascular disease, Substance use, etc.

Child and Adolescent

Disruptive, Impulse-Control, and Conduct Disorders. Oppositional – Defiant.
Intermittent Explosive Disorder.
Neurodevelopmental Disorders: Attention-Deficit/Hyperactivity Disorder. Tic Disorders: Tourette's (before age 18) Disorder. Intellectual Disabilities

Juvenile Onset Diabetes

Descriptions:
Common psychiatric disorders to rule-out include substance us disorder, mood disorders, and anxiety disorders including post-traumatic stress disorder (PTSD). It is important to rule-out any significant trauma that may have set off violent behavior. One study found, that about a third of inner city adolescents experience stressors that could induce PTSD. About 10% of these individuals had PTSD with accompanying violent behavior. Intermittent explosive disorder is rare but specifically deals with anger control problems. To meet diagnostic criteria the person must show the following: Describe episodes of loss of control that lead to marked assault or destruction of property. The reaction is out of proportion to the triggering event. Generalized aggressiveness or acting-out is not evident between episodes. The loss of control is not due to another psychiatric disorder (e.g., psychosis, borderline personality or antisocial personality disorder, etc.)

This individual generally appears in control but minor stressful events (spouse being late, house not picked up) can trigger a serious rage reaction which results in bodily harm or property destruction.

Child and Adolescent Disorders to rule-out include attention deficit disorder (especially for the adolescent), conduct disorder, and oppositional defiant disorder. Of these conduct disorder is most closely associated with anger and violence. When the youth violates others rights and seems to have little regard for the feelings of others, conduct disorder should be considered.

Assess the developmental problems or delays that are pervasive in the individual's interpersonal functioning. Personality disorders and intellectual disabilities are disorders that can manifest themselves with marked anger problems. The most common personality disorders to consider include antisocial, borderline, narcissistic, paranoid and passive-aggressive. Those with a personality disorder are egocentric and they believe others have the problem. Their description of events are colored by blame(antisocial) as well as a lack of empathy (narcissistic). The borderline pattern would suggest anger and violence when there was either a real or imagined loss issue.

Organic conditions which may cause psychological symptoms are to be assessed. The two most common physical disorders to rule-out include epilepsy and a head injury. Other conditions include strokes, progressive dementia (Alzheimer's) diabetes, hormonal disturbances (affecting thyroid or testosterone levels) contribute to aggressive acting-out. A medical referral is indicated to rule-out any underlying physical conditions and causes.

Contraindications for Anger Management Treatment/Intervention

Certain students/clients may not be appropriate candidates for an anger management program:

• Extreme Depression

• Suicidal Ideation

• Uncontrolled Substance use

• Psychotic Processes

• IQ below 70

• Unmotivated- those sentenced/ordered to take program/therapy are at high-risk of drop-out but, should be included in anger management programs/services unless they are hostile and/or uncooperative with the group guidelines.

• Hostility style.

Resource for the following material: Lay Counselors Training Manual by Lynette Hoy, NCC, LCPC, CAMS-V and Steve Yeschek, LCSW, CAMS-IV

Central issues of helping: When you encounter people with anger management problems – you may find they are struggling with mental health or emotional issues. The following will help you identify how to help and refer these people. What needs to be central to the process of caring for people with mental health & emotional problems?

A. We need to understand as helpers what the core problems are with people. People do not have an accurate view of themselves and their purpose in life. "People are disappointed with life, generally

struggle with low self-worth, have ineffective skills for living and have experienced dysfunctional family issues. We believe the answer is found when people commit to personal and relational growth and discover their value as a person and meaning in life."

B. Recognize our limitations and know when to get outside help.

C. Recognize that You can impact people right where you are at. You need skills to help.

D. The goal of the helper is to provide assistance, guidance, support and compassion. Not to force or expect change.

What are some ways You can help? "R.E.A.L. helping":

Reach with discernment: (identify symptoms);

Encourage with hope (empathy & listening);

Assist with truth: (questions, reality);

Lead with resources: (options for change);

Descriptions: 1. Reach with Discernment: Recognize & identify symptoms & problems.
What do you observe/know about the person?

- Functioning, alertness
- Relationships
- Work, school, recreation, church involvement
- Motivation, complaints, demeanor
- Lifestyle, sleep patterns
- Mood, physical problems, etc.

Addiction Symptoms:
…uses substance more often
…Personality changes; agitated; angered; anxious; shaky;
…sleep changes;
…isolation from family members.
…Traffic offenses, accident-prone
…Trouble at work or failure/ trouble at school
…Rebellious.
…Starts to give up social, occupational, recreational activities, obligations.
…legal problems

Grief & Loss Symptoms:
…Sadness, crying; changes in life & roles & responsibilities; fears about the future. …Feelings of helplessness and hopelessness.
…Difficulties with faith, socialization and maintaining normal activities for a time. …Normal stages: shock, protest, disorganization, reorganization.

Major Depression Symptoms: *over 2 week period.
…lengthy depressed mood
…decreased interest or pleasure in most activities
…significant weight loss or weight gain
…insomnia or hypersomnia
…fatigue or loss of energy
…worthlessness or excessive/ inappropriate guilt
…difficulties thinking/ concentrating, indecisiveness nearly every day.
…negativity ..thoughts of death/suicide

Anxiety Symptoms:
…excessive fear, worry or apprehension
…restlessness, keyed up or on edge;
…difficulty concentrating
…irritability, tension
…sleep problems
…distress/impairment in social, occupational or other areas of functioning
…anxiety, marked distress about being in places or situations where help is available. …intense fear/discomfort occurring abruptly with some physical symptoms
… nightmares, irrational fears

Anger, Aggression and Conflict symptoms:
…Outbursts, agitation
…yelling, screaming, swearing
…withdrawal, depression, isolation
…hitting someone or something
…arguments
…trouble at work or with the law
…criticism, sarcasm, insults, blaming
…violence, drinking

Domestic Violence:
…highly conflictual, lack of affection
…verbal and emotional abuse
…sexual abuse
…physical abuse
…harm to property, spouse
…intimidation, harassment
…isolation
…problems with intimacy, spiritual life
…poor communication
…control issues

Sexual Addictions
…Increasing isolation from normal social environment
…Internet pornography addiction
…defensive and argumentative regarding time spent online.
…sleep deprived.
…Family, boss, and friends complain about time spent on the internet.

…Noticeable decline in work performance.
…Stays late, comes early to work to use the Internet.
…Isolation from other employees.
…Reduced or hyper sex drive with spouse.
…Isolating late at night to watch porn on TV
… Spends money, high credit card debt due to porn.
…Absence from home
…Increased depression, agitation, or moodiness when off line (Withdrawal)

Child Abuse Symptoms: physical, sexual, emotional by parents, relatives, etc. …bruises, scars, burns
…aggressive or agitated behavior
…depression, helplessness, low self-esteem
…lack of empathy toward others
…lack of trust, communication
…perfectionism, overeager to please others
…withdrawal, lethargy
…strange actions, low self-esteem
…persistent sadness, irritability
…frequent absences from school
…poor performance, boredom
…poor concentration
…major changes in eating/sleeping patterns
…excessive or declining involvement in activities

Eating Disorders Symptoms:
Anorexia Nervosa:
…Deliberate self-starvation with a weight loss
…An intense fear of gaining weight
…Refusing to eat, or eating very small portions
…Distorted body image
…Absent or irregular menstruation
…Exercising compulsively
…Excessive facial/body hair
…Sensitivity to cold
…Hair loss

Bulimia:
…Preoccupation with food
…Binge eating (eating a lot at one time in secret)
…Purging after binge(vomiting, using laxatives, diet pills, diuretics, excessive exercise/fasting)
…Frequent dieting
…Compulsive exercising
…Swollen salivary glands
…Broken blood vessels in the eyes
…Extreme concern with body weight and shape

Compulsive Overeating

…characterized primarily by periods of compulsive gorging or continuous eating.

…There may be fasts or repetitive diets.

…Body weight varies.

2. Encourage with Hope: providing hope; empathy, reflection and listening skills

"We need to have hope in order to help."

Express empathy: "You seem to be saying that…." "You seem to be feeling….."

"Tell me more about how you are feeling…." "I hear you saying that…. Did I get that right?" "….Say more about . . ." "….I'm confused about . . ." "….Spell that out further . . ."

"….Give me a specific example so I can understand more clearly .

3. Assist with Truth: Includes asking key questions; listening skills; discovering underlying beliefs which contradict truth, healthy living: use what and how ques. vs. Why; avoid accusations and judging. Use scriptures for Christians.

Helping clients deal with the truth and reality is an empirically-based way to challenge cognitive distortions and false beliefs such as conditional assumptions, 'it has to be fair', 'I must be in control' issues.

Key Questions.….general:

• How have you been feeling recently?

• What work & social activities have you been involved in recently? How does this compare with what you are normally involved in?

• How are your appetite, weight and sleep patterns?

• What has been bothering you?

• How have you tried to find comfort or help? Has it been effective?

• What are you looking forward to? Tell me about your plans for the future.

• How have you been feeling about your closest relationships? How do you wish your relationships would change?

• Have you ever considered seeing a professional counselor, your pastor/leader?

• How has God helped you with problems like this in the past? How are you feeling towards God? Has going to church helped you? Have you considered how God/faith can help you?

• What do you turn to for help?

• What have you done in the past that has helped you feel better?

• What gives you support at this time?

When addiction problem:

1. Have you been using any drugs or alcohol?
2. What have you been using? How long have you been using?
3. How have you been affected by it socially, emotionally, financially, at work?
4. Do you need increasing amounts of the drug to get the same effect?
5. What happens when you stop using? Have you tried to stop and found you cannot?
6. Have you had any accidents as a result of using?
7. Are you having any of the following? (Symptoms of substance): anxiety, depression, shakes, difficulty sleeping, etc.

Key questions for depression:

1. "How long have you felt this way?"
2. "Have you thought about harming yourself?"
3. "Have you ever tried to take your life?"
4. "Do you have a plan to end your life?"
5. "What is making you feel so hopeless?"

When worried/anxious:

1. What has been troubling you lately?
2. What recurrent thoughts have you had?
3. What are you worried will happen?
4. What physical problems have you been having?
5. What places or people have you been avoiding?
6. What fears do you have?

Key questions re: marriage/relationship:

1. How are your relationships between you and your spouse/ family members?
2. How has this relationship been affecting you?
3. How do you wish your relationship would change?
4. What specifically troubles you about your relationship/marriage?
5. What physical problems are you having?
6. Have you been to the doctor lately? What for?
7. Have you ever felt threatened or mistreated by your spouse ?
8. Is anything preventing you from feeling safe or happy at home?
9. Has your spouse/S.O. ever hit or shoved you?
10. Have you ever thought about calling the police or an abuse hotline?

Questions for children's problems:

1. What is worrying or troubling you?
2. How could things be better in your life?
3. Is there anything causing you to feel angry or hurt?
4. What fears do you have?
5. If you had 1 or 2 wishes that would come true, what would they be?
6. If you could ask for 2 things to change in your family, what would those things be?
7. What do you feel about_____ (problem)?

Key Questions for Anger and Conflict

1. "What disappointments in life are you facing?"
2. "What are some major stressors for you now?"
3. "What needs to happen to help you work through the issues facing you now?"
4. "What tends to cause you to feel angry or frustrated?"
5. "If you were to change one or two things in your life – what would that be?"
6. "How could you change your life to make it more hopeful?"

7. For conflict between husband and wife each should ask themselves: "What can I do to help resolve the conflicts we experience?" "Can we take a time-out when we begin to disagree?"

Key questions re: family/relationships (abuse):

1. How did you get that bruise/scar?
2. How are your relationships between you and your parents/family members?
3. How has this relationship been affecting you?
4. How do you wish your relationship would change?
5. What physical problems are you having?
6. Have you been to the doctor lately? What for?
7. Have you ever felt threatened or mistreated by your parents/family?
8. Is anything preventing you from feeling safe or happy at home?
9. Has your parent/family member ever hit or shoved you?
10. Have you ever thought about calling the police or an abuse hotline?
11. If you could ask for 2 things to change in your family, what would those things be?

Questions for eating disorders:

1. It seems like you are very concerned with your weight/food?
2. How is your appetite, weight?
3. Have you been losing/gaining a lot of weight lately?
4. How have you done it?
5. Have you ever been concerned that you have an eating disorder?
6. Has anyone expressed concern that you have an eating disorder?
7. How many meals do you eat a day?

General reflections/questions to discover false beliefs and cognitive distortions: "Maybe you feel let down by……….. "What keeps going through your head in all of this?" "Who do you depend on in the midst of this?" "What helps give you hope/motivation?"

*Explore and challenge your client/student with: Paul Hauck's levels of thought, the cognitive distortions and the Irrational Belief Inventory.

4. Lead with Resources: providing options for change; increasing motivation with compassion; referring to resources:

Begin: "It seems you are troubled by_____ how can I help?"
Options: "How about looking into…. have you thought about trying this?" "Here are some alternatives to consider…" "What if you were to consider getting help from your Higher Power?"
Compassion: "I really care about you and want to help you feel better by…" Referral (more direct): "I want to help you by…." "I need to get you help and am calling…"

When should you refer- to professional counselors, psychiatrists, family doctors, social workers, etc? When you identify & recognize people's symptoms are serious and impeding their safety, health and functioning.

SEVERITY OF SYMPTOMS & REFERRAL Questions: Ask yourself these questions:

- Which symptoms and how many symptoms is this person dealing with?
- How serious are the symptoms?
- How long has he/she been complaining of problems?
- Are the symptoms escalating?
- Are the symptoms life-threatening?
- Is this person a danger to himself or others?
- Has he/she suggested desire to no longer live or threatened suicide?
- How much disruption of his/her life is occurring due to the problem(s)?
- What physical problems are occurring due to the emotional or relationship issues?
- How much relationship dissatisfaction is he/she complaining about?
- How much disruption of the relationship is occurring?
- How much time do I spend talking with this person and supporting him/her?

Take Quiz 4.

Lessons Nine-Ten

**Code of Ethics: the Anger Management Institute recommends the following standards of practice for all Anger Management Trainers, Specialists & Professionals.
Source: www.namass.org National Anger Management Association**

Ethical Standards for Anger Management Professionals

The following ethical standards are relevant to the work related activities of all anger management professionals. These standards concern (1) anger management professionals' ethical responsibilities to clients, (2) anger management professionals' ethical responsibilities to colleagues, (3) anger management professionals' ethical responsibilities in practice settings, (4) anger management professionals' ethical responsibilities as professionals, (5) anger management professionals' ethical responsibilities to the Anger Management profession, and (6) anger management professionals' ethical responsibilities to the broader society.

Some of the standards that follow are enforceable guidelines for professional conduct, and some are inspirational. The extent to which each standard is enforceable is a matter of professional judgment to be exercised by those responsible for reviewing alleged violations of ethical standards.

1. Anger management professionals' Ethical Responsibilities to Clients

1.01 Commitment to Clients

Anger management professionals' primary responsibility is to promote the well-being of clients. In general, clients' interests are primary. However, anger management professionals' responsibility to the larger society or specific legal obligations may on limited occasions supersede the loyalty owed clients, and clients should be so advised. (Examples include when a Anger Management professional is required by law to report that a client has abused a child or has threatened to harm self or others.)

1.02 Self-Determination

Anger management professionals respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals. Anger management professionals may limit clients' right to self-determination when, in the anger management professionals' professional judgment, clients' actions or potential actions pose a serious, foreseeable, and imminent risk to themselves or others.

1.03 Informed Consent

(a) Anger management professionals should provide services to clients only in the context of a professional relationship based, when appropriate, on valid informed consent. Anger management professionals should use clear and understandable language to inform clients of the purpose of the services, risks related to the services, limits to services because of the requirements of a third-party payer, relevant costs, reasonable alternatives, clients' right to refuse or withdraw consent, and the time frame covered by the consent. Anger management professionals should provide clients with an opportunity to ask questions.

(b) In instances when clients are not literate or have difficulty understanding the primary language used in the practice setting, anger management professionals should take steps to ensure clients' comprehension. This may include providing clients with a detailed verbal explanation or arranging for a qualified interpreter or translator whenever possible.

(c) In instances when clients lack the capacity to provide informed consent, anger management professionals should protect clients' interests by seeking permission from an appropriate third party, informing clients consistent with the clients' level of understanding. In such instances anger management professionals should seek to ensure that the third party acts in a manner consistent with clients' wishes and interests. Anger management professionals should take reasonable steps to enhance such clients' ability to give informed consent.

(d) In instances when clients are receiving services involuntarily, anger management professionals should provide information about the nature and extent of services and about the extent of clients' right to refuse service.

(e) Anger management professionals who provide services via electronic media (such as computer, telephone, radio, and television) should inform recipients of the limitations and risks associated with such services.

(f) Anger management professionals should obtain clients' informed consent before audiotaping or videotaping clients or permitting observation of services to clients by a third party.

1.04 Competence

(a) Anger management professionals should provide services and represent themselves as competent only within the boundaries of their education, training, license, certification, consultation received, supervised experience, or other relevant professional experience.

(b) Anger management professionals should provide services in substantive areas or use intervention techniques or approaches that are new to them only after engaging in appropriate study, training, consultation, and supervision from people who are competent in those interventions or techniques.

(c) When generally recognized standards do not exist with respect to an emerging area of practice, anger management professionals should exercise careful judgment and take responsible steps (including appropriate education, research, training, consultation, and supervision) to ensure the competence of their work and to protect clients from harm.

1.05 Cultural Competence and Social Diversity

(a) Anger management professionals should understand culture and its function in human behavior and society, recognizing the strengths that exist in all cultures.

(b) Anger management professionals should have a knowledge base of their clients' cultures and be able to demonstrate competence in the provision of services that are sensitive to clients' cultures and to differences among people and cultural groups.

(c) Anger management professionals should obtain education about and seek to understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion, and mental or physical disability.

1.06 Conflicts of Interest

(a) Anger management professionals should be alert to and avoid conflicts of interest that interfere with the exercise of professional discretion and impartial judgment. Anger management professionals should inform clients when a real or potential conflict of interest arises and take reasonable steps to resolve the issue in a manner that makes the clients' interests primary and protects clients' interests to the greatest extent possible. In some cases, protecting clients' interests may require termination of the professional relationship with proper referral of the client.

(b) Anger management professionals should not take unfair advantage of any professional relationship or exploit others to further their personal, religious, political, or business interests.

(c) Anger management professionals should not engage in dual or multiple relationships with clients or former clients in which there is a risk of exploitation or potential harm to the client. In instances when dual or multiple relationships are unavoidable, anger management professionals should take steps to protect clients and are responsible for setting clear, appropriate, and culturally sensitive boundaries. (Dual or multiple relationships occur when anger management professionals relate to clients in more than one relationship, whether professional, social, or business. Dual or multiple relationships can occur simultaneously or consecutively.)

(d) When anger management professionals provide services to two or more people who have a relationship with each other (for example, couples, family members), anger management professionals should clarify with all parties which individuals will be considered clients and the

nature of anger management professionals' professional obligations to the various individuals who are receiving services. Anger management professionals who anticipate a conflict of interest among the individuals receiving services or who anticipate having to perform in potentially conflicting roles (for example, when an Anger Management Professional is asked to testify in a child custody dispute or divorce proceedings involving clients) should clarify their role with the parties involved and take appropriate action to minimize any conflict of interest.

1.07 Privacy and Confidentiality

(a) Anger management professionals should respect clients' right to privacy. Anger management professionals should not solicit private information from clients unless it is essential to providing services or conducting Anger Management evaluation or research. Once private information is shared, standards of confidentiality apply.

(b) Anger management professionals may disclose confidential information when appropriate with valid consent from a client or a person legally authorized to consent on behalf of a client.

(c) Anger management professionals should protect the confidentiality of all information obtained in the course of professional service, except for compelling professional reasons. The general expectation that anger management professionals will keep information confidential does not apply when disclosure is necessary to prevent serious, foreseeable, and imminent harm to a client or other identifiable person. In all instances, anger management professionals should disclose the least amount of confidential information necessary to achieve the desired purpose; only information that is directly relevant to the purpose for which the disclosure is made should be revealed.

(d) Anger management professionals should inform clients, to the extent possible, about the disclosure of confidential information and the potential consequences, when feasible before the disclosure is made. This applies whether anger management professionals disclose confidential information on the basis of a legal requirement or client consent.

(e) Anger management professionals should discuss with clients and other interested parties the nature of confidentiality and limitations of clients' right to confidentiality. Anger management professionals should review with clients circumstances where confidential information may be requested and where disclosure of confidential information may be legally required. This discussion should occur as soon as possible in the Anger Management professional-client relationship and as needed throughout the course of the relationship.

(f) When anger management professionals provide counseling services to families, couples, or groups, anger management professionals should seek agreement among the parties involved concerning each individual's right to confidentiality and obligation to preserve the confidentiality of information shared by others. Anger management professionals should inform participants in family, couples, or group counseling that anger management professionals cannot guarantee that all participants will honor such agreements.

(g) Anger management professionals should inform clients involved in family, couples, marital, or group counseling of the Anger Management professional's, employer's, and agency's policy concerning the Anger Management professional's disclosure of confidential information among the parties involved in the counseling.

(h) Anger management professionals should not disclose confidential information to third-party payers unless clients have authorized such disclosure.

(i) Anger management professionals should not discuss confidential information in any setting unless privacy can be ensured. Anger management professionals should not discuss confidential information in public or semipublic areas such as hallways, waiting rooms, elevators, and restaurants.

(j) Anger management professionals should protect the confidentiality of clients during legal proceedings to the extent permitted by law. When a court of law or other legally authorized body orders anger management professionals to disclose confidential or privileged information without a client's consent and such disclosure could cause harm to the client, anger management professionals should request that the court withdraw the order or limit the order as narrowly as possible or maintain the records under seal, unavailable for public inspection.

(k) Anger management professionals should protect the confidentiality of clients when responding to requests from members of the media.

(l) Anger management professionals should protect the confidentiality of clients' written and electronic records and other sensitive information. Anger management professionals should take reasonable steps to ensure that clients' records are stored in a secure location and that clients' records are not available to others who are not authorized to have access.

(m) Anger management professionals should take precautions to ensure and maintain the confidentiality of information transmitted to other parties through the use of computers, electronic mail, facsimile machines, telephones and telephone answering machines, and other electronic or computer technology. Disclosure of identifying information should be avoided whenever possible.

(n) Anger management professionals should transfer or dispose of clients' records in a manner that protects clients' confidentiality and is consistent with state statutes governing records and Anger Management licensure.

(o) Anger management professionals should take reasonable precautions to protect client confidentiality in the event of the Anger Management professional's termination of practice, incapacitation, or death.
(p) Anger management professionals should not disclose identifying information when discussing clients for teaching or training purposes unless the client has consented to disclosure of confidential information.

(q) Anger management professionals should not disclose identifying information when discussing clients with consultants unless the client has consented to disclosure of confidential information or there is a compelling need for such disclosure.

(r) Anger management professionals should protect the confidentiality of deceased clients consistent with the preceding standards.

1.08 Access to Records

(a) Anger management professionals should provide clients with reasonable access to records concerning the clients. Anger management professionals who are concerned that clients' access to their records could cause serious misunderstanding or harm to the client should provide assistance in interpreting the records and consultation with the client regarding the records. Anger management professionals should limit clients' access to their records, or portions of their records, only in exceptional circumstances when there is compelling evidence that such access would cause serious harm to the client. Both clients' requests and the rationale for withholding some or all of the record should be documented in clients' files.

(b) When providing clients with access to their records, anger management professionals should take steps to protect the confidentiality of other individuals identified or discussed in such records.

1.09 Sexual Relationships

(a) Anger management professionals should under no circumstances engage in sexual activities or sexual contact with current clients, whether such contact is consensual or forced.

(b) Anger management professionals should not engage in sexual activities or sexual contact with clients' relatives or other individuals with whom clients maintain a close personal relationship when there is a risk of exploitation or potential harm to the client. Sexual activity or sexual contact with clients' relatives or other individuals with whom clients maintain a personal relationship has the potential to be harmful to the client and may make it difficult for the Anger Management professional and client to maintain appropriate professional boundaries. Anger management professionals–not their clients, their clients' relatives, or other individuals with whom the client maintains a personal relationship–assume the full burden for setting clear, appropriate, and culturally sensitive boundaries.

(c) Anger management professionals should not engage in sexual activities or sexual contact with former clients because of the potential for harm to the client. If anger management professionals engage in conduct contrary to this prohibition or claim that an exception to this prohibition is warranted because of extraordinary circumstances, it is anger management professionals–not their clients–who assume the full burden of demonstrating that the former client has not been exploited, coerced, or manipulated, intentionally or unintentionally.

(d) Anger management professionals should not provide clinical services to individuals with whom they have had a prior sexual relationship. Providing clinical services to a former sexual partner has the potential to be harmful to the individual and is likely to make it difficult for the Anger Management professional and individual to maintain appropriate professional boundaries.

1.10 Physical Contact

Anger management professionals should not engage in physical contact with clients when there is a possibility of psychological harm to the client as a result of the contact (such as cradling or caressing clients). Anger management professionals who engage in appropriate physical contact with clients are responsible for setting clear, appropriate, and culturally sensitive boundaries that govern such physical contact.

1.11 Sexual Harassment

Anger management professionals should not sexually harass clients. Sexual harassment includes sexual advances, sexual solicitation, requests for sexual favors, and other verbal or physical conduct of a sexual nature.

1.12 Derogatory Language

Anger management professionals should not use derogatory language in their written or verbal communications to or about clients. Anger management professionals should use accurate and respectful language in all communications to and about clients.

1.13 Payment for Services

(a) When setting fees, anger management professionals should ensure that the fees are fair, reasonable, and commensurate with the services performed. Consideration should be given to clients' ability to pay.

(b) Anger management professionals should avoid accepting goods or services from clients as payment for professional services. Bartering arrangements, particularly involving services, create the potential for conflicts of interest, exploitation, and inappropriate boundaries in anger management professionals' relationships with clients. Anger management professionals should explore and may participate in bartering only in very limited circumstances when it can be demonstrated that such arrangements are an accepted practice among professionals in the local community, considered to be essential for the provision of services, negotiated without coercion, and entered into at the client's initiative and with the client's informed consent. Anger management professionals who accept goods or services from clients as payment for professional services assume the full burden of demonstrating that this arrangement will not be detrimental to the client or the professional relationship.

(c) Anger management professionals should not solicit a private fee or other remuneration for providing services to clients who are entitled to such available services through the anger management professionals' employer or agency.

1.14 Clients Who Lack Decision-Making Capacity

When anger management professionals act on behalf of clients who lack the capacity to make informed decisions, anger management professionals should take reasonable steps to safeguard the interests and rights of those clients.

1.15 Interruption of Services

Anger management professionals should make reasonable efforts to ensure continuity of services in the event that services are interrupted by factors such as unavailability, relocation, illness, disability, or death.

1.16 Termination of Services

(a) Anger management professionals should terminate services to clients and professional relationships with them when such services and relationships are no longer required or no longer serve the clients' needs or interests.

(b) Anger management professionals should take reasonable steps to avoid abandoning clients who are still in need of services. Anger management professionals should withdraw services precipitously only under unusual circumstances, giving careful consideration to all factors in the situation and taking care to minimize possible adverse effects. Anger management professionals should assist in making appropriate arrangements for continuation of services when necessary.

(c) Anger management professionals in fee-for-service settings may terminate services to clients who are not paying an overdue balance if the financial contractual arrangements have been made clear to the client, if the client does not pose an imminent danger to self or others, and if the clinical and other consequences of the current nonpayment have been addressed and discussed with the client.

(d) Anger management professionals should not terminate services to pursue a social, financial, or sexual relationship with a client.

(e) Anger management professionals who anticipate the termination or interruption of services to clients should notify clients promptly and seek the transfer, referral, or continuation of services in relation to the clients' needs and preferences.

(f) Anger management professionals who are leaving an employment setting should inform clients of appropriate options for the continuation of services and of the benefits and risks of the options.

2. Anger management professionals' Ethical Responsibilities to Colleagues

2.01 Respect

(a) Anger management professionals should treat colleagues with respect and should represent accurately and fairly the qualifications, views, and obligations of colleagues.

(b) Anger management professionals should avoid unwarranted negative criticism of colleagues in communications with clients or with other professionals. Unwarranted negative criticism may include demeaning comments that refer to colleagues' level of competence or to individuals' attributes such as race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion, and mental or physical disability.

(c) Anger management professionals should cooperate with Anger Management colleagues and with colleagues of other professions when such cooperation serves the well-being of clients.

2.02 Confidentiality

Anger management professionals should respect confidential information shared by colleagues in the course of their professional relationships and transactions. Anger management professionals should ensure that such colleagues understand anger management professionals' obligation to respect confidentiality and any exceptions related to it.

2.03 Interdisciplinary Collaboration

(a) Anger management professionals who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the Anger Management profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established.

(b) Anger management professionals for whom a team decision raises ethical concerns should attempt to resolve the disagreement through appropriate channels. If the disagreement cannot be resolved, anger management professionals should pursue other avenues to address their concerns consistent with client well-being.

2.04 Disputes Involving Colleagues

(a) Anger management professionals should not take advantage of a dispute between a colleague and an employer to obtain a position or otherwise advance the anger management professionals' own interests.

(b) Anger management professionals should not exploit clients in disputes with colleagues or engage clients in any inappropriate discussion of conflicts between anger management professionals and their colleagues.

2.05 Consultation

(a) Anger management professionals should seek the advice and counsel of colleagues whenever such consultation is in the best interests of clients.

(b) Anger management professionals should keep themselves informed about colleagues' areas of expertise and competencies. Anger management professionals should seek consultation only from colleagues who have demonstrated knowledge, expertise, and competence related to the subject of the consultation.

(c) When consulting with colleagues about clients, anger management professionals should disclose the least amount of information necessary to achieve the purposes of the consultation.

2.06 Referral for Services

(a) Anger management professionals should refer clients to other professionals when the other professionals' specialized knowledge or expertise is needed to serve clients fully or when anger management professionals believe that they are not being effective or making reasonable progress with clients and that additional service is required.

(b) Anger management professionals who refer clients to other professionals should take appropriate steps to facilitate an orderly transfer of responsibility. Anger management professionals who refer clients to other professionals should disclose, with clients' consent, all pertinent information to the new service providers.

(c) Anger management professionals are prohibited from giving or receiving payment for a referral when no professional service is provided by the referring Anger Management professional.

2.07 Sexual Relationships

(a) Anger management professionals who function as supervisors or educators should not engage in sexual activities or contact with supervisees, students, trainees, or other colleagues over whom they exercise professional authority.

(b) Anger management professionals should avoid engaging in sexual relationships with colleagues when there is potential for a conflict of interest. Anger management professionals who become involved in, or anticipate becoming involved in, a sexual relationship with a colleague have a duty to transfer professional responsibilities, when necessary, to avoid a conflict of interest.

2.08 Sexual Harassment

Anger management professionals should not sexually harass supervisees, students, trainees, or colleagues. Sexual harassment includes sexual advances, sexual solicitation, requests for sexual favors, and other verbal or physical conduct of a sexual nature.

2.09 Impairment of Colleagues

(a) Anger management professionals who have direct knowledge of a Anger Management colleague's impairment that is due to personal problems, psychosocial distress, substance abuse, or mental health difficulties and that interferes with practice effectiveness should consult with that colleague when feasible and assist the colleague in taking remedial action.

(b) Anger management professionals who believe that a Anger Management colleague's impairment interferes with practice effectiveness and that the colleague has not taken adequate steps to address the impairment should take action through appropriate channels established by employers, agencies, NAMA, licensing and regulatory bodies, and other professional organizations.

2.10 Incompetence of Colleagues

(a) Anger management professionals who have direct knowledge of a Anger Management colleague's incompetence should consult with that colleague when feasible and assist the colleague in taking remedial action.

(b) Anger management professionals who believe that a Anger Management colleague is incompetent and has not taken adequate steps to address the incompetence should take action through appropriate channels established by employers, agencies, NAMA, licensing and regulatory bodies, and other professional organizations.

2.11 Unethical Conduct of Colleagues

(a) Anger management professionals should take adequate measures to discourage, prevent, expose, and correct the unethical conduct of colleagues.

(b) Anger management professionals should be knowledgeable about established policies and procedures for handling concerns about colleagues' unethical behavior. Anger management professionals should be familiar with national, state, and local procedures for handling ethics complaints. These include policies and procedures created by NAMA, licensing and regulatory bodies, employers, agencies, and other professional organizations.
(c) Anger management professionals who believe that a colleague has acted unethically should seek resolution by discussing their concerns with the colleague when feasible and when such discussion is likely to be productive.

(d) When necessary, anger management professionals who believe that a colleague has acted unethically should take action through appropriate formal channels (such as contacting a state licensing board or regulatory body, an NAMA committee on inquiry, or other professional ethics committees).

(e) Anger management professionals should defend and assist colleagues who are unjustly charged with unethical conduct.

3. Anger management professionals' Ethical Responsibilities in Practice Settings

3.01 Supervision and Consultation

(a) Anger management professionals who provide supervision or consultation should have the necessary knowledge and skill to supervise or consult appropriately and should do so only within their areas of knowledge and competence.

(b) Anger management professionals who provide supervision or consultation are responsible for setting clear, appropriate, and culturally sensitive boundaries.

(c) Anger management professionals should not engage in any dual or multiple relationships with supervisees in which there is a risk of exploitation of or potential harm to the supervisee.

(d) Anger management professionals who provide supervision should evaluate supervisees' performance in a manner that is fair and respectful.

3.02 Education and Training

(a) Anger management professionals who function as educators, field instructors for students, or trainers should provide instruction only within their areas of knowledge and competence and should provide instruction based on the most current information and knowledge available in the profession.

(b) Anger management professionals who function as educators or field instructors for students should evaluate students' performance in a manner that is fair and respectful.

(c) Anger management professionals who function as educators or field instructors for students should take reasonable steps to ensure that clients are routinely informed when services are being provided by students.

(d) Anger management professionals who function as educators or field instructors for students should not engage in any dual or multiple relationships with students in which there is a risk of exploitation or potential harm to the student. Anger Management educators and field instructors are responsible for setting clear, appropriate, and culturally sensitive boundaries.

3.03 Performance Evaluation

Anger management professionals who have responsibility for evaluating the performance of others should fulfill such responsibility in a fair and considerate manner and on the basis of clearly stated criteria.

3.04 Client Records

(a) Anger management professionals should take reasonable steps to ensure that documentation in records is accurate and reflects the services provided.

(b) Anger management professionals should include sufficient and timely documentation in records to facilitate the delivery of services and to ensure continuity of services provided to clients in the future.

(c) Anger management professionals' documentation should protect clients' privacy to the extent that is possible and appropriate and should include only information that is directly relevant to the delivery of services.

(d) Anger management professionals should store records following the termination of services to ensure reasonable future access. Records should be maintained for the number of years required by state statutes or relevant contracts.

3.05 Billing

Anger management professionals should establish and maintain billing practices that accurately reflect the nature and extent of services provided and that identify who provided the service in the practice setting.

3.06 Client Transfer

(a) When an individual who is receiving services from another agency or colleague contacts a Anger Management professional for services, the Anger Management professional should carefully consider the client's needs before agreeing to provide services. To minimize possible confusion and conflict, anger management professionals should discuss with potential clients the nature of the clients' current relationship with other service providers and the implications, including possible benefits or risks, of entering into a relationship with a new service provider.

(b) If a new client has been served by another agency or colleague, anger management professionals should discuss with the client whether consultation with the previous service provider is in the client's best interest.

3.07 Administration

(a) Anger Management administrators should advocate within and outside their agencies for adequate resources to meet clients' needs.

(b) Anger management professionals should advocate for resource allocation procedures that are open and fair. When not all clients' needs can be met, an allocation procedure should be developed that is nondiscriminatory and based on appropriate and consistently applied principles.

(c) Anger management professionals who are administrators should take reasonable steps to ensure that adequate agency or organizational resources are available to provide appropriate staff supervision.

(d) Anger Management administrators should take reasonable steps to ensure that the working environment for which they are responsible is consistent with and encourages compliance with the NAMA Code of Ethics. Anger Management administrators should take reasonable steps to eliminate any conditions in their organizations that violate, interfere with, or discourage compliance with the Code.

3.08 Continuing Education and Staff Development

Anger Management administrators and supervisors should take reasonable steps to provide or arrange for continuing education and staff development for all staff for whom they are responsible. Continuing education and staff development should address current knowledge and emerging developments related to Anger Management practice and ethics.

3.09 Commitments to Employers

(a) Anger management professionals generally should adhere to commitments made to employers and employing organizations.

(b) Anger management professionals should work to improve employing agencies' policies and procedures and the efficiency and effectiveness of their services.

(c) Anger management professionals should take reasonable steps to ensure that employers are aware of anger management professionals' ethical obligations as set forth in the NAMA Code of Ethics and of the implications of those obligations for Anger Management practice.

(d) Anger management professionals should not allow an employing organization's policies, procedures, regulations, or administrative orders to interfere with their ethical practice of Anger Management . Anger management professionals should take reasonable steps to ensure that their employing organizations' practices are consistent with the NAMA Code of Ethics.

(e) Anger management professionals should act to prevent and eliminate discrimination in the employing organization's work assignments and in its employment policies and practices.

(f) Anger management professionals should accept employment or arrange student field placements only in organizations that exercise fair personnel practices.

(g) Anger management professionals should be diligent stewards of the resources of their employing organizations, wisely conserving funds where appropriate and never misappropriating funds or using them for unintended purposes.

3.10 Labor-Management Disputes

(a) Anger management professionals may engage in organized action, including the formation of and participation in labor unions, to improve services to clients and working conditions.

(b) The actions of anger management professionals who are involved in labor-management disputes, job actions, or labor strikes should be guided by the profession's values, ethical principles, and ethical standards. Reasonable differences of opinion exist among anger management professionals concerning their primary obligation as professionals during an actual or threatened labor strike or job action. Anger management professionals should carefully examine relevant issues and their possible impact on clients before deciding on a course of action.

4. Anger management professionals' Ethical Responsibilities as Professionals

4.01 Competence

(a) Anger management professionals should accept responsibility or employment only on the basis of existing competence or the intention to acquire the necessary competence.

(b) Anger management professionals should strive to become and remain proficient in professional practice and the performance of professional functions. Anger management professionals should critically examine and keep current with emerging knowledge relevant to Anger Management. Anger management professionals should routinely review the professional literature and participate in continuing education relevant to Anger Management practice and Anger Management ethics.

(c) Anger management professionals should base practice on recognized knowledge, including empirically based knowledge, relevant to Anger Management and Anger Management ethics.

4.02 Discrimination

Anger management professionals should not practice, condone, facilitate, or collaborate with any form of discrimination on the basis of race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion, or mental or physical disability.

4.03 Private Conduct

Anger management professionals should not permit their private conduct to interfere with their ability to fulfill their professional responsibilities.

4.04 Dishonesty, Fraud, and Deception

Anger management professionals should not participate in, condone, or be associated with dishonesty, fraud, or deception.

4.05 Impairment

(a) Anger management professionals should not allow their own personal problems, psychosocial distress, legal problems, substance abuse, or mental health difficulties to interfere with their professional judgment and performance or to jeopardize the best interests of people for whom they have a professional responsibility.

(b) Anger management professionals whose personal problems, psychosocial distress, legal problems, substance abuse, or mental health difficulties interfere with their professional judgment and performance should immediately seek consultation and take appropriate remedial action by seeking professional help, making adjustments in workload, terminating practice, or taking any other steps necessary to protect clients and others.

4.06 Misrepresentation

(a) Anger management professionals should make clear distinctions between statements made and actions engaged in as a private individual and as a representative of the Anger Management profession, a professional Anger Management organization, or the Anger Management professional's employing agency.

(b) Anger management professionals who speak on behalf of professional Anger Management organizations should accurately represent the official and authorized positions of the organizations.

(c) Anger management professionals should ensure that their representations to clients, agencies, and the public of professional qualifications, credentials, education, competence, affiliations, services provided, or results to be achieved are accurate. Anger management professionals should claim only those relevant professional credentials they actually possess and take steps to correct any inaccuracies or misrepresentations of their credentials by others.

4.07 Solicitations
(a) Anger management professionals should not engage in uninvited solicitation of potential clients who, because of their circumstances, are vulnerable to undue influence, manipulation, or coercion.

(b) Anger management professionals should not engage in solicitation of testimonial endorsements (including solicitation of consent to use a client's prior statement as a testimonial endorsement) from current clients or from other people who, because of their particular circumstances, are vulnerable to undue influence.

4.08 Acknowledging Credit

(a) Anger management professionals should take responsibility and credit, including authorship credit, only for work they have actually performed and to which they have contributed.

(b) Anger management professionals should honestly acknowledge the work of and the contributions made by others.

5. Anger management professionals' Ethical Responsibilities to the Anger Management Profession

5.01 Integrity of the Profession

(a) Anger management professionals should work toward the maintenance and promotion of high standards of practice.

(b) Anger management professionals should uphold and advance the values, ethics, knowledge, and mission of the profession. Anger management professionals should protect, enhance, and improve the integrity of the profession through appropriate study and research, active discussion, and responsible criticism of the profession.

(c) Anger management professionals should contribute time and professional expertise to activities that promote respect for the value, integrity, and competence of the Anger Management profession. These activities may include teaching, research, consultation, service, legislative testimony, presentations in the community, and participation in their professional organizations.

(d) Anger management professionals should contribute to the knowledge base of Anger Management and share with colleagues their knowledge related to practice, research, and ethics. Anger management professionals should seek to con-tribute to the profession's literature and to share their knowledge at professional meetings and conferences.

(e) Anger management professionals should act to prevent the unauthorized and unqualified practice of Anger Management .

5.02 Evaluation and Research

(a) Anger management professionals should monitor and evaluate policies, the implementation of programs, and practice interventions.

(b) Anger management professionals should promote and facilitate evaluation and research to contribute to the development of knowledge.

(c) Anger management professionals should critically examine and keep current with emerging knowledge relevant to Anger Management and fully use evaluation and research evidence in their professional practice.

(d) Anger management professionals engaged in evaluation or research should carefully consider possible consequences and should follow guidelines developed for the protection of evaluation and research participants. Appropriate institutional review boards should be consulted.

(e) Anger management professionals engaged in evaluation or research should obtain voluntary and written informed consent from participants, when appropriate, without any implied or actual deprivation or penalty for refusal to participate; without undue inducement to participate; and with due regard for participants' well-being, privacy, and dignity. Informed consent should include information about the nature, extent, and duration of the participation requested and disclosure of the risks and benefits of participation in the research.

(f) When evaluation or research participants are incapable of giving informed consent, anger management professionals should provide an appropriate explanation to the participants, obtain the participants' assent to the extent they are able, and obtain written consent from an appropriate proxy.

(g) Anger management professionals should never design or conduct evaluation or research that does not use consent procedures, such as certain forms of naturalistic observation and archival research, unless rigorous and responsible review of the research has found it to be justified because of its prospective scientific, educational, or applied value and unless equally effective alternative procedures that do not involve waiver of consent are not feasible.

(h) Anger management professionals should inform participants of their right to withdraw from evaluation and research at any time without penalty.

(i) Anger management professionals should take appropriate steps to ensure that participants in evaluation and research have access to appropriate supportive services.

(j) Anger management professionals engaged in evaluation or research should protect participants from unwarranted physical or mental distress, harm, danger, or deprivation.

(k) Anger management professionals engaged in the evaluation of services should discuss collected information only for professional purposes and only with people professionally concerned with this information.
(l) Anger management professionals engaged in evaluation or research should ensure the anonymity or confidentiality of participants and of the data obtained from them. Anger management professionals should inform participants of any limits of confidentiality, the

measures that will be taken to ensure confidentiality, and when any records containing research data will be destroyed.

(m) Anger management professionals who report evaluation and research results should protect participants' confidentiality by omitting identifying information unless proper consent has been obtained authorizing disclosure.

(n) Anger management professionals should report evaluation and research findings accurately. They should not fabricate or falsify results and should take steps to correct any errors later found in published data using standard publication methods.

(o) Anger management professionals engaged in evaluation or research should be alert to and avoid conflicts of interest and dual relationships with participants, should inform participants when a real or potential conflict of interest arises, and should take steps to resolve the issue in a manner that makes participants' interests primary.

(p) Anger management professionals should educate themselves, their students, and their colleagues about responsible research practices.

Code of Ethics Questions:
1. What client rights should the anger management trainer/professional uphold?

2. What primary responsibilities does the anger management trainer/professional have towards clients? What are the limitations?

3. When is it appropriate to use an informed consent for anger management treatment with clients?

4. What factors determine the competency of anger management trainer/professional?

5. When and how do standards of confidentiality apply to the services performed by an anger management professional/trainers? When is confidentiality limited?

6. In what instances might there be a conflict of interest when providing anger management services to clients?

_____

_____

7. What behavioral standards are anger management professionals/trainers to adhere to with clients?

_____

_____

8. How are anger management professionals/trainers to collect fees?

_____

_____

9. How should the trainer/professional terminate services?

_____

_____

10. Summarize briefly the anger management professionals/trainers responsibility towards colleagues:

_____

_____

11. Summarize the anger management professional's responsibilities as professionals:

_____

_____

12. What are the main anger management professionals/trainers ethical responsibilities to the anger management profession?

_____

_____

13. How might some of the standards of confidentiality, informed consent and conflict of interest be difficult to maintain in a classroom/group setting with students?

_____

_____

14. Identify some important boundaries that anger management trainers, educators should put into place with students in a classroom or group setting?

_____

_____

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Review the above lesson and then take Quiz Five.

Lesson Eleven

Reframing Anger

Review the book chapter: When Anger is Good.

The overall goal of this curriculum is to change people's perspective about anger and their response to anger. How people view anger will either increase or decrease their motivation to change anger. If anger is viewed negatively, sinful, always wrong, on par with aggression and violence – then, people will stuff or deny their anger, or give up trying to change and manage it and continue to mismanage it.

Anger is an emotional force which can bring about healthy change and goals. Anger must be controlled and new skills must be learned in response to anger to interrupt unhealthy anger patterns. Reframing anger helps people change their perspective on anger and provides new ideas for transforming anger into positive thinking, problem-solving and behavioral skills. This is a foundational principle for motivation; for managing anger effectively and achieving healthy goals (personal and relational).

Read this chapter and answer the following questions:

1. What exactly is anger?

2. What is the difference between harmful and healthy anger?

3. Describe situations when anger can be expressed in a healthy way:

4. What results from healthy anger vs. unhealthy anger?

5. Give examples from your own life or experience of when anger was expressed in an appropriate way. Describe the consequences.

6. What could have occurred if the anger was expressed explosively or hidden?

Lesson Twelve

Managing Stress Through Relaxation

Review the chapter on Stress Management.

What is the result of Stress Management?

I. Calms the physiological arousal which triggers the amygdala and thus anger escalation.

II. Desensitizes clients/students to anger arousing effects of particular situations.

Learning stress management and relaxation skills are some of the best empirically based calming and coping strategies.

Steps in conducting desensitization with clients and students:

1. generate a list of anger-provoking situations. (about 10)

2. rate each: 1-10 scale with "10″ being the most anger provoking.

3. order the scenes from least to most arousing. Training will involve systematically imagining scenes from the least arousing to the most.

4. allow client/student to take 10 min. to relax using standard relaxation exercise (progressive muscle relaxation)

5. once relaxation has been induces, instruct student to imagine anger arousing scene for about 25 seconds, periodically suggesting "calmness and relaxation".

6. ask student to turn scene off and focus on totally on bodily relaxation sensations. Repeat step 5 after about 3 minutes of relaxation. End exercise with a focus on relaxation. Repeat each scene until student reports either no or little arousal.

III. Application of relaxation during situations themselves. Students should employ a cue word to relax themselves. Suggested steps:

1. Take client/student through long relaxation exercise: Start with balanced breathing. Go into standard relaxation exercise. End with balanced breathing using a cue word (e.g., "calm", "chill-out", "cool and easy") on each exhale.

2. **Training:**

a. Week 1: practice long exercise every day. Specify time and place to enhance compliance.

b. Week 2: practice breathing components plus any short version of the exercise that the student found most relaxing. End with breathing with the cue word again. Practice every day at prearranged time and place.

c. Week 3: practice breathing components only. Use cue word on exhales.

d. Week 4: Ask student to balance their breathing with cue word on exhale when they: begin to feel irritated or begin to feel stressed or rushed.

e. Week 5: Ask student to use cue controlled relaxation as they start to feel angry or as a way of regaining control.

Cue controlled relaxation can be used by itself or as a first step in a series of coping efforts. The cue word breaks the automatic chain of internal escalation.

Final way relaxation can be used is as a rehearsal vehicle. Specific coping behavior such as assertion, appropriate use of time-out, adaptive self-talk can be outlined with the student/client. They can rehearse this in their head while in a relaxed state.

(Gintner, BARK manual pgs. 29-33)

Relaxation: It has been proven that relaxation techniques are beneficial for reducing stress in your life, and thus decreasing the resulting feelings of anger and frustration. With so many things to do, it's easy to put off taking time to relax each day. But in doing so, you miss out on the health benefits of relaxation.
Relaxation can improve how your body responds to stress by:
• Slowing your heart rate, meaning less work for your heart
• Reducing blood pressure
• Slowing your breathing rate
• Reducing the need for oxygen
• Increasing blood flow to the major muscles
• Lessening muscle tension

After practicing relaxation skills, you may experience these benefits:

• Fewer symptoms of illness, such as headaches, nausea, diarrhea and pain
• Few emotional responses such as anger, crying, anxiety, apprehension and frustration
• More energy
• Improved concentration
• Greater ability to handle problems

• More efficiency in daily activities
• Relaxed breathing

Have you ever noticed how you breathe when you're stressed? Stress typically causes rapid, shallow breathing. This kind of breathing sustains other aspects of the stress response, such as rapid heart rate and perspiration. If you can get control of your breathing, the spiraling effects of acute stress will automatically become less intense. Relaxed breathing, also called diaphragmatic breathing, can help you.

Practice this basic technique twice a day, every day, and whenever you feel tense. Follow these steps:

Inhale. With your mouth closed and your shoulders relaxed, inhale as slowly and deeply as you can to the count of six. As you do that, push your stomach out. Allow the air to fill your diaphragm.

Hold. Keep the air in your lungs as you slowly count to four.

Exhale. Release the air through your mouth as you slowly count to

six. Repeat. Complete the inhale-hold-exhale cycle three to five times.

Recommended Relaxation Technique: Experts say it's best to practice relaxation for at least twenty minutes per day. At first, practicing the following relaxation technique may seem awkward. In time, and with practice, you'll feel more comfortable with the practice and the results. Learning to relax can help prevent the escalation of anger.

Find a quiet place where you won't be disturbed. Make sure you're sitting comfortably with your back straight or lying comfortably with your arms along your sides. Close your eyes and begin focusing on your body. Slowly breathe in through your nose and out through your mouth. When thoughts and images arise in your mind, acknowledge them, then let them go away as you bring your focus back to your breathing. Fully experience each exhale. Practice this for about five minutes or so.

Shift your focus to your body. Start with your feet. Tighten the muscles in your feet and toes, hold them tense for a couple seconds, then release the tension and let your feet relax. Next, focus on your calves. Tighten the muscles in your calves, hold them tense for a couple seconds, then release the tension and let your calves relax. Repeat this through all of your major muscle groups as you move your attention up your body. Tense your thighs, hold, and then relax. Move to your chest, hands, arms, shoulders, and finally your face.

After you have relaxed all of your muscle groups, mentally check over your body from head to toe and feel for any muscles that are still tense. If you notice a part of you that is not totally relaxed, tense it up a little, hold, then relax. Sit, or lay, in silence with your eyes closed for

twenty minutes or for as long as is comfortable. Many people incorporate prayer or meditation during their time of relaxation.

Foundational insights:

Making personal choices to live a healthy life-style can decrease the stress which precipitates anger. Learning relaxation techniques can slow down your physiological "fight-flight" response to anger.

As the facilitator/counselor or leader – you will want to take time to practice these skills in the group. Combine the relaxation skills with challenging thinking which is causing stress and anger. Have students/clients write out anger triggering scenarios beforehand which they can think about during the relaxed state. Note: Controller/abuser inventory and Stress inventory in book.

Take Quiz Six.

Lesson Thirteen

Handling Anger Effectively

Read the following book chapter: Handling Anger Effectively Assignment: Write or type out the steps to Handling Anger Effectively from chapter 6. Apply these steps to two current students, individuals or clients with whom you are trying to educate and coach (or have tried to help) deal more effectively with their anger problems.

How would you help them apply these steps to their situations?

Which steps would be more effective?

How would you motivate your students to try-out these steps?

Describe how assertiveness, taking a time-out, forgiveness and conflict management skills could be applied to their situations.

Here are some other Anger Control Strategies to use with clients and students:

Motivation enhancement for engaging those who appear resistant.

Goal: promote internal attribution for change versus feeling coerced. Force works as long as contingencies are in place. Generalization or maintenance, deteriorates rapidly once contingencies are lifted. (Gintner & Poret, 1988; Jefferey, 1974).

What's in it for me? Individual discovers personally meaningful consequences.

1. Promote "personal power". Personal power means: pulling your own strings. Keeping cool results in responses which serve your best interests.

2. Look at the pros and cons of reacting to provocation with aggression.

3. Identify models that show self-control and composure under pressure.

4. Empathy

5. Provide choices: Ask for alternatives and solicit their opinion. "Where do you think we should start?"; What do you think would help more?"; "How often do you think we should meet?"; "What do you think would be useful to talk about next time?"; What do you think about trying…?" The degree of choice available predicts compliance as well as maintenance of change. (Gintner, pg. 26-29)

Have you dealt with resistant clients or students? How would teaching clients and students the principles and benefits of "personal power" help motivate them to learn to manage their anger?

Managing Conflict:
What steps are critical to managing anger and conflict in relationships?

Turn Your Anger into Forgiveness:
Provide the rationale for forgiveness. What makes forgiveness such an important aspect for managing anger?

When to Take a Break:
How would you motivate your students to try the time-out steps?

Describe how assertiveness, taking a time-out, forgiveness and conflict management skills could be applied to their situations.

Lessons Fourteen – Seventeen

Anger Management Teaching Guides

Facilitating Anger Management Groups and Classes:

Incorporates highlights from Dr. Gary Gintner's 8 week Anger Group Control sessions (BARK, pgs. 44-48) – What's Good About Anger? book chapters and workbook lessons. Assessment session for prospective members: History, details of anger control problem, mental health, personality, substance abuse or physical disorders. Administer Survey, irrational belief inventory. Prepare for group referral if meet criteria.

Session I:
a. Give rationale: increasing personal power; handling conflict and provocation more effectively.

b. Talk about ground rules: time, assignments, confidentiality.

c. Build cohesiveness: members share anger incidents; what is their greatest concern; how would life be different?

d. Use members' disclosures to give rationale of physiological, cognitive and behavioral components; importance of anticipating triggers; how to generally change each area. Complete Survey in Chapter One of *What's Good About Anger?* book.

e. Assignment: monitor/log anger situations. Read chapters 2-3 in book and complete corresponding lessons in workbook.

Session II:
a. Review: homework (use to set stage for relaxation); recap last session.

b. Do relaxation training: rationale; group exercise; process effects; emphasize practice.

c. Teach Chapters 2-3 (Anger's Many Faces; The Power of Anger) in book. Discuss questions.

d. Homework: daily practice; list five situations to handle with more self-control. Read chapters 4-5 in book and complete corresponding lessons in workbook.

Session III:
a. Review: recap; review homework.

b. Situational analysis: participants share 5 situations; identify triggers and personal reaction.

c. Imaginal rehearsal: rational for I.R. While relaxed have each imagine least arousing situation.

d. Teach highlights of Chapters 4-5 in book (When Anger is Good; Stress Management).

Discuss questions.

e. Homework: practice relaxation; identify triggers. Read chapter 6 (Handling Anger Effectively) in book and complete corresponding lessons in workbook.

Session IV:

a. Review last session and homework.

b. Reminders: using examples, describe self-talk before and after conflict; point out how self-talk helps or hurts anger arousal.

c. Have group generate list of self-talk reminders for before, during and after a provocation.

d. Index cards: members write down 3 reminders for before, during and after a situation on their list.

e. Apply imaginal rehearsal-reminders.

f. Teach highlights of Chapters 6 in book (Handling Anger Effectively) and discuss questions.

g. Homework: imaginal rehearsal of anger situation including use of reminders. Read chapters 7-8 (Anger and Assertiveness; Managing Conflict) in book and complete corresponding lessons in workbook.

Session V:

a. Review: concept of reminders; incidents and imaginal rehearsal.

b. Reminders: thinking ahead reminders – when have an "urge to surge" ask them to think: "kick back…If I act out now, then I'm likely to get future negative consequences."

c. Have group generate thinking ahead reminders for 2 common situations.

d. Introduce problem solving self-talk: "what else could I do that could help without getting me in trouble?"; "which one of these alternatives will be the best in the long-run?"; have group problem solve situations.

e. Imaginal Rehearsal: pick a situation off their anger list and practice using thinking ahead reminders. Ask how reminders helped.

f. Teach highlights from Chapters 7-8 (Assertiveness; Conflict Management) and discuss questions.

g. Homework: practice thinking ahead reminders in imaginal rehearsal to a situation. Read Chapters 9-10 (Forgiveness; Time-Out) in book and complete corresponding lessons in workbook.

Session VI:

a. Review concept of thinking ahead; ask about homework and incidents.

b. Assertion training and information about passive, aggressive, manipulative and assertive responses. Discuss rights and what makes people infringe on other people's rights (my need is more important than yours)?; teach assertive response components; non-verbal; verbal; model scenarios.

c. Rehearsal: each role-plays assertive response to frequent provocation. Include think-ahead reminder and give feedback – "what I liked…. "what you could improve on…"

d. Ask group when assertion is appropriate and when it is not?

e. Teach highlights from chapters 9-10 (Forgiveness; Time-out) and discuss questions.

f. Homework: assertive response practice; try out 2 times this week. Read chapters 11-13 (Cognitive Distortions, Log and Change Your Thinking) and corresponding workbook lessons.

Session VII:

a. Review assertiveness. How did assertiveness go this week? Did it help? When didn't it help?

b. Different types of assertion techniques: broken record; empathic assertion; fogging.

c. Role-play each.

d. Teach highlights from Chapters 11-13 (Cognitive Distortions; Change Your Thinking) and discuss questions.

e. Homework: practice one of techniques each day; try to apply variation to 2 situations this week. Read Chapter 14 (Emotional Intelligence) and complete workbook lesson.

Session VIII: a. Review assertive alternatives; how did it go?

b. Relapse prevention: what might be some high risk situations what could trigger an aggressive response? Have members generate 3 and share. Discuss how to cope with each and share coping

plans. If they totally lost temper – what could they do to regain composure? Ex: time-out; self-talk: "it's only a slip. I can learn from this. What could I do next time?"

c. Review major concepts: role of relaxation; reminders and thinking ahead reminders; assertion and alternatives; emphasize personal power enhancement.

d. Teach How Emotional Intelligence Impacts Anger (chapter 14) and discuss questions.

Resources: Anger Group Control sessions (BARK, pgs. 44-48); *What's Good About Anger? Putting Your Anger to Work for Good* by L. Hoy and T. Griffin (2016)

Marketing and Presenting Classes

Dear Leader, The following articles will give you some understanding from others about how to start anger management classes or groups; how to handle various types of behavior in the group.

A Niche Market: Anger Management Classes by Daniel L. McIvor, Ph.D.
Introduction: A few years ago, a master's-level anger management class co-leader was injured in a horse accident. I received a call from the hospital sponsoring the class, and was asked if I would be willing to assist in co-leading the class. I agreed, and a few weeks later the other class co-leader resigned to take a new position, and I was left to run the class myself. I frantically got on the Internet and begged for help, and many experienced professionals came to my rescue. Since that shaky start I have conducted twenty-eight, 8-week anger management classes for the hospital, as well as for another mental health agency. This is a definite niche market which can be served, and which can evolve into additional services and contracts as well as articles, cassette tapes, manuals, and possibly Internet-provided seminars or classes. What is the Market? Unfortunately, there is a great deal of violence in our nation. Batterings occur every so many seconds. School violence occurs. Work location violence occurs. Those incidents resulting in felony charges are dealt with in superior courts, and result in jail or prison time. But the much larger majority of similar cases result in misdemeanor charges at the municipal level, as well as serious school-related warnings and job-related warnings.

For example, a high school teacher blows up at a rude student. Her principal calls her in and says "You need to learn how to handle rude students more effectively, and how to manage your own anger more specifically. I am requiring you to complete an anger management class as a condition of keeping your job." A high-ranking scientist at a think tank gets angry at frequent interruptions by co-workers asking questions. In a mostly controlled rage, he moves his desk into the men's restroom so that he will have fewer interruptions and no blankety-blank phone calls. His manager requires him to attend an anger management class. A 15-year old girl falls deeply in love with her 22-year old college student neighbor. Her father reminds her that the age of consent is 16, and if she has sex with the neighbor boy the father will kill him. The girl calls CPS, the father gets arrested, and is required to complete anger management classes. Most of the time when police are called to a domestic violence situation, someone is required to complete an anger management program. On occasion, a wife will say to her abusive husband: "I am moving out. I will not even talk to you until you have successfully completed an anger management class." Thus, there have been a few "volunteers," but most of the people who attend such classes have been required to attend by employers or court-ordered to attend by municipal courts of State agencies. Some states have gone to specialized licenses which require specialized training and specific procedures

which must be followed in such classes. But usually the demand for such services is greater than can be met by maximally certified programs.

To fill the gaps in this unmet need, many hospitals and mental health agencies are sub-contracting with local therapists to offer such classes inexpensively through their systems. A hospital or clinic can often free up a room one night a week to hold such a class, and can assist with minimal staffing and paper costs to administer the class. The hospital can keep costs to a minimum, can advertise the classes as a community service for a low fee, can pay the instructors, and can still make a profit on the use of a sometimes empty room.

The benefit to the individual practitioner of operating such classes through an agency or a hospital is that the practitioner's only task is to conduct the classes. An agency or hospital staff person prepares the ads, handles the telephone calls, collects the fees, copies the hand-outs used for the class, and prepares the certificates of completion for those who graduate. The agency can decide whether or not it wants to collect full fee in advance, set up a payment plan, or attempt to bill insurance. The instructor has nothing to do with fees and simply shows up and conducts the classes. I have preferred this arrangement, because it minimizes stress on me. It is important to keep in mind that generally, participants in such classes are required to attend, and few will voluntarily come forward because they realize they have a problem with their temper and behavior. Thus, you can anticipate that many will drag their feet about paying for the class, or will say they can't afford it, and somehow the agency has to solve this problem for them. Or they can only attend classes at 6:00 a.m. on Saturdays, so couldn't the class time be moved to that time? Again, agency and hospital staffers are used to dealing with such concerns, and do so almost effortlessly. As instructor, that is not my task. Method: Consumers who sign up for such classes need to be screened somewhat, because not all people benefit from the same class. It was important to identify other programs to which we could refer persons who spoke only other than English, or who were developmentally disabled. If you plan to offer such a class, I encourage you to identify what sorts of students you will accept, and which sorts of students may not be suitable. You can develop a brief screening conversation you can give to the staff person designated to screen applicants, and make appropriate referrals.

The strongest programs–usually state-certified and lengthy and very expensive– usually are required to have copies of criminal charges, victim statements, offender's police statements, criminal records, and sometimes psychological evaluation reports on hand before they will accept any student. The classes I conducted through the hospital and a local clinic did not require those important details. Rather, on the first class, I would explain the purpose of the class, the model used to approach anger management, and have each new student sign a contract or agreement that specified the fees, the class times, the lack of make-up classes, the need for participation, the fact that the certificate at the end would say how many of the 16 hours were attended, and that misbehavior would not be tolerated in class.

Classes were limited to 15 students. As soon as a class was filled, another class list would be started. As soon as this was filled, another list would be started. In a catchment area of 150,000 people, classes were always filled in advance, and the hospital is about ready to expand to offering two classes at a time. Attrition rates tend to be high because the legal justice system does not press too firmly on misdemeanor offenders. Attendance in any given 8-week class is always better if one of the students indicates they attended 3 times in the last class and dropped out, and now have to take it all over again, for an additional full fee, or go back to jail for 12 months. Such a comment has more credibility than anything I could say.

Apparatus: Little is needed to teach an 8-week, 2-hour session Anger class. I give the students a typed outline of the course material and what will be covered in each class. I have a folder set up for each of the

8 classes, which contains an outline of what will be covered, what exercises will be completed, and what handouts will be given. The staff person at the hospital or clinic will have sets of handouts set up in advance, so when I arrive for the class, the handouts are ready.

The handouts which student feedback has indicated have been most helpful have been those with brief phrases or biblical statements which are memorable and the person can call upon when in a high-risk situation. Students can be encouraged to bring in their own quotes, and share with the class. Some that have been reported to be helpful include: 1. "If you continue to think like you've always thought, you'll continue to get what you've always got. Is it enough?" 2. "Lose not thy cooleth." 3. "A fool gives full vent to his anger, but a wise man keeps himself under control." Proverbs 29:11 4. "A soft answer turns away wrath, but angry words stir up trouble." Proverbs 15:1. 5. "Anger doesn't mean hitting and breaking things." 6. "It is possible to be angry without being violent." 7. "He that is slow to anger is better than the mighty." Proverbs 16:32.
I also have a planned exercise prepared for each class, with appropriate handouts.

Procedure: The most difficult class is the first class, because almost no one wants to be there and most will firmly state that they shouldn't have to be there because they had a weak attorney, a biased judge, it was the other person's provocation, it's water under the bridge, or they're just in the class to observe–their attorney said they did not have to participate. It is much easier to set your limits in the first five minutes of the class. Those who do not wish to participate (a stated requirement in the contract) are invited to leave and observe any of the other programs, but this class requires participation. Once the class is begun, it tends to fall into a fairly steady flow. I introduce myself, pass out copies of the class outline, the contract, and a one-page summary of the model used for the class. Using a quote from Alan Marlatt (1985, p. 491): "Relapse occurs at the intersection of a high-risk situation and a coping skill deficit," I move on to define and describe high-risk situations and coping skill deficits in such simple terms that the students can identify their own high-risk situations immediately. The first class exercise is for the students to introduce themselves and tell their own stories in their own terms. Rapidly, they begin to learn from each other and begin to see what they will be doing in this class. My first presentation is a brief summary of what role violence is playing in the USA and in families and work and school settings. I give the students two pieces of homework at the end of each class to turn in or discuss at the next class. One is usually a daily log of incidents and how they handled them. *Complete survey in book in chapter one and review chapter 2 in *What's Good About Anger?*. The second class is given to reviewing their homework, and discussing any high-risk situations which occurred during the preceding week. A class exercise is done to help them identify each of their high-risk situations and begin to discuss alternate ways to interpret and respond to those situations. A second class exercise is to review their growing up experiences and how anger and conflict was dealt with in their families. Review chapters 3-4 on triggers for anger "The Power of Anger" and "When Anger is Good". The third class again begins by reviewing the prior week's close-calls and blow-ups. The focus is moving more toward a cognitive model of how we interpret situations and consider alternative ways to interpret and respond to situations. A recurring homework assignment is an anger log in which they review key events, recognize "trigger thoughts," and challenge or rebut those thoughts with more effective thoughts and actions, and what they plan to do next time that event occurs. Review chapters 11-13 on Cognitive Distortions; Changing Your Thinking in *What's Good About Anger?*. The fourth class marks the 50% completion point for this program. Students are informed that most of the class is done and they are likely to complete the class, so I notify the agency staff person of proper spelling of their names for their certificates of completion. The class has developed very good cohesion at this point. A class exercise is designed to practice coping skills in anticipating the next high-risk situation and planning in advance what alternatives are available for interpreting the situation and responding effectively. What information needs to be gathered beforehand, and who can be

asked for help if needed? Review chapters 6-7, 10 on Handling Anger Effectively, Assertiveness, Time-out in *What's Good About Anger?*.

During the fifth class, an important component of Daniel Goleman's approach is emphasized, and that is how individuals go about soothing themselves and allowing themselves to be soothed by others. During a class exercise, each student identifies how they do self-soothing, then shares with the whole class. Much group learning and cohesion occurs during this exercise. Students are encouraged to share their successes and challenges with each other, and do so with a candor which many have said surprises them after only five weeks. Review chapter 14 "How Emotional Intelligence Impacts Anger" in *What's Good About Anger?*. During the sixth class, the focus narrows down into alternative strategies applied to conflict resolution. Many persons have no idea how to solve a conflict or how to recognize when one is solved. Examples from students' lives are used, and handouts are provided which identify words and actions which lead to conflict resolution, and words and actions which lead to escalation and blow-up. Some of the ideas shared by John Gottman (1999) and Cullen & Freeman-Longo (1996) are discussed in terms of managing conflict and moving toward resolution effectively. Students may role-play specific conflicts they are facing, and have, in fact, used the class to rehearse what they will do next. Review chapters 5 & 8 on Stress and Conflict Management in *What's Good About Anger?*. Much of the seventh class is devoted to dynamic review of what the students are experiencing in their lives and how they are applying class concepts to daily coping challenges. A class exercise focuses on developing alternative choices to consider when experiencing arousal and anger in an unsatisfactory confrontation where the other person is also escalating. Emphasis is placed on preparing for the next confrontation, knowing in advance what to do if the other person drifts out of control, recognizing when and how to shift from conflict into problem-solving, and reviewing alternatives to concluding the interaction effectively. The students are given a reprieve from homework for their last class. Review chapter 9 – Turn Your Anger into Forgiveness. The eighth and final class tends to be a sort of celebration of survival and completion of the court-ordered class (for most students). Students are still actively engaged in practicing their new skills, and want additional feedback and suggestions. A class exercise is directed toward "What have you learned in this class? How have you applied it?" The last half-hour of the class is to serve as a time for reviewing the main points covered in the eight weeks. Students then complete an evaluation of the class for the sponsoring agency, and are given their certificates of completion. Results: I have left the option open of doing follow-up studies to the hospital, the clinic, or the municipal court staff to complete. Each of them maintain the records, and especially the court records are awaiting follow-up analyses. Having lived in the same community for 22 years, and conducted these classes the past four years, I have studied the criminal charges section of the local paper daily, and have seen 2/280 students re-arrested for domestic violence. But more thorough evaluation would be helpful.

The hospital bills $200 for a 16-hour, 8-week class. The cost per hour for the students is $12.50/hr. On the average, 12 students pay for and complete each class, which produces $2400/8 weeks for the hospital. From that, the hospital pays me $50/hour for 2 -hours a class (which includes 15 minutes before and after each class), or $500/month. The hospital nets $1400 profit for each class. Discussion: The main difficulty in operating such classes is that most of the students are not voluntary, and will tend to be irritable and in denial during the first class. Rather than frame the class as "therapy" or "I will be messing with your minds," I present it as a "class" and they may attend or not attend as they so choose. But if they decide to attend, then they also agree to participate and behave themselves. Enforcing your basic rules the first night tends to eliminate problems. Advance payment and signed contracts also eliminate many problems.

In twenty-eight, 8-week groups over 224 weeks, I have only had two incidents. On the last class, two young psychopaths decided to steal the hospital's video equipment (about $5000 value). Within minutes, another class graduate, an ex-convict who wanted no trouble, came forward and reported it to hospital

security, and the two were caught while still on hospital grounds and charged with felony theft. In another incident, two psychopaths were giving each other non-verbal signals to disrupt the class. I told one he was disrupting the class and was therefore dismissed. He could leave on his own steam or hospital security would escort him to his car with the help of the local police. He decided to leave quietly. The other fellow settled down and was fine for the rest of the eight weeks.

Once these classes became a fixture in the community, other opportunities presented themselves. I offered other hospital classes on depression, and ran a 6-week personal journal workshop for a local agency. I was also asked to do "anger evaluations" for some district court cases of domestic violence, to help the judge decide if an 8-week class would be okay or if a full 52-week state-certified anger class would be more appropriate. I have also been called in as a case consultant to some local businesses who have had some smoldering difficulties with some workers and managers. Permission received to reprint for this manual by Dan McIvor, Ph.D., 1776 Fowler, Suite 2, Richland, WA 99352, 509-783-1705, dananbarb@aol.com. References Cullen, M. & Freeman-Longo, R.E. (1996). Men & anger: Understanding and managing your anger for a much better life. Brandon, VT: Safer Society Press. Goleman, D. (1995). Emotional intelligence. (PBS Home Video Tape) New York: Bantam Books. Goleman, D. (1999). Emotional intelligence. (PBS Home Video Tape) New York: Barnes & Noble, B3907. Gottman, J. (1999). From the roots up: A research-based marital therapy. A Workshop for Clinicians conducted by the Seattle Marital & Family Institute, Seattle, WA. (206) 523-9042. Marlatt, A., & Gordon, J. (Eds.) (1985). Relapse prevention. New York: Guilford

Lesson Eighteen

Cognitive Distortions

Read the Cognitive Distortions chapter.

"Anger blows out the lamp of the mind." Robert Green Ingersoll This course takes a cognitive-behavioral approach to anger management. Research shows that anger management is most effective when the following strategies are taught: relaxation, cognitive restructuring and behavioral skills.

The following cognitive distortions are generally the most common issues people with anger control issues struggle with.

ALL-OR-NOTHING THINKING: You see things in black-and-white categories.

OVERGENERALIZATION: You see a single negative event as a never-ending pattern of defeat.

MENTAL FILTER: You pick out a single negative detail and dwell on it.

DISQUALIFYING THE POSITIVE: You reject positive experiences.

JUMPING TO CONCLUSIONS: You make a negative interpretation despite no facts to support your conclusions.

MIND READING: You arbitrarily conclude someone is reacting negatively to you.

THE FORTUNE TELLER ERROR: You anticipate that things will turn out badly,

MAGNIFICATION (CATASTROPHIZING) OR MINIMIZATION: You exaggerate the importance of things or you shrink things.

EMOTIONAL REASONING: You assume that your negative emotions necessarily reflect the way things really are.

SHOULD STATEMENTS: You motivate yourself with shoulds and shouldn't, as if you had to be whipped and punished.

LABELING AND MISLABELING: an extreme form of overgeneralization. Instead of describing your error, you attach a negative label to yourself: "I'm a loser." or to someone else "She/He's a loser."

PERSONALIZATION: You see yourself as the cause of some negative external event which in fact you were not primarily responsible for. Burns, D. (1980). Feeling Good

Common Anger Inducing Beliefs

Irrational Belief Examples

Because I want it, I should have it.. *They should appreciate my work (entitlement) *I should get… *I shouldn't have to ask.

It has to be fair. *If he got out of it, so should I. *Since I worked just as much as she did, I should…

I have to be right.

*If you did it right the first time…"

I can't stand being wrong. (self-righteousness) *No it's not that way, its… *I just don't think that's right.

If you cared about me, you.. *If you really were my friend, you'd… (conditional assumption) *If I was important to you, you'd…

I Have to be in control.

*Are you going out dressed that way (frequently underlies jealousy) *I'm not leaving until you…

Resource: *When Anger Hurts* by M. McKay, P. Rogers, and J. Mckay (BARK)

Cognitive strategies can be used to guide behavior during the provocation itself (termed "reminders") or to counter irrational beliefs that set the stage for overreaction.

Thinking ahead reminders:

Purpose of self-talk reminders is to help person make more deliberate and adaptive choices when confronted with a provocation (Feindler and Ecton) From a neural perspective – you are prompting higher brain center activities located in the verbal left-hemisphere region to control or override emotional reactions of the lower limbic regions.

Reminders interfere with impulsivity in 2 major ways: coping self-talk is an incompatible behavior that blocks the processing of "hot" thoughts. Second, reminders can be prompts to activate predetermined coping efforts.

Sample reminders: Approaching the situation:

• Keep your breathing even.

• What is it that I have to do.

• Take one step at a time.

• Stick to the issue and don't take it personally.

During the confrontation:

• Just exhale slowly.

• Remember not to take it personally.

• He/she might want me to get angry but I'm going to on up him/her by staying cool.

• What is the issue really? Keep it in perspective.

• Just state your needs clearly. Stick to "I" statement. No blaming--that won't help.

• Acknowledge his/her point. That can help sometimes.

• Getting real mad will cost me. I'll be a chump. Stay calm--be a champ.

• No one is right or wrong. We just have different needs.

• If there's nothing I can do now, just chill-out. It will be over soon. Ride the wave.

The following questions may be useful for clients and groups:

• What would you tell a friend to calm down in a situation?

• What could you tell yourself to "chill-out" your body?

• What would you ideally want to do? What could you say to yourself to accomplish this?

Self-talk can also curb impulsivity by helping the individual anticipate consequences. Thinking ahead reminders or problem solving may be particularly applicable as an individual considers a course of action when there is an impulse to become aggressive. Examples of typical thinking ahead reminders:

• What's going to happen if….

• Is it really worth it?

• Is making myself look tough now worth it for what it'll cost me?

• Will this make a difference in a week?

• What might be some things I could do or say?

Ask client/student to: generate alternative response options and weigh the long-term consequence of each. This p/s process has been shown to produce better quality decisions.

For training: have student rehearse reminders "out loud" during a role-play situation. Imaginal rehearsal can be done during class/group or as an assignment.

Cognitively Restructuring for Irrational beliefs

(Disputing; Role Reversal; Double Standard; Keeping perspective; Rational-emotive imagery): Teach student/client to think about the situation differently (cognitively-based approach) or real life situations can be arranged to disconfirm the belief (behaviorally-based approach). Strategy:

1. Disputing- questioning the validity of the belief.

Ex: Am I blaming him for something out of his control?

Why might he have done that?

Am I expecting perfection -- that's unrealistic.

Am I reacting in all or more terms? Remember things are done in degrees.

2. Role reversal – client plays role of target of anger as a way of getting perspective on response.

Ex: The client/student is asked to play the role of the spouse who comes home late. The trainer/therapist plays client/student's role and makes characteristic accusations. The client/student is then asked "how does that feel? What would your reaction be?"

3. Double standard technique – questions the validity of a belief by pointing out how it is inconsistently applied to self and others.

Ex: "Would you get mad at a friend for making a mistake? Would you think they are stupid? Then why isn't that a double standard? Why do you have to live up to such unrealistic standards?"

4. Keeping perspective:

Ex: Will this matter one year from now?

Does anyone really notice?

Why should they care so much?

5. Rational-emotive imagery:

Ex: Imagine yourself reacting to the critical comment with irritation instead of rage. What belief would you have to have to react that way?

Have students/clients describe one or two situations from the past week and help them apply the cognitive strategies to irrational beliefs that appear to trigger the client's overreaction.

Assignment: Ask him/her to spend 10 min. a day actively questioning a particular irrational belief. (Gintner, BARK manual pgs. 33-36)

Now, take Quiz Seven.

Lesson Nineteen

Emotional Intelligence for Treating & Managing Anger
  Overview of Emotional Intelligence
  Developing Empathy for Managing Anger
Read How Emotional Intelligence Impacts Anger – Chapter 14

"Emotional intelligence is the capacity for recognizing our own feelings and those of others, for motivating ourselves, for managing emotions well in ourselves and in our relationships." from Working with Emotional Intelligence

Self-Awareness

Capacity for knowing and understanding one's emotions, one's strengths, and one's weaknesses. (Daniel Goleman, Salovey) Explore with clients how they are doing in the area of self-awareness by reviewing the "Anger Survey," "Power of Anger," and "Managing Stress" chapters.

Self-Management

The capacity for effectively managing one's emotions so they are appropriate and regulate one's behavior. Self-management is built on self-awareness and provides the capacity for bouncing back from failure or disappointments. (Daniel Goleman, Salovey)

Teach clients how to apply the cognitive and behavioral skills found in the book in order to become more proficient at controlling unhealthy anger and build effective skills such as: assertiveness, problem-solving, forgiveness, time-outs, and healthy self-talk.

Self-Motivation

Ability to monitor and control emotions in order to achieve goals. Delays gratification and stifles impulsiveness. impulsiveness in order to accomplish projects and long-term objectives. When clients see the bigger picture of reaping the consequences for actions, they are more likely to increase motivation and redirect anger into healthy communication and behavioral skills. The concept of this book is that "you can have good anger." That idea has motivated many people to change.

Encourage clients to explore: "What consequences have I experienced from unhealthy anger? What are the pros for expressing my anger in healthy ways? How does this motivate me to change?"

Social Awareness

Empathy is the capacity for understanding what others are saying and feeling and why they feel and act as they do. (Daniel Goleman & the Hay Group)
Empathy is built on self-awareness, self-management, and self-motivation. Empathy is when clients are able to empathize, understand other's feelings and viewpoints, and consider their needs. Teach Managing Conflict and Emotional Intelligence from the book.

Handling Relationships

Capacity for acting in such a way that one is able to get desired results from others and reach personal goals. (Daniel Goleman & the Hay Group) Relationship development is the capacity to act in such a way that one is able to influence others without controlling them. This ability enables individuals to achieve personal and relational goals through assertiveness, empathy and conflict resolution skills. One is able to negotiate issues while considering the best interests of all parties.

Promotes healthy and compatible relationships with others.

Set of EI Competencies
The competencies in the first clusters must be in place in order for an individual to be effective in the last cluster. (Daniel Goleman & the Hay Group)

The Basics of Emotional Intelligence

Knowing your feelings and using them to make life decisions you can live with. Being able to manage your emotional life without being hijacked by it — not being paralyzed by depression or worry, or swept away by anger.
Persisting in the face of setbacks and channeling your impulses in order to pursue your goals.

Empathy — reading other people's emotions without them having to tell you what they are feeling. Handling feelings in relationships with skill and harmony — being able to articulate the unspoken pulse of a group, for example.

How EI Develops

"The development of Emotional Intelligence initially means to recognize–actually feel–the sensations of frustration, annoyance, and anger in your body. Maybe you feel these in the form of tension in your chest, or you notice your face getting warm or red, maybe your hands are beginning to sweat. Once you are familiar and aware of these bodily sensations you are now ready to begin talking about your emotions as you actually experience them.

The process of recognizing, experiencing and talking about your emotions puts you on the road to understanding and having compassion for yourself and then the ability to understand that others also have emotions too … you now have the capacity for empathy." Dr. Pfeiffer

Emotional and Social Intelligence includes:

- Not taking away anger
- Making it one tool in the tool box
- Applying the appropriate feeling to the triggering event
- Developing Empathy
- Developing Self-awareness and Interpersonal Skills
- Knowing: Your personal characteristics and how your actions affect others
- Developing: Listening, paraphrasing, assertiveness and conflict management skills
- Demonstrating: Compassion towards others.

What is Empathy?

Empathy is all about authentically listening and understanding someone else's point of view.
It's about putting yourself in someone else's shoes.
Empathy Goals
To sense someone else's feelings and perspective, and take an active interest in their concerns.

People with this competence:

Attend to emotional cues and listen well
Show sensitivity and understand others' perspectives
Help out based on understanding other people's needs and feelings
How is Empathy Developed?
First, develop self-awareness
Second, self-management & motivation
Third, other-awareness through practical skills: active listening, paraphrasing, open-ended questions
Empathy- the Key
Empathic assertion begins with a statement that reflects the other's position.
"It seems like you have a lot of pressure on you today to get the job out. I'm tied up for the afternoon. If you give me a day's notice in the future, it'll be easier for me to help you out."
(BARK, pg. 40)

Empathy- the Key

Empathic assertion is effective because:

The listener is more likely to respond favorably since his/her position has been acknowledged.
Having clients/students reflect requires that they attend rather than immediately respond.
(BARK, pg. 40)
Empathy Skills
OPEN RESPONSES: the ability to communicate openness to help facilitate gaining further information, even if that information may be critical or emotional.

"….Say more about . . ."
"….I'm confused about . . ."
"….Spell that out further . . ."
"….Give me a specific example so I can understand more clearly."

Practice Open Responses
-One person says, "You obviously don't care very much about old people!" You respond:
-Someone says, "I always thought that people like you cared about fundamental community values. I can see now I was wrong." You respond:
-You've heard from others that the Wendt family is upset with you. You go to Mr. or Mrs. Wendt and say:

UNDERSTANDING RESPONSES
Best accomplished by paraphrasing: This is the ability to demonstrate to someone else, especially an antagonist, that you understand what he or she is trying to communicate. Paraphrasing is stating in your own words what the other person said.
First- Focus on the speaker (You . .)
Second- Be brief
Third- Summarize the Fact/Feeling
Paraphrasing Examples
  "In other words…"
  "Let me get this straight…"
  "So you felt that…"
  "What I hear you saying is…"
  "If I understand you correctly…"
  "Would you say that …?"
  "Do I understand you to mean…?"   "Do you mean…?"
 "You were really scared"
  "You'd rather stay home"
  "You feel frustrated"
  "You felt it was very unfair for me to "
  "From your perspective I was not being helpful when I . . ."
   "You were inspired to change…."

What will you get?
It shows you care and that you understood the other person. Thus, people will enjoy talking to you and will open up more.
If you misunderstand others – they can correct your interpretations and you will learn more about people.
It usually directs the conversation towards emotional issues which are very important to others.
It lets the talker know that you (the listener) accept him/her and they will feel more open to telling their story and feelings to you.
Since it is safe to talk about personal subjects with you – the talker will express their deeper emotions, be more willing to explore these and problem-solve.

It decreases any frustration or anger and can promote forgiveness because you gain a greater understanding of their experience.
It can prevent or reduce negative assumptions about others because empathy helps you build understanding of the other person.
It fosters more meaningful, more helpful, closer friendships/relationships.

To Improve Empathy
Use sensitivity
Be aware of personal filters
Tune into the emotional subtext
Assess risk of self-disclosure
Match your communication to that of the other person

Questions
How have you responded when someone has shown empathy toward you?
Where would you begin to help clients and students learn empathy?
How will learning empathy help your students/clients better manage anger?
EI Resources
Emotional Intelligence: Why it can matter more than IQ by Daniel Goleman
EI Programs: Conover Company
Empathy Inventory by Lynette Hoy

Now, take Quiz Eight. **Read the book chapter**: Summary

Lesson Twenty

Managing Behavior, Anger and Defusing Hostility

As an Anger Management Provider/Educator or Professional – you will encounter various difficult behaviors with clients, students and groups. We want to address these behaviors and help you learn the best interventions.

BEHAVIOR: Rambling, Talkativeness--knowing everything, manipulation, whining.

POSSIBLE RESPONSES:

Acknowledge comments made.

Give limited time to express viewpoint or feelings, and then move on.

"That's an interesting point. Now let's see what other people think."

Refocus or Direct questions to group

Ask how topic relates to current topic.

BEHAVIOR: Shyness or Silence — lack of participation.

POSSIBLE RESPONSES:

Change teaching strategies from group discussion to individual exercises or a DVD.

Give strong positive reinforcement for any contribution.

Involve by directly asking him/her a question.

Make eye contact.

Appoint to be small group leader.

BEHAVIOR: Sharpshooting — trying to shoot you down or trip you up; Heckling, Arguing, Disagreeing

Admit that you do not know the answer and redirect the question the group.

Acknowledge that this is a joint learning experience.

Ignore the behavior.

Redirect question to group or supportive individuals. Recognize participant's feelings, move on. Acknowledge positive points.
Say: "I appreciate your comments, but I'd like to hear from others," or "It looks like we disagree."

BEHAVIOR: Grandstanding — getting caught up w/own agenda or thoughts.

POSSIBLE RESPONSES:

"You are entitled to your opinion, belief or feelings, but now it's time we moved on to the next subject," or

"Can you restate that as a question?" or

"We'd like to hear more about that if there is time after the presentation."

BEHAVIOR: Griping — maybe legitimate complaining.

Point out that we can't change policy here.

Validate his/her point.

Indicate you'll discuss the problem with the participant privately.

Indicate time pressure.

BEHAVIOR : Side Conversations

Don't embarrass talkers.

Ask their opinion on topic being discussed.

Ask talkers if they would like to share their ideas.

Casually move toward those talking.

Make eye contact with them.

Standing near the talkers, ask a near-by participant a question so that the new discussion is near the talkers.

As a last resort, stop and wait.

How Angry Situations Escalate

- Client is primed to get angry
- Situation or crisis triggers
- Professional: over-reacts, rude, lacks self-control, defensive, cold, passive, authoritative, poor listening skills, impatient.

What's On Your Hostile/Angry Comment List?
"You're too old/too young to be a dealing with my situation"

"Seeing you is a waste of time."

"You're so unfair."

"I hear that staff like you are more messed up than their clients."

"You couldn't care less about my situation."

What's your typical response? Take the inventory

When someone is angry or hostile--you:

Get angry too ___

Walk away ___

Tell them off ___

Tune-out ___

Think "not another hot-head!" or "I can't take this!" ___

Try to understand/listen to them ___

How to Deal with Angry-Hostile People:
Apply- Thinking ahead reminders

"Keep your breathing even."

"What is it that I have to do"

"Take one step at a time."

"Stick to the issue and don't take it personally."

"What's going to happen if . . ."   "Remaining calm is critical to the process"

"What are some things I could say or do?" (Gintner, BARK manual)

Thinking Ahead Reminder Examples

During the confrontation:

Just exhale slowly.

Remember not to take it personally.

He/she might want me to get angry but I'm going to stay cool.

What is the issue really? Keep it in perspective.

State your needs or goals clearly. Stick to "I" statements. No blaming.

Acknowledge his/her point. (Gintner)

Be Prepared
When dealing with someone who is attempting to provoke a confrontation,

- Make a conscious attempt to slow down your responses
- Pay special attention to the speed and loudness of your speech.
- "It isn't a good time to talk about this, but I could discuss it with you tomorrow."

Defusing Angry or Hostile Situations

- Listen. Allow time for airing of grievance.
- Reflect back or summarize.
- Disarming Technique: You find some truth in what the other person is saying.
- Empathy. "I can imagine you must be feeling frustrated with the process (or me). Is this true?"
- Inquiry: ask gentle, probing questions.
- Defusing: "I can see that you are very upset and angry right now. Let's discuss this at the next meeting."

Be Assertive, Respectful. Not Manipulative, Passive or Aggressive
"I realize you may feel the issues are overwhelming and not fair."

When they are cooling down: "I wish the process wasn't so difficult for you. I'd like to let you know your options. Can you give me a few minutes?"

Examples:
"Peter, I will help you sort this out so you have what you need. In order to help you I need you to slow down, and answer a few questions so we can get this done".
If Peter persists in being nasty--say: "Peter, if you can answer my questions – I can get all the facts and help you work through this process. If you continue to raise your voice I'm going to have to conclude this time together (or end this conversation or ask you to leave). Which would you prefer?"

Staying Cool Under Fire

- Calm Clarifying: Ask for more information.
- Mirroring: Repeat back the essence of what the other said.
- Content to Process Shift: Ask the other to pause so you can both discuss how the conversation could be improved--focus on the process.

Components of Assertive Response

- Body language: face the person; use appropriate gestures; maintain eye contact; keep your head up.
- Verbal Component: use firm tone of voice; "I" statements; specify what you don't like or what you want: "I am having a difficult time continuing with this meeting when your voice is raised. Let's take a short break and get back to this later – OK?"

Assertive Examples
Assertive delay: Put off a response to a challenging statement until you are calm, have more information, or know exactly how you want to respond. "Yes…very interesting point…. I'll have to reserve judgment on that… I need more time to think about the issue… I don't want to discuss it at this time."

Assertive agreement: Acknowledge criticism you agree with. You don't need to give an explanation unless you wish to. "You're right. I did not complete the procedure on time.."

How to Respond to an Angry Client – Dr. Ron Potter-Efron

- Listen for any grains of truth.
- Avoid textbook responses (paternalistic).
- Get the client away from audience.
- Repeat back to them exactly what they've said (rather than paraphrase).
- Be clear, direct, and honest.
- Keep any promises you make.

Behavior: Overt Hostility/Resistance

- Hostility can be a mask for fear. Reframe hostility as fear to depersonalize it.
- Respond to fear, not hostility.
- Remain calm and polite. Keep your temper in check.
- Don't disagree, but build on or around what has been said.
- Move closer to the hostile person, maintain eye contact.
- Always allow him or her a way to gracefully retreat from the confrontation.
- Say: "You seem really angry. Does anyone else feel this way?" Solicit peer pressure.
- Do not accept the premise or underlying assumption, if it is false or prejudicial, e.g.,
- Allow individual to solve the problem being addressed.
- Ignore behavior.
- Talk to him or her privately during a break.
- As a last resort, privately ask the individual to leave class.

Principles of Defusing Hostility

Deal With Person's Feelings First

Begin To Defuse Early

Be Assertive, Not Manipulative, Passive or Aggressive

Ex: "Peter, if you can answer my questions so we can get you those letters, I can help you. If you continue to raise your voice I'm going to have to ask you to leave. Which would you prefer?"

The Critical Message: "It Isn't Going To Work With Me"

Application

Share a 2-3 sentence scenario you recently had with an angry person.

Which of the defusing responses are most appropriate to your situation(s)? Thinking ahead; slowing down your response; disarming; listening; inquiry; empathy; clarifying; mirroring; content-to-process shift, assertiveness, etc.

Write out scenarios to deal with the above situations.

Application of Evidence-Based Treatment Planning for Anger Control Problems with Clients/groups

Responsibility of Provider to provide services which include:

treatment planning and outcome studies supported by empirically supported strategies.

Anger Management Research

There is an on-going need for evidence-based programs & treatment.

Outcome research is hindered because anger populations are not defined by a common set of criteria. *Jerry Deffenbacher

Three strategies or combinations of research effective for reducing anger:

Relaxation, cognitive therapy, skill development

Note: Catharsis is not recommended as it has been proven to exacerbate anger and anger problems. Catharsis teaches people to express anger in harmful and destructive ways. Catharsis is not just expressing one's feelings.

Four stages of change:

Preparing for change: increase motivation and awareness of anger.

Changing: includes assertiveness training, avoiding and escaping from anger-invoking situations, and a "barb exposure technique" that triggers patients' anger – teaching them to relax.

Accepting and adjusting: How to reconceptualize anger triggers, forgive others and avoid carrying a grudge against those who might anger them.

Maintaining change: Conclude treatment with a long-term plan. New triggers might re-ignite anger, so include relapse prevention training.

Other Research Needs

Explore effects of: motivational interviewing, readiness to change and the role of revenge in problem anger.

Take Quiz Nine.

Lesson Twenty-One

Motivational & Problem-Solving Approaches
Issues & Strategies in the Stages of Change.

Precontemplation *"Nothing needs to change."* Not considering change. Either avoids thinking about change or has decided that benefits of current behavior outweigh costs. May appear as denial or rationalization. Build rapport and trust. Increase problem awareness; raise sense of importance of change.

Contemplation *"I am considering change."* Thinks there may be a problem, but has not decided what to do about it. May appear as ambivalence or mixed feelings.

Acknowledge ambivalence (mixed feelings) about change. Explore discrepancy between present behavior and personal values or goals. Discuss pros and cons of change. Talk about ways to "experiment" with change.

Preparation *"I am figuring out how to change."* Preparing to change by making small initial steps. Attitude may improve with a plan of action. May begin to ask questions about planning or how others have done it.

Build confidence. Talk about timing of change. Present information, options, and advice. Resist the urge to push; stay at the offender's pace.

Action *"I'm working on reaching my goals."* Actively making changes. May have found ways to manage urges or triggers that would lead back into problem behavior(s).

Offer planning assistance. Support and encourage efforts to change. Develop reachable goals and monitor progress. Help develop plans to maintain behavior over time.

Maintenance *"I've made my changes. Now I have to keep it up."* Maintaining changes over time. Developing ways to manage problems and stressors. Momentary slips are followed by remorse and renewed efforts.

Support and encourage behavior change. Talk about possible trouble spots and develop plans to manage relapse triggers.

Relapse *"I've fallen back. Now all is lost."* Has a slip and revisits the problem behavior. May appear as anger, demoralization, or denial of the behavior. Most reenter an earlier stage having learned something from the relapse. Address relapse, but do not add to feelings of shame. Assess and discuss what went wrong. Raise importance or confidence for another attempt.

Motivational Interviewing

Following are some of the techniques described in Miller and Rollnick's Motivational Interviewing book and NIAAA's Project MATCH Motivational Enhancement Therapy Manual.

The following section focuses on interaction techniques for motivational interviewing counselors.

Interaction Techniques

The basic approach to interactions in motivational interviewing is captured by the acronym OARS: (1) *Open-ended questions*, (2) *Affirmations*, (3) *Reflective listening* and (4) *Summaries*. The acronym is a nice image. It gives us power to move, yet it is not a powerboat. We don't zip from one place to another, yet with sustained effort OARS can take us a long way.

Open-ended questions are those therapist utterances that client's cannot answer with a "yes", "no" or "three times in the last week". Most people begin treatment sessions with an open-ended question - "What brings you here today?" or "Tell me about what's been happening since we last met?" An open-ended question allows the client to create the impetus for forward movement. Although close-ended questions have their place - indeed are necessary and quite valuable at times - the open-ended question creates a forward momentum that we wish to use in helping the client explore change. For example, "So what makes you feel that it might be time for a change?"

Affirmations are statements of recognition about client strengths. We side firmly with Carlo DiClemente that many people who come for our assistance are failed self-changers. That is, they tried to alter their behavior and it didn't work. As a result, clients come to us demoralized or at least suspicious of the assertion that change is possible. This condition means that as therapists, we must *help clients feel that change is possible and that they are capable of implementing that change*. One method of doing this is to *point out client strengths*, particularly in areas where they observe only failure. We often explore prior attempts at change. For example, "So you managed your anger for a week. How were you able to control your anger for that week?" We also use resistance as a source for affirmations. For example, "You didn't want to come today, but you did it anyway. I'm not sure, but it seems like that if you decide something is important enough, you are willing to put up with a lot just to do it."

Affirmations can be wonderful rapport builders. For clients dealing with anger issues, affirmations can be a rare commodity. However, they must be congruent and genuine. If the client thinks you are insincere, then rapport can be damaged rather than built.

Reflective listening is the key to this work. The best motivational advice we can give you is to listen carefully to your clients. They will tell you what has worked and what hasn't. What

moved them forward and shifted them backward. Whenever you are in doubt about what to do, listen. But remember this is a directive approach. Unlike Rogerian therapists, you will actively guide the client towards certain materials. You will focus on their change talk and provide less attention to non-change talk. For example, "You are not quite sure you are ready to make a change, but you are quite aware that your anger issues have caused concerns in your relationships, effected your work and that your doctor is worried about your health."

You will also want to vary your level of reflection. Keeping reflections at the surface level may lead to that feeling that the interaction is moving in circles. Reflections of affect, especially those that are unstated but likely, can be powerful motivators. For example, "Your children aren't living with you anymore; that seems painful for you." If you are right, the emotional intensity of the session deepens. If you are wrong or the client is unready to deal with this material, the client corrects you and the conversation moves forward.

The goal in MI is to create forward momentum and to then harness that momentum to create change. Reflective listening keeps that momentum moving forward. This is why a recommendation of a ratio of three reflections for every question should be asked. Questions tend to cause a shift in momentum and can stop it entirely. Although there are times you will want to create a shift or stop momentum, most times you will want to keep it flowing.

Finally, there are **summaries**. This is really just a specialized form of reflective listening where you reflect back to the client what he or she has been telling you. Summaries are an effective way to communicate your interest in a client, build rapport, call attention to salient elements of the discussion and to shift attention or direction. Personal preference will determine how often you do these, but we recommend doing them relatively frequently as too much information from the client can be unwieldy for the therapist to digest and feedback. Also, if the interaction is going in an unproductive or problematic direction (e.g., reinforcing status quo talk, encountering resistance), the summary can be used to shift the focus of the intervention.

The structure of the summary is straightforward. It begins with an announcement that you are about to summarize, a listing of selected elements, an invitation to correct anything missed and then usually an open-ended question. If ambivalence was evident in the interaction that preceded the summary, this should be included in the summary. Here's an example,

"Let me stop and summarize what we've just talked about. You are not sure that you want to be here today and you really only came because your partner insisted on it. At the same time, you've had some nagging thoughts of your own about what's been happening, including how much anger you have been experiencing recently, the change in your physical health and your missed work. Did I miss anything? I'm wondering what you make of all those things."

The goal is not acquire ammunition, which is then turned on the client in a defense-overwhelming manner, but instead *is a reflection of what the client has said and where the client is encouraged to supply the meaning.* This is an area where you need to watch that your wisdom and experience doesn't keep you from listening to your client's understanding of the problem. It is this understanding that will guide their efforts at change or maintaining the status quo.

The goal is using the OARS is to move the person forward by eliciting change talk, or self-motivational statements. **Change talk** involves statements or affective communications that indicate the client may be considering the possibility of change. Miller and Rollnick organize this talk into four categories: problem recognition, concern about the problem, commitment to change and belief that change is possible. Essentially, any statement oriented toward the present or future, either in the cognitive or emotional realm, may represent a self-motivational statement. For example: "I think that my outbursts (aggression) may be causing problems" (present-cognitive); "I'm kind of worried that things may be getting out of hand" (present-emotional); "I'm definitely going to do something about that" (future-cognitive); "You know, I'm starting to feel like this just might work out" (future-emotional).

More on Reflections, Rolling with Resistance, Reframing
The following section focuses more on specific interaction techniques for counselors to try in order to reduce client resistance once it occurs.

Simple Reflection
One way to reduce resistance is simply to repeat or rephrase what the client has said. This communicates that you have heard the person, and that it is not your intention to get into an argument with the person.

Client: But I can't quit yelling. I mean, when the kids don't behave – they just won't change unless I yell!

Counselor: Stopping yelling seems nearly impossible because you think your kids won't change their behavior and mind you otherwise.

Client: Right, although maybe I should try something else.

Amplified Reflection

This is similar to a simple reflection, only the counselor amplifies or exaggerates the point to the point where the client may disavow or disagree with it. It is important that the counselor not overdo it, because if the client feels mocked or patronized, he or she is likely to respond with anger.   Client: But I can't quit yelling. Other parents do it when their kids misbehave!
Counselor: Oh, I see. So you really couldn't stop yelling because then you would be doing something different than other parents you know.

Client: Well, that would make me different from them, although they might not really care as long as I don't talk about it.

Double-sided Reflection

With a double-sided reflection, the counselor reflects both the current, resistant statement, and a previous, contradictory statement that the client has made.

Client: But I can't quit yelling. I mean, all of my friends yell at their kids!

Counselor: You can't imagine how you could not yell because of your friends behaviors, and at the same time you're worried about how it's affecting you and your kids.

Client: Yes. I guess I have mixed feelings.

Shifting Focus

Another way to reduce resistance is simply to shift topics. It is often not motivational to address resistant or counter-motivational statements, and counseling goals are better achieved by simply not responding to the resistant statement.

Client: But I can't quit yelling. I mean, all of my friends yell at their kids!

Counselor: You're getting way ahead of things here. I'm not talking about your quitting yelling here, and I don't think you should get stuck on that concern right now. Let's just stay with what we're doing here - talking through the issues that are bothering you - and later on we can worry about what, if anything, you want to do about it.

Client: Well I just wanted you to know.

Rolling with Resistance

Resistance can also be met by rolling with it instead of opposing it. There is a paradoxical element in this, which often will bring the client back to a balanced or opposite perspective. This strategy can be particularly useful with clients who present in a highly oppositional manner and who seem to reject every idea or suggestion.

Client: But I can't quit yelling. I mean, all of my friends yell at their kids!

Counselor: And it may very well be that when we're through, you'll decide that it's too much for you to stop yelling as you have been. It may be too difficult to make a change. That will be up to you.

Client: Okay.

Reframing

Reframing is a strategy in which you invite clients to examine their perceptions in a new light or a reorganized form. In this way, new meaning is given to what has been said. For example, if a client reports a spouse or loved one as saying, "You really need to get into anger management treatment and deal with these problems," the client may view this as "she's such a nag" or "he is always telling me what to do." The counselor can reframe this as "this person must care a lot about you to tell you something he (or she) feels is important to you, knowing that you will likely get angry with him (or her)."

Reframing can also be used to discuss the issue of tolerance and/or how the client is able to control anger in some circumstances but not others.. Clients may report that they are especially good at keeping their anger under control at work, or may view their anger issues as non-problematic because they don't "really hurt anyone physically." This gives the counselor the opportunity to discuss notions about tolerance, and reframe it to the client as not having a built-in warning system to indicate when he or she has "had enough." Thus, what originally appears to support the concept that there is no problem ("I can keep it under control in some places—so what's the problem?") now supports the concept that there may be a problem ("I'm at risk for being out of control without knowing it until it's too late").
The concept that the client can control anger in some instances ("I don't have a problem at work or in the community") can be a launching pad for discussion about how to implement the skills or strategies the client is using/applying at work to the home or in the car where he/she becomes angry.

Material adapted from Ingersoll, Wagner & Gharib, 2000; NIAAA Project MATCH Motivational Enhancement Therapy manual (Miller, Zweben, DiClemente, & Rychtarik, 1992; Rosengren & Wagner, 2001. Revised by Lynette J. Hoy, NCC, LCPC, CAMS-V, 2014.

References:
Miller, W. R., & Rollnick, S. (1991). Motivational interviewing: Preparing people for change. New York: Guilford Press.
Miller, W. R., Zweben, A., DiClemente, C. C., & Rychtarik, R. G. (1992). Motivational Enhancement Therapy manual: A clinical research guide for therapists treating individuals with alcohol abuse and dependence. Rockville, MD: National Institute on Alcohol Abuse and Alcoholism.
Rollnick, S., Heather, N., & Bell, A. (1992). Negotiating behaviour change in medical settings: The development of brief motivational interviewing. Journal of Mental Health, 1, 25-37.

Social Problem-solving: Clients with anger problems fail to see the difficulties and challenges of life as problems to be solved. Instead, they react with a narrow and persistent pattern of rumination about perceived unfairness and injustice, complain and whine about both every day and complex frustrations, contemplate revenge, pout, or shout and/or engage in avoidance activities such as excessive gambling or substance use.

Angry clients are prone to react impulsively, without forethought, to aversive and unwanted triggers, and fail to consider the immediate and long-term consequences of their actions. They rarely take into account the full range of alternative responses available to them when confronted with an unpleasant situation.

Problem-Solving Therapy Treatment Objectives

- Enhance positive problem orientation
- Decrease negative problem orientation
- Foster planful problem solving
- Minimize avoidant and impulsive/careless problem solving

Problem-Solving Therapy Steps
1**. Clearly identify the situation and generate potential solutions**. Work on any other issues after a resolution is obtained for the first problem.

Identify the problem triggers(s). *"John, you said that when you come home late from work, your wife is (then) angry and the interaction (then) usually escalates into a serious fight. Do I understand it correctly?"* Once the trigger is clearly identified, multiple solutions are generated. *"Let's come up with some things that you could do the next time you come home late, so that an argument is avoided."*

Write down each alternative no matter effective or ineffective, etc. Do not comment or criticize. *"You mentioned that you could call her names or just leave the room – slamming the door behind you. Are there any other alternatives you can think of?"*

2. **Assess the probable consequences of each alternative.** The client is asked to think about what would actually happen, both in the short-term and long-term I each case. Write these down and read the list out loud.

"Marge, you said that you could react to your mother by choosing not to spend any time with her. What would happen if you did this? How would it affect your life and other family relationships in the long run to not have a relationship with her?"

3. **Select the best alternative and put into practice.** Once you and the client agree on the list— choose which alternative is the best. Ask questions to allow the client to make an informed decision. *"John, which of these choices with create more conflict between you and your wife, and which would help strengthen your relationship?"*

Usually there are 2-3 choices that will generate a positive outcome. First, pick an alternative that the client can implement successfully at his/her skill level. Secondly, work with the client to build the skills necessary to implement the most desirable option.

4. **Implement and evaluate the effectiveness of the new response**. Client is asked to engage in agreed-upon behavior and told that the effectiveness of the response will be evaluated later. See if the client is willing to confirm his/her story and progress by having the wife, friend come to a session. Once client experiences success with one problem – the model can be applied to others. Resource for Social Problem-solving: Anger Management by Howard Kassinove and Raymond Chip Tafrate 2002.

Overview:
Step 1 - Problem Orientation: What is the issue or concern? What are the facts about the situation or problem?
Step 2 - Recognize & Identify: All options that could solve the problem.
Step 3 - Selecting and Defining: Evaluate which options are possible.
Step 4 - Generating Solutions: Which solutions would bring positive consequences and improve relationships?
Step 5 - Decision Making
Step 6 - Action Plan
Step 7 - Review progress

Problem-Solving Therapy Goals and Objectives: Assist clients to find the most effective of many solutions to a specific personal problem. To assist client to develop a more positive orientation and teach the client to challenge their more negative attitudes. To encourage them to enhance thinking about options and choices for solving problems. To motivate clients to apply problem-solving steps for managing difficult issues and anger.
The practitioner refrains from directly telling the client what to do and limits his/her role to helping the client generate alternatives and choose the best course of action for a particular ongoing problem.

Problem-Solving Therapy Questions

• What is the problem? When does the problem occur?

• Where does the problem occur? Who is involved in the problem?

• How often does the problem occur? What have you done to solve the problem in the past?

• What effects have resulted when you tried to solve the problem?

• Do you have control over this problem?

• What options do you have for solving the problem? What would be the consequences?

Lesson Twenty-Two

Assessments and Inventories

Purpose of assessment: As a treatment motivator for clients and students. To individualize anger management goals and treatment planning and evaluate need for referral. Trainers/educators and Specialists can choose which of the interviews/surveys/inventories are most applicable for their clients and groups.

Interviews:

During the interview it may be necessary to take a good psychiatric as well as medical history. You can refer students/clients to a doctor or psychiatrist when needed. If there has not been a medical check-up in the past two years, a physical exam is strongly indicated. A psychiatric history would include probes for past treatment, substance use, mood abnormalities and any traumatic event. A careful, early family history is also indicated. Initially, open-ended questions will allow the client/student to reveal material at a pace they can manage:

- How did your father treat you?
- What were events you look back upon fondly with your father?
- What about any unpleasant experiences with him?

The goal of early history taking is to understand what the home-life felt like for the student/client. To assess other underlying factors in his/her history triggering anger issues.

Other early history questions that may be useful include:

1. How did you get along with your siblings? Who played together? Who fought?
2. How did your parents get along? If there was a disagreement, what usually happened?
3. How did you get along with your peers? How would your teachers in elementary school have described you? How about your peers?
4. Were there any major life changes when you were growing up? How was it for you?
5. Tell me what you were like in high school? Did you date? What did you like about dating? Did any situations ever bother you or get you upset? Resource: Chapter two of *Handbook for Anger Management* by Dr. Ron Potter-Efron

Outside sources of information: Ask for a copy of the court or employer order or mediation agreement to help identify the specific type of anger, its severity and the context. Ask client for permission to do family or spouse interview.

Self-reports: *What's Good About Anger?* (WGAA) Anger Survey- chap. 1 and Progress Report

The Anger survey is useful in identifying antecedents, responses and consequences for typical anger episodes student/client is experiencing. It can be used as a structured interview guide or as a self-report questionnaire. The Progress Report helps the student and Trainer to identify any changes implemented and plan anger management goals.

Standardized inventories: can be purchased at: www.wpspublish.com or www.par.com

Assessment for anger problems is difficult because of the great variety of issues which can be subsumed under that term.

The following standardized scales/inventories are summarized in Handbook for Anger Management by Dr. Ron Potter-Efron

1. *Cook medley hostility scale*: This 50 item true/false questionnaire (derived from MMPI) measures hostility. High scores suggest higher reported anger and hostile behavior during conflict and attitudes and behaviors indicative of resentment, bitterness, cynicism and mistrust of others. Five subscales have been identified in this scale: cynicism, hostile attribution, hostile affect, aggressive responding and social avoidance.
2. *Buss-Durkee Hostility Inventory* measures one aspect of anger--cognitive hostility. High scores suggest attitudes and behaviors indicative of suspicion, anger, cynicism and negativity with respect to others. The inventory comprises seven subscales designed to tap different aspects of hostility. The suspicion subscale represents the cognitive component. Irritability and resentment subscales measure the affective component. Four subscales assess behavioral components: assault, indirect hostility, verbal hostility and negativity.
3. *Aggression Questionnaire* (Arnold H. Buss and W. L. Warren): The 34-item AQ measures a respondent's self-perceived levels of aggression and anger. The instrument provides a measure of treatment need or treatment outcome. The AQ can be used in clinical, school, business, military, correctional, and hospital settings for individual treatment planning and program evaluation.

Description of test, items, and scores: The 34-item AQ consists of five scales: physical aggression (physical expression of anger), verbal aggression (argumentative and hostile language), anger (agitation and sense of control), hostility (resentment, social isolation, and paranoia), and indirect aggression (expression of anger without direct confrontation). Also, the instrument provides an overall score and an Inconsistent Responding scale.

4. *State-Trait Anger Expression Inventory STAXI-2* by Charles Spielberger is standardized, quick, easy to use and easily understood. 57 items. Identifies individual's tendency to become angry both immediately (state anger) and as a personality component (trait anger).

State anger measures the intensity of a subject's angry feelings and the extent to which a person feels like expressing anger at a particular time. State anger is divided into these components: Feeling angry. Feel like expressing anger verbally and feel like expressing anger physically

Trait anger measures how angry feelings are experienced over time, so that individuals high in *trait anger* are more likely than the general population to become angry and/or to stay angry on a regular basis. *Trait anger* is subdivided into:

- *Angry temperament*, which reflects an individual's disposition to experience anger without specific provocation, and
- *Angry reaction*, which measures the frequency that angry feelings are experienced in situations that involve frustration and/or negative evaluations.

STAXI-2 also has scales that report *Anger-In*, which represents the desire and ability of the respondent to suppress anger, and *Anger-Out*, which describes the person's tendency to directly express angry feelings to others.

These scales are independent of each other, which means that certain individuals may be high on both *Anger-In* and *Anger-Out*. Other scales measure *Anger Control-In,* a person's attempt to calm down and cool off, and *Anger Control-Out*, the respondent's control over the outward expression of angry feelings. Standardized tables are available for the general adult population and several subgroups, such as younger adult males, adult females, etc. making interpretation of the STAXI-1 relatively easy and meaningful for specific populations.

5. *Novaco Anger Scale and Provocation Inventory (NAS-PI)* by Raymond W. Novaco, Ph.D. Initially developed in conjunction with the MacArthur Foundation Network on Mental Health and Law, the NAS-PI helps clinicians and researchers evaluate the role of anger in various psychological and physical conditions. Brief and easy-to-administer, this self-report questionnaire is an excellent way to assess anger in clinical, community, and correctional settings.

The NAS-PI is composed of two parts: The Novaco Anger Scale (60 items), which tells you how an individual experiences anger; and the Provocation Inventory (25 items), which identifies the kind of situations that induce anger in particular individuals. The entire questionnaire can be completed in just 25 minutes by anyone who can read at a fourth-grade level. (It can also be administered to clients who are mentally disordered or developmentally delayed, though items may have to be read to these individuals.)

6. Deffenbacher, Oetting, Lynch: *Driving Anger Scale*(1994): Department of Psychology, Colorado State University, Fort Collins 80523.A cluster analysis of responses from more than 1500 college students to 53 potentially angering driving-related situations yielded a 33-item driving anger scale (alpha reliability = .90) with six reliable subscales involving hostile gestures, illegal driving, police presence, slow driving, discourtesy, and traffic obstructions. Subscales all correlated positively, suggesting a general dimension of driving anger as well as anger related to specific driving-related situations. Men were more angered by police presence and slow driving

whereas women were more angered by illegal behavior and traffic obstructions, but differences compensated so there were no gender differences on total score. A 14-item short form (alpha reliability = .80) was developed from scores more highly correlated (r = .95) with scores on the long form. Driving anger may have potential value for research on accident prevention and health psychology.

Other useful and practical assessment questionnaires:

1. *What's Good About Anger?* chapter one self-report survey revised from BARK manual;

2. Pre-assessment Interview from WGAA Trainer's manual;

3. Ronald Potter-Efron's *Anger/Aggression Intake Questionnaire – Review Handbook for Anger Management pgs. 8-17*. A.A. questions cover: concerns about anger; description of recent event involving anger/aggression; worst incident involving anger/aggression; frequency of problems; immediate stressors; anger history; medical/psychological factors; legal history; use of alcohol/drugs; connections between substance use and anger; attempts at controlling anger; what is the first thing you need to do to help control anger/aggression?; what else do you need to do?; how hopeful are you that you can become less angry/aggressive; etc.; and

4. *Anger styles questionnaire (pgs. 19-24 Handbook of Anger Management)*: Identifies 10 different styles of anger: anger avoidance; passive aggression; paranoia; sudden anger; shame-based anger; deliberate anger; excitatory anger; habitual anger; moral anger; resentment/hate. (Handbook of Anger Management: Individual, Couple, Family, and Group Approaches by R.T. Potter-Efron, MSW, PhD.)

Observations & Questions

- Is the anger chronic, long-lasting, too intense, or too frequent (Rhoades)?
- Does the anger disrupt the client's thinking, affect the client's relationships or affect the client's school or work performance? (Rhoades)
- Does the client exhibit frequent loss of temper at slight provocations, passive-aggressive behavior, a cynical or hostile personality, chronic irritability and grumpiness?
- Has the client begun to display low self-esteem, sulking, or brooding?
- Is the client withdrawing socially from family and friends?
- Is the client getting physically sick or doing damage to one's own or others' bodies or property?
- Is the client experiencing physical symptoms such as increased heart rate, increased blood pressure, or increased adrenaline flow (Controlling anger before it controls you, Rhoades)?

Questions

1. Describe the importance of assessing clients and students for anger management services?

2. What tools might you utilize depending on the service/ programs you offer?

3. How can you evaluate progress of clients/students in the area of anger management effectively?

Take Quiz Ten which includes some essay questions. Review Lessons 21-22 well. Prepare questions for assessing clients and their progress. What assignments would you give?

References

Controlling anger before it controls you (Rhoades). Retrieved from National Mental Health Association Web site: http://www.nmha.org/infoctr/factsheets/44.cfm

Rhoades, G. F. Anger management online conference transcript. Retrieved from www.healthyplace.com/Communities/Abuse/Site/transcripts/angermanagement.htm

Lesson Twenty-Three

Building a Treatment Plan: The following treatment planning content will help you in your work with clients and group participants. You will be providing services for clients and participants who are mandated by employers, court-ordered or who may be personally motivated to change. Some will be struggling with psychological issues or drug abuse. In any case, you can assist them by incorporating evidence-based treatment planning as follows:

1. Identify primary and secondary problems:

2. Describe the symptom pattern/manifestations:

3. Make a diagnosis based on DSM/ICD criteria:

4. Specify long-term goals:

5. Create short-term objectives:

6. Select empirically supported therapeutic interventions: (assessment, psychoeducational, calming/coping, cognitive restructuring, assertiveness training)

Anger Management Institute Case Scenario:

Write out an example of a typical client or student you will be working with individually or in group. Describe the following:

1. Describe the manifestations of this client's/student's anger mismanagement:

What are his/her primary problems?

2. What kind(s) of situation(s) or event(s) or people is the client becoming angry about:

3. What are his/her typical triggers for stress/anger?

4. What is the typical unhealthy behavior pattern(s) he/she displays? Provide additional descriptions of the hot self-talk, biases, and/or cognitive distortions he/she is experiencing.

5. What kinds of consequences is he/she dealing with?

Anger Management treatment/services plan:

Write out 1-2 goals for this client?

What are some objectives for this client?

How will you provide anger management services for this client?

Individual   group class (circle)

What empirically supported anger management treatment interventions will be most helpful for this client to achieve his/her goals?

Calming/Coping
Cognitive restructuring
Behavioral and Communication strategies
Psychoeducational skills
Other:

What steps should the client take for relapse prevention?

What outside resources or professional services are needed for this client?

Anger Management Treatment Plan (sample)
Problem: Anger Mismanagement
Definition: An overreaction of hostility to insignificant irritants. Use of verbally
abusive language when talking to or about others.
History of explosive aggressive outbursts to precipitating stressors leading to assaultive acts
or destruction of property.

Goals: Develop an awareness of current angry behaviors, clarifying origins of and alternatives
to aggressive anger. Apply anger management skills to daily living.

Objectives:
1. Increase awareness of anger expression patterns. #1, 2, 3 (of Interventions below)

2. Identify pain and hurt which fuels anger. #4

3. Verbalize feelings of anger in a controlled, assertive way. #6, 7

4. Verbalize understanding of the need for a process of forgiveness of others and self to
reduce anger. #9, 10

5. Decrease the number and duration of angry outbursts. #2, 5

6. Identify targets of and causes for anger. #1, 4

7. Increase awareness of how past ways of handling angry feelings have had a negative impact.
#7

8. Develop specific, socially acceptable, healthy ways to handle angry feelings. #6, 8, 11

9. Decrease verbal and physical manifestations of anger, aggression, or violence while
increasing awareness and acceptance of feelings. #5, 11

10. Identify hot self-talk, false beliefs and cognitive distortions. #12

Interventions:

1. Client completes anger survey and logs angry scenarios.

2. Confront/reflect angry behaviors in group and individual sessions.

3. Assign reading: *What's Good About Anger?*

4. Assign client to list experiences of life that have led to the hurt and anger.

5. Empathize & clarify feelings of hurt & anger.

6. Assign assertive & conflict management chapters.

7. List consequences of angry behavior/thinking.

8. Work with client in individual/group sessions, using role-playing techniques, to develop healthy ways of handling angry feelings.

9. Discuss forgiveness of perpetrators of pain.

Assign Forgiveness chapter in book.

10. Ask client to write a letter to offender focusing on reasons for anger. Then, write a letter of forgiveness.

11. Process client's angry feelings or outbursts what have occurred recently and review alternative, healthy behaviors available.

12. Confront unhealthy thinking and plan for cognitive restructuring.

Diagnosis Ex: Intermittent Explosive Disorder, PTSD. Proposed: Adjustment Disorder with Angry Mood; Situational Anger with or without Aggression; Generalized Anger Disorder with or without Aggression. Resources (revised): Evidence-Based Treatment Planning for Anger Control Problems by Arthur E. Jongsma, Jr.; Timothy J. Bruce ©copyright 2011; The Complete Psychotherapy Treatment Planner by E. Jongsma ; L. Mark Peterson

Anger Management Treatment Plan (complete for your client)

Problem:

Definition:

Goals: Develop _____ .

Apply   .

Objectives:

1. Increase awareness of anger expression patterns.

2. Identify pain and hurt which fuels anger.

3. Verbalize feelings of anger in a controlled, assertive way.

4. Verbalize understanding of the need for a process of forgiveness of others and self to reduce anger.

5. Decrease the number and duration of angry outbursts.

6. Identify targets of and causes for anger.

7. Increase awareness of how past ways of handling angry feelings have had a negative impact.

8. Develop specific, socially acceptable, healthy ways to handle angry feelings.

9. Decrease verbal and physical manifestations of anger, aggression, or violence while increasing awareness and acceptance of feelings.

10. Identify hot self-talk, false beliefs and cognitive distortions.

11. Other:

Interventions:

1. Client completes anger survey and logs angry scenarios.

2. Confront/reflect angry behaviors in group and individual sessions.

3. Assign reading: *What's Good About Anger?*

4. Assign client to list experiences of life that have led to the hurt and anger.

5. Empathize and clarify feelings of hurt and anger.

6. Assign assertive & conflict management chapters.

7. Discuss forgiveness of perpetrators of pain.

8. Assign Forgiveness chapter in book.

9. Work with client in individual/group sessions, using role-playing techniques, to develop healthy ways of handling angry feelings.

10. Ask client to write a letter to offender focusing on reasons for anger. Then, write a letter of forgiveness.

11. Process client's angry feelings or outbursts what have occurred recently and review alternative, healthy behaviors available.

12. Confront unhealthy thinking and plan for cognitive restructuring.

Diagnosis – (if applicable) Example:

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Please complete Quiz Eleven (final) and then the evaluation.

Anger management specialists are concerned about providing evidence based treatment planning for clients and groups. We highly recommend that you order Evidence-based Treatment Planning for Anger Control Problems: in the DVD/video and companion book resources by Arthur E. Jongsma, Jr.; Timothy J. Bruce.

Agreement

This is the Final Agreement between

_____[name]**, A trained Anger Management Provider by the Anger Management Institute (hereinafter referred to as "the Trainee") and The Anger Management Institute a division of CounselCare Connection, P.C. (hereinafter referred to as "AMI").**

   In consideration of the certificate of completion received, the Trainee named below understands and agrees as follows:
   1. Copyrighted Materials: Resources, publications, materials and concepts of CounselCare Connection, P.C., AMI and/or Lynette J. Hoy, NCC, LCPC, CAMS-V and/or Steve Yeschek, LCSW, including but not limited to the *What's Good About Anger?* book, expanded workbooks, trainer's, coach's and leader's manuals, power point presentations, handouts, inventories, surveys, progress reports, online and distance-learning courses, videos, audio/pdf CDs and DVDs including *What's Good About Anger?* first, second, third and fourth editions; 16-week, 26-week and 52-week expanded book/workbooks; marriage, Christian, Spanish, couples, teens, children, coaching book/workbooks; Starter Kits; Home-study/online courses, 7.5 hours of Training and educational DVDs, and *Healing the Wounds of Anger in Marriage*; *Forgiveness: the Journey Out of Anger* are copyrighted and all rights are reserved regarding the sale, use, and distribution. Unauthorized sale, distribution, reproduction or copying of the aforesaid is prohibited by law.
   2. Waiver of Liability: The AMI training programs do not provide supervision for Trainees or Specialists in their facilitation, leading, counseling,   teaching and educating of individuals and groups in anger management skills. Lynette J. Hoy, Steve Yeschek, CounselCare Connection, P.C. and AMI are not responsible or liable for any damages, injuries or losses which occur directly or indirectly from teaching, counseling, facilitating, training, leading, programs or content offered by any individuals, groups, persons Trainers or Specialists. The Trainee agrees to hold harmless and indemnify Lynette J. Hoy, Steve Yeschek, Seigel Bartley, Joe Cook, other presenters/supervisors/trainers, CounselCare Connection, P.C. and AMI against any claims, rights of action, damages, injuries or losses which arise directly or indirectly from use of AMI materials, concepts and programs in teaching, counseling, facilitating, or training of anger management skills to individuals or groups.

   3. Trainee Designations and Programs:

   a. **Certified Anger Management Specialist**: a CAMS who has successfully completed the AMI Training program (online or home-study with phone supervision) or 2 day workshops and has joined the National Anger Management Association meeting their requirements for CAMS-1 or CAMS-II.

   b. **Trainee Certification Courses/Programs**:
      i. Anger Management Institute educates Trainees to meet requirements for certification by NAMA through the live workshops or distance-learning courses (online or home-study).
      ii. Advanced 40-hour Anger Management Training Certificate- (Community model- based on the third & fourth editions of book, Trainer's Manuals One and Two) or the AMI Teen Training course.

4. Certification of Trainees: Trainee is not authorized and shall not certify any person as an Anger Management Provider/Trainer/Specialist through AMI Training programs. The **sole authority** to qualify Anger Management Trainees through AMI Training programs shall remain with and be the sole prerogative of Lynette J. Hoy, NCC, LCPC, CAMS-V, Certified Anger Management Specialist-V, Steve Yeschek, LCSW, Certified Anger Management Specialist-IV, Seigel Bartley, PhD, LPC-S, CAMS-V and Joe Cook, PhD, LPC-S, CAMS-IV.

5. Permission for Trainees to Use AMI Materials for Teaching Anger Management Skills: Trainee is authorized to teach, train, facilitate, and lead individuals or groups in the area of anger management skills after completing the AMI training and becoming certified by NAMA. A Trainee (or NAMA Specialist) is not authorized and shall not hold him/herself out to be qualified to, or attempt to, train any individual or group to become a Certified Anger Management Specialist (unless he/she meets the NAMA qualifications for and is credentialed as a CAMS-III/IV by NAMA).

6. Use of Materials, Resources, Publications, etc. The use of, facilitation of, teaching, training, and leading of individuals or groups in connection with AMI resources, publications, materials and concepts is authorized only to those who receive a Certificate of Completion from AMI. The trainee's and leader's manuals are intended solely for use by Trainees and the Trainee shall not encourage or allow anyone not so certified to so use these materials. Not permitted for use in college/university courses for credits or to provide CE/CEUs unless authorized by the Anger Management Institute or provided by the AMI President, Vice-President or Clinical Director.

7. Use of Outside Resources when utilizing AMI Curriculum/Resources. Trainee is not permitted to use any materials, programs, resources or concepts other than AMI materials, programs, resources or concepts in conjunction with the teaching, leading, facilitating or training of AMI anger management skills. Trainee shall use only AMI materials, programs, resources or concepts in conjunction with the teaching, facilitating, training, and leading of AMI anger management skills.

8. Promotion of AMI Resources: Trainee agrees to use and promote the resources, publications, materials and concepts of AMI, CounselCare Connection, P.C. and/or Lynette J. Hoy, and/or Steve Yeschek, including but not limited to those listed in item 1 under .Copyrighted Materials. of this Agreement, in any and every offering of AMI courses, classes and programs.

9. Final Agreement Between the Parties. This is a legally binding agreement. This is the final agreement between the parties.

10. Governing Law. The governing law between the parties shall be the law of the State of Illinois.

I have read, understand and agree to be bound by this Agreement consisting of two (2) pages.

Please sign and return this Trainee's contract to AMI at the address below. Any questions should be directed to Lynette Hoy, NCC, LCPC, CAMS-V, President of   CounselCare Connection, P.C. and the Anger Management Institute, 1200 Harger Rd, Suite 602, Oak Brook, IL 60523; facsimile: 630-530-2066.

Trainee: *COUNSELCARE CONNECTION, P.C. Representative*

_____   **By:** _____**Date:**_____
Signature   Lynette J. Hoy, NCC, LCPC, CAMS-V Its President

_____
Printed Name/date

_____
Trainee address/city/state/zip

_____   (___)_____
Trainee Email   Trainee phone

Please sign and return the Trainer's contract to AMI at the address below. Any questions should be directed to Lynette Hoy, NCC, LCPC, CAMS-V, President of CounselCare Connection, P.C. and the Anger Management Institute, 1200 Harger Rd, Suite 602, Oak Brook, IL 60523; facsimile: 630-530-2066.

Instructions

How to obtain the title of Certified Anger Management Specialist l or ll (CAMS l or ll) from the National Anger Management Association (NAMA).
Complete the home-study or online course requirements and phone supervision prior to applying for membership and credentialing with NAMA. Participants attending live workshops are not required to take phone supervision and may apply to NAMA for certification after attending the required workshops. Participants qualify for CAMS-ll certification if they are a licensed mental health professional (LCSW, LCPC, CADC, PHD), or Certified Coach. Otherwise, participants qualify for CAMS-l.

Distance-learning: Once you have completed successfully the 11 quizzes, you are required by NAMA to complete (2)-one hour phone supervision sessions with one of our qualified staff. There is an additional fee for the phone supervision. If you have not purchased phone supervision sessions, call our office to do so.

Once the above steps are finalized the Anger Management Institute (AMI) will send verification that you have completed the course and phone supervision requirements for certification to NAMA. AMI will email to you the appropriate NAMA application to complete and fax in with the application fee directly to NAMA. **Note**: You are not authorized to provide anger management services until you are credentialed by NAMA.

NAMA then will provide you with an online profile on their national website (www.namass.org) and send to you, your official certificate with the designation of Certified Anger Management Specialist l or ll. All LCSWs, LCPCs, CADCs, PhDs, certified coaches quality for CAMS-II once they have completed the course and supervision.

The 40-Hour Anger Management Program includes manuals one and two covering adult and teen anger management: Once you have completed part one or the 2 day workshops successfully you may begin the following (if you have purchased the full 40 hour program):

Read through Training Manual Two (20 lessons) and additional resources such as the *Handbook of Anger Management* by Dr. Potter-Efron, completing all the questions and assignments. Though not all assignments/questions need to be turned in, you will gain the most out of this program by completing all the lessons. Final exam needs to be completed as instructed in Training Manual Two.

Please note that this Trainer curriculum may not be used or duplicated for use in training others for certification in anger management. This curriculum is copyrighted and is designated for the personal use and study of those enrolled students with the Anger Management Institute. AMI reserves the right to qualify trainers with the *What's Good About Anger?* curriculum.

Study Resources:

Deffenbacher , J. and McKay, M. Overcoming Situational and General Anger: A Protocol for the Treatment of Anger Based on Relaxation, Cognitive Restructuring, and Coping Skills Training (Therapist Protocol). California: New Harbinger, 2000.

Feindler, E.L. and Ecton, R.B. Adolescent Anger Control: Cognitive-Behavioral Techniques. New York: Pergamon Press, 1986.

Gintner, Dr. Gary. Behavioral Anger Reduction Kit (BARK). Louisiana State University, 1995. Goleman, Daniel. Working with Emotional Intelligence. New York: Bantam Books, 2000.

Hauck, Dr. Paul A. Overcoming Frustration and Anger. Westminster John Knox Press; Dimensions, 1974.

Hoy, L. and Griffin, T. What's Good About Anger? Putting Your Anger to Work for Good. Oak Brook, IL: CounselCare Connection, P.C., 2016.

Jongsma, A. and Bruce, T. Evidence-Based Treatment Planning for Anger Control Problems: DVD, Facilitators Guide and Companion Workbook. New Jersey: John Wiley & Sons, Inc., 2011.

Kassinove, H. and Tafrate, R. Anger Management - the Complete Treatment Guidebook for Practitioners. California, Impact Publishers, 2002.

Potter-Efron, R. Handbook of Anger Management. New York: Haworth Press, 2005.

Potter-Efron, R. Healing the Angry Brain. California: New Harbinger Publications, Inc., 2012.

DiGiuseppe, R. and Tafrate, R. Understanding Anger Disorders. New York: Oxford University Press, 2007.