

ANGER MANAGEMENT

*for Substance Abuse and
Mental Health Clients*

*Participant
Workbook*



ANGER MANAGEMENT
*for Substance Abuse and
Mental Health Clients*

Participant Workbook

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment

1 Choke Cherry Road
Rockville, MD 20857

Acknowledgments

This workbook was developed for use in conjunction with *Anger Management for Substance Abuse 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, and the Department of Veterans Affairs to the San Francisco VA Medical Center, San Francisco Treatment Research Center, Department of Psychiatry, University of California, San Francisco. The publication was produced by JBS International, Inc., under Contract No. 270-99-7072, with the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). Karl White, Ed.D., served as the Center for Substance Abuse Treatment (CSAT) Knowledge Application Program (KAP) Project Officer.

Disclaimer

The views, opinions, and content of this publication are those of the authors and do not necessarily reflect the views, opinions, or policies of SAMHSA or HHS.

Public Domain Notice

All materials appearing in this publication except those taken 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, HHS.

Electronic Access and Printed Copies

This publication may be ordered from SAMHSA's Publications Ordering Web page at <http://www.store.samhsa.gov>. Or, please call SAMHSA at 1-877-SAMHSA-7 (1-877-726-4727) (English and Español). The document can be downloaded from the KAP Web site at <http://www.kap.samhsa.gov>.

Recommended Citation

Reilly PM, Shopshire MS, Durazzo TC, and Campbell TA. *Anger Management for Substance Abuse and Mental Health Clients: Participant Workbook*. HHS Pub. No. (SMA) 12-4210. Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, 2002.

Originating Office

Quality Improvement and Workforce Development Branch, Division of Services Improvement, Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, 1 Choke Cherry Road, Rockville, MD 20857.

HHS Publication No. (SMA) 12-4210

First printed 2002

Revised 2003, 2005, 2006, 2007, 2008, 2009, 2010, 2011, and 2012

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 Review Session	31
Sessions 7 & 8 Assertiveness and the Conflict Resolution Model	33
Sessions 9 & 10 Anger and the Family	39
Session 11 Review Session	43
Session 12 Closing and Graduation	45
Appendix Authors' Acknowledgments	47

INTRODUCTION

This workbook is designed to be used by participants in an anger management group treatment curriculum for substance abuse and mental health clients. It provides individuals participating in the 12-week anger management group treatment with a summary of core concepts, worksheets to complete homework assignments, 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 homework assignments given in this workbook. Using this workbook as an adjunct to your participation 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, anger as a habitual response, and the introduction of the anger meter used to monitor anger.

I. 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.

II. 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. (The group leader should determine the limits of the laws or rules pertaining to confidentiality in his or her State.)
- 3) *Homework Assignments:* Brief homework assignments will be given each week. Doing the homework assignments 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.

III. 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.

IV. 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.

V. Payoffs and Consequences

The inappropriate expression of anger initially has apparent payoffs (e.g., 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.

VI. Myths About Anger

Myth #1: Anger Is Inherited. One misconception or myth about anger is that the way people express anger is inherited and cannot be changed. Evidence from research studies, however, indicates that people are not born with set and specific ways of expressing anger. Rather, these studies show that the expression of anger is learned behavior and that more appropriate ways of expressing anger can also be learned.

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 “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 therapeutic and healthy. 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?

VII. 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?

- In what ways has it been maladaptive?

VIII. 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.

IX. 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 Lose!

10

9

8

7

6

5

4

3

2

1

- You have a choice!
- Use your anger control plan to avoid reaching 10!

Notes

Lined area for taking notes, consisting of horizontal lines spaced evenly down the page.

SESSION 2:

Events and Cues

In this session, you 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.

I. Events That Trigger Anger

When you get angry, it is because you have encountered an event in your life that has provoked your anger. Many times, specific events touch on sensitive areas. These sensitive areas or “red flags” usually refer to long-standing 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 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.

- What are some of the general events and situations that trigger anger for you?

- What are some of the red-flag events and situations that trigger anger for you?

II. 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-provoking 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; e.g., with an increased heart rate, tightness in the chest, feeling hot or flushed)

- 2) *Behavioral Cues* (what you do; e.g., clench your fists, raise your voice, stare at others)

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

- 4) *Cognitive Cues* (what you think about in response to the event; e.g., hostile self-talk, images of aggression and revenge)

III. Check-In Procedure: Monitoring Anger for the Week

In this session, you began to learn to monitor your anger and to 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 past week. You will also be asked to identify the event that triggered your anger, the cues that were associated with your anger, and the strategies you used to manage your anger in response to the event. 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 triggered your anger?

- 3) What cues were associated with the anger-provoking 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

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

EVENT →	CUES →	STRATEGIES

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.

I. 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 trigger your anger, as well as the physical, behavioral, emotional, and cognitive cues associated with each event. 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. A timeout can be used formally or informally. In its simplest form, it 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.

The formal use of a timeout involves our relationships with other people. These relationships may involve 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.

- 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

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

II. Relaxation Through Breathing

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.

Take a deep breath. Notice your lungs and chest expanding. Now slowly exhale through your nose. Again, take a deep breath. Fill your lungs and your chest. Notice how much air you can take in. Hold it for a second. Now release it and exhale slowly. Inhale slowly and fully one more time. Hold it for a second, and release.

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.

III. Monitoring Anger for the Week

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?

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 serves as an integrative framework that incorporates the concepts of the anger meter, cues to anger, and the anger control plan.

I. The Aggression Cycle

An episode of anger can be viewed as consisting of three phases: *escalation*, *explosion*, and *postexplosion*. Together, these three phases make up the aggression cycle. The escalation phase is characterized by cues that indicate anger is building. As you may recall, cues are warning signs, or responses, to anger-provoking events. If the escalation phase is allowed to continue, the explosion phase will follow. The explosion phase is marked by an uncontrollable discharge of anger that is displayed as verbal or physical aggression. The postexplosion 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.

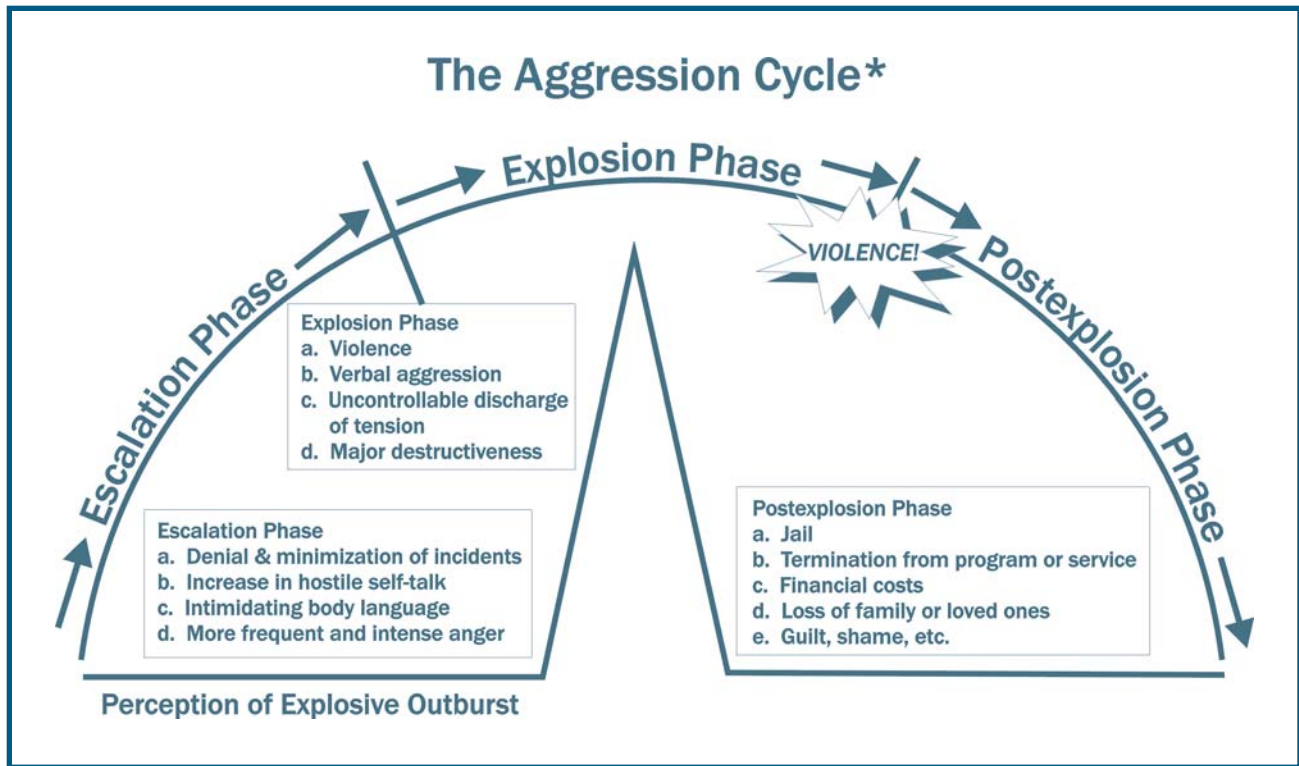
II. The Aggression Cycle and the Anger Meter

Notice that the escalation 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 escalation phase, the building up 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 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 prevent 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, and using the appropriate strategies from your anger control plans to stop the escalation of anger. If the explosion phase is prevented, the postexplosion 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?



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

III. Relaxation Through Progressive Muscle Relaxation

Last week you practiced deep-breathing as a relaxation technique. This week you are introduced to progressive muscle relaxation. You should practice this exercise as often as possible. Here are the directions.

Take a moment to 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. 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?

IV. Monitoring Anger for the Week

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?

ANGER MANAGEMENT *for Substance Abuse and Mental Health Clients*

3) What cues were associated with the anger-provoking 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 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.

I. 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 irrational 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 irrational beliefs.

- How might you dispute these beliefs?

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.

II. Thought stopping

A second approach to controlling our 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?

III. Monitoring Anger for the Week

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?

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:

Review Session

In this session, you will review and summarize 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.

I. Monitoring Anger for the Week

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?

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

SESSIONS 7 & 8:

Assertiveness and the Conflict Resolution Model

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

I. Assertiveness Training

As you remember from 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 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 violated your rights, and you may also 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.

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 such 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?

II. 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 (e.g., 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 (e.g., 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 (e.g., 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.

III. Monitoring Anger for the Week

- 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?

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

SESSIONS 9 & 10:

Anger and the Family

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

I. 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 your father abusive to your mother or you?

ANGER MANAGEMENT *for Substance Abuse and Mental Health Clients*

- 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 (e.g., 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?

II. Monitoring Anger for the Week

- 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?

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

SESSION 11:

Review Session

In this session, you will review and summarize 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.

I. Monitoring Anger for the Week

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?

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 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.

I. 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

The authors would like to acknowledge the following clinicians and researchers for their various contributions to the development of *Anger Management for Substance Abuse and Mental Health Clients: A Cognitive Behavioral Therapy Manual*.

Robert Awalt, Psy.D., Peter Banys, M.D., Torri Campell, Ph.D., 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.

We would also like to acknowledge H. Westley Clark, M.D., J.D., M.P.H., CAS, FASAM, Director of the Center for Substance Abuse Treatment, for his valuable contributions to the early stages of this treatment manual and the anger management project. Dr. Durazzo assisted in editing the manual.

Johnson, Bassin & Shaw personnel involved in the production of this participant workbook and the accompanying therapy manual included Barbara Fink, M.P.H., Project Director; Nancy Hegle, Quality Control Manager; Frances Nebesky, M.A., Editor; and Terrie Young, Graphic Designer.

HHS Publication No. (SMA) 12-4210
Substance Abuse and Mental Health Services Administration
First printed 2002
Revised 2003, 2005, 2006, 2007, 2008, 2009, 2010, 2011,
and 2012

