ANGER MANAGEMENT

for Substance Abuse and Mental Health Clients

A Cognitive Behavioral Therapy Manual

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FOREWORD

Substance use and abuse often coexist with anger and violence. Data from the Substance Abuse and Mental Health Services Administration's National Household Survey on Drug Abuse, for example, indicated that 40 percent of frequent cocaine users reported engaging in some form of violent behavior. Anger and violence often can have a causal role in the initiation of drug and alcohol use and can also be a consequence associated with substance abuse. Individuals who experience traumatic events, for example, often experience anger and act violently, as well as abuse drugs or alcohol.

Clinicians often see how anger and violence and substance use are linked.

Many substance abuse and mental health clients are victims of traumatic life events, which, in turn, lead to substance use, anger, and violence.

Despite the connection of anger and violence to substance abuse, few treatments have been developed to address anger and violence problems among people who abuse substances. Clinicians have found the dearth of treatment approaches for this important issue disheartening.

To provide clinicians with tools to help deal with this important issue, the Center for Substance Abuse Treatment of the Substance Abuse and Mental Health Services Administration is pleased to present *Anger Management for Substance Abuse and Mental Health Clients: A Cognitive Behavioral Therapy Manual* and its companion book *Anger Management for Substance Abuse and Mental Health Clients: Participant Workbook*.

The anger management treatment design in this manual, which has been delivered to hundreds of clients over the past 8 years, has been popular with both clinicians and clients. This treatment design can be used in a variety of clinical settings and will be beneficial to the field.

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INTRODUCTION

This manual was designed for use by qualified substance abuse and mental health clinicians who work with substance abuse and mental health clients with concurrent anger problems. The manual describes a 12-week cognitive behavioral anger management group treatment. Each of the 12 90-minute weekly sessions is described in detail with specific instructions for group leaders, tables and figures that illustrate the key conceptual components of the treatment, and homework assignments for the group participants. An accompanying Participant Workbook is available (see *Anger Management for Substance Abuse and Mental Health Clients: Participant Workbook,* Reilly, Shopshire, Durazzo, & Campbell, 2002) and should be used in conjunction with this manual to enable the participants to better learn, practice, and integrate the treatment strategies presented in the group sessions. This intervention was developed for studies at the San Francisco Veterans Affairs (SFVA) Medical Center and San Francisco General Hospital.

Cognitive behavioral therapy (CBT) treatments have been found to be effective, time-limited treatments for anger problems (Beck & Fernandez, 1998; Deffenbacher, 1996; Trafate, 1995). Four types of CBT interventions, theoretically unified by principles of social learning theory, are most often used when treating anger disorders:

- *Relaxation interventions,* which target emotional and physiological components of anger
- *Cognitive interventions,* which target cognitive processes such as hostile appraisals and attributions, irrational beliefs, and inflammatory thinking
- *Communication skills interventions,* which target deficits in assertiveness and conflict resolution skills
- *Combined interventions,* which integrate two or more CBT interventions and target multiple response domains (Deffenbacher, 1996, 1999).

Meta-analysis studies (Beck & Fernandez, 1998; Edmondson & Conger, 1996; Trafate, 1995) conclude that there are moderate anger reduction effects for CBT interventions, with average effect sizes ranging from 0.7 to 1.2 (Deffenbacher, 1999). From these studies, it can be inferred that the average participant under CBT conditions fared better than 76 percent of control participants. These results are consistent with other meta-analysis studies examining the effectiveness of CBT interventions in the treatment of depression (Dobson, 1989) and anxiety (Van Balkom et al., 1994).

The treatment model described in this manual is a combined CBT approach that employs relaxation, cognitive, and communication skills interventions.

This combined approach presents the participants with options that draw on these different interventions and then encourages them to develop individualized anger control plans using as many of the techniques as possible. Not all the participants use all the techniques and interventions presented in the treatment (e.g., cognitive restructuring), but almost all finish the treatment with more than one technique or intervention on their anger control plans.

Theoretically, the more techniques and interventions an individual has on his or her anger control plan, the better equipped he or she will be to manage anger in response to anger-provoking events.

In studies at the SFVA Medical Center and San Francisco General Hospital using this treatment model, significant reductions in self-reported anger and violence have consistently been found, as well as decreased substance use (Reilly, Clark, Shopshire, & Delucchi, 1995; Reilly, Shopshire, & Clark, 1999; Reilly & Shopshire, 2000; Shopshire, Reilly, & Ouaou, 1996). Most participants in these studies met *Diagnostic and Statistical Manual of Mental Disorders*, 4th Edition (DSM-IV) (American Psychiatric Association, 1994) criteria for substance dependence, and many also met DSM-IV criteria for posttraumatic stress disorder. A study comparing Caucasian and African-American patients found that patients from both groups reduced their anger significantly (Clark, Reilly, Shopshire, & Campbell, 1996). Another study showed that women also benefited from the intervention—that is, reported decreased levels of anger (Reilly et al., 1996).

In the anger management studies using this manual, the majority of patients were from ethnic minority groups. Consistent reductions in anger and aggressive behavior occurred in these groups, indicating that anger management group treatment is effective. The treatment model is flexible and can accommodate racial, cultural, and gender issues. The events or situations that trigger someone's anger may vary somewhat depending on his or her culture or gender. The cues or warning signs of anger may vary in this regard as well. Nevertheless, the overall treatment model still applies and was found effective with different ethnic groups and with both men and women. A person still has to identify the triggering event, recognize the cues to anger, and develop anger management (cognitive behavioral) strategies in response to the event and cues, regardless of whether these events and cues are different for other men and women or for people in other cultural groups.

The intervention involves developing individualized anger control plans. For example, some women identified their relationships with their boyfriends or partners or parenting concerns as events that triggered their anger but men rarely identified these issues. Effective individual strategies could be developed, however, to address these issues, provided the women accept the concepts of monitoring anger (using the anger meter) and having (and using) an anger control plan.

This treatment model was also used successfully with non–substance-abusing clients seen in the outpatient SFVA Mental Health Clinic. These clients were diagnosed with a variety of problems, including mood, anxiety, and thought disorders. The treatment components described in this manual served as the core treatment in these studies.

The anger management treatment should be delivered in a group setting. The ideal number of participants in a group is 8, but groups can range from 5 to 10 members. There are several reasons for this recommendation. First, solid empirical support exists for group cognitive behavioral interventions (Carroll, Rounsaville, & Gawin, 1991; Maude-Griffin et al., 1998; Smokowski & Wodarski, 1996); second, group treatment is efficient and cost-effective (Hoyt, 1993; Piper & Joyce, 1996); and third, it provides a greater range of possibilities and flexibility in roleplays (Yalom, 1995) and behavioral rehearsal activities (Heimberg & Juster, 1994; Juster & Heimberg, 1995). Counselors and social workers should have training in cognitive behavioral therapy, group therapy, and substance abuse treatment (preferably, at the master's level or higher; doctoral-level psychologists have delivered the anger management treatment as well).

Although a group format is recommended for the anger management treatment, it is possible for qualified clinicians to use this manual in individual sessions with their clients. In this case, the same treatment format and sequence can be used. Individual sessions provide more time for in-depth instruction and individualized behavioral rehearsal.

The anger management treatment manual is designed for adult male and female substance abuse and mental health clients (age 18 years and above). The groups studied at SFVA Medical Center and San Francisco General Hospital have included patients who have used many substances (e.g., cocaine, alcohol, heroin, methamphetamine). These patients have been able to use the anger management materials and benefit from the group treatment despite differences in their primary drug of abuse.

It is recommended that participants be abstinent from drugs and alcohol for at least 2 weeks prior to joining the anger management group. If a participant had a "slip" during his or her enrollment in the group, he or she was not discharged from the group. However, if he or she had repeated slips or a full-blown relapse, the individual was referred to a more intensified treatment setting and asked to start the anger management treatment again.

Many group participants were diagnosed with co-occurring disorders (e.g., posttraumatic stress disorder [PTSD], mood disorder, psychosis) but benefited from the anger management group treatment. Patients were compliant with their psychiatric medication regimen and were monitored by interdisciplinary treatment teams. The San Francisco group found that, if patients were compliant with their medication regimen and abstinent from drugs and alcohol, they could comprehend the treatment material and effectively use concepts such as timeouts and thought stopping to manage anger. However, if a participant had a history of severe mental illness, did not comply with instructions on his or her psychiatric medication regimen, and had difficulty processing the material or accepting group feedback, he or she was referred to his or her psychiatrist for better medication management.

Several practitioners have requested the manual to work with adolescent clients in substance abuse treatment, but no preliminary data from these treatment encounters are available.

Because of the many problems often experienced by substance abuse and mental health clients, this intervention should be used as an adjunctive treatment to substance abuse and

mental health treatment. Certain issues, such as anger related to clients' family of origin and past learning, for example, may best be explored in individual and group therapy outside the anger management group.

Finally, the authors stress the importance of providing ongoing anger management aftercare groups. Participants at the SFVA Medical Center repeatedly asked to attend aftercare groups where they could continue to practice and integrate the anger management strategies they learned in this treatment. At the SFVA Medical Center, both an ongoing drop-in group and a more structured 12-week phase-two group were provided as aftercare components. These groups help participants maintain (and further reduce) the decreased level of anger and aggression they achieved during the initial 12-week anger management group treatment. Participants can also be referred to anger management groups in the community.

It is hoped that this anger management manual will help substance abuse and mental health clinicians provide effective anger management treatment to clients who experience anger problems. Reductions in frequent and intense anger and its destructive consequences can lead to improved physical and mental health of individuals and families.

HOW TO USE THIS MANUAL

The information presented in this manual is intended to allow qualified mental health and substance abuse professionals to deliver group cognitive behavioral anger management treatment to clients with substance abuse and mental health disorders. Each of the 12 90-minute weekly sessions is divided into four sections:

- Instructions to Group Leaders
- Check-In Procedure (beginning in the second session)
- Suggested Remarks
- Homework Assignments.

The Instructions to Group Leaders section summarizes the information to be presented in the session and outlines the key conceptual components. The Check-In Procedure section provides a structured process by which group members check in at each session and report on the progress of their homework assignments from the previous week. The Suggested Remarks section provides narrative scripts for the group leader presenting the material in the session. *Although the group leader is not required to read the scripts verbatim, the group leader should deliver the information as closely as possible to the way it is in the script.* The Homework Assignment section provides instructions for group members on what tasks to review and practice for the next meeting. Session 1 also includes a special section that provides an overview of the anger management treatment and outlines the group rules.

This manual should be used in conjunction with the *Anger Management for Substance Abuse and Mental Health Clients: Participant Workbook* (Reilly, Shopshire, Durazzo, & Campbell, 2002). The workbook provides group members with a summary of the information presented in each session, worksheets for completing homework assignments, and space to take notes during each session. The workbook will facilitate the completion of homework assignments and help reinforce the concepts presented over the course of the anger management treatment program.

Although participants are kept busy in each session, 90 minutes should be enough time to complete the tasks at hand. The group leader needs to monitor and, at times, limit the responses of participants, however. This can be done by redirecting them to the question or activity.

OVERVIEW OF GROUP ANGER MANAGEMENT TREATMENT

Session 1

Instructions to Group Leaders

In the first session, the purpose, overview, group rules, conceptual framework, and rationale for the anger management treatment are presented. Most of this session is spent presenting conceptual information and verifying that the group members understand it. Then the leader takes the group members through an introductory exercise and a presentation of the anger meter.

Suggested Remarks

(Present the following script or put this in your own words.)

Purpose and Overview

The purpose of the anger management group is to:

1. Learn to manage anger
2. Stop violence or the threat of violence
3. Develop self-control over thoughts and actions
4. Receive support and feedback from others.

Outline of Session 1

- Instructions to Group Leaders
- Suggested Remarks
  - Purpose and Overview
  - Group Rules
  - The Problem of Anger: Some Operational Definitions
  - Myths About Anger
  - Anger as a Habitual Response
  - Breaking the Anger Habit
  - Participant Introductions
  - Anger Meter
- Homework Assignment

Group Rules

1. Group Safety: No violence or threats toward staff and other group members is allowed. It is important that members perceive the group as a safe place to share their experiences and feelings without threats or possible physical harm.
2. Confidentiality: Group members should not discuss outside the group what group members say during group sessions. There are limits to confidentiality, however. In every State, health laws govern how and when professionals must report certain actions to the proper authorities. These actions may include any physical or sexual abuse inflicted on a child younger

than age 18, a person older than age 65, or a dependent adult. A dependent adult is someone between 18 and 64 years who has physical or mental limitations that restrict his or her ability to carry out normal activities or to protect his or her rights. Reporting abuse of these persons supersedes confidentiality laws involving clients and health professionals. Similarly, if a group member makes threats to physically harm or kill another person, the group leader is required, under the Tarasoff Ruling (*Tarasoff* v. *Regents of the University of California,* 529 P.2d 553 (Cal. 1974), vacated, reheard en bank, and affirmed, 131 Cal. Rptr. 14, 551 P.2d 334 (1976)), to warn the intended victim and notify the police.

3. Homework Assignments: Brief homework assignments will be given each week. Doing the homework assignments will improve group members' anger management skills and allow them to get the most from the group experience. Like any type of skill acquisition, anger management requires time and practice. Homework assignments provide the opportunity for skill development and refinement.

4. Absences and Cancellations: Members should call or otherwise notify the group leader in advance when they cannot attend a session. Because of the amount of material presented in each session, members may not miss more than 3 of the 12 sessions. If a group member misses more than three sessions, he or she would not be able to adequately learn, practice, and apply the concepts and skills that are necessary for effective anger management. He or she can continue to attend the group sessions, but the group member will not receive a certificate of completion. He or she can join another session as space becomes available.

5. Timeout: The group leader reserves the right to call for a timeout. If a group member's anger begins to escalate out of control during a session, the leader will ask that member to take a timeout from the topic and the discussion. This means that the member, along with the rest of the members of the group, *will immediately stop talking about the issue* that is causing the member's anger to escalate. If the participant's anger has escalated to the point that he or she cannot tolerate sitting in the group, the leader may ask the person to leave the group for 5 or 10 minutes or until he or she can cool down. The participant is then welcomed back to the group, provided he or she can tolerate continued discussion in the group.

   A timeout is an effective anger management strategy and will be discussed in more detail later in this session and in session 3. Eventually, group members will learn to call a timeout themselves when they feel they may be losing control as the result of escalation of their anger. For this session, however, it is essential that the leader calls for a timeout and that members comply with the rule. This rule helps ensure that the group will be a safe place to discuss and share experiences and feelings. Therefore, failure to comply with the timeout rule may lead to termination from the group.

6. Relapses: If a participant has a relapse during his or her enrollment in the group, he or she is not discharged. However, if the participant has repeated relapses, he or she will be asked to start the treatment again and will be referred to a more intense treatment setting.

The Problem of Anger: Some Operational Definitions

In the most general sense, anger is a feeling or emotion that ranges from mild irritation to intense fury and rage. Anger is a natural response to those situations where we feel threatened, we believe harm will come to us, or we believe that another person has unnecessarily wronged us. We may also become angry when we feel another person, like a child or someone close to us, is being threatened or harmed. In addition, anger may result from frustration when our needs, desires, and goals are not being met. When we become angry, we may lose our patience and act impulsively, aggressively, or violently.

People often confuse anger with aggression. Aggression is *behavior* that is intended to cause harm to another person or damage property. This behavior can include verbal abuse, threats, or violent acts. Anger, on the other hand, is an *emotion* and does not necessarily lead to aggression. Therefore, a person can become angry without acting aggressively.

A term related to anger and aggression is hostility. Hostility refers to a complex set of attitudes and judgments that motivate aggressive behaviors. Whereas anger is an emotion and aggression is a behavior, hostility is an *attitude* that involves disliking others and evaluating them negatively.

In this group, clients will learn helpful strategies and techniques to manage anger, express anger in alternative ways, change hostile attitudes, and prevent aggressive acts, such as verbal abuse and violence.

When Does Anger Become a Problem?

Anger becomes a problem when it is felt too intensely, is felt too frequently, or is expressed inappropriately. Feeling anger too intensely or frequently places extreme physical strain on the body. During prolonged and frequent episodes of anger, certain divisions of the nervous system become highly activated. Consequently, blood pressure and heart rate increase and stay elevated for long periods. This stress on the body may produce many different health problems, such as hypertension, heart disease, and diminished immune system efficiency. Thus, from a health standpoint, avoiding physical illness is a motivation for controlling anger.

Another compelling reason to control anger concerns the negative consequences that result from expressing anger inappropriately. In the extreme, anger may lead to violence or physical aggression, which can result in numerous negative consequences, such as being arrested or jailed, being physically injured, being retaliated against, losing loved ones, being terminated from a substance abuse treatment or social service program, or feeling guilt, shame, or regret.

Even when anger does not lead to violence, the inappropriate expression of anger, such as verbal abuse or intimidating or threatening behavior, often results in negative consequences. For example, it is likely that others will develop fear, resentment, and lack of trust toward those who subject them to angry outbursts, which may cause alienation from individuals, such as family members, friends, and coworkers.

Payoffs and Consequences

The inappropriate expression of anger initially has many apparent payoffs. One payoff is being able to manipulate and control others through aggressive and intimidating behavior; others may comply with someone's demands because they fear verbal threats or violence. Another payoff is the release of tension that occurs when one loses his or her temper and acts aggressively. The individual may feel better after an angry outburst, but everyone else may feel worse.

In the long term, however, these initial payoffs lead to negative consequences. For this reason they are called "apparent" payoffs because the long-term negative consequences far outweigh the short-term gains. For example, consider a father who persuades his children to comply with his demands by using an angry tone of voice and threatening gestures. These behaviors imply to the children that they will receive physical harm if they are not obedient. The immediate payoff for the father is that the children obey his commands. The long-term consequence, however, may be that the children learn to fear or dislike him and become emotionally detached from him. As they grow older, they may avoid contact with him or refuse to see him altogether.

Myths About Anger

Myth #1: Anger Is Inherited. One misconception or myth about anger is that the way we express anger is inherited and cannot be changed. Sometimes, we may hear someone say, "I inherited my anger from my father; that's just the way I am." This statement implies that the expression of anger is a fixed and unalterable set of behaviors. Evidence from research studies, however, indicates that people are not born with set, specific ways of expressing anger. These studies show, rather, that because the expression of anger is learned behavior, more appropriate ways of expressing anger also can be learned.

It is well established that much of people's behavior is learned by observing others, particularly influential people. These people include parents, family members, and friends. If children observe parents expressing anger through aggressive acts, such as verbal abuse and violence, it is very likely that they will learn to express anger in similar ways. Fortunately, this behavior can be changed by learning new and appropriate ways of anger expression. It is not necessary to continue to express anger by aggressive and violent means.

Myth #2: Anger Automatically Leads to Aggression. A related myth involves the misconception that the only effective way to express anger is through aggression. It is commonly thought that anger is something that builds and escalates to the point of an aggressive outburst. As has been said, however, anger does not necessarily lead to aggression. In fact, effective anger management involves controlling the escalation of anger by learning assertiveness skills, changing negative and hostile "self-talk," challenging irrational beliefs, and employing a variety of behavioral strategies. These skills, techniques, and strategies will be discussed in later sessions.

Myth #3: People Must Be Aggressive To Get What They Want. Many people confuse assertiveness with aggression. The goal of aggression is to dominate, intimidate, harm, or injure another person—to win at any cost. Conversely, the goal of assertiveness is to express feelings of anger

in a way that is respectful of other people. For example, if you were upset because a friend was repeatedly late for meetings, you could respond by shouting obscenities and name-calling. This approach is an attack on the other person rather than an attempt to address the behavior that you find frustrating or anger provoking.

An assertive way of handling this situation might be to say, "When you are late for a meeting with me, I get pretty frustrated. I wish that you would be on time more often." This statement expresses your feelings of frustration and dissatisfaction and communicates how you would like the situation changed. This expression does not blame or threaten the other person and minimizes the chance of causing emotional harm. We will discuss assertiveness skills in more detail in sessions 7 and 8.

Myth #4: Venting Anger Is Always Desirable. For many years, the popular belief among numerous mental health professionals and laymen was that the aggressive expression of anger, such as screaming or beating on pillows, was healthy and therapeutic. Research studies have found, however, that people who vent their anger aggressively simply get better at being angry (Berkowitz, 1970; Murray, 1985; Straus, Gelles, & Steinmetz, 1980). In other words, venting anger in an aggressive manner reinforces aggressive behavior.

Anger as a Habitual Response

Not only is the expression of anger learned, but it can become a routine, familiar, and predictable response to a variety of situations. When anger is displayed frequently and aggressively, it can become a maladaptive habit because it results in negative consequences. Habits, by definition, are performed over and over again, without thinking. People with anger management problems often resort to aggressive displays of anger to solve their problems, without thinking about the negative consequences they may suffer or the debilitating effects it may have on the people around them.

Breaking the Anger Habit

Becoming Aware of Anger. To break the anger habit, you must develop an awareness of the events, circumstances, and behaviors of others that "trigger" your anger. This awareness also involves understanding the negative consequences that result from anger. For example, you may be in line at the supermarket and become impatient because the lines are too long. You could become angry, then boisterously demand that the checkout clerk call for more help. As your anger escalates, you may become involved in a heated exchange with the clerk or another customer. The store manager may respond by having a security officer remove you from the store. The negative consequences that result from this event are not getting the groceries that you wanted and the embarrassment and humiliation you suffer from being removed from the store.

Strategies for Controlling Anger. In addition to becoming aware of anger, you need to develop strategies to effectively manage it. These strategies can be used to stop the escalation of anger before you lose control and experience negative consequences. An effective set of strategies for controlling anger should include both immediate and preventive strategies.

Immediate strategies include taking a timeout, deep-breathing exercises, and thought stopping. Preventive strategies include developing an exercise program and changing your irrational beliefs. These strategies will be discussed in more detail in later sessions.

One example of an immediate anger management strategy worth exploring at this point is the timeout. The timeout can be used formally or informally. For now, we will only describe the informal use of a timeout. This use involves leaving a situation if you feel your anger is escalating out of control. For example, you may be a passenger on a crowded bus and become angry because you perceive that people are deliberately bumping into you. In this situation, you can simply get off the bus and wait for a less crowded bus.

The informal use of a timeout may also involve stopping yourself from engaging in a discussion or argument if you feel that you are becoming too angry. In these situations, it may be helpful to actually call a timeout or to give the timeout sign with your hands. This lets the other person know that you wish to immediately stop talking about the topic and are becoming frustrated, upset, or angry.

In this group, you should call a timeout if you feel that your anger is escalating out of control. You also are encouraged to leave the room for a short period of time if you feel that you need to do so. However, please come back for the remainder of the group session after you have calmed down.

Participant Introductions

At this point, ask group members to give their names, the reasons they are interested in participating in the anger management group, and what they hope to achieve in the group. After each member's introduction, offer a supportive comment that validates his or her decision to participate in the group. Experience shows that this helps members feel the group will meet their needs and helps reduce the anxiety associated with the introductions and the first group session in general.

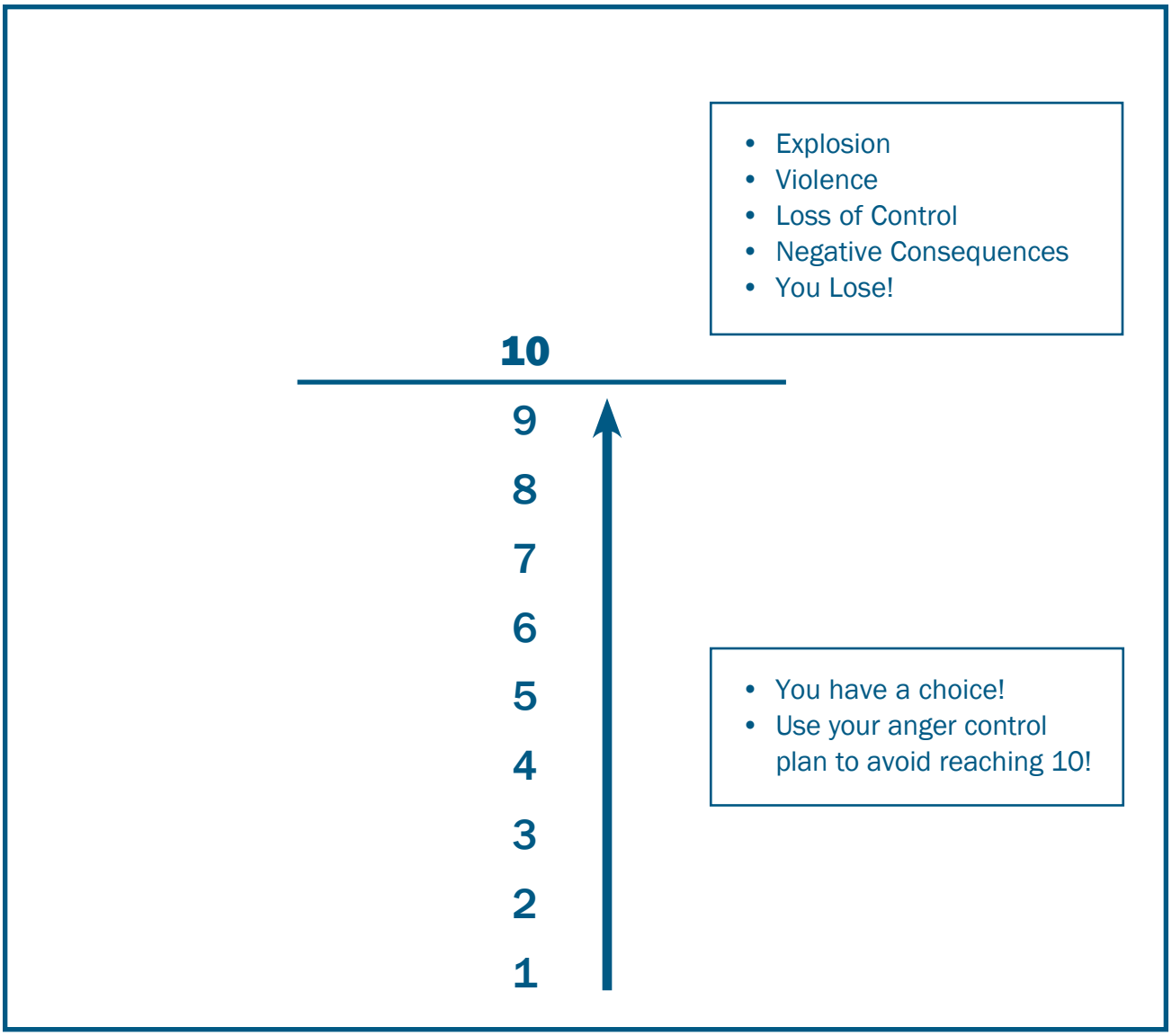
Anger Meter

One technique that is helpful in increasing the awareness of anger is learning to monitor it. A simple way to monitor anger is to use the "anger meter." A 1 on the anger meter represents a complete lack of anger or a total state of calm, whereas a 10 represents a very angry and explosive loss of control that leads to negative consequences. Points between 1 and 10 represent feelings of anger between these extremes. The purpose of the anger meter is to monitor the escalation of anger as it moves up the scale. For example, when a person encounters an anger-provoking event, he or she does not reach a 10 immediately, although it may sometimes feel that way. In reality, the individual's anger starts at a low number and rapidly moves up the scale. There is always time, provided one has learned effective coping skills, to stop anger from escalating to a 10.

One difficulty people have when learning to use the anger meter is misunderstanding the meaning of a 10. A 10 is reserved for instances when an individual suffers (or could suffer) negative consequences. An example is when an individual assaults another person and is arrested by the police.

A second point to make about the anger meter is that people may interpret the numbers on the scale differently. These differences are acceptable. What may be a 5 for one person may be a 7 for someone else. It is much more important to personalize the anger meter and become comfortable and familiar with your readings of the numbers on the scale. For the group, however, a 10 is reserved for instances when someone loses control and suffers (or could suffer) negative consequences.

Exhibit 1. The Anger Meter



Homework Assignment

Have group members refer to the participant workbook. Ask them to review the group's purpose, rules, definitions of anger and aggression, myths about anger, anger as a habitual response, and the anger meter. Ask them to monitor their levels of anger on the anger meter during the upcoming week and report their highest level of anger during the Check-In Procedure of next week's session.

EVENTS AND CUES

A Conceptual Framework for Understanding Anger

Session 2

Outline of Session 2

- Instructions to Group Leaders
- Suggested Remarks
  - Events That Trigger Anger
  - Cues to Anger
- Explaining the Check-In Procedure
- Homework Assignment

Instructions to Group Leaders

This session teaches group members how to analyze an anger episode and to identify the events and cues that indicate an escalation of anger. Begin the session with a check in (following up on the homework assignment from the last week, namely, have group members report on the highest level of anger they reached on the anger meter during the past week) and follow with a presentation and discussion of events and cues. A more complete Check-In Procedure will be used in session 3 after members have been taught to identify specific anger-provoking events and the cues that indicate an escalation of anger.

After the Check-In Procedure, ask group members to list specific events that trigger their anger. Pay special attention to helping them distinguish between the events and their interpretation of these events. Events refer to facts. Interpretations refer to opinions, value judgments, or perceptions of the events. For example, a group member might say, “My boss criticized me because he doesn’t like me.” Point out that the specific event was that the boss criticized the group member and that the belief that his boss doesn’t like him is an interpretation that may or may not be accurate.

Be aware of gender differences. Women participants often identify relationships with their boyfriend or partner or parenting concerns as events that trigger their anger. Men, however, may rarely identify these issues as triggers.

Finally, present the four cues to anger categories. After describing each category, ask group members to provide examples. It is important to emphasize that cues may be different for each individual. Members should identify cues that indicate an escalation of their anger.

Suggested Remarks

(Use the following script or put this in your own words.)

Events That Trigger Anger

When you get angry, it is because an event has provoked your anger. For example, you may get angry when the bus is late, when you have to wait in line at the grocery store, or when a neighbor plays his stereo too loud. Everyday events such as these can provoke your anger.

Many times, specific events touch on sensitive areas in your life. These sensitive areas or "red flags" usually refer to long-standing issues that can easily lead to anger. For example, some of us may have been slow readers as children and may have been sensitive about our reading ability. Although we may read well now as adults, we may continue to be sensitive about this issue. This sensitivity may be revealed when someone rushes us while we are completing an application or reviewing a memorandum and may trigger anger because we may feel that we are being criticized or judged as we were when we were children. This sensitivity may also show itself in a more direct way, such as when someone calls us "slow" or "stupid."

In addition to events experienced in the here-and-now, you may also recall an event from your past that made you angry. You might remember, for example, how the bus always seemed to be late before you left home for an important appointment. Just thinking about how late the bus was in the past can make you angry in the present. Another example may be when you recall a situation involving a family member who betrayed or hurt you in some way. Remembering this situation, or this family member, can raise your number on the anger meter. Here are examples of events or issues that can trigger anger:

- Long waits to see your doctor
- Traffic congestion
- Crowded buses
- A friend joking about a sensitive topic
- A friend not paying back money owed to you
- Being wrongly accused
- Having to clean up someone else's mess
- Having an untidy roommate
- Having a neighbor who plays the stereo too loud
- Being placed on hold for long periods of time while on the telephone
- Being given wrong directions

- Rumors being spread about your relapse that are not true
- Having money or property stolen from you.

Cues to Anger

A second important aspect of anger monitoring is to identify the cues that occur in response to the anger-provoking event. These cues serve as warning signs that you have become angry and that your anger is continuing to escalate. They can be broken down into four cue categories: physical, behavioral, emotional, and cognitive (or thought) cues.

Physical Cues. Physical cues involve the way our bodies respond when we become angry. For example, our heart rates may increase, we may feel tightness in our chests, or we may feel hot and flushed. These physical cues can also warn us that our anger is escalating out of control or approaching a 10 on the anger meter. We can learn to identify these cues when they occur in response to an anger-provoking event.

> Can you identify some of the physical cues that you have experienced when you have become angry?

Behavioral Cues. Behavioral cues involve the behaviors we display when we get angry, which are observed by other people around us. For example, we may clench our fists, pace back and forth, slam a door, or raise our voices. These behavioral responses are the second cue of our anger. As with physical cues, they are warning signs that we may be approaching a 10 on the anger meter.

> What are some of the behavioral cues that you have experienced when you have become angry?

Emotional Cues. Emotional cues involve other feelings that may occur concurrently with our anger. For example, we may become angry when we feel abandoned, afraid, discounted, disrespected, guilty, humiliated, impatient, insecure, jealous, or rejected. These kinds of feelings are the core or primary feelings that underlie our anger. It is easy to discount these primary feelings because they often make us feel vulnerable. An important component of anger management is to become aware of, and to recognize, the primary feelings that underlie our anger. In this group, we will view anger as a secondary emotion to these more primary feelings.

> Can you identify some of the primary feelings that you have experienced during an episode of anger?

Cognitive Cues. Cognitive cues refer to the thoughts that occur in response to the anger-provoking event. When people become angry, they may interpret events in certain ways. For example, we may interpret a friend's comments as criticism, or we may interpret the actions of others as demeaning, humiliating, or controlling. Some people call these thoughts "self-talk" because they resemble a conversation we are having with ourselves. For people with anger

problems, this self-talk is usually very critical and hostile in tone and content. It reflects beliefs about the way they think the world should be; beliefs about people, places, and things.

Closely related to thoughts and self-talk are fantasies and images. We view fantasies and images as other types of cognitive cues that can indicate an escalation of anger. For example, we might fantasize about seeking revenge on a perceived enemy or imagine or visualize our spouse having an affair. When we have these fantasies and images, our anger can escalate even more rapidly.

Can you think of other examples of cognitive or thought cues?

Explaining the Check-In Procedure

In this session, group members began to monitor their anger and identify anger-provoking events and situations. In each weekly session, there will be a Check-In Procedure to follow up on the homework assignment from the previous week and to report the highest level of anger reached on the anger meter during the week.

Have participants identify the event that triggered their anger, the cues that were associated with their anger, and the strategies they used to manage their anger in response to the event. They will be using the following questions to check in at the beginning of each session:

1. What was the highest number you reached on the anger meter during the past week?
2. What was the event that triggered your anger?
3. What cues were associated with the anger-provoking event? For example, what were the physical, behavioral, emotional, or cognitive cues?
4. What strategies did you use to avoid reaching 10 on the anger meter?

They will also be asked to monitor and record the highest number they reach on the anger meter for each day of the upcoming week after each session.

Exhibit 2. Cues to Anger: Four Cue Categories

1. Physical	(examples: rapid heartbeat, tightness in chest, feeling hot or flushed)
2. Behavioral	(examples: pacing, clenching fists, raising voice, staring)
3. Emotional	(examples: fear, hurt, jealousy, guilt)
4. Cognitive/Thoughts	(examples: hostile self-talk, images of aggression and revenge)

Homework Assignment

Have group members refer to the participant workbook. Ask them to monitor and record their highest level of anger on the anger meter during the upcoming week. In addition, ask them to identify the event that made them angry and list the cues that were associated with the anger-provoking event. Tell participants they should be prepared to report on these assignments during the Check-In Procedure in next week's session.

ANGER CONTROL PLANS

Helping Group Members Develop a Plan for Controlling Anger

Session 3

Outline of Session 3

- Instructions to Group Leaders
- Check-In Procedure
- Suggested Remarks
  - Anger Control Plans
  - Relaxation Through Breathing
- Homework Assignment

Instructions to Group Leaders

In this session, begin teaching group members cognitive behavioral strategies for controlling their anger. By now, participants have begun to learn how to monitor their anger and identify anger-provoking events and situations. At this point, it is important to help them develop a repertoire of anger management strategies. This repertoire of strategies is called an anger control plan. This plan should consist of *immediate* strategies, those that can be used in the heat of the moment when anger is rapidly escalating, and *preventive* strategies, those that can be used to avoid escalation of anger before it begins. It is important to encourage members to use strategies that work best for them. Some find cognitive restructuring (e.g., challenging hostile self-talk or irrational beliefs) very effective. Others might prefer using strategies such as a timeout or thought stopping. The main point is to help group members individualize their anger control plans and to help them develop strategies that they are comfortable with and that they will readily use. In the remaining sessions, you will continue to help group members develop effective strategies for controlling their anger and clarify and reinforce these strategies during the Check-In Procedure.

Participants should be encouraged to seek support and feedback from people they can trust to support their recovery, including anger management strategies that will de-escalate, rather than escalate, the situation. Participants should seek advice from one another and other patients who are in recovery and from members in support networks, including members of 12-Step groups, 12-Step sponsors, or religious group members.

In addition to helping group members begin to develop their anger control plans, start the session with the Check-In Procedure, and end the session with a breathing exercise as a form of relaxation training. Before leading members in the breathing exercise, ask whether anyone has had experience with different forms of relaxation. Describe the continuum of relaxation techniques, which can range from simple breathing exercises to elaborate guided imagery. Explain that in the group, they will practice two short and simple relaxation exercises, deep-breathing and progressive muscle relaxation. Further explain that experience shows that group members are more likely to use these simple forms of relaxation.

Check-In Procedure

Ask group members to report the highest level of anger they reached on the anger meter during the past week. Make sure they reserve the number 10 for situations where they lost control of their anger and experienced negative consequences. Ask them to describe the anger-provoking event that led to their highest level of anger. Help them identify the cues that occurred in response to the anger-provoking event, and help them classify these cues into the four cue categories.

Exhibit 3. Event, Cues, and Strategies Identified During the Check-In Procedure

EVENT →	CUES →	STRATEGIES

Suggested Remarks

(Use the following script or put this in your own words.)

Anger Control Plans

Up to this point, you have been focusing on how to monitor your anger. In the first session, you learned how to use the anger meter to rate your anger. Last week, you learned how to identify the events that trigger anger, as well as the physical, behavioral, emotional, and cognitive cues associated with each event. Today, you will begin to discuss how to develop an anger control plan and how you can use specific strategies, such as timeouts and relaxation, to control your anger. In later sessions, you will cover other strategies, such as learning to change negative or hostile self-talk and using the Conflict Resolution Model (see page 39). These more advanced strategies can be used along with timeouts and relaxation.

The basic idea in developing an anger control plan is to try many different strategies and find the anger control techniques that work best for you. Once you identify these strategies, you

can add them to your anger control plans and use them when you start to get angry. Some people refer to their anger control plans as their toolbox and the specific strategies they use to control their anger as their tools. This analogy may be very helpful. Again, it is important to identify the specific anger control strategies that work best for you. These strategies should be put down in a formal anger control plan for referral when you encounter an anger-provoking event.

An effective strategy that many people use, for example, is to talk about their feelings with a supportive friend who was not involved with the event that made them angry. By discussing anger, you can begin to identify the primary emotions that underlie it and determine whether your thinking and expectations in response to the anger-provoking event are rational. Often a friend whom you trust can provide a different perspective on what is going on in your life. Even if your friend just listens, expressing your feelings can often make you feel better.

The long-term objective of the anger management treatment is to develop a set of strategies that you can use appropriately for specific anger-provoking events. Later sessions will introduce a menu of strategies and techniques that are helpful in managing anger. Once you have selected the strategies that work best, you should refine them by applying them in real-life situations. To use the toolbox analogy, different tools may be needed for different situations. We will return to this concept in later sessions and highlight the importance of developing an anger control plan that helps you manage anger effectively in a variety of situations.

Timeout. As mentioned in session 1, the concept of a timeout is especially important to anger management. It is the basic anger management strategy recommended for inclusion in everyone's anger control plan. Informally, a timeout is defined as leaving the situation that is causing the escalation of anger or simply stopping the discussion that is provoking it.

Formally, a timeout involves relationships with other people: it involves an agreement or a prearranged plan. These relationships may involve family members, friends, and coworkers. Any of the parties involved may call a timeout in accordance with rules that have been agreed on by everyone in advance. The person calling the timeout can leave the situation, if necessary. It is agreed, however, that he or she will return to either finish the discussion or postpone it, depending on whether all those involved feel they can successfully resolve the issue.

Timeouts are important because they can be effective in the heat of the moment. Even if your anger is escalating quickly on the anger meter, you can prevent reaching 10 by taking a timeout and leaving the situation.

Timeouts are also effective when they are used with other strategies. For example, you can take a timeout and go for a walk. You can also take a timeout and call a trusted friend or family member or write in your journal. These other strategies should help you calm down during the timeout period.

> Can you think of specific strategies that you might use to control your anger?
>
> Should these strategies be included on your anger control plan?

Exhibit 4. Sample of an Anger Control Plan

Anger Control Plan

1. Take a timeout (formal or informal)
2. Talk to a friend (someone you trust)
3. Use the Conflict Resolution Model to express anger
4. Exercise (take a walk, go to the gym, etc.)
5. Attend 12-Step meetings
6. Explore primary feelings beneath the anger

Relaxation Through Breathing

We have discussed the physical cues to anger, such as an increased heartbeat, feeling hot or flushed, or muscle tension. These types of physical cues are examples of what is commonly called the stress response. In the stress response, the nervous system is energized, and in this agitated state, a person is likely to have trouble returning to lower levels on the anger meter. In this state, additional anger-provoking situations and events are likely to cause a further escalation of anger.

An interesting aspect of the nervous system is that everyone has a relaxation response that counteracts the stress response. It is physically impossible to be both agitated and relaxed at the same time. If you can relax successfully, you can counteract the stress or anger response.

We will end this session by practicing a deep-breathing exercise as a relaxation technique. In session 4, we will practice progressive muscle relaxation as a secondary type of relaxation technique.

Note to Group Leader:
Lead a Breathing Exercise

(Use this script or put this in your own words.)

Get comfortable in your chair. If you like, close your eyes; or just gaze at the floor.

Take a few moments to settle yourself. Now make yourself aware of your body. Check your body for tension, beginning with your feet, and scan upward to your head. Notice any tension you might have in your legs, your stomach, your hands and arms, your shoulders, your neck, and your face. Try to let go of the tension you are feeling.

Now, make yourself aware of your breathing. Pay attention to your breath as it enters and leaves your body. This can be very relaxing.

Let's all take a deep breath together. Notice your lungs and chest expanding. Now slowly exhale through your nose. Again, take a deep breath. Fill your lungs and chest. Notice how much air you can take in. Hold it for a second. Now release it and slowly exhale. One more time, inhale slowly and fully. Hold it for a second, and release.

Now on your own, continue breathing in this way for another couple of minutes. Continue to focus on your breathing. With each inhalation and exhalation, feel your body becoming more and more relaxed. Use your breathing to wash away any remaining tension.

(Allow group members to practice breathing for 1 to 2 minutes in silence.)

Now let's take another deep breath. Inhale fully, hold it for a second, and release. Inhale again, hold, and release. Continue to be aware of your breath as it fills your lungs. Once more, inhale fully, hold it for a second, and release.

When you feel ready, open your eyes.

How was that? Did you notice any new sensations while you were breathing? How do you feel now?

This breathing exercise can be shortened to just three deep inhalations and exhalations. Even that much can be effective in helping you relax when your anger is escalating. You can practice this at home, at work, on the bus, while waiting for an appointment, or even while walking. The key to making deep-breathing an effective relaxation technique is to practice it frequently and to apply it in a variety of situations.

Homework Assignment

Have group members refer to the participant workbook. Ask them to monitor and record their highest level of anger on the anger meter during the upcoming week. Ask them to identify the event that made them angry, the cues that were associated with the anger-provoking event, and the strategies that they used to manage their anger in response to the event. Ask them to practice the deep-breathing exercise, preferably once a day during the upcoming week, and develop a preliminary version of their anger control plans. Inform group members that they should be prepared to report on these assignments during the Check-In Procedure at the next week's session.

THE AGGRESSION CYCLE

How To Change the Cycle

Session 4

Instructions to Group Leaders

This session presents the aggression cycle and introduces progressive muscle relaxation. As in the previous two sessions, begin with the Check-In Procedure. Then present the three-phase aggression cycle, which consists of escalation, explosion, and postexplosion. It serves as a framework that incorporates the concepts of the anger meter, cues to anger, and the anger control plan.

Outline of Session 4

- Instructions to Group Leaders
- Check-In Procedure
- Suggested Remarks
  - The Aggression Cycle
  - Progressive Muscle Relaxation
- Homework Assignment

End the session by presenting a progressive muscle relaxation exercise. Progressive muscle relaxation is another technique that has been effective in reducing anger levels. An alternative to the deep-breathing exercise introduced in last week's session, it is straightforward and easy to learn.

Check-In Procedure

Ask group members to report the highest level of anger they reached on the anger meter during the past week. Make sure they reserve the number 10 for situations where they lost control of their anger and experienced negative consequences. Ask them to describe the anger-provoking event that led to their highest level of anger. Help them identify the cues that occurred in response to the anger-provoking event, and help them classify those cues into the four cue categories. Include, as part of the Check-In Procedure, a followup on the homework assignment from the previous week's session. Ask participants to report on the specific anger management strategies listed, thus far, on their anger control plans. In addition, inquire whether they practiced the deep-breathing exercise that was introduced in last week's session.

Suggested Remarks

(Use the following script or put this in your own words.)

The Aggression Cycle

In the last three sessions, we reviewed the anger meter, cues to anger, and the anger control plan; in this session, the framework for integrating these anger management concepts is presented. This framework is the aggression cycle.

From an anger management perspective, an episode of anger can be viewed as consisting of three phases: *escalation, explosion,* and *postexplosion*. Together, they make up the aggression cycle. In this process, the escalation phase is characterized by cues that indicate anger is building. As stated in session 2, these cues can be physical, behavioral, emotional, or cognitive (thoughts). As you may recall, cues are warning signs, or responses, to anger-provoking events. Events, on the other hand, are situations that occur every day that may lead to escalations of anger if effective anger management strategies are not used. Red-flag events are types of situations that are unique to you and that you are especially sensitive to because of past events. These events can involve internal processes (e.g., thinking about situations that were anger provoking in the past) or external processes (e.g., experiencing real-life, anger-provoking situations in the here and now).

If the escalation phase is allowed to continue, the explosion phase will follow. The explosion phase is marked by an uncontrollable discharge of anger displayed as verbal or physical aggression. This discharge, in turn, leads to negative consequences; it is synonymous with the number 10 on the anger meter.

The final stage of the aggression cycle is the postexplosion phase. It is characterized by negative consequences resulting from the verbal or physical aggression displayed during the explosion phase. These consequences may include going to jail, making restitution, being terminated from a job or discharged from a drug treatment or social service program, losing family and loved ones, or feelings of guilt, shame, and regret.

The intensity, frequency, and duration of anger in the aggression cycle varies among individuals. For example, one person's anger may escalate rapidly after a provocative event and, within just a few minutes, reach the explosion phase. Another person's anger may escalate slowly but steadily over several hours before reaching the explosion phase. Similarly, one person may experience more episodes of anger and progress through the aggression cycle more often than the other. However, both individuals, despite differences in how quickly their anger escalates and how frequently they experience anger, will undergo all three phases of the aggression cycle.

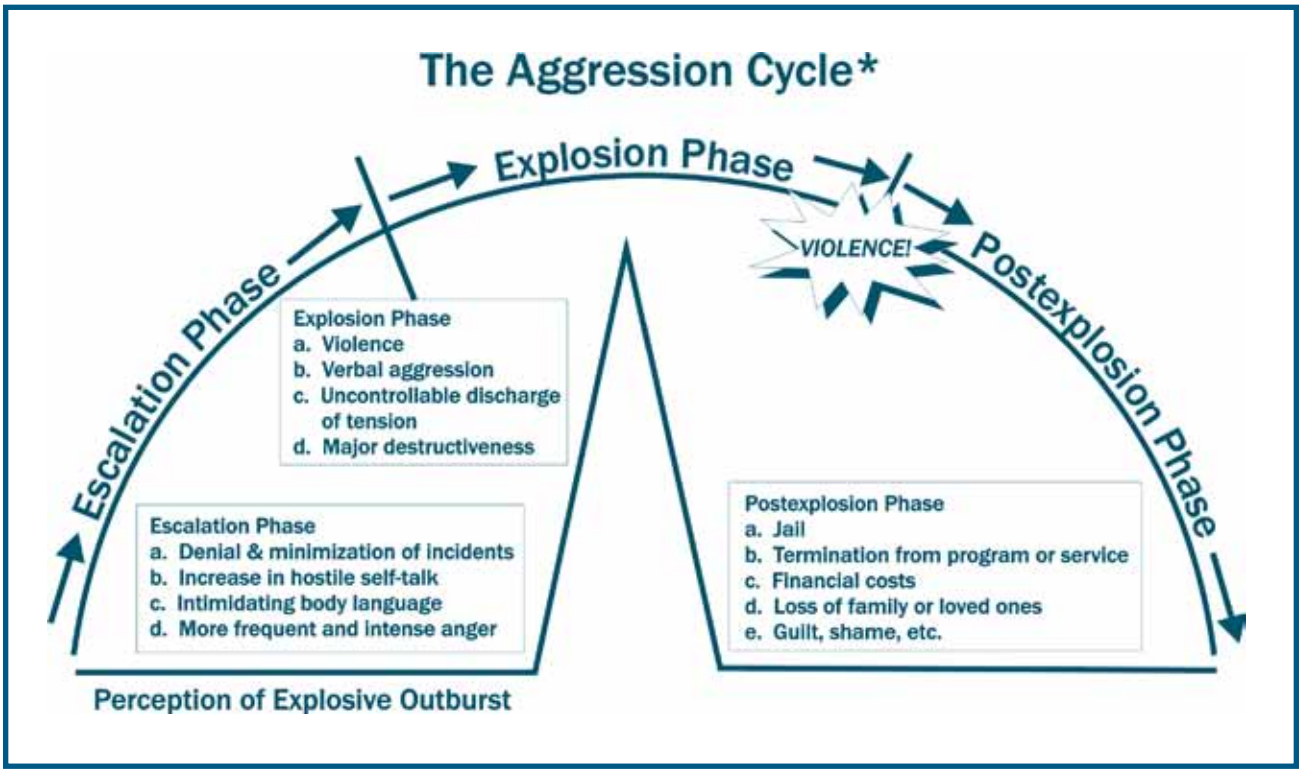
The intensity of these individuals' anger also may differ. One person may engage in more violent behavior than the other in the explosion phase. For example, he or she may use weapons or assault someone. The other person may express his or her anger during the explosion phase

by shouting at or threatening other people. Regardless of these individual differences, the explosion phase is synonymous with losing control and becoming verbally or physically aggressive.

Notice that the escalation and explosion phases of the aggression cycle correspond to the levels on the anger meter. The points below 10 on the anger meter represent the escalation phase, the building up of anger. The explosion phase, on the other hand, corresponds to 10 on the anger meter. Again 10 on the anger meter is the point at which one loses control and expresses anger through verbal or physical aggression that leads to negative consequences.

One of the primary objectives of anger management treatment is to keep from reaching the explosion phase. This is accomplished by using the anger meter to monitor changes in your anger, attending to the cues or warning signs that indicate anger is building, and employing the appropriate strategies from your anger control plans to stop the escalation of anger. If the explosion phase is prevented from occurring, the postexplosion phase will not occur, and the aggression cycle will be broken. If you use your anger control plans effectively, your anger should ideally reach between a 1 and a 9 on the anger meter. This is a reasonable goal to aim for. By preventing the explosion phase (10), you will not experience the negative consequences of the postexplosion phase, and you will break the cycle of aggression.

Exhibit 5. The Aggression Cycle



*Based on the Cycle of Violence by Lenore Walker (1979). *The Battered Woman*. New York: Harper & Row.

Note to Group Leader:
Lead a Progressive Muscle Relaxation Exercise

(Use this script or put this in your own words.)

Last week you practiced deep-breathing as a relaxation technique. Today I will introduce progressive muscle relaxation. Start by getting comfortable in your chairs. Close your eyes if you like. Take a moment to really settle in. Now, as you did last week, begin to focus on your breathing. Take a deep breath. Hold it for a second. Now exhale fully and completely. Again, take a deep breath. Fill your lungs and chest. Now release and exhale slowly. Again, one more time, inhale slowly, hold, and release.

Now, while you continue to breathe deeply and fully, bring your awareness to your hands. Clench your fists very tightly. Hold that tension. Now relax your fists, letting your fingers unfold and letting your hands completely relax. Again, clench your fists tightly. Hold and release the tension. Imagine all the tension being released from your hands down to your fingertips. Notice the difference between the tension and complete relaxation.

Now bring your awareness to your arms. Curl your arms as if you are doing a bicep curl. Tense your fists, forearms, and biceps. Hold the tension and release it. Let the tension in your arms unfold and your hands float back to your thighs. Feel the tension drain out of your arms. Again, curl your arms to tighten your biceps. Notice the tension, hold, and release. Let the tension flow out of your arms. Replace it with deep muscle relaxation.

Now raise your shoulders toward your ears. Really tense your shoulders. Hold them up for a second. Gently drop your shoulders, and release all the tension. Again, lift your shoulders, hold the tension, and release. Let the tension flow from your shoulders all the way down your arms to your fingers. Notice how different your muscles feel when they are relaxed.

Now bring your awareness to your neck and face. Tense all those muscles by making a face. Tense your neck, jaw, and forehead. Hold the tension, and release. Let the muscles of your neck and jaw relax. Relax all the lines in your forehead. One final time, tense all the muscles in your neck and face, hold, and release. Be aware of your muscles relaxing at the top of your head and around your eyes. Let your eyes relax in their sockets, almost as if they were sinking into the back of your head. Relax your jaw and your throat. Relax all the muscles around your ears. Feel all the tension in your neck muscles release.

Now just sit for a few moments. Scan your body for any tension and release it. Notice how your body feels when your muscles are completely relaxed.

When you are ready, open your eyes. How was that? Did you notice any new sensations? How does your body feel now? How about your state of mind? Do you notice any difference now from when we started?

Homework Assignment

Have group members refer to the participant workbook. During the coming week have them monitor and record their highest level of anger on the anger meter. Ask them to identify the event that made them angry, the cues associated with the anger-provoking event, and the strategies they used to manage their anger in response to the event. Ask them to review the aggression cycle and practice progressive muscle relaxation, preferably once a day, during the coming week. Remind them to continue to develop their anger control plans.

COGNITIVE RESTRUCTURING

The A-B-C-D Model and Thought Stopping

Session 5

Outline of Session 5

- Instructions to Group Leaders
- Check-In Procedure
- Suggested Remarks
  - The A-B-C-D Model
  - Thought Stopping
- Homework Assignment

Instructions to Group Leaders

In this session, present the A-B-C-D Model (a form of cognitive restructuring originally developed by Albert Ellis [Ellis, 1979; Ellis & Harper, 1975]) and the technique of thought stopping. Cognitive restructuring is an advanced anger management technique that requires group members to examine and change their thought processes. People differ in their ability to learn and apply these techniques. Some may be generally familiar with cognitive restructuring, whereas others may have little or no experience with this concept. In addition, some people may initially have difficulty understanding the concept or may not yet be ready to challenge or change their irrational beliefs. It is important to accept these group members, whatever their level of readiness and understanding, and help them identify how their irrational beliefs perpetuate anger and how modifying these beliefs can prevent further escalation of anger.

In addition to presenting the A-B-C-D Model, include a discussion on thought stopping. Thought stopping is accepted and readily understood by most clients. Regardless of whether they view particular beliefs as irrational or maladaptive, most people recognize that these specific beliefs increase anger and lead to the explosion phase (10 on the anger meter). Thought stopping provides an immediate and direct strategy for helping people manage the beliefs that cause their anger to escalate.

Check-In Procedure

Ask group members to report the highest level of anger they reached on the anger meter during the past week. Make sure they reserve 10 for situations where they lost control of their anger and experienced negative consequences. Ask them to describe the anger-provoking event that led to their highest level of anger and to identify the cues that occurred in response to the anger-provoking event. Help them classify these cues into the four cue categories. Include, as part of the Check-In Procedure, a followup of the homework assignment from last week's session. Specifically ask group members to report on the development of their anger control plans. In addition, inquire whether they practiced the progressive muscle relaxation exercise.

Suggested Remarks

(Use the following script or put this in your own words.)

The A-B-C-D Model

Albert Ellis developed a model that is consistent with the way we conceptualize anger management treatment. He calls his model the A-B-C-D or rational-emotive model. In this model, *"A" stands for an activating event*, what we have been calling the red-flag event. *"B" represents the beliefs* people have about the activating event. Ellis claims that it is not the events themselves that produce feelings such as anger, but our interpretations of and beliefs about the events. *"C" stands for the emotional consequences of events*. In other words, these are the feelings people experience as a result of their interpretations of and beliefs concerning the event.

According to Ellis and other cognitive behavioral theorists, as people become angry, they engage in an internal dialog, called "self-talk." For example, suppose you were waiting for a bus to arrive. As it approaches, several people push in front of you to board. In this situation, you may start to get angry. You may be thinking, "How can people be so inconsiderate! They just push me aside to get on the bus. They obviously don't care about me or other people." Examples of the irrational self-talk that can produce anger escalation are reflected in statements such as "People should be more considerate of my feelings," "How dare they be so inconsiderate and disrespectful," and "They obviously don't care about anyone but themselves."

Ellis says that people do not have to get angry when they encounter such an event. The event itself does not get them upset and angry; rather, it is people's interpretations of and beliefs concerning the event that cause the anger. Beliefs underlying anger often take the form of "should" and "must." Most of us may agree, for example, that respecting others is an admirable quality. Our belief might be, "People should always respect others." In reality, however, people often do not respect each other in everyday encounters. You can choose to view the situation more realistically as an unfortunate defect of human beings, or you can let your anger escalate every time you witness, or are the recipient of, another person's disrespect. Unfortunately, your perceived disrespect will keep you angry and push you toward the explosion phase. Ironically, it may even lead you to show disrespect to others, which would violate your own fundamental belief about how people should be treated.

Ellis' approach consists of identifying irrational beliefs and disputing them with more rational or realistic perspectives (in Ellis' model, *"D" stands for dispute*). You may get angry, for example, when you start thinking, "I must always be in control. I must control every situation." It is not possible or appropriate, however, to control every situation. Rather than continue with these beliefs, you can try to dispute them. You might tell yourself, "I have no power over things I cannot control," or "I have to accept what I cannot change." These are examples of ways to dispute beliefs that you may have already encountered in 12-Step programs such as Alcoholics Anonymous or Narcotics Anonymous.

People may have many other irrational beliefs that may lead to anger. Consider an example where a friend of yours disagrees with you. You may start to think, "Everyone must like me and

give me approval." If you hold such a belief, you are likely to get upset and angry when you face rejection. However, if you dispute this irrational belief by saying, "I can't please everyone; some people are not going to approve of everything I do," you will most likely start to calm down and be able to control your anger more easily.

Another common irrational belief is, "I must be respected and treated fairly by everyone." This also is likely to lead to frustration and anger. Most folks, for example, live in an urban society where they may, at times, not be given the common courtesy they expect. This is unfortunate, but from an anger management perspective, it is better to accept the unfairness and lack of interpersonal connectedness that can result from living in an urban society. Thus, to dispute this belief, it is helpful to tell yourself, "I can't be expected to be treated fairly by everyone."

Other beliefs that may lead to anger include "Everyone should follow the rules," or "Life should be fair," or "Good should prevail over evil," or "People should always do the right thing." These are beliefs that are not always followed by everyone in society, and, usually, there is little you can do to change that. How might you dispute these beliefs? In other words, what thoughts that are more rational and adaptive and will not lead to anger can be substituted for such beliefs?

For people with anger control problems, these irrational beliefs can lead to the explosion phase (10 on the anger meter) and to the negative consequences of the postexplosion phase. It is often better to change your outlook by disputing your beliefs and creating an internal dialog or self-talk that is more rational and adaptive.

Exhibit 6. The A-B-C-D Model

A-B-C-D MODEL*

A = Activating Situation or Event

B = Belief System

What you tell yourself about the event (your self-talk)
Your beliefs and expectations of others

C = Consequence

How you feel about the event based on your self-talk

D = Dispute

Examine your beliefs and expectations
Are they unrealistic or irrational?

*Based on the work of Albert Ellis, 1979, and Albert Ellis and R.A. Harper, 1975.

Thought Stopping

A second approach to controlling anger is called thought stopping. It provides an immediate and direct alternative to the A-B-C-D Model. In this approach, you simply tell yourself (through a series of self-commands) to *stop* thinking the thoughts that are getting you angry. For example, you might tell yourself, "I need to *stop* thinking these thoughts. I will only get into trouble if I keep thinking this way," or "Don't buy into this situation," or "Don't go there." In other words, instead of trying to dispute your thoughts and beliefs as outlined in the A-B-C-D Model described above, the goal is to stop your current pattern of angry thoughts before they lead to an escalation of anger and loss of control.

Homework Assignment

Have group members refer to the participant workbook. Ask them to monitor and record their highest level of anger on the anger meter during the coming week. Ask them to identify the event that made them angry, the cues that were associated with the anger-provoking event, and the strategies they used to manage their anger in response to the event. Ask members to review the A-B-C-D Model and to record at least two irrational beliefs and how they would dispute these beliefs. In addition, instruct them to use the thought-stopping technique, preferably once a day during the coming week. Remind them to continue to develop their anger control plans.

REVIEW SESSION #1

Reinforcing Learned Concepts

Session 6

Outline of Session 6

- Instructions to Group Leaders
- Check-In Procedure
- Suggested Remarks
- Review of Learned Concepts
- Homework Assignment

Instructions to Group Leaders

In this session, you will review and summarize the basic concepts of anger management presented thus far. Special attention should be given to clarifying and reinforcing concepts (i.e., the anger meter, cues to anger, anger control plans, the aggression cycle, and cognitive restructuring). Provide encouragement and support for efforts to develop anger control plans and to balance cognitive, behavioral, immediate, and preventive strategies.

Check-In Procedure

Ask group members to report the highest level of anger they reached on the anger meter during the past week. Make sure they reserve 10 for situations where they lost control of their anger and experienced negative consequences. Ask them to describe the anger-provoking event that led to their highest level of anger. Help them identify the cues that occurred in response to the anger-provoking event and help them classify these cues into the four cue categories. Include, as part of the Check-In Procedure, a followup of the homework assignment from last week's session. Ask group members to report on their use of the A-B-C-D Model during the past week and to provide a brief update on the ongoing development of their anger control plans.

Suggested Remarks

(Use the following script or put this in your own words.)

This session will serve as a review session for the anger management material we have covered thus far. We will review each concept and clarify any questions that you may have. Discussion is encouraged during this review, and you will be asked to describe your understanding of the anger management concepts.

Homework Assignment

Have group members refer to the participant workbook. Ask them to monitor and record their highest level of anger on the anger meter during the coming week. Ask them to identify the event that made them angry, the cues that were associated with the anger-provoking event, and the strategies they used to manage their anger in response to the event. Remind them to continue to develop their anger control plans.

ASSERTIVENESS TRAINING AND THE CONFLICT RESOLUTION MODEL

Alternatives for Expressing Anger

Sessions 7 & 8

Outline of Sessions 7 & 8

- Instructions to Group Leaders
- Check-In Procedure
- Suggested Remarks
  - Assertiveness Training
  - Conflict Resolution Model
- Homework Assignment

Instructions to Group Leaders

Sessions 7 and 8 are combined because it takes more than one session to adequately address assertiveness, aggression, passivity, and the Conflict Resolution Model.

Assertiveness is such a fundamental skill in interpersonal interactions and anger management that the group will spend 2 weeks developing and practicing this concept. These two 90-minute sessions will present an introduction to assertiveness training. The majority of this week's session will be spent reviewing the definitions of assertiveness, aggression, and passivity and presenting the Conflict Resolution Model. The Conflict Resolution Model is an assertive device for resolving conflicts with others. It consists of a series of problem-solving steps that, when followed closely, minimize the potential for anger escalation. Next week's session, in contrast, will focus on group members roleplaying real-life situations using the Conflict Resolution Model. It is important to emphasize that assertive, aggressive, and passive responses are learned behaviors and not innate, unchangeable traits. The goal of these two sessions is to teach members how to use the Conflict Resolution Model to develop assertive responses rather than aggressive or passive responses.

Check-In Procedure

Ask group members to report the highest level of anger they reached on the anger meter during the past week. Make sure they reserve 10 for situations where they lost control of their anger and experienced negative consequences. Ask them to describe the anger-provoking event that led to their highest level of anger. Help them identify the cues that occurred in response to the anger-provoking event, and help them classify these cues into the four cue categories. Ask members to report on the ongoing development of their anger control plans.

Suggested Remarks

(Use the following script or put this in your own words.)

Assertiveness Training

Sessions 7 and 8 provide an introduction to assertiveness training and the Conflict Resolution Model. Assertiveness involves a set of behaviors and skills that require time and practice to learn and master. In this group, we focus on one important aspect of assertiveness training, that is, conflict resolution. The Conflict Resolution Model can be particularly effective for helping individuals manage their anger.

Many interpersonal conflicts occur when you feel that your rights have been violated. Before entering anger management treatment, you may have tended to respond with aggressive behavior when you believed that another person showed you disrespect or violated your rights. In today's session, we will discuss several ways to resolve interpersonal conflicts without resorting to aggression.

As we discussed in session 1, aggression is *behavior* that is intended to cause harm or injury to another person or damage property. This behavior can include verbal abuse, threats, or violent acts. Often, when another person has violated your rights, your first reaction is to fight back or retaliate. The basic message of aggression is that my feelings, thoughts, and beliefs are important and that your feelings, thoughts, and beliefs are unimportant and inconsequential.

One alternative to using aggressive behavior is to act passively or in a nonassertive manner. Acting in a passive or nonassertive way is undesirable because you allow your rights to be violated. You may resent the person who violated your rights, and you may also be angry with yourself for not standing up for your rights. In addition, it is likely that you will become even more angry the next time you encounter this person. The basic message of passivity is that *your* feelings, thoughts, and beliefs are important, but *my* feelings, thoughts, and beliefs are unimportant and inconsequential. Acting in a passive or nonassertive way may help you avoid the negative consequences associated with aggression, but it may also ultimately lead to negative personal consequences, such as diminished self-esteem, and prevent you from having your needs satisfied.

From an anger management perspective, the best way to deal with a person who has violated your rights is to act assertively. Acting assertively involves standing up for your rights in a way that is respectful of other people. The basic message of assertiveness is that my feelings, thoughts, and beliefs are important, and that your feelings, thoughts, and beliefs are equally important. By acting assertively, you can express your feelings, thoughts, and beliefs to the person who violated your rights without suffering the negative consequences associated with aggression or the devaluation of your feelings, which is associated with passivity or nonassertion.

It is important to emphasize that assertive, aggressive, and passive responses are learned behaviors; they are not innate, unchangeable traits. Using the Conflict Resolution Model, you can learn to develop assertive responses that allow you to manage interpersonal conflicts in a more effective way.

In summary, aggression involves expressing feelings, thoughts, and beliefs in a harmful and disrespectful way. Passivity or nonassertiveness involves failing to express feelings, thoughts, and beliefs or expressing them in an apologetic manner that others can easily disregard. Assertiveness involves standing up for your rights and expressing feelings, thoughts, and beliefs in direct, honest, and appropriate ways that do not violate the rights of others or show disrespect.

It is helpful to think of real-life situations to help you understand what is meant by assertiveness. Suppose you have been attending an Alcoholics Anonymous meeting several times a week with a friend. Suppose you have been driving your friend to these meetings for several weeks. In the last few days, however, he has not been ready when you have come to pick him up. His tardiness has resulted in both of you being late for meetings. Because you value being on time, this is something that bothers you a great deal. Consider the different ways you might act in this situation. You can behave in an aggressive manner by yelling at your friend for being late and refusing to pick him up in the future. The disadvantage of this response is that he may no longer want to continue the friendship. Another response would be to act passively, or in a nonassertive fashion, by ignoring the problem and not expressing how you feel. The disadvantage of this response is that the problem will most likely continue and that this will inevitably lead to feelings of resentment toward your friend. Again, from an anger management perspective, the best way to deal with this problem is to act assertively by expressing your feelings, thoughts, and beliefs in a direct and honest manner, while respecting the rights of your friend.

Conflict Resolution Model

One method of acting assertively is to use the Conflict Resolution Model, which involves five steps that can easily be memorized. The first step involves *identifying the problem* that is causing the conflict. It is important to be specific when identifying the problem. In this example, the problem causing the conflict is that your friend is late. The second step involves *identifying the feelings* associated with the conflict. In this example, you may feel annoyance, frustration, or taken for granted. The third step involves *identifying the specific impact* of the problem that is causing the conflict. In this example, the impact or outcome is that you are late for the meeting. The fourth step involves *deciding whether to resolve the conflict* or let it go. This may best be phrased by the questions, “Is the conflict important enough to bring up? If I do not try to resolve this issue, will it lead to feelings of anger and resentment?” If you decide that the conflict is important enough, then the fifth step is necessary. The fifth step is to *address and resolve the conflict*. This involves checking out the schedule of the other person. The schedule is important because you might bring up the conflict when the other person does not have the time to address it or when he or she may be preoccupied with another issue. Once you have agreed on a time with the person, you can describe the conflict, your feelings, and the impact of the conflict and ask for a resolution.

For example, the interaction may sound like this:

Joe: *Hey, Frank, sorry I'm late.*

Frank: *Hi, Joe. Can I talk to you about that?*

Joe: *Sure. Is something wrong?*

Frank: *Joe, I've noticed you've been late for the last few days when I've come to pick you up. Today, I realized that I was starting to feel frustrated and a bit taken for granted. When you are late, we are both late for the meeting, which makes me uncomfortable. I like to be on time. I'm wondering if you can make an effort to be on time in the future.*

Joe: *Frank, I didn't realize how bothered you were about that. I apologize for being late, and I will be on time in the future. I'm glad you brought this problem up to me.*

Of course, this is an idealized version of an outcome that may be achieved with the Conflict Resolution Model. Joe could have responded unfavorably, or defensively, by accusing Frank of making a big deal out of nothing. Joe may have minimized and discounted Frank's feelings, leaving the conflict unresolved.

The Conflict Resolution Model is useful even when conflicts are not resolved. Many times, you will feel better about trying to resolve a conflict in an assertive manner rather than acting passively or aggressively. Specifically, you may feel that you have done all that you could do to resolve the conflict. In this example, if Frank decided not to give Joe a ride in the future, or if Frank decided to end his friendship with Joe, he could do so knowing that he first tried to resolve the conflict in an assertive manner.

Exhibit 7. The Conflict Resolution Model

1. *Identify the problem* that is causing the conflict
2. *Identify the feelings* that are associated with the conflict
3. *Identify the impact of the problem* that is causing the conflict
4. *Decide whether to resolve the conflict*
5. *Work for resolution of the conflict*

   How would you like the problem to be resolved?

   Is a compromise needed?

Have the group members practice using the Conflict Resolution Model by roleplaying. Be careful not to push group members into a roleplay situation if they are not comfortable about it or ready. Exercise your clinical judgment.

The following are some topics for roleplays:

- Dealing with a rude or unhelpful salesclerk
- Dealing with a physician who will not take the time to explain how a medication works
- Dealing with a supervisor who does not listen to you
- Dealing with a counselor who repeatedly cancels your therapy/counseling sessions
- Dealing with a friend who does not respect your privacy.

Homework Assignment

Have group members refer to the participant workbook. Ask them to monitor and record their highest level of anger on the anger meter during the coming week. Ask them to identify the event that made them angry, the cues that were associated with the anger-provoking event, and the strategies they used to manage their anger in response to the event. Ask them to review the definitions of assertiveness, aggression, and passivity. Instruct them to practice using the Conflict Resolution Model, preferably once a day during the coming week. Remind them to continue to develop their anger control plans.

ANGER AND THE FAMILY

How Past Learning Can Influence Present Behavior

Sessions 9 & 10

Outline of Sessions 9 & 10

- Instructions to Group Leaders
- Check-In Procedure
- Suggested Remarks
  - Anger and the Family
- Homework Assignment

Instructions to Group Leaders

As with sessions 7 and 8, sessions 9 and 10 are combined because it takes more than one session to answer the questions beginning on page 46 and connect the responses to current behavior.

Sessions 9 and 10 (comprising two 90-minute sessions) help group members gain a better understanding of their anger with regard to the interactions they had with their parents and the families that they grew up in (Reilly & Grusznski, 1984). Help them see how these past interactions have influenced their current behavior, thoughts, feelings, and attitudes and the way they now interact with others as adults.

Many people are unaware of the connection between past learning and current behavior. Present a series of questions to the group members that will help them understand how their learning histories relate to current patterns of behavior. Because of the nature and content of this exercise, with its focus on family interactions, it is important that you monitor and structure the exercise carefully, but at the same time provide a warm and supportive environment. Experience has shown there is a tendency for group members to elaborate on many detailed aspects of their family backgrounds that are beyond the scope of this exercise. Keep in mind that family issues may bring up difficult and painful memories that could potentially trigger anxiety, depression, or relapse to drug and alcohol use. It is important, therefore, to tell group members that they are not required to answer any questions if they feel that they would be emotionally overwhelmed by doing so. Instead, tell them that they can pursue these and other issues with their individual or group therapist.

Check-In Procedure

Ask group members to report the highest level of anger they reached on the anger meter during the past week. Make sure they reserve 10 for situations where they lost control of their anger and experienced negative consequences. Ask them to describe the anger-provoking event that led to their highest level of anger. Help them identify the cues that occurred in response to the anger-provoking event, and help them classify these cues into the four cue categories. Ask them to report on their use of the Conflict Resolution Model and the ongoing development of their anger control plans.

Suggested Remarks

(Use the following script or put this in your own words.)

Anger and the Family

In these sessions, you will explore how anger and other emotions were displayed by your parents and in the families in which you grew up. For many of us, the interactions we have had with our parents have strongly influenced our behaviors, thoughts, feelings, and attitudes as adults. With regard to anger and its expression, these feelings and behaviors usually were modeled for us by our parents or parental figures. The purpose of these sessions is to examine the connection between what you have learned in the past, in the families in which you grew up, and your current behavior and interactions with others now as adults. You will be asked a series of questions concerning your parents and families. This is an involved and often emotionally charged topic, so if you are not comfortable answering any questions, you do not have to do so. Also, because there is a natural tendency to want to elaborate on family issues because of their emotional content, please focus on answering the specific questions:

1. Describe your family. Did you live with both parents? Did you have any brothers and sisters? Where did you grow up?

2. How was anger expressed in your family while you were growing up? How did your father express anger? How did your mother express anger? (Possible probes to use: Did your parents yell or throw things? Were you ever threatened with physical violence? Was your father abusive to your mother or you?)

3. How were other emotions such as happiness and sadness expressed in your family? Were warm emotions expressed frequently, or was emotional expression restricted to feelings of anger and frustration? Were pleasant emotions expressed at birthdays or holidays?

4. How were you disciplined and by whom? Did this discipline involve being spanked or hit with belts, switches, or paddles? (An assumption of the anger management treatment is that no form of physical discipline is beneficial to a child. Empirical studies have shown that nonphysical forms of discipline are very effective in shaping childhood behavior [Barkley, 1997; Ducharme, Atkinson, & Poulton, 2000; Webster-Stratton & Hammond, 1997]).

5. What role did you take in your family? For example, were you the hero, the rescuer, the victim, or the scapegoat?

6. What messages did you receive about your father and men in general? In other words, in your experience, how were men supposed to act in society? What messages did you receive about your mother and women in general? How were women supposed to act in society? (Note: Many of the messages group members have received differ from messages that are socially appropriate today. Point out the changing roles of men and women during the past three decades.)

7. What behaviors, thoughts, feelings, and attitudes carry over into your relationships as adults today? What purpose do these behaviors serve? What would happen if you gave up these behaviors? (The group leader should help group members see the connection between past social learning and their current behavior.)

Homework Assignment

Have group members refer to the participant workbook. Ask them to monitor and record their highest level of anger on the anger meter during the coming week. Ask them to identify the event that made them angry, the cues associated with the anger-provoking event, and the strategies they used to manage their anger in response to the event. Remind them to continue to develop their anger control plans.

REVIEW SESSION #2

Reinforcing Learned Concepts

Session 11

Outline of Session 11

- Instructions to Group Leaders
- Check-In Procedure
- Suggested Remarks
- Homework Assignment

Instructions to Group Leaders

In this session, the basic concepts of anger management that were presented are reviewed and summarized. Give special attention to clarifying and reinforcing concepts (i.e., the anger meter, cues to anger, anger control plans, the aggression cycle, cognitive restructuring, and conflict resolution). Provide encouragement and support for efforts to develop anger control plans and to balance cognitive, behavioral, immediate, and preventive strategies.

Check-In Procedure

Ask group members to report the highest level of anger they reached on the anger meter during the past week. Make sure they reserve 10 for situations where they lost control of their anger and experienced negative consequences. Ask them to describe the anger-provoking event that led to their highest level of anger. Help them identify the cues that occurred in response to the anger-provoking event, and help them classify these cues into the four cue categories. Ask them to report on the ongoing development of their anger control plans.

Suggested Remarks

(Use the following script or put this in your own words.)

This session involves a second review of the anger management material covered in all the sessions. We will review each concept and clarify any questions that you may have. We encourage discussion during this review, and we will be asking you for your understanding of the anger management concepts.

Homework Assignment

Have group members refer to the participant workbook. Ask them to monitor and record their highest level of anger on the anger meter during the coming week. Ask them to identify the event that made them angry, the cues that were associated with the anger-provoking event, and the strategies they used to manage their anger in response to the event. Ask them to update their anger control plans and to be prepared to present them in the final session next week.

CLOSING AND GRADUATION

Closing Exercise and Awarding of Certificates

Session 12

Outline of Session 12

- Instructions to Group Leaders
- Suggested Remarks

Instructions to Group Leaders

In the final session, group members review their anger control plans, rate the treatment components for their usefulness and familiarity, and complete a closing exercise. Review each anger control plan to balance cognitive, behavioral, immediate and preventive strategies. Give corrective feedback if necessary. Congratulate the group members for completing the anger management treatment. Provide each member with a certificate of completion (see sample on the following page).

Suggested Remarks

(Use the following script or put this in your own words.)

1. What have you learned about anger management?
2. List anger management strategies on your anger control plan. How can you use these strategies to better manage your anger?
3. In what ways can you continue to improve your anger management skills? Are there specific areas that need improvement?

CONGRATULATIONS

Thomas Smith

In Recognition of Completing the Phase One Anger Management Group
in the Substance Abuse Outpatient Clinic
(ADD NAME)

[DATE]

[NAME], Chief, Substance Abuse Outpatient Clinic

[NAME OF COUNSELOR]

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