ANGER MANAGEMENT
for Substance Use Disorder and Mental Health Clients

Participant Workbook
This page intentionally left blank
Acknowledgments
This workbook was developed for use in conjunction with Anger Management for Substance Use Disorder and Mental Health Clients: A Cognitive–Behavioral Therapy Manual.

This publication is, in part, a product of research conducted with support from the National Institute on Drug Abuse, Grant DA 09253, awarded to the University of California–San Francisco. The research for this publication was also supported by funding from the Department of Veterans Affairs to the San Francisco Veterans Affairs Medical Center. This publication was updated under contract number 270-14-0445 by the Knowledge Application Program (KAP) for the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). Suzanne Wise served as the Contracting Officer’s Representative, and Candi Byrne served as Alternate Contracting Officer’s Representative. Darrick D. Cunningham, LCSW, BCD, and Arlin Hatch, CDR, USPHS, Ph.D., served as the Product Champions.

Disclaimer
The views, opinions, and content expressed herein are the views of the authors and do not necessarily reflect the official position of SAMHSA. No official support of or endorsement by SAMHSA for these opinions or for the instruments or resources described is intended or should be inferred. The guidelines presented should not be considered substitutes for individualized client care and treatment decisions.

Public Domain Notice
All materials appearing in this volume except those taken directly from copyrighted sources are in the public domain and may be reproduced or copied without permission from SAMHSA or the authors. Citation of the source is appreciated. However, this publication may not be reproduced or distributed for a fee without the specific, written authorization of the Office of Communications, SAMHSA.

Electronic Access and Copies of Publication
This publication may be ordered or downloaded at https://store.samhsa.gov or by calling SAMHSA at 1-877-SAMHSA-7 (1-877-726-4727) (English and Español).

Recommended Citation

Originating Office
Quality Improvement and Workforce Development Branch, Division of Services Improvement, Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, 5600 Fishers Lane, Rockville, MD 20857, SAMHSA Publication No. PEP19-02-01-002.

Nondiscrimination Notice
SAMHSA complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. SAMHSA cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad, o sexo.
CONTENTS

Introduction ................................................................. 1

Session 1 Overview of Anger Management Treatment ......................... 3

Session 2 Events and Cues .................................................. 9

Session 3 Anger Control Plans ........................................... 15

Session 4 The Aggression Cycle ........................................ 21

Session 5 Cognitive Restructuring ....................................... 27

Session 6 Practice Session #1 ........................................... 31

Sessions 7 & 8 Assertiveness Training and the Conflict Resolution Model .... 35

Sessions 9 & 10 Anger and the Family .................................. 41

Session 11 Practice Session #2 ........................................... 47

Session 12 Closing and Graduation ...................................... 51

Appendix Authors’ Acknowledgments ................................... 53
This page intentionally left blank
INTRODUCTION

This workbook is designed to be used by participants in an anger management group treatment for individuals with substance use or mental disorders. Practitioners report that the manual and workbook have also been used successfully for self-study, without the support of a clinician or a group. The workbook provides individuals participating in the 12-week anger management group treatment with a summary of core concepts, worksheets for completing between-session challenges, and space to take notes for each of the sessions. The concepts and skills presented in the anger management treatment are best learned by practice and review and by completing the between-session challenges in this workbook. Using this workbook as you participate in the 12-week anger management group treatment will help you develop the skills that are necessary to successfully manage anger.
Session 1

OVERVIEW OF ANGER MANAGEMENT TREATMENT

In this first session, you will get a general overview of the anger management treatment. This includes the purpose of the group, group rules, definitions of anger and aggression, myths about anger, information about anger as a habitual response, and the introduction of the anger meter used to monitor anger.

Purpose of the Group

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

Group Rules

1. Group Safety. No violence or threats of violence toward staff or other group members are permitted. It is very important that you view the group as a safe place to share your experiences and feelings without threats or fear of physical harm.
2. Confidentiality. Group members should not discuss outside of the group what other members say.
3. Between-Session Challenges. Brief between-session challenges will be given each week. Completing these challenges will improve your anger management skills and allow you to get the most from the group experience.
4. Absences and Cancellations. You should call or notify the group leader in advance if you cannot attend a group session. Because of the amount of material presented in each session, you may not miss more than 3 of the 12 sessions.

If you miss more than three sessions, you may continue attending the weekly sessions, but you will not receive a certificate of completion.

5. Timeouts. The group leader reserves the right to call a timeout at any time. Eventually, you will learn to call a timeout yourself if you feel that you may be losing control because your anger is escalating.

6. Relapses. If you have a relapse during enrollment in the group, you will not be discharged. However, if you have repeated relapses, you will be asked to start anger management treatment again and will be referred to a more intensive treatment setting.
Definitions
In the most general sense, anger is a feeling or emotion that ranges from mild irritation to intense fury and rage. Many people often confuse anger with aggression. Aggression is behavior that is intended to cause harm or injury to another person or damage to property. Hostility, on the other hand, refers to a set of attitudes and judgments that motivate aggressive behaviors.

- Before you learned these definitions, did you ever confuse anger with aggression? Please explain how.

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.

- List some ways anger may be affecting you physically.

Payoffs and Consequences
The inappropriate expression of anger initially has apparent payoffs (for example, releasing tension, controlling people). In the long term, however, these payoffs lead to negative consequences. That is why they are called “apparent” payoffs; the long-term negative consequences far outweigh the short-term gains.

- List some payoffs to using anger that you are familiar with.
• List the negative consequences that you have experienced as a result of expressing your anger inappropriately.

Myths About Anger

**Myth #1: The Way You Express Anger Cannot Be Changed.** One misconception or myth about anger is that the way people express anger is inherited and cannot be changed. Our facial expressions and our nervous system’s response when we become angry are inherited, but what we do next, our behavior, is learned. Because people are not born with set, specific ways of expressing anger, it is possible to learn more appropriate ways of expressing anger. Similarly, it is also possible to change the way your nervous system reacts after you get angry. You can learn to calm down more quickly with practice.

**Myth #2: Anger Automatically Leads to Aggression.** A related myth involves the misconception that the only effective way to express anger is through aggression. There are other more constructive and assertive ways, however, to express anger. Effective anger management involves controlling the escalation of anger by learning assertiveness skills, changing negative and hostile thoughts or “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: You Must Be Aggressive To Get What You 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. Expressing yourself in an assertive manner does not blame or threaten other people and minimizes the chance of emotional harm. You will learn about the topic of assertiveness skills in more detail in sessions 7 and 8.

**Myth #4: Venting Anger Is Always Desirable.** For many years, there was a popular belief 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. In other words, venting anger in an aggressive manner reinforces aggressive behavior.

• Before our discussion, did you believe any of these myths about anger to be true? If so, which ones?
Anger Is a Habit
Anger 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. A habit, by definition, means performing behaviors automatically, over and over again, without thinking. The frequent and aggressive expression of anger can be viewed as a maladaptive habit because it results in negative consequences.

- Has anger become a habit for you? How?

Breaking the Anger Habit
You can break the anger habit by becoming aware of the events and circumstances that trigger your anger and the negative consequences that result from it. In addition, you need to develop a set of strategies to effectively manage your anger. You will learn more about strategies to manage anger in session 3.

- List some anger control strategies that you might know or that you may have used in the past.
Anger Meter

A simple way to monitor your anger is to use a 1-to-10 scale called the anger meter. A score of 1 on the anger meter represents a complete lack of anger or a total state of calm, whereas 10 represents an angry and explosive loss of control that leads to negative consequences.

- For each day of the upcoming week, monitor and record the highest number you reach on the anger meter.

  _____ M  _____ T  _____ W  _____ Th  _____ F  _____ Sat  _____ Sun

- Be prepared to report the highest level of anger you reached during the week in next week’s group.

**Anger Meter**

- explosion
- violence
- loss of control
- negative consequences

• You have a choice!
• Use your anger control plan to avoid reaching 10!
Session 2

EVENTS AND CUES
In this session, you will begin to learn how to analyze an episode of anger. This involves learning how to identify events and cues that indicate an escalation of anger.

Events That Lead to Anger
When you get angry, it is because your interpretation of an event in your life has provoked your anger. Many times, specific events touch on sensitive areas. These sensitive areas or “red flags” usually refer to longstanding issues that can easily lead to anger. In addition to events that you experience in the here and now, you may also recall an event from your past that made you angry. Just thinking about these past events may make you angry now. Here are examples of events or issues that can lead to anger:

- Having to wait a long time (on the phone or in an office)
- Being stuck in traffic or on a crowded bus
- A friend or coworker saying hurtful or untrue things
- A friend not paying back money owed to you
- Having to clean up someone else’s mess
- Neighbors who are inconsiderate
- Dealing with a frustrating person or situation on the Internet

• What are some of the general events and situations that lead to anger for you?

• What are some of the red-flag events and situations associated with anger for you?
Cues to Anger: Four Cue Categories

A second important way to monitor anger is to identify the cues that occur in response to the anger-related event. These cues serve as warning signs that you have become angry and that your anger is escalating. Cues can be broken down into four cue categories: physical, behavioral, emotional, and cognitive (or thought) cues. After each category, list the cues that you have noticed when you get angry.

1. **Physical Cues** (how your body responds—with an increased heart rate, tightness in the chest, feeling hot or flushed)

2. **Behavioral Cues** (what you do—clench your fists, raise your voice, stare at others)

3. **Emotional Cues** (other feelings that may occur along with anger—fear, hurt, jealousy, disrespect)

4. **Cognitive Cues** (what you think about in response to the event—hostile self-talk, images of aggression and revenge)
Check-In Procedure: Monitoring Anger for the Week

In this session, you began to learn to monitor your anger and to identify anger-related events and situations. Monitoring your anger will help increase your awareness about your patterns of anger and identify the kinds of situations, thoughts, feelings, and consequences that are associated with anger. In each weekly session, there will be a check-in procedure to follow up on the between-session challenge from the previous week and to report the highest level of anger reached on the anger meter during the past week. You will also use the anger awareness record to identify the event that led to your anger, the cues that were associated with your anger, any positive outcomes or negative consequences, and the strategies you used to manage your anger in response to the event (see chart on page 13). You will be using the following format 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 led to your anger?

3. What cues were associated with the anger-related event?
   - Physical cues
   - Behavioral cues
   - Emotional cues
   - Cognitive cues

4. What strategies did you use to avoid reaching 10 on the anger meter?
• For each day of the upcoming week, monitor and record the highest number you reach on the anger meter.

<table>
<thead>
<tr>
<th></th>
<th>M</th>
<th>T</th>
<th>W</th>
<th>Th</th>
<th>F</th>
<th>Sat</th>
<th>Sun</th>
</tr>
</thead>
</table>

**Events, Cues, and Strategies Identified During the Check-In Procedure**

<table>
<thead>
<tr>
<th>Event</th>
<th>Cues</th>
<th>Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Events and Cues*
<table>
<thead>
<tr>
<th>Anger Awareness Record</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Situation</strong></td>
</tr>
<tr>
<td>What sets me up to</td>
</tr>
<tr>
<td>become angry?</td>
</tr>
<tr>
<td><strong>Anger Cues</strong></td>
</tr>
<tr>
<td>What was I thinking?</td>
</tr>
<tr>
<td>What was I feeling?</td>
</tr>
<tr>
<td>What did I tell myself?</td>
</tr>
<tr>
<td><strong>Anger Meter Rating</strong></td>
</tr>
<tr>
<td>1=Low</td>
</tr>
<tr>
<td>10=High</td>
</tr>
<tr>
<td><strong>Behavior</strong></td>
</tr>
<tr>
<td>What did I do then?</td>
</tr>
<tr>
<td>What was good or bad</td>
</tr>
<tr>
<td>things happened?</td>
</tr>
<tr>
<td><strong>Strategies Used</strong></td>
</tr>
<tr>
<td>What tools did I use</td>
</tr>
<tr>
<td>to respond?</td>
</tr>
<tr>
<td><strong>Consequences</strong></td>
</tr>
<tr>
<td>(positive or negative)</td>
</tr>
</tbody>
</table>

SESSION 2
Session 3

ANGER CONTROL PLANS

In this session, you will begin learning about specific strategies to manage your anger. The anger control plan refers to the list of strategies you will identify to manage and control your anger.

Anger Control Plans

Up to now, the group has been focusing on how to monitor 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 lead to your anger, as well as the physical, behavioral, emotional, and cognitive cues associated with each event. You also learned to monitor the events, cues, outcomes, and strategies with the anger awareness record. In this session, you will begin to develop your own anger control plans and learn how you can use specific strategies, such as timeouts and relaxation, to control anger. Some people refer to their anger control plans as their toolbox and the specific strategies they use to control their anger as the tools in their toolbox.

An effective set of strategies for controlling anger should include both immediate and preventive strategies. Examples of immediate strategies include timeouts, deep-breathing exercises, and thought stopping. Examples of preventive strategies include developing an exercise program and changing irrational beliefs. These strategies will be discussed in later sessions.

Timeouts

The timeout is a basic anger management strategy that should be in everyone’s anger control plan. Just as a sports team will call a timeout to regroup, you can use a timeout to collect yourself or change the situation when you feel anger building. In its simplest form, a timeout means taking a few deep breaths and thinking instead of reacting. It may also mean leaving the situation that is causing the escalation or simply stopping the discussion that is provoking your anger.

You can develop a formal timeout policy that involves your relationships with family members, friends, and coworkers. The formal use of a timeout involves having an agreement, or a prearranged plan, by which any of the parties involved can call a timeout and to which all parties have agreed 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 the parties involved feel they can successfully resolve the issue.

A timeout is important because it can be used effectively in the heat of the moment. Even if a person’s anger is escalating quickly as measured on the anger meter, he or she can prevent reaching 10 by taking a timeout and leaving the situation.

A timeout is also effective when 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 help you calm down during your timeout period.
**Social Support**

An important part of your anger control plan can be social support. We all need support at different times in our lives to help us reach our goals and deal successfully with challenges that come our way. Having a network of people who understand and support your efforts to change can be extremely helpful. You should seek support and feedback from family members and people you trust, including members of 12-Step groups, 12-Step sponsors, or other mutual-help group members. A social support action plan that you develop yourself may help you follow through with seeking social support.

**Plan for Seeking Support**

<table>
<thead>
<tr>
<th>Support</th>
<th>How This Support Will Help</th>
<th>Plan for Getting This Support</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Can you think of someone you would reach out to for social support? How would you ask that person to support you?
• Can you think of situations where you would use the timeout strategy? Please describe them.

---

• Can you think of specific strategies that you might use to control your anger? Please describe them.

---

Sample of an Anger Control Plan

1. Take a timeout.
2. Talk to a friend (someone you trust).
3. Use the Conflict Resolution Model to solve problems with expressing anger (discussed in more detail in sessions 7 and 8).
4. Exercise (for example, take a walk, go to the gym).
5. Attend 12-Step meetings.
6. Explore primary feelings beneath the anger.
Relaxation Through Breathing

We will end this session by practicing a deep-breathing exercise as a relaxation technique. You can practice this exercise on your own by focusing on your breathing, taking several deep breaths, and trying to release any tension you might have in your body. You should practice this exercise as often as possible. Here are the directions.

Find a comfortable position in your chair. If you would like, close your eyes; if not, just gaze down at the floor. Take a few moments to settle yourself. Now become aware of your body. Check for any tension, beginning with your feet, moving upward to your head. Notice any tension you might have in your legs, stomach, hands and arms, shoulders, neck, and face. Try to let go of any tension.

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


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

Now 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 that you are 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 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 using deep breathing as an effective relaxation technique is to practice it frequently and to apply it in a variety of situations.
Monitoring Anger for the Week

1. What was the highest number you reached on the anger meter during the past week?

Use your entries on the anger awareness record to respond to the next questions.

2. What was the event that led to your anger?

3. What cues were associated with the anger-related event?
   - Physical cues
   - Behavioral cues
   - Emotional cues
   - Cognitive cues

4. What strategies did you use to avoid reaching 10 on the anger meter?

For each day of the upcoming week, monitor and record the highest number you reach on the anger meter.

_____ M  _____ T  _____ W  _____ Th  _____ F  _____ Sat  _____ Sun
Session 4

THE AGGRESSION CYCLE
In this session, you will learn about the aggression cycle and practice progressive muscle relaxation. The aggression cycle integrates some of the ideas and tools you’ve already learned about: the anger meter, cues to anger, the anger awareness record, and the anger control plan.

The Aggression Cycle
An episode of anger can be viewed as consisting of three phases: buildup, explosion, and aftermath. Together, these three phases make up the aggression cycle. The buildup phase is characterized by cues that indicate anger is building. As you may recall, cues are warning signs, or responses, to anger-related events. If the buildup phase is allowed to continue, the explosion phase can follow. The explosion phase is marked by a discharge of anger that is displayed as verbal or physical aggression. The aftermath phase is characterized by the negative consequences that result 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, being discharged from a drug treatment or social service program, losing family and loved ones, or feelings of guilt, shame, and regret.

The Aggression Cycle and the Anger Meter
Notice that the buildup and explosion phases of the aggression cycle correspond to levels or points on the anger meter. The points on the anger meter below 10 represent the buildup phase, the escalation of anger. The explosion phase, on the other hand, corresponds to a 10 on the anger meter. A 10 on the anger meter represents when you begin to lose control and express anger through verbal or physical aggression that leads to negative consequences.

One of the primary objectives of anger management treatment is to stop you from reaching the explosion phase. This is accomplished by using the anger meter to monitor changing levels of anger, attending to the cues or warning signs that indicate anger is building with the anger awareness record, and using the appropriate strategies from your anger control plan to stop the escalation of anger. If the explosion phase is prevented, the aftermath phase will not occur and the aggression cycle will be broken.

• What phase of the aggression cycle are you in if you reach a 7 on the anger meter?

• What phase are you in if you reach 10 on the anger meter?
The Aggression Cycle

- increased heart rate
- flushed, hot
- clenched fists
- pacing back and forth
- feelings that underlie anger
- hostile thoughts and self-talk
- fantasies, images

- verbal aggression
- destructiveness
- violence

- fired from job
- kicked out of treatment
- financial costs
- loss of family, friends
- jail
- guilt, shame
Relaxation Through Progressive Muscle Relaxation

Last week you practiced deep breathing as a relaxation technique. This session you will learn how to use progressive muscle relaxation. You should practice this exercise as often as possible. Here are the directions.

Take a moment to settle in. Start by getting comfortable in your chair. Close your eyes if you like. 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 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. Imagine all the tension leaving 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. Let 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 the tension for a second. Now 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 your 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 more time, tense all the muscles in your neck and face, hold, and release. Be aware of the 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 you started?

If you experience pain during this exercise, reduce your level of exertion or focus on relaxing your muscles without first tensing them.
Monitoring Anger for the Week

1. What was the highest number you reached on the anger meter during the past week?

Use your entries on the anger awareness record to respond to the next questions.

2. What was the event that led to your anger?

3. What cues were associated with the anger-related event?
   Physical cues
   Behavioral cues
   Emotional cues
   Cognitive cues

4. What strategies did you use to avoid reaching 10 on the anger meter?

   For each day of the upcoming week, monitor and record the highest number you reach on the anger meter.

   _____ M  _____ T  _____ W  _____ Th  _____ F  _____ Sat  _____ Sun
This page intentionally left blank
Session 5

COGNITIVE RESTRUCTURING
In this session, you will learn about the A-B-C-D Model as a form of cognitive restructuring. You will also learn about thought stopping, an alternative to the A-B-C-D Model.

The A-B-C-D Model
The A-B-C-D Model (see next page) is consistent with the way some people conceptualize anger management treatment. In this model, “A” stands for an activating event. The activating event is the “event” or red-flag event. “B” represents our beliefs about the activating event. It is not the events themselves that produce feelings such as anger; it is our interpretations and beliefs about the events. “C” stands for the emotional consequences. These are the feelings experienced as a result of interpretations and beliefs concerning the event. “D” stands for dispute. This part of the model involves identifying any maladaptive beliefs and disputing them with more rational or realistic ways of looking at the activating event. The idea is to replace self-statements that lead to, or escalate, anger with ideas that allow you to have a more realistic and accurate interpretation of the event.

• What does each of the letters of the A-B-C-D Model stand for?

• List some of your maladaptive beliefs.

• How might you dispute these beliefs?
The A-B-C-D Model

**A = Activating Situation or Event**
- What you tell yourself about the event (your self-talk)
- Your beliefs and expectations of others

**B = Belief System**
- How you feel about the event based on your self-talk

**C = Consequence**
- Examine your beliefs and expectations
- Are they unrealistic or maladaptive?

**D = Dispute**


**Thought Stopping**

A second approach to controlling anger is called “thought stopping.” Thought stopping is an 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 making 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 above, the goal is to stop your current pattern of angry thoughts before they lead to an escalation of anger and a loss of control.

- What are some other examples of thought-stopping statements you can use when you become angry?
Monitoring Anger for the Week

1. What was the highest number you reached on the anger meter during the past week?

Use your entries on the anger awareness record to respond to the next questions.

2. What was the event that led to your anger?

3. What cues were associated with the anger-related event?
   - Physical cues
   - Behavioral cues
   - Emotional cues
   - Cognitive cues

4. What strategies did you use to avoid reaching 10 on the anger meter?

For each day of the upcoming week, monitor and record the highest number you reach on the anger meter.

   _____ M   _____ T   _____ W   _____ Th   _____ F   _____ Sat   _____ Sun
Session 6

PRACTICE SESSION #1
In this session, you will review and practice the basic concepts of anger management presented thus far. If you have any questions or you are unclear about any of the concepts or strategies, ask the group leader to further review this material with you. Here are some of the important things you’ve already learned about:

- Anger myths
- Changing the anger habit
- Anger meter
- Triggers for anger
- The four kinds of anger cues
- Anger awareness record
- Anger control plans
- Enhancing social support
- Deep breathing and muscle relaxation
- The aggression cycle
- Progressive muscle relaxation
- A-B-C-D Model
- Thought stopping

Monitoring Anger for the Week
1. What was the highest number you reached on the anger meter during the past week?

Use your entries on the anger awareness record to respond to the next questions.
2. What was the event that led to your anger?
3. What cues were associated with the anger-related event?
   - Physical cues
   - Behavioral cues
   - Emotional cues
   - Cognitive cues

4. What strategies did you use to avoid reaching 10 on the anger meter?

   • For each day of the upcoming week, monitor and record the highest number you reach on the anger meter.
     
     _____ M   _____ T   _____ W   _____ Th   _____ F   _____ Sat   _____ Sun
This page intentionally left blank
Sessions 7 & 8

ASSERTIVENESS TRAINING AND THE CONFLICT RESOLUTION MODEL

In these two sessions, you will learn about assertiveness, the Conflict Resolution Model, and how acting in an assertive manner can reduce conflicts you have with others.

Assertiveness Training

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

One alternative to aggressive behavior is to act passively or in a nonassertive manner. This behavior is undesirable because you allow your rights to be violated. You may resent the person who treated you poorly, and you may be angry with yourself for not standing up for your rights. The basic message of passivity is that your feelings, thoughts, and beliefs are very important but my feelings, thoughts, and beliefs are unimportant and inconsequential.

People who act in a passive-aggressive way tend to believe that others are making unreasonable demands on them, so they ignore the demands or try to mess things up for the person who made the demand. If you express the opinion that you see the demand as unreasonable in an assertive rather than a passive-aggressive way, others may understand your perspective, and you may be able to reach a compromise.

From an anger management perspective, the best way to deal with a person who has treated you unfairly is to act assertively. Acting assertively involves standing up for yourself in a way that is respectful of other people. The basic message of assertiveness is that my feelings, thoughts, and beliefs are important and 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 yourself 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. By practicing the Conflict Resolution Model, you can learn to develop assertive responses that will allow you to manage interpersonal conflicts in a more effective way.

- What are some problems that you may experience if you act aggressively during conflicts with others?
• What are some problems that you may experience if you respond passively during conflicts?

• What are some of the advantages of acting assertively when trying to resolve conflicts?

Conflict Resolution Model
The Conflict Resolution Model is one method you can use to act assertively. It involves five steps that can easily be memorized.

1. Identifying the Problem. This step involves identifying the specific problem that is causing the conflict (for example, a friend’s not being on time when you come to pick him or her up).

2. Identifying the Feelings. In this step, you identify the feelings associated with the conflict (for example, frustration, hurt, or annoyance).

3. Identifying the Specific Impact. This step involves identifying the specific impact or outcome of the problem that is causing the conflict (for example, being late for the meeting that you and your friend plan to attend).

4. Deciding Whether To Resolve the Conflict. This step involves deciding whether to resolve the conflict or let it go. In other words, is the conflict important enough to bring up?

5. Addressing and Resolving the Conflict. In this step, you set up a time to address the conflict, describe how you perceive it, express your feelings about it, and discuss how it can be resolved.

• What is the purpose of using the Conflict Resolution Model?
• Identify the five steps of the Conflict Resolution Model and apply it to an example of your own.

Monitoring Anger for the Week

1. What was the highest number you reached on the anger meter during the past week?

Use your entries on the anger awareness record to respond to the next questions.

2. What was the event that led to your anger?

3. What cues were associated with the anger-related event?
   Physical cues
   Behavioral cues
   Emotional cues
   Cognitive cues
4. What strategies did you use to avoid reaching 10 on the anger meter?

- For each day of the upcoming week, monitor and record the highest number you reach on the anger meter.

  _____ M  _____ T  _____ W  _____ Th  _____ F  _____ Sat  _____ Sun
Notes
Sessions 9 & 10

ANGER AND THE FAMILY
In these two sessions, you will think about how anger and other emotions were expressed in your family. This involves analyzing how past family interactions affect current thoughts, feelings, and behavior.

Anger and the Family
For many of us, the interactions we 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 were usually modeled for us by our parents or parental figures. The following series of questions concerns the interactions you had with your parents and the families that you grew up in. Discussing family issues can sometimes bring up uncomfortable feelings. Be sure to discuss these feelings with the group leader or your counselor.

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

- How was anger expressed in your family while you were growing up? How did your father express anger? How did your mother express anger? Were you ever threatened with physical violence? Was one parent abusive to the other parent or to you?
• How were other emotions, such as happiness and sadness, expressed in your family? Was emotional expression limited to feelings of anger and frustration, or were many different kinds of emotions expressed?

• How were you disciplined and by whom? Was physical punishment involved (for example, being hit with hands, belts, switches, or other objects)? How did you respond to this discipline?

• What role did you take in your family? For example, were you the hero, the rescuer, the victim, the clown, the scapegoat, etc.?

• What messages did you receive about your father and men in general? What messages did you receive about your mother and women in general?
• What feelings, thoughts, and behaviors carry over into your relationships today? What purpose do these behaviors serve today? What would happen if you gave up these behaviors?

Monitoring Anger for the Week

1. What was the highest number you reached on the anger meter during the past week?

Use your entries on the anger awareness record to respond to the next questions.

2. What was the event that led to your anger?

3. What cues were associated with the anger-related event?
   - Physical cues
   - Behavioral cues
   - Emotional cues
   - Cognitive cues
4. What strategies did you use to avoid reaching 10 on the anger meter?

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

• For each day of the upcoming week, monitor and record the highest number you reach on the anger meter.

_____ M _____ T _____ W _____ Th _____ F _____ Sat _____ Sun
Session 11

PRACTICE SESSION #2

In this session, you will review and practice the basic concepts of anger management that have been presented in the group. If you have any questions or are unclear about any of the concepts or strategies, ask the group leader to further review this material with you. Here are some of the important things you’ve already learned about:

— Anger myths
— Changing the anger habit
— Anger meter
— Triggers for anger
— The four kinds of anger cues
— Anger awareness record
— Anger control plans
— Enhancing social support
— Deep breathing and muscle relaxation
— The aggression cycle
— Progressive muscle relaxation
— A-B-C-D Model
— Thought stopping
— Assertiveness training
— Conflict Resolution Model
— Anger and the family

Monitoring Anger for the Week

1. What was the highest number you reached on the anger meter during the past week?

   Use your entries on the anger awareness record to respond to the next questions.

2. What was the event that led to your anger?
3. What cues were associated with the anger-related event?

Physical cues

Behavioral cues

Emotional cues

Cognitive cues

4. What strategies did you use to avoid reaching 10 on the anger meter?

For each day of the upcoming week, monitor and record the highest number you reach on the anger meter.

_____ M  _____ T  _____ W  _____ Th  _____ F  _____ Sat  _____ Sun
This page intentionally left blank
Session 12

CLOSING AND GRADUATION

In this final session, you will review your anger control plans and rate the treatment components for their usefulness and familiarity. You will also complete a closing exercise and be awarded a certificate of completion.

Closing Exercise

• What have you learned about anger management?

• List the strategies on your anger control plan. How can you use these strategies to better manage your anger?

• In what ways can you continue to improve your anger management skills? Are there any specific areas that need improvement?
Appendix

AUTHORS’ ACKNOWLEDGMENTS

This workbook was written by Patrick M. Reilly, Ph.D., Michael S. Shopshire, Ph.D., Timothy C. Durazzo, Ph.D., and Torri A. Campbell, Ph.D. The authors would like to acknowledge the following clinicians and researchers for their various contributions to the development of the original manual and workbook:

Robert Awalt, Psy.D., Peter Banys, M.D., Torri Campell, Ph.D., H. Westley Clark, M.D., J.D., M.P.H., Darcy Cox, Ph.D., John Coyne, M.A., Timothy Durazzo, Ph.D., Sharon Hall, Ph.D., Anthony Jannetti, Ph.D., Monika Koch, M.D., Peg Maude-Griffin, Ph.D., Robert Ouaou, Ph.D., Teron Park, Ph.D., Amy Rosen, Psy.D., Sheila Shives, M.A., James Sorensen, Ph.D., David Thomson, LCSW, Donald Tusel, M.D., David Wasserman, Ph.D., and Lisa Wasserman, M.A.

In addition, the authors acknowledge SAMHSA staff, Darrick D. Cunningham, LCSW, BCD, and Arlin Hatch, CDR, USPHS, Ph.D., for their contributions in updating this manual as the Product Champions.