

**ANGER MANAGEMENT GROUPS
FOR ADOLESCENTS**

**BY
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ANGER MANAGEMENT GROUPS FOR ADOLESCENTS

BY

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**A Thesis/Practicum submitted to the Faculty of Graduate Studies of The University
of Manitoba in partial fulfillment of the requirements of the degree
of
MASTER OF SOCIAL WORK**

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ABSTRACT

The report reviews theories, treatment approaches and measures relating to anger management and aggression with particular interest in adolescence. The practicum involves the use of two types of anger control training programs for teen aged clients of a child welfare agency in Winnipeg, Manitoba. The Anger Control Training as developed by Eva Feindler (1986) and Psychological Skill Streaming based on Arnold Goldstein's (1980) work served as the models used in the two anger management groups presented to the adolescents.

The Stait-Trait Anger Expression Inventory (STAXI) was utilized as a pre and post test measure to assist in the evaluation of the effectiveness of the programs offered. The scores from the measure are highlighted along with an interpretation of the results. The treatment group utilizing Feindler's Anger Control Training showed positive changes as reflected in the pre and post test scores on the STAXI.

A review of the implementation of the program is presented and includes recommendations for future use of the models for anger management programs for teens.

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Table of Contents

Abstract	i
Acknowledgements	ii
Introduction	1
Aim of Intervention and Learning Goals Statement..	1
Section 1	
Literature Review.	6
Definition of Anger and Aggression	6
Nature and Function of Anger	6
Nature and Function of Aggression.	7
Anger vs Aggression / Instrumental and Reactive Aggression	9
Stait and Trait Anger and Aggression	10
Section 2	
Theoretical Concepts of Aggression.	12
Psychoanalytic	13
Humanistic/Client Centred and Behaviour Modification	15
Summary	16
Section 3	
Measures of Anger and Aggression	19
Section 4	
Adolescence and Anger/Aggressiveness	23
Adolescence in the Context of Family Development	25

Section 5

The Emergence of Psychological Skills Training	.	.	.	.	.	.	31
Models of Change	.	.	.	.	.	.	31
Skill Streaming	.	.	.	.	.	.	33
Anger Control Training	.	.	.	.	.	.	34
Moral Education	.	.	.	.	.	.	35
Aggression Replacement Training	.	.	.	.	.	.	36
Anger Management Youth Program	.	.	.	.	.	.	37

Section 6

Intervention Method and Rationale	.	.	.	.	.	.	38
Agency Approval	.	.	.	.	.	.	41
Ethics Committee Approval	.	.	.	.	.	.	42
Client Referrals	.	.	.	.	.	.	43
Interview and Selection Process	.	.	.	.	.	.	44
Selection and Group Assignment	.	.	.	.	.	.	46
Notification to Referring Workers	.	.	.	.	.	.	49

Section 7

Structure of the Groups	.	.	.	.	.	.	49
Format of the Sessions Groups # 1 and #2	.	.	.	.	.	.	50
Parent Sessions	.	.	.	.	.	.	53
Supervision	.	.	.	.	.	.	55
Group Profile	.	.	.	.	.	.	56
Group Dynamics	.	.	.	.	.	.	60

The Parent Group	. . . . .	66
Section 8		
Interpretation of the Data	. . . . .	69
Within Group Comparison Group #1	. . . . .	73
Within Group Comparison Group #2	. . . . .	76
Between Group Comparison	. . . . .	77
Comparing the Groups to the Normative Sample.	. . . . .	79
Effects of Parental Involvement	. . . . .	86
Summary	. . . . .	91
Section 9		
Practicum Evaluation/Skill Development	. . . . .	92
Conclusion	. . . . .	100
Applicability to Social Work Practice	. . . . .	102
References	. . . . .	105
Appendices		
Appendix A -Informed Consent Form	. . . . .	115-117
Ethics Committee Approval Certificate	. . . . .	118
Permission to use the State-Trait Anger Expression Inventory	. . . . .	119
Appendix B - Worker Memos and Referral Forms	. . . . .	120-123
Appendix C - Interview Data Sheet / Interview Format	. . . . .	124-126
Appendix D - Acceptance Letter	. . . . .	127
Appendix E - Session Format of Group #1	. . . . .	128-136

List of Skills	.	.	.	.	.	137-138
Attendance Sheet.	.	.	.	.	.	139
Homework Report	.	.	.	.	.	140
Audio/Visual Aides	.	.	.	.	.	141
Appendix F - Session Format of Group #2						
Anger Control Training	.	.	.	.	.	142-166
Attendance Sheet	.	.	.	.	.	167
Hassle Log	.	.	.	.	.	168
Audio/Visual Aides	.	.	.	.	.	169
Appendix G - Letters to Parents	.	.	.	.	.	170-171

INTRODUCTION

AIM OF THE INTERVENTION

It has long been my aim to intervene at a level that will have some influence on the members of the community with whom I interact in a professional capacity. I have recognized that many of the adolescents and their parents exhibit intense anger when attempting to problem solve as a family unit. This project was developed in a response to an identified need to help adolescents control their anger and to help parents understand how inappropriate responses to anger can impact upon every one in the family.

LEARNING GOALS STATEMENT

I want to acquire a deeper understanding of anger, how this emotion seems to over ride other emotions, and why this emotion is so easily displayed in terms of aggressive behaviour. I want to apply this knowledge in a structured fashion to assist adolescents and their families with controlling their anger and reducing their aggressive behaviours. I hope to gain more skills facilitating groups in order to successfully run groups in the future. I also wish to transfer the knowledge and skills acquired from this practicum to others who wish learn and develop their skills to facilitate anger management groups.

Macdonald (1992) describes adolescence as a period of psychosis and of great importance during this transition is that the individual most needs the stability of family as he or she evolves through a confusing time of internal instability. Even though this period is temporary, many families find themselves unable to manage their troubled teenagers and seek institutionalization or management by a child-welfare agency. Child welfare practitioners have been concerned about the increase of the number of children utilizing out of home placement and the effects that this has on children in long term placements. Family-centred services, coupled with new theoretical perspectives have brought forth viable alternatives to placement options.

I have been employed with Winnipeg's Child & Family Services Agency for the past 10 years. I have worked primarily at the child protection end of the social work spectrum up until the summer of 1995. There was a slight shift in the Agency's thinking which placed more emphasis on the family in crisis and ways in which alternative intervention programs may be more effective. The volume of children coming into the Agency's care has been increasing steadily over recent years. The projection of the vast number of children that would come into the care of the agency in the near future posed a growing concern. Alternative/Diversionary Programs were proposed as alternatives to bringing children into care. The programs took on two shapes, one being to expand the services offered to permanent wards (i.e. adoption services) and the second being family focussed services. The incentive was coined the Volume Management Initiative (VMI) and was embraced by the entire agency. The budget for the program was over a million

dollars. The primary focus of the VMI is to reduce the number of children coming into care, reduce the number of days that children remain in care, and to accomplish this without placing children at risk. My involvement is centred in the family focussed services programs.

The VMI had a huge task before it. In the area of family focussed services, each area in Winnipeg Child & Family Services identified the needs of the families of which they service and programs were developed to meet these needs. The programs situated in the Agency's four catchment areas were as follows:

- 1) In-Home Crisis Resolution Program (Northwest)
- 2) Parent/Teen Mediation Program & Family Based Treat & Intervention Program (Southwest)
- 3) Parent/Teen Response Team & Solution Focussed Brief Family Therapy (East)
- 4) Family Centred Reunification Program & Alternative Care/Kinship Worker Program (Central)

The programs were implemented in April of 1995 and were designed to run for three years with an evaluation component built in. Workers were hired to fill the positions of the new programs created by the VMI. Many of these positions were filled by workers already employed by the agency. This created a process of backfilling positions for those vacated by the VMI staff. The advantages were that many of the newly created positions were filled with experienced social workers with an extensive Child Welfare background. The disadvantage was that the agency underwent a major transition period. I assumed a

Parent/Teen Response Team position for the Winnipeg Child & Family Services, East Area Agency.

Within each new position there was the need for a fundamental shift in the role of the worker. Although child protection remains first and foremost in our dealings with the family, we also have to remind ourselves of the goals of the VMI. It became very important to explain what my new role was to the family and how I hoped to help them. This seemed to be the easiest part for me as most families were desperately needing someone to intervene in any fashion. My experiences with the families in the program, however, quickly took on a new twist. Previously I might assess a family's problems and possibly bring a child into the agency's care and attempt to figure out ways to reunite the family later. The primary reason being that the sheer number of cases prevented me from giving the families the time needed to problem solve first. The Parent/Teen Program is allowed the luxury of having each worker carry ideally 10 cases with the hope that case turnover will be within 2 to 3 months. With this amount of time to spend on each case, I am able to make a more thorough family assessment. Meeting the families in crisis does allow me the opportunity to intervene when they are most vulnerable to the change process but I also met them when they are most angry. This led me to ponder the nature of anger and the aggression which sometimes accompanies this.

Families undergoing parent/teen conflict have a number of issues present. Each family member has a need to express their feelings and opinions. During parent/teen conflict, anger is one feeling expressed most frequently and easily. Parents appear angry with their teenager's attitude and behaviour. The teenagers are angry with either one or

both parents. At varying levels the parents may be angry with one another or the teenager may be angry with their siblings.

Working with families and their teens for the past year has prompted me to explore a variety of approaches to deal with the expression of anger within family sessions. It became clear that the anger issues had to be dealt with early in family meetings before we could proceed much further into problem solving and conflict resolution. Initially my role became that of a detective of sorts, needing to unravel the mystery surrounding the aggression presented to me as a result of these angry feelings. I needed to find out more about anger and what factors influenced the acting out of anger into aggression. I also wanted to become effective as a change agent to become more effective when dealing with angry and aggressive teenagers and their families.

I was given the opportunity to attend an Anger Management Training Program in the fall of 1996. The program was run through Manitoba Corrections and was facilitated by Brent Apter. The knowledge obtained from the program was well received and has influenced a large portion of my practicum proposal.

This paper reviews relevant theories regarding the nature and reason for anger and what factors may determine aggressive behaviour. Contained within this literature review I have explored various measures of anger and aggression and discuss a variety of treatment programs designed and implemented for aggressive adolescents. I present a treatment design using a group model along with the advantages and disadvantages of using this model with my target population. The focus of my intervention was to help the group members identify their angry feelings, discuss the internal cognitive processes associated with these feelings, and to change the responses to their angry feelings. It was

hoped that the intervention would reduce aggressive behaviours resulting from the feelings of anger of the group members within and outside of the program.

Section 1 DEFINITION OF ANGER AND AGGRESSION

The literature review includes the nature of anger and aggression. The two need not mean the same as anger is defined by Novaco (1995, 1979) as an affective stress reaction to provocation events. Whereas aggression according to behavioural theory, is a pattern of learned responses to both internal and external factors. It is maintained by consequences as social reinforcement, relief from aversive stimulation, and acquisition of concrete rewards (Varley, 1984).

NATURE AND FUNCTION OF ANGER

The limbic system of our brain is primarily concerned with emotional responses (Moyer 1968, 1971). Anger is a strong emotional response to provocation (experience/situation) that has identifiable autonomic nervous system components as well as cognitive components (Novaco, 1975). It is described as a secondary emotion. This simply means that there is another feeling experienced before one becomes angry. The role of anger has many facets. Anger allows us to express or communicate negative feelings to others as well as to induce impulsivity. It also enables us to ready ourselves to protect our existence.

Novaco (1975) discusses the defensive function of anger. Under conditions of physical threat, anger will energize the attack response. The physiological response to a dangerous situation stems from a chemical reaction triggered by the brain

(Catecholamines; I.E., adrenaline and noradrenaline) (Ax, 1953; Funkenstein, Greenblatt & Solomon 1962; and Schacter, 1957). Cardiovascular changes following experimental induction of fear and anger have tended to show an adrenaline pattern for fear and a noradrenaline one for anger. This chemical reaction heightens or lowers either our systolic or diastolic blood pressure or both. Along with an increase in heart rate, we experience an increase in physical strength along with other altered physiological functions. The body has prepared itself to act, however our cognitive processes determine how we act. Bandura (1973) concluded that the studies just cited by Ax, Funkenstein, and Schacter were inconsistent, in that fear and anger had similar physiological correlates and that the emotions experienced were dependent upon identifiable external influences stemming from a common diffuse emotional arousal.

NATURE AND FUNCTION OF AGGRESSION

Aggression is the physical acting out of angry feelings with the intent to cause harm to a person or object. It is believed to be a primitive behaviour dating back to the ancient development of the human brain. The hypothalamus portion of the brain controls the autonomic processes regulating our respiration, body temperature, and heartbeat. The hypothalamus also has a role to play in regulating hormones which affects our emotions and motivation. The hypothalamus along with the amygdala are part of the limbic system and work in unison in the mediation of aggression (Scherer, Abeles, & Fischer, 1975).

Among the varieties of the definitions of aggression, those which involve the attributes of the behaviour assumptions about the instigators, emotional aspects, and “intent to injure” are the most frequent (Bandura, 1973, p. 2). The concept of “intent to

injure” has been considered an unnecessary concept in aggression due to the difficulty in measuring it. Geen (1976) argues that the concept of intent may be unavoidable despite its inherent problems because there are many examples of situations where pain is caused to one person by another without any intent to inflict injury. Kaufman (1970) argues that any definition of aggression must also incorporate the notion that there is a chance of harm being done to a victim. In other words, there is an expectancy that injury will result from an action which indicates a cognitive intervening condition.

Lochman, Burch, Curry and Lampron (1984) use a cognitive behavioural framework to conceptualize aggression as a behavioural reaction due in part to distorted and inadequate cognitive processing of perceived provocations and frustrations. Behavioural theories of anger and aggression, beginning with Bandura (1973) and followed by Novaco (1979), emphasized the role of cognitive appraisal mechanisms. It has been demonstrated that the appraisal of provocation stimuli (direct/indirect threats, aversive stimuli, etc.) influences the magnitude of aggressive behaviour.

ANGER VS AGGRESSION

The relationship between anger and aggression has been studied and debated for a great deal of time. Rule and Nesdale (1976) reviewed evidence consistent with the view that when a person’s arousal state is anger then the anger acts as a determinant of aggression, which was directed toward the goal of injuring the perceived source of anger. Research suggests that a person’s anger and subsequent aggression can be increased or decreased dependent upon that person’s causal attribution of the physiological arousal experienced. One of the major theoretical contentions concerning aggression is whether

anger is a necessary concomitant. The relationship between anger and aggression is unclear.

INSTRUMENTAL AND REACTIVE AGGRESSION

Buss (1961, 1971) distinguished between two forms of aggression. One form of aggression is reinforced by pain of the victim and the other form is reinforced by some extrinsic rewards in which anger is not involved. It has not been shown that injury reinforced aggression must be coupled with anger or any other emotion. It has also not been shown that aggression reinforced by extrinsic reward must occur in the absence of anger. Feindler and Ecton discuss different types of aggression such as instrumental aggression (learned behaviour) and reactive aggression (stimulus-bound). Instrumental aggression is a response performed in order to obtain specific rewards whereas reactive aggression is a defensive response to real or perceived provocation. Bandura (1973) made note that both types of aggression are goal specific and both types could be labelled instrumental aggression.

Berkowitz (1962) considers that anger refers to an emotional state, presumably resulting from frustration, which when consistent with compatible cues, instigates aggressive responses. He has shown that anger does not always lead to aggression but requires the presence of appropriate cues (Berkowitz, 1964, 1965). Scott and Buss (1971) demonstrated aggression in the absence of anger. Kaufman (1965a) presumes anger to be neither a sufficient nor a necessary condition for the production of aggressive behaviour.

STAIT TRAIT

The relationship between anger and aggression makes one wonder why some individuals become aggressive when angered and why some people do not. An individual's personality may pre-dispose them to experience and express anger in certain ways. I will briefly touch on the Stait versus Trait issue as discussed by Leonard Berkowitz (1993).

The world would be an easier place to live in if we could categorize people based on personality traits and could predict how an individual will behave in each and every situation. Unfortunately, we are unable to predict with certainty how an individual will behave according to their personality traits. Walter Mischel (1968) questioned whether most people had stable personality traits, that being, definite and abiding inner mental structures that produced the same behaviour regardless of the situational context. He found that behavioural stability is usually limited. The behavioural consistency that does exist pertains only to relatively similar contexts. Some people will behave in certain ways in certain situations depending upon the meaning the situation has for the individual, such as when they perceive themselves as being threatened or criticized. Mischel's study did not deal with aggressive behaviour specifically and we are still left to wonder whether aggressive conduct is as variable across situations as are the other types of behaviour in Mischel's research.

Berkowitz (1993) maintains that some people will act the same way whenever an aggressive opportunity arises, if they are free to do what they want in a given situation. He argues that people will try to hurt someone if they have an underlying aggressive disposition, or they will not attack a target if they have a non-aggressive personality. He

feels that these people are at the extreme ends of one another and are either highly aggressive or highly non-aggressive. Average persons are not strongly inclined one way or the other, making our behaviour more variable across situations.

Berkowitz (1993) cites a study by Deffenbacher, Demm, and Brandon (1986) in which a group of university students were given a personality measure and were questioned about their anger experiences. They were asked to keep a log for one week and asked to keep notes of their anger experiences. It was found that those individuals who scored highest on the anger scale, reported having the most frequent and most intense anger experiences.

The study suggests that individuals with a predisposition to become angry quickly and experience anger more intensely, will, in fact, experience intense anger more often than individuals who do not possess this trait.

In summary, it has been demonstrated that individuals do possess personality traits which predispose them to exhibit certain types of behaviours (Mischel, 1968). Whether these behaviours occur or not depends upon how the individual perceives a given situation with regard to their personal safety or criticism. Aggressiveness was not specific to the study and we could draw no conclusion concerning aggressive behaviour. Berkowitz (1993) maintained that aggressive individuals will behave aggressively if there are no external limitations placed on their behaviour and non-aggressive individuals will not aggress under the same circumstances. He categorized extremely aggressive and non-aggressive individuals as operating on this premise while the average person will exhibit a wide range of behaviours across situations.

A study by Deffenbacher, Demm, and Brandon (1986) found that individuals scoring high on anger expression scales reported having very frequent and intense anger experiences. The study suggests that an individual may have a predisposition (trait) to become quickly angered and experience intense anger.

At this point I would like to caution the reader not to jump to conclusions. An individual possessing certain personality traits to aggress or to experience anger often and intensively may not act upon their urges.

I feel that personality characteristics determine who we are and from whence we came. We cannot change what heredity has given us outside of injury, elected surgery, or illness. We can, however, change our perceptions toward a situation, a person, or an event. The interventions as described later in this report are based on this assumption. To further explore the nature of aggression, it is important to review the theoretical development of this concept.

SECTION 2 THEORETICAL CONCEPTS OF AGGRESSION

Prior to the 1970's there were three major groups of psychotherapy to help change or alter aggressive, disturbed, ineffective, and unhappy persons. These groups were separated as psychodynamic/psychoanalytic, humanistic/client centred, and behaviour modification. I will briefly touch on the theories providing the impetus for behaviour change.

PSYCHOANALYTIC/PSYCHODYNAMIC

There can be no discussion about psychoanalytic theory without making reference to Freud (1946) who associated aggressiveness with sexuality. The sexual and aggressive drives were believed to be the primary motivating drives for people to behave as they do. He felt that individuals held within them the desire or the unconscious wish to die and that this self destructive energy had to be diverted from its original purpose. This diversion would manifest itself in outwardly destructive fashions which would reduce tension and restore a balance within the individual.

Lorenz (1970) held similar beliefs concerning the build up of aggressive energy and the need for this energy to be dissipated in a regular fashion to prevent overly aggressive acts in the environment when deemed inappropriate. Lorenz studied animal behaviours and postulated that humans have made attempts to reduce our innate aggressive tendencies through education and the elimination of frustrations but that this was not good enough. He felt that aggressive energy could be dissipated through involvement in sports and competition (Megargee & Hokanson, 1970).

Freud's theories concerning aggression were challenged in later years as other schools of thought observed individual behaviours with contradicting plausibilities for their occurrences. He did not take into account the cognitive processes of individuals and the ability that we have to make choices towards whom aggressive acts are directed along with the intensity and the intent for the aggression. As with all psychoanalytic theories of behaviour, the extent to which empirical analysis can be applied is severely limited.

Lorenz was criticized for his attempt to extrapolate from his extensive work with animals and extrapolating to human behaviour, for failing to take into account individual

differences (Megargee & Hokanson, 1970), and for not considering alternative explanations to their observations.

Attempts were made by Hassenstein (1981) to add credibility to Ethological Aggressive Drive Theory by distinguishing other biological causes for aggressive animal behaviours. These causes were sexual motivation, group defense aggression, aggressive reactions caused by fear, pecking order aggression, and frustration aggression. He also considered the inherent difficulty of extrapolating from the results of animal studies and applying them to human behaviour.

Empirical researchers in the area of aggression refined Freud's earlier theories on our innate drives which create energy that in some form has to be released. This theory was labelled Frustration-Aggression Theory and was introduced by Dollard in 1939. In terms of behavior, the theory postulates that if individuals are unable to release the build up of aggressive energy passively then they will behave aggressively (Glasser, 1978). The theory holds that frustration is the singular antecedent to aggression (Buss, 1969). This shift in thinking provided a vast area for exploration in the field of aggression research. Frustration was viewed as crucial in categorizing the variable which determined the intensity of the aggressive behaviour. The stronger the frustration experienced by the individual, then the aggression would be more intense (Buss, 1969). Fortunately the socialization process has forced individuals to suppress the urges to act out aggressively, even though the frustration still exists. The theory maintains that the energy created from frustration can be temporarily suppressed or displaced but cannot be destroyed. Taking the concept one step further, Dollard (1970) adds that aggression is not always acted out physically but may manifest itself in fantasies, dreams, or plans of revenge. The direction

of the aggression is not always towards the stimuli to be the cause of the frustration. The term displaced anger or aggression pertains to the ability of an individual to vent frustration towards themselves (i.e., kicking the dog), or to no one/thing in particular and lashing out verbally (i.e., swearing after stubbing one's toe).

In summary, the work of Dollard (1939) and his followers helped to explain some questions concerning the energy we feel when we become frustrated. It is true that we do become aroused both physically and emotionally when frustrated but the theory does not explain why some individuals behave aggressively when others do not. Later studies showed that aggression was not always displayed in frustration situations indicating little validity in the Frustration Aggression Theory (Apter 1995).

HUMANISTIC/CLIENT CENTRED

The Humanistic/Client Centred psychotherapist's approach viewed feelings as a valued aspect of human experience and not to be expelled or discharged but used as orienting information (Thomas, 1993). Emotion is regarded as the organism's direct evaluative, immediate experience of the organism/environment field, furnishing the basis of awareness of what is important to the organism and organizing action (Greenberg & Safran, 1989).

The objective of this approach is to increase the awareness of emotion. Outcomes of heightened awareness are believed to be growth-producing motivation to change and subsequent constructive actions. Carl Rogers (1959) emphasized the facilitation of client awareness of emotions that had been distorted or denied in the past. Rogerian theorists believed that the potential to change resides within the client and change agents attempted to release the client's potential by providing a warm, empathetic, maximally accepting helping environment (Rogers, 1959).

BEHAVIOUR MODIFICATION

Behaviour modification reflects the systematic use of contingency management, contracting, and the training of teachers and parents as behaviour change managers. The theory maintains that desirable behaviours or approximations when appropriately reinforced will increase the probability that these behaviours will occur again (Skinner, 1939)

This approach to behaviour change was very effective and the basic principles (i.e., rewarding desirable behaviours to reinforce these behaviours) form the foundation for learning in both animals and humans (Patterson, 1973; Novaco, 1976).

SUMMARY

Sexual and aggressive drives were believed to be the primary motivating drives for people to behave as they do. Both Freud and Lorenz felt that aggressive energy is created from within and has to be released. If the aggressive energy was not released in a constructive fashion, then destructive behaviour would result.

Freud's theories concerning aggression were challenged in later years as opposing explanations for aggressive behaviour emerged. He failed to take into account the cognitive processes of the individual. Lorenz was criticized for his attempts to draw conclusions from animal studies and compare them to humans.

Dollard (1939) introduced the frustration-aggression theory in 1939. He refined Freud's earlier theories, and postulated that if individuals are unable to release the build up of aggressive energy passively then they will behave aggressively. The theory holds that frustration is the singular antecedent to aggression.

Buss (1969) and Glasser (1978) helped to further research this area. Individuals could now be held accountable for their behaviour as socialization has forced individuals to suppress the urge to act out aggressively.

The theory makes certain assumptions which are:

- energy created from frustration can be temporarily suppressed or displaced and cannot be destroyed.
- aggression is not always acted upon but may manifest itself in fantasies, dreams, or plans of revenge.
- the direction of the aggression is not always toward the stimuli believed to be the cause of the frustration.
- the stronger the frustration experienced by the individual, the more intense the aggressive behaviour may be.

Humanistic/Client Centred

Proponents of the humanistic approach view feelings as a valued aspect of the human experience (Rogers, 1959; Greenberg & Safran, 1989; and Thomas, 1993). Emotions are a way for us to experience and interpret the world around us as well as helping us to understand what is important. Emotions also help us to organize our behaviours.

The objective of this approach is to increase our awareness of emotions. In so doing, we become more motivated to change and behave positively. Rogers emphasized the need for the therapist to facilitate the release of emotions that have been previously

distorted or denied. It is believed that this process can occur within a warm, empathetic, accepting and helpful environment.

Behaviour Modification

This approach incorporates the systematic use of contingency management, contracting, and the training of teachers and parents as behaviour change managers. The theory, simply put, maintains that desirable behaviours or approximations will occur again if appropriately reinforced (Skinner, 1938). Cognitive behavioural theorists have borrowed from this approach due to its overall effectiveness.

As theories for change all three concepts are concerned with pro-social behaviours and all have been incorporated in many other approaches to behaviour change. The psycho-analytic approach has softened to give more potential for the individual to make choices in how he or she behaves. The humanistic approach was popular in the 60's and 70's and set the stage for baby boomers in America to express themselves. The free-spirited behaviour of a large group of individuals in the U.S.A. was also met with aggression from authorities (government). The notion of becoming "in touch with your feelings" comes to mind when writing this summary. I feel that for individuals to begin making changes, there has to be an exploration of the feelings around the behaviour to be changed. The interventions discussed later will make use of emotional states in given situations.

The contribution from the Behavioural Modification Model will be drawn upon as well. I strongly feel that the aggressive behaviours of individuals has been learned thus implying that these behaviours have been reinforced in some way in order for it to be

maintained. The intervention models discussed later will include components of a reward and reinforcement system.

One of the best features of this approach is that the parents of aggressive youths can utilize the techniques. The behaviour modifiers are not concerned with mystifying their techniques. They are able to transfer their knowledge to others.

It is important to note that the commonality which these groups shared with one another was the belief that each individual holds within themselves the potential to express effective, satisfying, non-aggressive, or pro-social behaviours. The goal of intervention was to remove the obstacles that prevented the person from expressing desirable behaviours and to feel better about themselves (i.e., restore inner balance).

SECTION 3 MEASURES OF ANGER AND AGGRESSION

The difficulty expressed by researchers regarding anger and aggression is that anger is not easily measurable. The physiological changes accompanied with emotional arousal can be measured by blood pressure and heart monitors. The increases and decreases in heart rate and blood pressure can be detected but the emotion experienced is not readily identifiable as anger.

I have reviewed a number of measures associated with anger/aggressiveness and decided to use the Stait-Trait Anger Expression Inventory developed by Charles D. Spielberger (1988).

I chose this scale because it is reliable and valid. The scale was compared with the Buss-Durkee Hostility Scale (1957) and the Eysenck Personality Questionnaire of Anger (1959) and significant correlations were found which indicated convergent validity.

Internal consistency was high for the total scale and in the eight item AX/IN and AX/OUT anger scales when evaluated by computing alpha co-efficients and item remainder correlations. The development of the scale came about through rigorous methodology and has been widely used in clinical research studies on anger and health. Feindler (1991) recommends the use of this scale with adolescent populations due to its ease in administration, scoring, and the functional adaptability of the results.

Selecting the STAXI

I was interested in gathering information about the participants' feeling state and their propensity to express anger. State anger is an emotional state indicated by subjective feelings that may range in intensity from mild annoyance to fury and rage. Trait anger is described as the disposition to view many situations as annoying or frustrating leading to more frequent elevations in state anger based on the individual's perceptions. Therefore, trait anger levels influence state anger. Individuals high in trait anger experience more frequent and intense state anger than do individuals who are low in trait anger.

The STAXI provides a measure that can detect the direction that anger may be expressed, either inward (Ax In) or outward (Ax Out) or both. The measure can also indicate an individual's attempt to control their anger (Ax Con). One scale (Ax/Ex) takes into account the interrelationship of anger expression inward (Ax In), outward (AX Out), and the individual's attempt to control their anger (Ax Con).

The STAXI is a paper and pencil test which utilizes a 4-point Likert scale. The measure is easily administered, takes little time (10-15 minutes), and is easily scored. I found the administration of the measure to be non-intrusive in the group setting and the

participants required minimal assistance in completing the test. The participants of both groups were given the measure during the first session attended and during the last session of the program.

More About the Measure

The measure consists of 44 items that form six scales and two subscales. These scales are described in the STAXI Professional Manual contained in the package with the measure, received from Psychological Assessment Resources, Inc. (PAR). I might add that PAR granted permission for me to use the measure.

The manual describes the scales as follows:

State Anger (S-Anger): A 10 item scale that measures the intensity of angry feelings at a particular time.

Trait Anger (T-Anger): A 10 item scale that measures individual differences in the disposition to experience anger.

The Trait Anger Scale has two subscales, Anger Temperament and Anger Reaction:

Anger Temperament (T-Anger/T): A 4 item scale which measures general propensity to experience and to express anger with specific provocation.

Anger Reaction (T-Anger/R): A 4 item scale that measures individual differences in the disposition to express anger when criticized or treated unfairly by other.

Anger In (Ax In): An 8 item anger expression scale that measures the frequency with which angry feelings are held or suppressed.

Anger Out (Ax Out): Is an 8 item anger expression scale that measures how often an individual expresses anger toward other people or objects in their environment.

Anger Control (Ax Con): An 8 item scale which measures the frequency with which an individual attempts to control the expression of anger.

Anger Expression (Ax/Ex): This scale is based on the responses to the 24 items of the Ax In, Ax Out, and the Ax Con Scales, which provides a general index of the frequency with which anger is expressed, regardless of the direction of the expression.

The STAXI Professional Manual contains information to assist in the administration, scoring and the interpretation of the data. It also provides percentiles and their linear transformation (T Scores) derived from normative samples against which individual scores can be ranked.

The normal sample represents adults, college students, and adolescents separated along gender lines. The adult sample is divided by age groups, 18-30, 31-40, and 41 and older. Percentile rankings are also available for populations of special interest (i.e., medical and surgical patients, prison inmates, and military recruits).

I compared the groups participating in this practicum to the adolescent normative sample as well as making comparisons between individual group members and between

the two treatment groups in my intervention. I will discuss the STAXI results later in this report.

SECTION 4 ADOLESCENCE AND ANGER/AGGRESSIVENESS

Adolescence has been defined as a time of conflict and turmoil instigated by the process and adaptation to puberty (Blos, 1979). This period has been described by Erickson (1968) as a normative crisis and a time of strain between the individual and society during which one's identity is formed. Adolescence can be a time of significant psychological, physical, and social change and development. Adolescence begins initially with rapid physical growth and sexual maturity. The physical transformation during this period can only be exceeded by the fetal and neonatal stages of human development (Kendall & Williamson, 1986).

The transition to adulthood is usually a difficult one for most teenagers. Developmentally, adolescents are attempting to establish their independence from their family or origin, making significant connections within their peer group and struggling to find their own identity. Their sexuality has been thrust into the limelight and can become a central focal point for many adolescents. The overactive hormonal surges are linked to the severe mood swings that many parents experience with their teens (White & Speisman, 1977).

Cognitive abilities of the adolescent are also undergoing transformations. Adolescents are able to construct systems and theories, they are able to think about thought. They can reason on the basis of the hypothetical. The fundamental transformation during adolescence is the change from concrete to formal operations

(Piaget, 1969). Their time perspective is broadened and they can begin to think beyond the present. Also inherent in the intellectual development of the adolescent is egocentricity (i.e., a failure to distinguish between self and others). During the time that teens are able to hypothesize about the world, they also feel that their thoughts are all powerful and meaningful. The world as they see it should be as they think it to be no matter what is real (Piaget, 1968).

Piaget (1968) calls overcoming egocentricism as a decentering process. The shift from a limited perspective to a more differentiated outlook takes place simultaneously in thought processes and in social relationships. Closely knit peer groups are formed not only as a result of group pressure to conform but is viewed as valuable in the decentering process. He feels that discussion is the key to this process and is the goal of adolescent social interaction.

Erickson (1968) and Piaget (1969) both agree that there is a positive component to adolescent deviance, emotionality, and idealism. Erickson (1968) feels that successful emotional development during adolescence promotes a positive identity which is largely dependent upon the support given to the teen by the collective significant social groups to which they identify (e.g., class, nation, culture). Both Erickson and Piaget feel that “what individuals become depends not only on their human potential but also on the beneficence of their societies (as cited by Speisman, 1977, p. 24).

As previously noted socialization plays a key role in setting parameters around behaviours within that social context. The development of the adolescent to a large degree can be considered a by-product of the environment in which he or she live. The extent to which teenagers will experience anger and display aggressiveness will reflect the

models who are closest and most significant to them. This suggests a learned behaviour sequence that may have begun at a point much earlier than the onset of adolescence (White & Speisman, 1977) and a brief review of childhood development in relation to aggressiveness follows.

ADOLESCENT IN CONTEXT OF FAMILY DEVELOPMENT

Consideration of the Angry Youth in Context of the Family

Families influence the development of aggressiveness (Berkowitz, 1993). McCord & McCord (1979) conducted a study to determine if the influence of the family was related to how individuals fared in their adult lives. They identified 230 children between the ages of 5 to 13 years who were counselled by social workers between 1939 and 1945 in an attempt to reduce juvenile delinquency. The counselling seemed to have no impact in the original project.

McCord and McCord, with the use of the social worker's records, traced the participants between 1975 and 1979 to find out what happened to them. They felt that by using the social worker's description of the home lives of the children, that they could predict the chances of the children becoming highly aggressive and anti-social by the time they were adults.

They found that their parents' behaviour toward their sons had influenced the likelihood that the boys would be emotionally reactive aggressors. It appears that a child's early home life had a major impact on how readily and how often an individual may become assaultive when they perceived themselves threatened or challenged. McCord (1979, 1986) analysed the parent's characteristics, their behaviour toward their children

and whether or not the men acquired a criminal record. She was able to correctly identify seventy-five percent of the cases where the boys grew up to be criminals. She concluded that child rearing often has a long-term impact upon the development of anti-social aggressiveness.

Berkowitz (1993) describes parental rejection and harsh parental treatment as risk factors in parental behaviours which may lead to anti-social (aggressive) tendencies. The evidence is fairly consistent that highly aggressive boys have had cold and indifferent parents. McCord (1983) found that half of the subjects in her study who became criminals had been rejected by unaffectionate parents.

Harsh and punitive parents are likely to produce highly aggressive and anti-social boys (Berkowitz, 1993). A longitudinal study by Farrington (1989a,b) reported those subjects convicted of violence in adulthood with records of assaultive crimes were more likely to have had parents who had cruel attitudes and employed harsh, punitive discipline.

According to researchers' interviews in a national survey of violence in American homes. the more children were hit by their parents, the more frequently they assaulted their siblings and their parents (Straus, Gelles & Steinmetz, 1980).

John Reid at the Oregon Social Learning Centre observed significant correlations between family interaction and aggression. He found that one out of seven normal children would respond with aggression to their parent's punitive action. For children with a history of anti-social behaviour, the probability was great (thirty-five percent) that they would respond to their parents aggressively. The probability was fifty percent for highly anti-social children (who were severely abused by their parents) to respond aggressively to their parents (Patterson, Dishion & Bank, 1984).

I will not enter a debate concerning the use or non-use of corporal punishment by parents. The review of the literature reveals no consensus on this subject. It is important to note, however, that some parents spank their children. Berkowitz draws a distinction between wide ranging and emotional parental aggressiveness and more selective and well-controlled use of physical punishment. He suggests that no one parental behaviour is the cause for aggressiveness in their children.

Sears, Maccoby and Levin (1957) also found that mothers and fathers of aggressive boys were ineffective disciplinarians rather than only punitive. These parents were not selective and consistent when choosing behaviours of their children to be rewarded or punished. They also tended to nag, scold, and threaten indiscriminately.

The question of whether spanking should or should not occur excluding situations of abuse, can best be answered by not considering the punishment in isolation. One must also consider if the punishment is consistent, specific to the behaviour, not extreme, and reasonable then a clear structured pattern of interaction is formed making the punishment more effective.

Children react to their parents' reactions and vice versa. This represents a family interactional pattern. Each family member is influenced by another family member (Minuchin, 1981). Patterson (1984) makes the assumption that children are basically trained to become aggressive through their interactions with other family members. He maintains that if a child becomes aggressively inclined because of the interactions with family members, then they will tend to act in socially inadequate ways outside of the family. Parents of aggressive/anti-social children are viewed as poor managers, deficient in the following 4 areas:

- 1) monitoring the activities of their children both inside and outside of the home
- 2) disciplining aggressive/anti-social behaviour adequately
- 3) rewarding pro-social behaviour sufficiently
- 4) problem solving ability.

These deficiencies usually occur together and span through the child's life cycle from early childhood to adolescence. The consequences of poor parental management produces an aggressive child prepared to be threatening and assaultive.

Family disharmony can also be labelled as a contributing factor to aggressiveness in children (Farrington, 1978). There was no evidence to support the notion that aggressive children come from "broken homes". Farrington reviewed the family background of aggressive youths and found that a large number of boys reported that their mothers and fathers had quarreled and fought with each other during the child's early adolescence. It appears that the parents' disharmony preceeded the adolescent's aggressive disposition. Family tension was identified as heightening the youth's inclination to be aggressive. Loeber and Dishion (1984) highlight other studies describing parental disharmony as generating aggressiveness in children.

McCord (1986) found no higher incidence of delinquencies of boys that come from broken homes than boys who come from intact homes. She maintains that single parent homes in of themselves are not a factor in contributing to aggressiveness. The reason for the break up of the family is of greater importance. Homes which are broken by the death of a parent are less likely to produce aggressive children as are homes that are broken due to separation and divorce. If the separation or divorce was non-conflictual and relatively

civil, then the children were less prone to exhibit aggressive behaviour. Mavis Heatherington (1979) reported that when marital conflict is severe enough to cause the marriage to end, the children are often very upset thus provoking them to behave aggressively.

The impact of parental interaction upon the behavioural tendencies of their children cannot be overstated. In summary, I have discussed ways in which parental behaviours toward their children can influence how they may behave in their adulthood. By looking at the parental characteristics in relation to how they interacted with their children, McCord (1979) was able to predict with seventy-five percent accuracy which children would grow to be assaultive adults.

Berkowitz (1993) describes parental rejection and harsh parental treatment as behaviours leading to the development of aggressiveness in their children. Corporal punishment in isolation may not contribute to aggressiveness, however, in combination with rejection and harsh treatment, generally resulted in children behaving aggressively (Patterson, Dishion & Bank, 1984). Parental inconsistency coupled with indiscriminate permissiveness and punitiveness produced aggressive boys (Sears, Maccoby & Levin, 1957) and (Patterson, 1984).

Family interactional patterns affect all members of the family (Minuchin, 1981). Children are trained to become aggressive by other family members. Parents of aggressive children are seen as poor managers or deficient in their abilities to monitor their activities, apply appropriate discipline, reward pro-social behaviour sufficiently and problem solve (Patterson, 1984).

The disharmony in a family can have a negative impact on the children. Children from broken homes do not turn out to be aggressive as a result of coming from a single parent family. The important factor is how conflictual the parental break-up was and the effects it had on the child. Highly conflictual family breakdowns generally resulted in aggressive behaviours of the children.

Parents have remained as the primary teachers for children and their influence continues through adolescence and into adulthood. Who better should be included in a psycho-educational program aimed at altering the behaviours of children, than their parents? The literature is rich with references to the role of parents in producing aggressiveness in children. I think it is time for parents to become more involved in the process of unlearning aggressive tendencies of their children.

Socialization differences between males and females is well documented in the literature with males being more inclined to be aggressive than females (Speisman, 1977). Serbin, O'Leary Kent and Tonick, (1973) found that parents were more harsh in their disciplining of boys than of girls. Maccoby and Jacklin (1974) reported that boys receive more physical punishment than girls. They went on to say that it does not look as though boys were reinforced for aggression more than girls but felt that there was a tendency for boys to behave more aggressively as a result of their modelling themselves on behaviours of adults.

Recent findings reveal an increase in the amount of aggression being displayed by females. Based upon speculation, explanations for this increase may be that the traditional roles of females has expanded to include role models with whom they identify, who are exhibiting aggressive behaviour. Another possible explanation may be that females are

experiencing increased frustration due to the dramatic changes in the roles of women and have not been exposed to appropriate models to learn effective ways of expressing their frustration. Whatever the reasons might be, the notion that learned behaviour may be unlearned or replaced with more effective methods of expressing anger and frustration is the subject of the following pages.

SECTION 5

EMERGENCE OF PSYCHOLOGICAL SKILLS TRAINING

Models of Change

In the early 1970's there was a push for deinstitutionalisation in the mental health field. Community Mental Health evolved in a response to the discharge of many (400,000) persons from public mental health hospitals in the USA. The vast majority of these people were significantly deficient in important daily functioning skills. The mental health field was not equipped to handle the needs of these clients. It seems that the operant approaches to behaviour change was ill suited to meet this challenge. Researchers felt that a new intervention approach was needed that was responsive to the deficiencies of existing interventions. Psychological Skills Training (PST) emerged as one new approach to this problem (Feindler, 1984).

Inherent in this approach is the assumption that the client is lacking, deficient, or weak in certain skill areas necessary for satisfying and interpersonal functioning. The roots of this approach lie in psychology and education with the goal being to teach desirable skills. The most direct contribution from the psychological field that strengthened the growth of PST came from the Social Learning Theory in particular from

the work of Albert Bandura (1973) with emphasis placed on 3 major components; modelling, guided practice, and successful experiences.

Structured learning had been used in public mental health hospitals with long term, highly skill deficient, chronic patients. Skill enhancement effects were shown to be successful with great regularity (Goldstein, 1981). Focus shifted utilizing skill training to include aggressive individuals and researchers worked with spouses engaged in family disputes where violence was enough to warrant police involvement (Goldstein, Monti, Sardino & Green, 1977; Goldstein & Rosenbaum, 1982), child abusing parents (Goldstein, Keller, & Erne, 1985; Solomon, 1977; Sturn, 1980), and overtly aggressive adolescents (Goldstein, Sherman, Gershaw, Sprafkin & Glick, 1978; Goldstein, Sprafkin, Gershaw & Klein, 1980).

In particular to adolescents, it was found that aggressive teenagers display widespread interpersonal planning, aggression management, and other psychological skills deficiencies. Significant distinctions were found between juvenile delinquents when compared to non-delinquent youths in skill competence (Conger, Miller & Walmsmith, 1965). Patterson, Reid, Hone & Conger (1975) noted that the socialization process is severely impeded for many aggressive youths. Aggressive teenagers appeared immature and were often rejected by their peer group. They did not learn the key social skills that are important for initiating and maintaining positive social relationship with others. The exclusion from their peer groups prevented them from having positive learning experiences. It became clear that aggressive youths needed to learn how to behave in pro-social ways.

Skill Streaming

Skill streaming (Goldstein, Sprafkin, Gershaw & Klein, 1980) is designed to teach 50 skills that are believed to be deficient in aggressive youths. The essential parts of the program involving modelling, role playing, performance feedback, and transfer training. Modelling involves showing the adolescent examples of expert use of the behaviours indicative of the skills of which they are weak or lacking. Role playing involves several opportunities for participants to practice and rehearse competent interpersonal behaviours. Performance feedback allows participants to hear praise, re-instruction, and related messages of how well their role playing matched that of the expert model's behaviour. Transfer training simply refers to the ability of the participants to carry over what they have learned in the program into their daily routines.

Positive effects have been found for adolescent subjects in the areas of empathy, negotiation assertiveness, following instructions, self-control, conflict resolution and perspective taking (Goldstein, 1987). Skill acquisition for aggressive adolescents was shown to be ninety percent effective. The transferability of the skill acquisition from the therapeutic setting to the general community was reported to be between forty-five to fifty percent (Goldstein, 1979). The maintenance of the acquired skills following treatment suggests that the model does not address the need for continued reinforcement of the desired behaviours.

The model is somewhat lacking in addressing the multi-faceted process of understanding why these skills should be valued. The next step follows that once an individual acquires a skill that has value to them then internal thought processes will serve to help maintain the pro-social behaviours. Individuals will appreciate social rewards for

non-aggressive behaviour thus reinforcing to some degree the maintenance of pro-social behaviours. Goldstein recognized the weaknesses in this model and some years later revised it to help reduce anger for adolescents in the Aggression Replacement Training Program.

He was able to modify his Psychological Skill Streaming Model by focussing on the moral reasoning ability as well as the cognitive processes of the individual in relation to aggressive behaviour. I will touch on his revised model later in this section.

ANGER CONTROL TRAINING

The program Anger Control Training (ACT) was developed by Feindler, Marriot and Iwata (1984). The model was partially based on the earlier anger control and stress inoculation research of Novaco (1975) and Meichenbaum (1977). ACT facilitates indirectly, by teaching means for inhibiting anger and loss of control. Adolescents are taught how to respond to provocation to anger by:

- identifying their internal and external triggers
- identifying their own physiological/kinesthetic cues which signify anger
- using reminder (self statements designed to function opposite to triggers)
to lower one's arousal level
- using reducers to further lower one's anger (i.e., deep breathing, counting backwards, imagining a peaceful scene, or contemplating consequences for their actions)
- self evaluation, where one judges how well their anger control worked and rewards themselves when it worked well.

This model addresses the cognitive, physiological and behavioural aspects of anger and aggression. The sessions serve as building blocks toward the goal of reducing anger and controlling angry responses. What one thinks and feels about a provocation situation is explored along with discussions about the long-range implications of both aggressive and non-aggressive behaviours.

Participants are given the opportunity to express their feelings and are subject to the support or criticism of the group as they validate or negate the participants' thought processes involved in fostering these feelings. The program helps to build self-esteem and identify individual rights. Assertiveness techniques are taught and practised within the group setting. As in PST, modelling, role play, performance feedback and transfer training are included in the ACT.

The program does not include a method for the enhancement of moral reasoning. Values are important to our make-up and help to form a code by which we live. There should be a stronger emphasis placed on the exploration of belief systems and values within the program. Parental involvement is also a necessary component to assist in the transferability of non-aggressive behaviours.

MORAL EDUCATION

This program consists of a set of procedures designed to raise a young person's level of fairness, justice and concern with the needs and the rights of other. Kolberg's (1969, 1973) work in this area added greatly to our knowledge of moral education. Three basic principles emerged as enhancing moral reasoning that form the basis for the specific procedures used in dilemma discussion group which are:

- exposure to the next higher stage of moral reasoning
- inducement of confusion over genuine moral dilemmas
- the opportunity to take on the role of another person.

In his studies he was able to demonstrate that exposing youth to a series of moral dilemmas arouses an experience of cognitive conflict. Youth will attempt to resolve the cognitive conflict within discussion group made up of peers with varying levels of morality. It was found that through the resolution of the cognitive conflict within this setting, that the youths' levels of moral reasoning was advanced to match that of their peers who were at higher levels (Goldstein, 1987).

AGGRESSION REPLACEMENT TRAINING (ART)

The program was originally developed by Goldstein, Glick, Reiner, Zimmerman, and Coultry (1987). It is a multitudinal model that utilizes a psycho educational approach to intervene with aggressive adolescents. This program combines Psychological Skills, (modified training skills acquisition from 50 to 10), Anger Control Training, and Moral Education, of which we have already discussed.

Goldstein, et al (1994) had been developing and evaluating the ART for the past 10 years and their findings strongly encourage the continued use of this program. The program promotes skill acquisition and performance, improved anger control, a decrease in the number of acting out behaviours, and increase in the frequency of constructive, pro social behaviours. The transferability effects from the treatment program to within the institutional community is significant although not as dramatic as when the groups were followed up in the regular community setting (Goldstein & Glick, 1994). The ART

program with a focus on “in community based” intervention suggested some usefulness with my target population. In this approach, thought was given to the impact that the community and the family has on the overall functioning of adolescents. Goldstein (1994) found that when parents participated in an ART group at the time that their children were involved in the program, the youths had lower recidivism rates than did adolescents whose parents were not involved in the program. It was suggested that youths responded more favourably in an environment which encouraged pro-social behaviours especially when significant persons in their lives were supportive and who reinforced pro-social skills.

ANGER MANAGEMENT YOUTH PROGRAM

I also reviewed a youth offender anger management program compiled by Brent Apter (1995). Apter developed an anger management training manual to be used by Probation Services in the Province of Manitoba. The manual was based on the procedures used in Stress Inoculation Training and from the results of his practicum at the University of Manitoba. He reported statistically significant changes between pre and post testing using the Problem Solving Inventory and the Stait-Trait Anger Expression Inventory. Client satisfaction with the anger management program also ranked high.

Upon review of his training manual, I found it to be comprehensive and potentially effective for my target population. I found that the time necessary to utilize the program would not fit into the time frame set aside to complete my intervention.

I decided to use Feindler’s (1986) Anger Control Training. I found the model to be comprehensive, reliable and specific to my target population. This model combines emotional and cognitive aspects in relation to the experience and expression of anger. I

felt that the model could be offered within the time frame allotted for completion of my practical experience.

I also chose Goldstein's (1981) streamlined Skills Training Model (i.e., teach 10 skills) coupled with parental involvement to help maintain any desirable changes stemming from the intervention. I believed that the skills could be taught within a reasonable time frame. The skills or the lack thereof, seemed directly related to the behavioural difficulties that my target group exhibited.

SECTION 6

INTERVENTION METHOD AND RATIONALE

Anger is seen as a necessary component of individuation as independence and integration are very important developmental processes that occur during adolescence. Feindler (1984) feels that the maintenance and transfer of behavioural changes are critical considerations in treatment designs as they view adolescent aggression as a non-situation specific phenomenon. LeCroy (1988) emphasizes two (2) aspects of anger management strategies; learning about the consequences of anger and learning new ways of behaving, assertively as opposed to aggressively. Farmer-Corder (1994) describes group work as the treatment of choice as either basic or an adjunct intervention, for the majority of adolescents. It is highly effective in providing opportunities to deal with the basic tasks of adolescence. Hurst and Gladieux (1980) and Weisberg (1979) agree that group therapy is a preferred modality of treatment in working with adolescence.

Group therapy is a common form of treatment for adolescents experiencing difficulties. There is no consensus that it is the best form of treatment but many authors feel that peer influences and the formation of relationships are invaluable components

within group work for adolescents. Groups are microcosms of real life situations. They provide arenas for support, the introduction of new ideas and development of effective strategies for dealing with different situations, the formation of different self concepts, and exposure to new role models. Adolescents feel less isolated and are able to change separate from their parents. The forum for the intervention will occur within a group format.

My intention was to intervene with adolescents who were experiencing difficulties controlling their anger. The population was drawn from the Winnipeg Child & Family Services, East Area catchment where the adolescents were active with case managers. The teens could be at home or in the Agency's care. The adolescents were selected for screening by their case managers (social workers), who felt that an anger management course would be useful for them. The teens were interviewed by the group facilitator(s) for their appropriateness in group intervention. The purpose of the intervention was explained to them along with a strong message for their commitment if selected for the program. This process continued until an optimal number of teens was gathered.

The number of teens wanted for each group was between eight (8) and ten (10) members and ranged in age from 14 to 16 years. The teens were screened and assigned to one of two groups according to the time that they were most available to meet, the participation of the parents, and consideration for homogeneity. The two groups completed pre and post measures of aggressiveness. Group #1 received a brief version of Psychological Skill Streaming (10 skills based on Goldstein's work, 1994) and involved the parents of the teens in separate groups, involving eight sessions for the teen group and 2 sessions with their parents. Group #2 received Anger Control Training as developed by

Eva Feindler (1986) involving twelve (12) sessions. The State-Trait Expression of Anger Inventory (STAXI) developed by Spielberger (1991) was used.

Pre and Post Measure of Anger

The results were examined by comparing scores obtained on the State-Trait Anger Expression Inventory within and between the groups. Self performance evaluations of group members during the course of the intervention for groups #1 and #2 were also utilized.

I believed that the group of adolescents receiving psycho-educational exposure along with their families' involvement would show an initial reduction in aggressive episodes during the course of the intervention, when compared to the Anger Control Group (#2) and the Control Group (#3).

I would like to inform the reader at this point that I did not utilize a control group in my intervention. I did not wish to deny a potentially helpful service to a group of clients who may benefit from an anger management program. I accepted all possible referrals and offered the program to them. I address this decision later in the report.

I felt that the impact of the family involvement at this level would have a large influence on the behaviour of the adolescents while treatment was provided. Although there seemed to be impetus for larger successes in Group #2 due to the number of sessions and the model used, the greater changes may not occur as rapidly as the effects may be more long term

Personal journals (Hassle Logs) were shared within the group if members wished. The results of the journals were not used in the final analysis of the intervention for

statistical purposes due to its subjective nature. Its primary use was to provide members with a concrete chronical of their performance and to promote self esteem from positive accomplishments and positive reinforcement from the group. Verbal feedback was elicited at the end of the program allowing me the opportunity to gain information to make the necessary changes for future group intervention.

AGENCY APPROVAL

As an employee of the Winnipeg Child & Family Services, East Area Agency, I needed to obtain permission to begin my practicum. I approached the Executive Director, Mr. Dave Waters to obtain permission to implement the anger management groups for the clients of the agency. I forwarded my request to him along with a copy of my practicum proposal. He suggested that I meet with the area managers/supervisors during one of the weekly management meetings to discuss my proposal. I met with the area manager on January 28, 1997 and presented my plan to them. I circulated outlines of the anger management models that I would follow during the program offered to their clients. I answered some general questions pertaining to issues of confidentiality, age range, sex of the participants, where the groups would be offered, the duration of the programs, and who would facilitate the groups.

The managers welcomed the proposal and agreed to speak with their respective teams consisting of unit case managers about the programs and would encourage them to refer appropriate clients for interviews. I was given permission to proceed with the program within the agency.

ETHICS COMMITTEE APPROVAL

Through discussions with my Faculty Advisor, Harvy Frankel, and my Practicum Committee members, Brent Apter and Diane Hiebert-Murphy, it was decided that my proposal should be submitted to the University's Ethics Committee for approval. My committee suggested that I made some changes in the Informed Consent Form (see Appendix A) that I would ask the participants and their guardians to sign.

The changes had to do with changing the wording to item #5 with reference to my practicum committee as opposed to my research committee and making the issues of confidentiality more user friendly. This involved re-wording Item #7 which explains securing participant information until such time as necessary for supervision requirements, feedback to participants, or required for extraordinary circumstances as it relates to criminal investigations as required by law. I also included an example of a situation whereby knowledge of a crime or criminal activity may be contained on an exiting audio/visual tape then the facilitator may be required to surrender the tape as evidence in court. Samples of the Informed Consent can be found in Appendix A.

The necessary changes were made and I submitted my proposal to the Ethics Committee on February 28, 1997. I received a Research Ethics Committee Approval Certificate from Dr. Grant Reid (see Appendix A) on March 4, 1997. I was also informed that I may be asked to provide progress reports, should report to the committee any significant changes in protocol, and that I delete the phrase "Research Evaluation" from item #5 of the consent form and substitute the word "Practicum". This direction was followed.

CLIENT REFERRALS

I forwarded two memorandums to each of the seven area units in East Area, Child & Family Services. I attached two Client Referral Forms along with the memos. One form was for adolescent referrals and the other was for family referrals (i.e. parents who chose to be part of the program through attending parent group sessions). This process was to follow up the discussions that each unit manager/supervisor would have with their unit case managers. I sent one memo on January 28, 1997 and another on February 14, 1997. I wanted to get a good picture of the number of client referrals to determine how many groups could be created.

I received a total of 23 referrals from the East Area Catchment Area. The number of referrals was very encouraging. I felt that there was a need for this type of resource and the response seemed to support my feelings. There were 23 referrals returned, there were seventeen males and six females, along with 5 family referrals. I felt that I had the numbers to go ahead with the project but I was concerned about the number of family referrals. I discussed my concerns with my co-facilitator and we decided to continue on with the selection process and sort out the difficulties with the parent sessions at a later date. The selection process included setting up the interviews, assessing the clients for appropriateness for group work, and assigning them to the group. Samples of the referral memorandums and the client referral forms can be found in Appendix B.

INTERVIEW AND SELECTION PROCESS

Scheduling

Interviews were scheduled during the first and second week of March, 1997 with the view of beginning the groups during the third week of March, 1997. Ideally, both facilitators wanted to be present during each interview session. However, due to time constraints surrounding the availability of the facilitators, re-scheduled or missed appointments, and the need to begin the groups in order to have them end prior to the summer months, we were unable to conduct each interview jointly.

March 6th and 7th were set aside for scheduling appointment for interviews. My co-facilitator joined me whenever possible. The referring workers were contacted and arrangements were made to meet the potential participants in the Elmwood Unit of Winnipeg Child and Family Services, East Area.

The scheduling was relatively easy but the follow-up was not. Out of the 14 scheduled appointments, five teens actually appeared for the interview. One missed the appointment due to a worker mix up, four workers contacted me to re-schedule, and there were four no shows. Follow-up appointments were made with the workers who contacted me and I was able to scatter appointments throughout the following week for the remaining referrals. My co-facilitator agreed to meet with two of the referrals as they were her clients.

Interview Format

We structured the interviews by meeting with the adolescent, giving them the option of having their legal guardian present. We used the completed case manager referral form as a guideline and checked each behavioural category with the teen's self-perception. We wanted to know if the case manager's and the teen's perceptions of his or her behaviour matched. Many of the case managers had completed the referral forms with the adolescent and we found that the teens tended to agree with the information on the form.

We explained who we were and gave a description of the program being offered. We discussed the types of groups, the format, the expected duration, and the probable location of where the groups would be run.

During our description of the program goals and objectives to the teens, we attempted to elicit a list of five triggers from them. The triggers were described as five sure fire behaviours of someone toward them which would cause them to lose it. We recorded this information on the interview data sheet. I felt that this list may be useful in later sessions. I explained to the teens that as a facilitator, if I have prior knowledge of a participant's trigger, then I may be able to de-escalate a situation within the group if another member is pulling too tightly on their trigger and entering a sensitive area for the member.

Basic rules were discussed with each teenager, those being, no participant will be allowed into a session if he or she was drunk or high and that no illegal activity should occur during the group or anywhere on the property.

We ended the interview by telling the teens that we would let his or her case manager know of our selections for the groups, which group he or she could attend, and the times, dates and location of the groups. Samples of the Interview Data Sheet and Interview Format can be found in Appendix C.

SELECTION AND GROUP ASSIGNMENT

We made selections for the groups by basing our decisions on the following criteria:

Age:

Between 14 and 16 years of age.

Mental Health:

We did not utilize a formal diagnostic tool for this criteria. We relied on case manager's information and our assessment of the teen to rule out the inclusion of members with obvious mental health issues (i.e., psychosis, schizophrenia or depression) that would interfere with his or her ability to participate in and benefit from the group.

Attitude Toward Change:

We were well aware that the referrals were directed to us by relevant persons in the lives of the adolescent, therefore, the resentment of the teen toward the group was understandable. We wanted to find out, if in an ideal world the adolescent would like to see things in their lives as being different for themselves. The

questions was posed to the teens and we attempted to elicit from them a positive statement about change.

Explicit Recognition of the Need for Anger Management

Even though the teens were referred by others we wanted them to verbalize their awareness that anger management was an issue for them.

Information concerning the outcome of the interviews was recorded on the interview sheet and my co-facilitator and I met to determine who could participate in the groups.

There was only one referral that stood out as questionable. I had prior knowledge of the child's history while he was in the agency's care at a younger age. He had been placed for a time with a former permanent ward who was on my child protection caseload. He was nearing his 17th birthday and continues to take Ritalin to help his concentration and attention span. My concerns were around his intellectual functioning as well as his behaviours in a group setting.

I discussed the referral with my co-facilitator and it was decided that we would include him in the program and withdraw him if we felt that he was not able to gain anything from the group or was too disruptive to the group process.

GROUP ASSIGNMENT

At this juncture, a decision was made to do away with the notion of having a control group. I felt uncomfortable offering the program to some clients and not to others. This decision was also influenced by the knowledge that the resources for anger

management programs within the agency were sorely needed and that significant differences between the groups may not have been found and a group of clients may not have received a service.

We decided to have an afternoon group and an evening group in order to maximize attendance according to the availability of the participants. We asked the teens for their preference in attending an afternoon group or an evening group during the screening interviews.

Other factors which influenced our decisions were:

Participant's availability (i.e., missing school/work and transportation as some referees live in rural areas of Manitoba)

We also wanted to have a balance of females to males. There were 6 females referred compared to 17 males. Of the 23 referrals received, 17 were deemed appropriate to attend and of these, 5 were female. We also attempted to balance the ages in each group. The end results of this process were as follows:

Wednesday Afternoon Group (Group #1)

Consisted of 9 members: 7 males and 2 females. The mean age for the group was 15.2 years with a median age of 15 years.

Thursday Evening Group (Group #2)

Consisted of 8 members: 5 males and 3 females. The mean age of the group was also 15.2 with a median age of 16 years.

NOTIFICATION TO REFERRING WORKERS

Notification letters (see Appendix D) were forwarded to the referring workers indicating the date their clients were interviewed and the outcome. If the referral was successful, we indicated a time, date, duration, and location of the group. Consent Forms were attached to the notification letters with instructions for the guardians and the participants to acknowledge, sign, and return to me.

SECTION 7 STRUCTURE OF THE GROUPS

The Wednesday afternoon group (Group #1) commenced on March 19, 1997 and ended on May 7, 1997. The length of the group was one and a half hours long beginning at 2:00 p.m. and ending at 3:30 p.m. All eight sessions were held in the Elmwood Family Resource Centre of the Winnipeg Child & Family Services, East Area, located at 225 Watt Street in room "C".

The goal of the program was to teach skills that would lead to a reduction in physical altercations stemming from conflictual situations in the lives of the participants. We followed the methods described by Arnold Goldstein (1980, 1984, 1994). In particular, we used the Psychological Skill Training to teach skills which we felt would be beneficial to the participants in controlling their anger.

The participation received a pre-test (STAXI) during the first 10-15 minutes of the first session. Those remaining at the end of the program received a post test (STAXI) prior to the group wind up. The purpose of the STAXI was explained during the initial interview and again just prior to receiving the pre and post test. Homework sheets contained in individual folders were given to each participant with instructions on how they would be used.

The Thursday Evening Group (Group #2) commenced on March 20, 1997 and ended on June 5, 1997. The length of the group was one and a half hours and began at 6:00 p.m. and ended at 7:30 p.m. The 12 sessions were also held in the Elmwood Family resource Unit of the Winnipeg Child & Family Services Agency, East Area at 225 Watt Street in room "C". The goal of the program was to teach ways of inhibiting anger and loss of control. We followed the procedures as outlined by Feindler, Marriot & Iwata (1984) in their Anger Control Training Program.

The participants also received pre and post tests at the beginning and the end of the program. The pre test was administered during the first 10-15 minutes of the first session and the post test was given during the last session just prior to the wind up. The purpose was explained to the participants individually during the interview process and again just prior to being given the test.

The group members were given individual folders containing Hassle logs and were instructed on how they would be used during the program.

It is at this point that the groups became separate in terms of program content. The two groups received different information, explanations and instructions. The similarities were the use of role plays, feedback, and facilitating positive group dynamics. The goals for the groups remained the same with that being to help the participants reduce their aggressiveness due to anger.

FORMAT OF THE SESSIONS

Group #1

My co-facilitator and I met prior to and following sessions. Prior to the sessions, we reviewed the information that we would present to the group during that session. We

checked our notes which were kept from the previous sessions in order to make any necessary adjustments to the current session content. Attendance was taken for every session and recorded on the attendance sheet.

The first two sessions were outlined point by point. The second session format set the stage for all of the remaining sessions excluding the final session. The formats for the sessions including the final session, 10 Skills Outline, attendance sheet and homework assignment are contained in Appendix E.

Individual sessions were divided into segments. I presented information concerning the skill to be taught and provided models for the desired behaviour. For an example, I would present a scenario and talk about how I would handle the conflictual situation in terms of what I might say, my mannerisms, and my behaviour. At other times, my co-facilitator and I would role play our own scenario or use an example from the members of the group.

As the group advanced, my co-facilitator or I would role play with a participant to model desirable behaviours. This process continued throughout the program. During the role plays, we followed the steps outlined for the particular skill being taught.

Participants began role playing with each other as the group progressed. Discussion followed the role plays and we were able to obtain feedback from the group about the role play. We asked for specific feedback concerning the steps to follow to attain the goal (i.e., staying out of a fight). We rehearsed and practiced repeatedly over the course of the program, in hopes that the skills would be used outside of the program. From the 10 skill streaming goals, we concentrated on “Responding to Anger” and

“Staying Out of Fights”. They seemed most relevant for the time frame of the program of 8 sessions. Please refer to Appendix E for details of the sessions.

We also viewed a film by the National Film Board entitled “Wednesday’s Children - Vicki”. For details, please refer to Appendix E.

Group #2

The process for preparation and debriefing was similar for the Thursday evening group. The after hours meeting time posed some differences in our preparation. For example, it was important that we had an idea of which participants would not be present at the session.

My co-facilitator and I shared information if messages had been left during the day about the ability of participants to attend or who may be late in arriving. This information was shared with the group.

Reviewing the progress of the group was important as each session was a building block for the next. There was some overlap and emphasis placed on certain aspects of previous sessions to help the group make connections in this building process. We made the necessary adjustment for the current sessions and took regular attendance. A description of each session format is provided in Appendix F and includes a sample of the Attendance Record and the Hassle Log.

The individual sessions were carefully laid out prior to each of them. There were 12 sessions which covered the following topics:

- relaxation techniques (i.e., deep breathing, backward counting, visual imagery)
- the concept of ABC’s (i.e., antecedent, behaviour, and the consequences)

- physical reaction to stress and anger
- role playing actual conflict situations
- the concept of triggers that provoke anger (i.e., direct and indirect)
- progressive relaxation techniques
- asserting adolescent rights
- distinguishing between passivity, assertion, and aggression
- peer pressure and coercion
- assertion techniques (i.e., “Broken Record”, “Empathetic Assertion”, “Escalating Assertion” and “Fogging”)
- reminders: self instruction training
- thinking ahead technique
- self evaluation

Throughout the program we utilized modelling, role plays, performance feedback and emphasised using what has been learned outside of the group.

We made use of films from the National Film Board (i.e., “Wednesday’s Children - Vicki”, “Wednesday’s Children - Alex”, “Right From the Start - Date Violence/Rape, and Family Crisis”. We also used an audio tape, “The Healing Waterfall” in our relaxation sessions. For details please refer to the Appendix F.

PARENT SESSIONS

Originally, I had hoped to have parent sessions to reinforce the changes in behaviour of the participants in the Skills Acquisition Group (Group #1). Upon re-thinking my rationale about the purpose of my intervention, I decided not to

concentrate on the differences between the two groups without having potential representation of the parents of the adolescents in both of the groups. This decision was based on the following:

1. There was no control group established upon which to compare the treatment group established upon which to compare the treatment groups in an attempt to obtain significant differences.
2. I did not feel comfortable with the idea of having a group of teens (a control group) who could benefit from an anger management program and not receive a service.
3. During the group process, we were struck by the issues that the teens were struggling with and the involvement of parents of all of the group participants made sense.
4. I also did not wish to exclude a group of parents who were interested in the programs in which their teenagers were involved who may also benefit from this opportunity.

Following discussions with my co-facilitator, I proceeded to notify parents that there would be two evenings set aside for them to learn more about the programs in which their teens were involved. I scheduled the time and date for the first session and advised the parents that the following sessions could be determined by the consensus of the parents who were in attendance.

The initial session was scheduled for the evening of April 23, 1997 for two hours at the Winnipeg Child & Family Services, East Area Unit at 225 Watt Street in room "C".

The second session was scheduled by the attending parents and occurred on the evening of May 6, 1997 for the same time duration and location.

The format of the sessions was as follows:

1. Introductions
2. Presentation of the Rationale of the Programs.
3. Review of the Individual Groups
 - a) Goals
 - b) Paper and Pencil Exercises
 - c) Experiential Components
 - d) Relaxation Techniques
 - e) Educational Components
4. Discussion about Anger
5. Parent Role Plays
6. Discussions Concerning Parent/Teen Interaction (film presented)

SUPERVISION

The time constraints surrounding preparing, conducting the groups and working within the agency prevented me from utilizing my practicum committee members to the fullest extent. I was able to videotape eight sessions (four of each group). These tapes were submitted to my faculty advisor for feedback on improvements for future group work. I met with my advisor prior to the start of the groups and spoke with Brent Apter about analyzing the data obtained from the STAXI.

My co-facilitator and I spent long hours discussing group dynamics and making small adjustments during the course of the program. Pamela has a degree in Social Work

obtained from the University of Manitoba in 1988 and has been an employee of Winnipeg Child and Family Services, East Area Agency for over eight years. She has previous experience facilitating anger management groups and has attended anger management workshops to better her skills. She provided me with critical and positive feedback and offered suggestions throughout the program.

GROUP PROFILE

A total of 12 adolescents participated in the intervention program. A summary of demographic data is included in Tables 1A and 1B.

The participants were given a code number in order for me to identify them when writing about their individual profiles, discussions around group dynamics, and presenting information concerning their STAXI pre and post test scores, percentile rankings, and T scores, while preserving their confidentiality. The code numbers for participants in Group #1 are from 1 to 7 and code numbers for Group #2 are from 8 to 12. An asterick (*) by a number denotes a female participant.

Group #1

Initially there were eight members assigned to this group, six males and two females. One of the males decided not to attend and one female was detained in custody by the courts and was unable to attend. At commencement of the group, there were five males and one female. A switch was made and one female was re-assigned from Group #2 to Group #1 at her and her worker's request. The number at the beginning of the group was seven. There was another female assigned to Group #2 because the duration of that

TABLE 1A**SUMMARY OF DEMOGRAPHIC DATA**

Participant Code # Participant Information	1	2	3	4	5	6*	7*	8	9	10	11*	12
age	14	15	14	15	16	15	14	16	14	16	16	15
sex	m	m	m	m	m	f	f	m	m	m	f	m
in school Yes/No	Y	N	Y	N	Y	Y	Y	Y	Y	N	Y	Y
grade last attended	8	9	8	10	11	8	8		9	9	10	10
intact two parent	X		X	X								
single parent						X	X			X		
merged/blended									X			
at home	X		X	X		X	X			X		
in care		X			X			X			X	X
entered care									X			
returned home												
adoptive home												
foster/group home		X			X							
emergency home												
independent living								X			X	

Participants have been given numbers to protect their anonymity and to allow me to identify them when discussing their involvement in the program.

An asterisk (*) by a number denotes a female participant

TABLE 1B

Participant Code # Child Information Checklist	1	2	3	4	5	6*	7*	8	9	10	11 *	12
present issues of alcohol/drug abuse		x	x	x	x	x	x					
past/present issues of physical abuse		x			x	x	x	x	x		x	
previous group experience		x				x		x		x		x
verbally aggressive	x	x	x	x	x	x	x	x	x	x	x	x
destructive to property		x	x	x	x			x	x	x		x
physically aggressive to others	x	x	x	x	x	x	x	x	x	x	x	x
physically harms self							x	x	x			
tantrum behaviour		x	x	x		x		x				x
lying		x	x	x	x	x	x	x		x		x
stealing behaviour		x		x	x	x	x					
behaviour difficulties at school	x	x	x	x	x	x		x	x			
behaviour difficulties at home	x	x	x	x		x	x	x	x	x	x	x
behavioral difficulties in community		x	x	x	x	x	x	x				
child ever charged with violent crime					x	x			x	x		
court ordered attendance					x	x			x	x		

group was longer than Group #1. She was to be released within a week or two and would probably be court ordered to attend.

Five members were enrolled in school. One female was taking home schooling. The other two were not in school. The average grade level was nine. Five participants were living at home. Three participants lived in two parent homes and two lived in single parent homes. Two participants were in the care of the agency. One lived in a group home and one lived in a male-headed single parent foster home.

Eighty-five percent of the members had issues with alcohol/drug use, lying, behavioural difficulties at home, school or the community. All of the participants were verbally and physically aggressive to others. Forty-three percent of the group had past or present issues with physical abuse, displayed tantruming behaviour, and were destructive to property. Twenty-eight percent of this group had previous group experience or were previously charged with a violent crime. There were two members who were court ordered to attend the program.

Group #2

There were seven members assigned to this group initially, two females and five males. One male and one female decided that the group would not suit their needs and they never attended. As mentioned earlier, one female was switched to Group #1 and a spot was held temporarily for her during her detention by the courts. She did not attend the program. I began working with a family with parent/teen conflict and issues of verbal and physical aggressiveness. The sixteen year old daughter of this family attended the program. This provided some balance within the group as another male participant did

not return after the first session. The group membership remained at four for the remainder of the program.

Four members of the group were enrolled in school. The average grade level was nine. At the group's beginning, there were two members in the agency's care. One child entered care during the course of the program. Two of the children in care were in an independent living situation and one was in a long-term foster home. The member who entered the agency's care was temporarily placed in an emergency placement. One member lived at home with his mother.

One hundred percent of the group were verbally and physically aggressive to others, and had behavioural difficulties at home. Eighty percent of the members were destructive to property and sixty percent of the participants had past or present issues of physical abuse, lying behaviour, or had previous group experience. Forty percent of the group reported behavioural difficulties at home, at school, displayed tantrums, had physically harmed themselves, and had been charged with a violent crime. Two members were court ordered to attend while only one member was reported to have behavioural difficulties in the community.

GROUP DYNAMICS

As facilitators, our main focus was to create an environment within the group which was conducive to promoting dialogue, acceptance, and cohesiveness. We wanted to learn fairly quickly if the group members' goals differed significantly from that of the facilitators. Heap (1977) describes three separate elements of group cohesiveness, those

being the relationship between members, the shared investment of aims, and the acceptance of group norms.

Due to the nature of the program, it was important that the group work together in a supportive way to promote a safe environment for taking personal risks (i.e., sharing personal information) thus leaving themselves vulnerable for personal attacks by other group members. The psychological/educational components of the program dictated the content of sessions. The nature of the program posed difficulties for us by not allowing much flexibility in deciding what had to be presented in the sessions. The model as presented by Feindler (1986) was highly structured. We found that slight variations took us off topic and, at times, made it difficult to get the members back on track. The group had control in regulating how well this information was received, interpreted, and utilized. The activities of the group were directed toward the goal of reducing aggressive responses to anger thus limiting other activities which may have improved group processes.

Sherif and Sherif (1964) as cited by Heap (1977, p. 57) speak of the latitude of acceptance. The range of acceptable behaviours within the group is widened or narrowed dependent upon the significance of the group's activities to attain the desired goal. The leaders' range of acceptable behaviours is most affected by the importance of the activities.

In facilitating Group #2 each session outlined the role of the facilitator and the information that was to be presented. We needed to run a tighter ship for this group as opposed to Group #1. I viewed the prescribed activities for the group as being crucial for the members and to reach shared and individual goals. I feel that the activities in Group #2 were such that they hindered the formation of closer relationships forming

between the members. There was less time for discussion about concerns or other matters important to individual members.

There was a great deal more time to talk about off topic matters in Group #1 because there was greater flexibility in teaching the steps toward acquiring each skill. As a result, the group members felt closer to one another as they learned more about each other.

The organizational phase of the group began to separate leadership/membership categories. I was looking for certain characteristics of the members who could influence or impact upon the group processes in negative or positive ways within each group. I wanted to know as quickly as possible who would assume which roles. I wanted to know which participants would initiate activities and readily volunteer for role plays. I wanted to know who I could rely on to assist in mediation among other members. Hartford (1971) describes roles that may be assumed within a group and the facilitator should make use of these roles in an effort to maximize the opportunities for the group to reach its goal. Hartford (1971) lists such roles as synthesizer, initiator, mediator, antagonist, supporter, attacker, clown/jester, teacher and helper to name a few.

The beginning session of Group #1 was nerve racking. The participants were very non verbal and I found it difficult to elicit responses from them. My co-facilitator was not present during this session as she was attending a funeral. I spent most of the first half of the session talking about myself and outlined the format of the program for the remaining half. I had decided ahead of time to use an exercise that would allow me to observe how the group members would interact around an activity with little instruction on how to carry out the task.

At the break, I placed a \$10.00 bill on the middle table and informed the participants that there was a store at the corner near the office. I let them know that they were allowed to buy what they wanted with the stipulation that I expected some change returned to me. I gave them the time that we would resume the group following the break.

Two members immediately grabbed the bill from the table and left the room, the other members followed. Following the break, we discussed the manner in which they had reached decisions concerning their purchases. Each member seemed happy with results of the group exercise. The specifics around the decision making process could not be verbalized by any of the members but somehow everyone received what they wanted. I received a dollar and some change back. One of the members (#2) who initially grabbed the money from the table emerged as a leader in the group. The other member (#4) remained quiet and reserved throughout the remainder of the program.

I repeated the same exercise during the first session of Group #2. The task was carried out in a very different manner. Two of the participants chose to smoke during the break and did not go to the store. One of these participants gave instructions to the member with the money to bring him a drink from the store. The participant who grabbed the money did not emerge as a leader. The participant who gave instructions to the member with the money turned out to be the most influential member in the group.

I felt that this activity would force willing participants to interact with one another to reach a desired goal. I was curious to find out who would initiate certain behaviours (who took the money), who made the decisions, and whether the participants could identify the steps in the decision making process.

Both groups responded positively to the exercise. It eased some tension within the group, they were able to interact effectively during the first session and they exhibited honest behaviours, I got some change back.

Participant #4 assumed the role of mediator of Group #1. She was able to have a calming effect on the other members by helping them to look at different perspectives of a situation. She was highly verbal and able to convey her ideas and feelings quite effectively. The female participant who was switched from the other group emerged as a leader within this group although her impact was both positive and negative on the atmosphere of the sessions. She, too, was very verbal and her previous experiences qualified her as the “voice of experience”. She would also challenge other members in the group if she believed that their comments were egocentric in nature or simply too petty.

The majority of the personalities of Group #1 were strong excluding participants #1 and #4. They assumed a very low profile and had to be drawn out to participate in discussions and role plays. The competing personalities of the other members may have contributed to these two members feeling comfortable in their observing roles.

The personalities in Group #2 managed to blend well even though there were fewer members in the group and there were extreme differences between some of the members. Participant #9 was the leader of this group. He was strongly opinionated (displaying a great deal of egocentricity), charismatic, and struggling with his identity. This was the only member of either group who entered the agency’s care during the course of the program. He continued to attend the sessions following his placement in an emergency placement.

Participants #10 and #11 had similar personalities. They were very laid back and easy going. Participant #10 had to think about what he wanted to say before he said it. He was insightful and had a calming effect on the group. Participant #11 also thought about what she wanted to say before speaking. Her aggressiveness stemmed from conflicts with her mother. She had few difficulties in other interactions outside of the group. Both of these participants were employed while Participant #11 attended school full time as well.

Participant #8 was impulsive and functioned at the lowest level in the group. He had attended other behaviour management programs and was in a special program at school. The group initially categorized him as a member who could offer them nothing of value. He was at times ridiculed to the point of being quite upset during one session. The group members felt secure in their new roles and their interactions became more intense. Fortunately we were far enough along in the program that we were able to diffuse the situation by using techniques that the participants had learned thus far.

Positive feelings between groups members was observed following the mid-point of the program (6th session). Genuine concern and empathy for other group members was verbalized by the group. Participant #8 was accepted by the group in spite of his antagonistic behaviours.

Both groups reached high levels of cohesiveness. They formed helpful alliances to persuade other members to think differently and they also challenged each other's world beliefs usually in a supportive fashion. The members in Group #1 did not want the sessions to end and wanted to extend the length of the program. I was very pleased with my experiences with both groups and I expressed my feelings to the members.

THE PARENT GROUP

Five parents/guardians attended the first session. The mother and father or participant #3, the mother of participants #1 and #10, and the proctor (paid employee who assists teens when living on their own) for participant #8. This group was an equal representation from Group #1 and Group #2. The time and date of the next session was set by those present at the first session.

Five parents attended the second session. I did not expect full participation of all of the family members. Following the first session, I attempted to contact the parents personally to connect with them and express the importance of their involvement. Messages were left for Participants #4, #5, #6 and #7. They did not return my calls. I spoke to the mother of Participant #9 who told me that she had her dates mixed up, but would attend the next session. She did follow through and attended. The legal guardian of Participant #8 attended the first session but explained that he could not attend the next session due to his employment. The parents of Participant #11 declined the invitation and felt that since their daughter was no longer living in their home that they did not want to come. Participant #2 was also in the care of the agency and his parents could not be reached.

I also asked the participants to speak with their parent(s) about the notification letter and to encourage them to attend. Participant #7 was visibly upset because her mother refused to attend. The interaction between the participant and her mother involves intense verbal and physical aggression. Her mother did not return my telephone calls.

I cannot accurately explain the absence of some of the parents. I can speculate that in most cases, the absences reflect the dysfunction in the family system. Parental non-involvement in the lives of their children can be perceived by the child as a form of rejection. Participant #7 was angry with her mother and they argued about mother's refusal to attend the sessions.

My co-facilitator was out of town for the first session but was able to attend the second session. I introduced myself and explained the reason for the program and why I had asked them to come. We discussed the option to videotape and the purposes for it. Half of the group was for it and the other half were undecided. I decided not to push the issue at that time and proceeded with the session.

The group listened intently to what I presented and I drew their attention to some of the handouts that I had given them. I told them that the second half of the session would be less formal and I explained that I needed to give them a good foundation for the work that lay ahead for them.

The parents of participant #3 were very verbal. They were able to tell stories about their interactions with the community concerning their son. There was more communication among the group members following the break. I encouraged and challenged them around some of the scenarios which they presented about their teenagers. All of the participants seems genuinely concerned about how their teens were doing at home and in the community. It was encouraging to hear them talk about their observations of subtle changes in their children. The two hours went by very quickly and the parents were warned that during the next session, they would experience some of what their teens were going through in the program by doing role plays.

The second session was not formal. I showed the movie, "Wednesday's Children: Vicki", from the National Film Board. This stimulated a great deal of discussion concerning the issues arising in the film. One member was late in coming but she wished to view the tape and did so over the break.

We began the second half of the session by structuring a role play around the issues presented in the film. The father of participant #3 and the mother of participant #9 volunteered to do the role play. Father found it difficult to be the recipient of the verbal abuse and defiance during the role play. He felt that this scenario would not occur in his home because his children showed him respect. Following the role play, I used the father as an expert and asked him to talk to the other members concerning how he was able to command respect in his home. As he was the only male participant in the room, the other members bombarded him with questions and what if's. He was able to handle the questions fairly well with help from the facilitators.

The group was curious and wanted to know how they could change their responses to their teens. They could identify their anger and admitted that they lose control, most of the time. We shifted our focus and became more specific. We talked about techniques that could be used to reduce anger and ways to avoid conflicts. By the end of the session it was clear to the facilitators that any type of anger management program of teenagers should involve their parent/guardian at some level. A hands-on approach with the parents seems to be the most ideal method in maximizing learning and providing positive reinforcement for desired changes.

SECTION 8

Interpretation of the Data

It is important to note at this point that scores falling within the 25th to the 75th percents are considered in the normal range. The STAXI Professional Manual suggests that individuals with higher scores may be more prone to experience, outwardly express, or suppress anger than individuals with lower scores. The differences within this range are not sufficient to detect anger problems of an individual that may predispose them to developing physical or psychological disorders.

Scores above the 75th percentile suggest that an individual may experience and express angry feelings to a degree that may interfere with optimal functioning. A separate guideline can be used to address these extreme high scores.

I began my analysis of the data by looking at individual raw scores obtained on the pre and post tests to determine if there were extreme scores. I wanted to know, to what degree the group mean would be affected by these high scores. The raw scores from the STAXI pre test for group #1 and #2 are presented in Table 1 and the post test raw scores are presented in Table 2.

I was able to detect a number of high and low scores on the pre test. In Group #1, there was one disproportionate score (30) on the S-Anger Scale. There were two low scores on the T-Anger Scale and one very low score (7) on the Ax In and the Ax Out Scale (11). There were two very high scores on the Ax/Ex Scale with one extreme score (46).

In Group #2 there were no disproportionate scores on the S-Anger, T-Anger, or the T-Anger/T Scales. One participant scored low on both the T-Anger/R and the Ax In Scale. Two participants scored highly on the Ax Out Scale but these scores were

TABLE 1**RAW SCORES FROM THE STAXI PRE TEST**

Group Member Code #	State Anger	Trait Anger	Trait Anger / -T-	Trait Anger / -R-	Anger Exprssn -IN-	Anger Exprssn -OUT-	Anger Exprssn -CON-	AX /EX
# 01	14	15	5	6	16	20	21	31
# 02	11	24	8	10	13	17	15	31
# 03	30	27	10	9	21	26	17	46
# 04	13	16	7	5	7	11	10	24
# 05	21	29	13	11	18	21	15	40
# 06 *	19	27	7	13	13	25	18	36
# 07 *	21	26	10	8	13	23	21	31

# 08	10	21	8	11	20	27	21	42
# 09	10	16	7	5	8	14	10	28
# 10	10	21	8	9	13	16	23	22
# 11*	10	18	5	8	17	16	22	27
# 12	10	25	8	9	15	26	9	38

* denotes female group participant

Participant's #01 - #07 represents Group #1

Participant's #08 - #12 represents Group #2

Participant #02 was not available to complete the Post Test

Participant #12 dropped out of the program after the first session

TABLE 2

RAW SCORES FROM THE STAXI POST TEST
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Group Member Code #	State Anger	Trait Anger	Trait Anger/ -T-	Trait Anger/ -R-	Anger Exprssn -IN-	Anger Exprssn -OUT-	Anger Exprssn -CON-	AX/EX
#1	10	17	5	7	10	16	15	37
#2	X	X	X	X	X	X	X	X
#3	18	16	10	4	9	21	17	29
#4	21	25	7	9	13	17	16	30
#5	21	27	14	8	17	24	14	43
#6 *	10	17	5	8	15	21	19	33
#7 *	23	23	8	8	20	24	17	43

#08	10	13	5	5	11	8	25	20
#09	10	27	14	8	18	26	21	39
#10	10	15	5	7	10	17	30	13
#11 *	10	11	4	4	11	17	28	11
#12	X	X	X	X	X	X	X	X

* denotes a female group participant

Participant's # 01- #07 represents Group #1

Participant's # 08 - #12 represents Group #2

Participant # 02 was not available to complete the Post Test

Participant #12 dropped out of the program following the first session.

balanced by two lower scores on the same scale by other participants. On the Ax Control Scale, there were two lower scores that will tend to lower the scale mean score. There were two scores on the Ax/Ex Scale which were fairly high thus elevating the scale's mean score somewhat.

I could detect no major concerns, other than the extremely high scores on the Ax/Ex Scale for Group #1 that would prevent me from accepting the group means as a fairly reasonable reflection of the group's scoring. I made a note of the extreme scores on the Ax/Ex Scale for Group #1 and will address this issue when making my final analysis.

Upon review of the post test scoring for Group #1, there were two low scores on the T-Anger Scale and one very high score on the T-Anger/T Scale. One participant scored extremely low on the T-Anger/R scale which will lower the mean score. All participants scored under 20 on the An In Scale with scores ranging between 10 to 20. All of the scores were high on the Ax/Ex Scale with scores ranging from 29 to 43.

The post test scores for Group #2 showed that participant #9 scored highly on the T-Anger, T-Anger/T, Ax In, Ax Out and the Ax/Ex Scale. He also scored low on the Ax Control Scale. Interesting enough, this participant was experiencing major difficulties at home (child came into the agency's care) during the last stages of the program. His scores likely reflect his feelings and behavioural situation. His pre test score on the Ax Control Scale was 10 while his score on the post test for the same scale had gone up to 21. This change may suggest that he was making more of an effort to control his anger.

In general terms, Group #1 had higher scores on the Ax/Ex Scales than did Group #2 on both the pre and post test. The mean scores should be a good reflection of the group's scoring when making between group comparisons.

I went on to compare raw scores of both groups in order to discuss the individual differences between the scores obtained. I recorded individual comparisons for the pre and post test scores for Group #1 on Table 3 and the pre and post test scores for Group #2 on Table 4.

Speilberger (1988) has indicated that the Ax Scales (Ax In, Ax Out, and Ax/Ex) reflect angry feelings being expressed inwardly or outwardly, tempered by the individual's attempts to control their feelings and the outward expression of these feelings. I examined the individual scores for all of the scales, with particular interest to the Ax scales and noted the differences in the scores on the pre and the post test. I was anticipating the scores to go down on the Ax In and Ax Out Scale and for the scores to go up on the Ax Control Scale.

Group #1

Fifty percent of the participants went down on the S-Anger Scale while one member scored the same. All but one participant went down on the T-Anger Scale. Scores were relatively the same for the T-Anger/T Scale. Sixty-seven percent of the group went down in their scores on the T-Anger/R Scale.

On the Ax Scales, the group was split, with half of the group scoring higher and the other half scoring lower on the Ax In Scale and on the Ax Out Scale. Only two participants scored lower on the Ax/Ex Scale. Participant #4 scored dramatically higher on the Ax Control Scale while the other members' scores remained virtually the same or went down on this scale.

TABLE 3

GROUP #1 COMPARISON OF INDIVIDUAL PRE & POST SCORES

Scale	Stait Anger	Trait Anger	Trait Anger/ T	Trait Anger/ R	Anger In	Anger Out	Anger Control	AX EX
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#1

Pre	14	15	5	6	16	20	21	31
Post	10	17	5	7	10	16	15	37

#2

Pre	11	24	8	10	13	17	15	31
Post	X	X	X	X	X	X	X	X

#3

Pre	30	27	10	9	21	26	17	46
Post	18	16	10	4	9	21	17	29

#4

Pre	13	16	7	5	7	11	10	24
Post	21	25	7	9	13	17	16	30

#5

Pre	21	29	13	11	18	21	15	40
Post	21	27	14	8	17	24	14	43

#6

Pre	19	27	7	13	13	25	18	36
Post	10	17	5	8	15	21	19	33

#7

Pre	21	26	10	8	13	23	21	31
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TABLE 4

GROUP #2 COMPARISON OF INDIVIDUAL PRE & POST SCORES

Scale	Stait Anger	Trait Anger	Trait Anger/ T	Trait Anger/ R	Anger In	Anger Out	Anger Control	AX EX
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#8

Pre	10	21	8	11	20	27	21	42
Post	10	13	5	5	11	8	25	20

#9

Pre	10	16	7	5	8	14	10	28
Post	10	27	14	8	18	26	21	39

#10

Pre	10	21	8	9	13	16	23	22
Post	10	15	5	7	10	17	30	13

#11

Pre	10	18	5	8	17	16	22	27
Post	10	11	4	4	11	17	28	11

#12

Pre	10	25	8	9	15	26	9	38
Post	X	X	X	X	X	X	X	X

Participant #3 scored the same on the T-Anger/T and Ax Control Scale, but went down on all of the other scales. This participant bought into the program quickly and had the support of his parents. Both parents attended the two parent sessions and were quite active participants in their group.

Participant #6 also went down on all scales with the exception of a slightly higher score on the Ax In and the Ax Control Scales. This may suggest that she was attempting to control the outward expression of her anger. This member was one of the leaders of the group with a very violent history. She had recently been released after a 7 month confinement in the Manitoba Youth Centre. She made comments during the program concerning how she presently handles disputes with her mother. She reported that she allows her mother to vent and does not take her opinions or actions personally as she once had. The participant may be suppressing or internalizing her anger to conform or to avoid aggressive reactions that would put her back into the custody of the youth correctional system. Sixty-seven percent of the group scored higher on the Ax/Ex Scale upon post testing.

Group #2

Individual comparisons for Group #2 reflected a general trend more in line with the program's aim. All participants scored the same on the S-Anger Scale. As previously noted, participant #9 scored higher on all scales excluding the S-Anger Scale.

For the remainder of the group, the scores on the T-Anger, T-Anger/T, T-Anger/R, Ax In, and the Ax/Ex Scales went down. Two participants' scores were similar at pre and post test. The increase in scores on the post test for the Ax Control

Scale suggests that the entire group was making attempts to control the outward expression of their anger including participant #9.

Participant #8 scored lower on every scale except the Ax Control Scale. This is the participant that I was hesitant to allow into the program due to my belief that he may not be capable of benefiting from the group. His scores suggest that the program may have had an impact on his feelings and behavioural situation.

Raw Score Mean Comparison

To review the raw score pre and post test mean score for Group #1 and #2, please refer to Table 5. The comparison of the pre and post test means for Group #1 provided little optimism for finding significant differences. The comparison of the pre and post test for Group #2 suggests that the differences between the scores may be significant. There was no difference on the S-Anger Scale and little difference on the T-Anger/T Scale. Larger differences were seen on the T-Anger, T-Anger/R, Ax In, Ax Out, Ax Control, and the Ax/Ex Scale. A dramatic difference can be seen on the Ax Control Scale and on the Ax/Ex Scale. This trend was present during my review of the individual scores.

Between Group Comparison

Mean scores on the pre and post tests for both groups are similar with the exception of scores obtained on the S-Anger Scale. On the S-Anger Scale, Group #1 scored 8.42 points higher than Group #2. This may suggest that Group #1 tended to be generally angrier during the testing situation, or simply did not understand the nature of the questions on the scale. Group #1 also scored somewhat higher on the T-Anger Scale

TABLE 5

MEANS FROM PRE & POST TEST RAW SCORES OF GRP'S #1 & #2

SCALE	Stait Ang	Trait Ang	Trait Ang/T	Trait Ang/R	Ang In	Ang Out	Ang Con	AX EX
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Grp#1

Pre	18.42	23.42	8.57	8.85	14.42	20.42	16.71	34.14
Post	17.16	20.08	8.16	7.33	14.00	20.50	16.33	35.83

Grp#2

Pre	10	20.20	7.20	8.40	14.60	19.80	17.00	31.40
Post	10	16.50	7.00	6.00	12.50	17.00	26.00	20.75

which suggests that members were more prone to experience anger, therefore, being more aware of angry feelings which is reflected in their responses on the S-Anger Scale.

There were decreased scores on the S-Anger/T Scale from pre test to post test for Group #1. This downward trend may indicate a shift in the participants' angry feelings during sessions or they were experiencing less anger outside of the group. I hesitate to draw conclusions at this point due to the high Ax/Ex scores obtained for this group.

Albeit that Group #2 scored somewhat higher on the pre test Ax/Ex Scale, the dramatic decrease would make one believe that the groups were in some way "different". By using the term "different", I mean that the groups were either not homogeneous or that there was a change in Group #2 during the course of the program.

Comparison to the Normative Samples

I compared the groups to the normative sample for adolescents. I began by ranking individuals and obtained percentiles and T scores for both group from their raw scores on the pre and post tests. The pre test rankings for Groups # and #2 appear on Table 6 and the post test rankings appear on Table 7.

Scale scores between the 25th and the 75th percentile fall within the normal range. Four participants in Group #1 ranked about the 75th percentile on the S-Anger Scale. The STAXI Professional Manual presents a guideline for interpreting high scores. Individual with high S-Anger scores are experiencing relatively intense angry feelings. In relation to the other scales, if T-Anger is also high then the individual's angry feelings are likely to be situationally determined. The guideline also notes that if T-Anger and Ax In scores are relatively high then elevations in S-Anger are more likely to be chronic. The high scores

TABLE 6

PERCENTILES & T SCORES OF STAXI PRE TEST FOR GROUPS #1 & #2
NORMATIVE RANKINGS

Code # For Grp. Mem.	-S- Anger		-T- Anger		-T- Anger/ -T-		-T- Anger/ -R-		Anger Exprssn IN		Anger Exprssn OUT		Anger Exprssn Control		AX/ EX	
	%	T	%	T	%	T	%	T	%	T	%	T	%	T	%	T
# 01	68	54	7	35	23	42	6	32	43	48	83	59	63	53	61	53
# 02	48	50	60	52	63	53	48	50	18	41	22	42	19	41	61	53
# 03	98	70	76	57	80	58	35	46	69	55	98	70	34	46	93	65
# 04	64	53	10	37	51	50	3	31	0	0	9	37	7	35	32	45
# 05	87	61	84	60	93	65	60	52	57	51	87	62	19	41	86	61
# 06 *	82	59	75	57	48	49	84	60	18	41	95	66	49	50	69	55
# 07 *	86	61	71	54	76	57	26	44	18	41	93	65	65	54	48	49

#08	35	46	76	57	63	53	60	52	66	54	99	71	63	53	89	62
#09	35	46	10	37	51	50	3	31	0	22	33	45	7	35	48	49
#10	35	46	39	47	63	53	35	46	18	41	54	51	75	56	22	42
#11*	36	46	24	43	23	42	26	44	55	51	56	51	71	55	37	47
#12	35	46	65	54	63	53	35	46	35	46	98	70	6	34	82	59

*denotes female group participant.

Participant's #01 - #07 represents Group #1.

Participant's #08 - #12 represents Group #2.

Participant #02 was not available to complete the Post Test.

Participant #12 dropped out of the program following the first session.

TABLE 7

**PERCENTILES & T SCORES OF STAXI POST TEST FOR GROUPS #1 & #2
NORMATIVE RANKINGS**

Code # For Grp. Mem.	-S- Anger		-T- Anger		-T- Anger/ -T-		-T- Anger/ -R-		Anger Exprssn IN		Anger Exprssn OUT		Anger Exprssn Control		AX/EX	
	%	T	%	T	%	T	%	T	%	T	%	T	%	T	%	T
#01	35	46	14	39	23	42	12	38	3	30	54	51	19	41	79	58
#02	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
#03	80	58	10	37	80	58	1	27	1	27	87	62	34	46	53	50
#04	87	61	65	54	51	50	35	46	41	18	53	34	30	44	57	52
#05	89	62	76	57	95	66	24	43	50	50	95	61	15	40	90	62
#06*	36	46	18	41	23	42	96	67	76	57	84	60	56	52	55	51
#07*	90	63	55	51	60	52	26	44	73	56	94	66	41	48	89	63

#08	35	46	3	31	23	42	3	31	7	35	0	21	83	59	14	39
#09	35	46	75	57	95	66	26	44	63	53	97	69	65	54	78	59
#10	35	46	8	36	23	42	15	40	2	29	66	54	96	67	3	31
#11*	36	46	0	27	9	36	1	25	7	35	14	39	92	72	2	29
#12	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

* denotes a female participant.

Participant's #01- #07 represents Group #1.

Participants' #08 - #12 represents Group #2.

Participant #02 was not available to complete the Post Test.

Participant #12 dropped out of the program following the first session.

on the S- Anger Scale for the four participants mentioned earlier, also scored high on the T-Anger Scale. However, their scores on the Ax In Scales were low. This would suggest that their high scores on the S-Anger and T-Anger Scales are a reflection of situationally determined anger and not chronic anger.

Participants #3 and #5 scored over the 75th percentile on the T-Anger Scale. They also scored highly on the post test T-Anger Scale. This suggests that they frequently experience anger and feel that they are treated unfairly. Participant #3 scored extremely high on the Ax Out Scale, on both the pre and post test, as well as having low scores on the Ax In Scale. He would be prone to express his anger aggressively and direct his aggression towards others or objects in his environment.

There were seven extreme scores on the Ax Out Scale. This is not a surprise due to the nature of the program and the target population. Three of these participants scored lower on the post test.

Group #2 had fewer numbers of extreme scores (over the 75th percentile) than did Group #1. On the post test Ax Control Scale, for Group #2, there were two extreme scores, suggesting that they were making attempts to control their anger to a point of possible over control. The guidelines point out that participants with extreme scores on the Ax Control Scale tend to invest a great deal of energy in monitoring and preventing the experience and expression of anger. Caution is needed with individuals who over control their anger relative to elevated T-Anger scores and low Ax Out scores. When these conditions exist, the results may be passivity, withdrawal, and depression. This was not the case for these two participants as they had low scores on the T-Anger Scale.

Participant #9 had extreme scores at the 95th percentile on the post test T-Anger Scale and the 97th percentile on the Ax Out Scale. Persons with high T-Anger scores may be quick tempered and readily express their angry feelings with little provocation. Persons high on the Ax Out Scale are prone to experience anger frequently and express their anger in aggressive behaviour. This participant was having extreme difficulty in his personal life which was beyond the parameters of this program to fully address and his scores are indicative of his struggles.

Group #2 fared better in the comparison than did Group #1 when using individual scores. To get a clearer picture of the comparison, I looked at individual differences from the T-Score Mean (50) for the normative sample. I have presented the results of these differences in Table 8 (pre test) and Table 9 (post test).

Group #1 had a much wider range of differences from the normative sample mean than did Group #2. Participant #4 in Group #1 and Participant #9 in Group #2 had consistently large differences on the majority of the scales. There were scattered extreme differences from mean for Group #2 with the exception of the scores for participant #9. Group #1, with the exception of the scores of participant #4, had a much greater number of extreme differences from the normative sample mean.

Initially, I tended to believe that there were alarming differences between the two groups. However, upon comparing the differences from the normative sample means as presented on the post test, I noticed that Group #2 had a similar range of differences from the normative mean even though the trend was in a negative (below the mean) direction. Participant #11 had dramatically larger differences from the normative sample mean on the post test scores.

TABLE 8

**DIFFERENCE OF INDIVIDUAL T SCORES FROM THE
NORMATIVE SAMPLE MEAN FOR GROUPS #1 & #2
ON THE PRE TEST**

Code # For Mem	Stait Anger	Trait Anger	Trait Anger/ -T-	Trait Anger/ -R-	Anger Exprssn IN	Anger Exprssn OUT	Anger Control	AX/EX
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GROUP #1

#01	4	-15	-8	-12	-2	9	3	3
#02	0	2	3	0	-9	-8	-9	3
#03	20	7	8	-4	5	20	-4	15
#04	3	-13	0	-19	-50	-13	-15	-5
#05	11	10	15	2	1	12	-9	11
#06*	9	7	-1	10	-9	16	0	5
#07*	11	4	7	-6	-9	15	4	-1

GROUP #2

#08	-4	7	3	2	4	21	3	12
#09	-4	-13	0	-19	-28	-5	-15	-1
#10	-4	-3	3	-4	-9	1	6	-8
#11*	-4	-7	-8	-6	1	1	5	-3
#12	-4	4	3	-4	-4	20	-16	9

* denotes a female participant.

The Normative Sample for the STAXI has a mean of 50 with a standard deviation of 10.

Participant # 02 completed the program but was unavailable for the post test resulting in no post test score.

Participant #12 dropped out of the program following the first session.

TABLE 9

**DIFFERENCE OF INDIVIDUAL T SCORES FROM THE
NORMATIVE SAMPLE MEAN FOR GROUPS #1 & #2
ON THE POST TEST**

Code # For Mem.	Stait Anger	Trait Anger	Trait Anger/ -T-	Trait Anger/ -R-	Anger Exprssn IN	Anger Exprssn OUT	Anger Control	AX/EX
-----------------------	----------------	----------------	------------------------	------------------------	------------------------	-------------------------	------------------	-------

GROUP #1

#01	-4	-11	-8	12	-20	1	-9	8
#02	X	X	X	X	X	X	X	X
#03	8	-13	8	-23	-23	12	-4	0
#04	11	4	0	-4	-32	-16	-6	2
#05	12	7	16	-7	0	16	-10	12
#06*	-4	-9	-8	17	7	10	2	1
#07*	13	1	2	-6	6	16	-2	13

GROUP #2

#08	-4	-19	-8	-19	-15	-29	9	-11
#09	-4	7	16	-6	3	19	4	9
#10	-4	-14	-8	-10	-21	4	17	-19
#11*	-4	-23	-14	-25	-15	-11	22	-21
#12	X	X	X	X	X	X	X	X

* denotes a female participant.

The Normative Sample for the STAXI has a mean of 50 and a standard deviation of 10.

Participant #02 completed the program but was unavailable for the post test resulting in no post test score..

Participant # 12 dropped out of the program following session number one.

I took the matter one step further and wanted to understand differences between the normative sample and the groups in my practicum. I calculated the T score means for each Group for the pre and post test and recorded them in Table 10.

On the pre and post test, Group #1 scored higher than the normative sample on the S-Anger, T-Anger/T, Ax Out, and the Ax/Ex Scale. Participants in this group scored lower on the T-Anger/R, Ax In, and the Ax Control scale on both the pre and the post test. The group was close to the normative sample mean on the T-Anger Scale, with a lower score on the post test.

Group #2 was slightly higher than Group #1 on the pre test on the Ax In, Ax Out, and the Ax Control Scales. These differences disappeared as represented by the post test scores. Group #2 was lower on all scales that related to anger experience and the expression of anger. They scored higher on only one scale Ax Control which relates to how well an individual control his or her anger.

Group #2 scored very near the normative sample mean at pre test and lower than the normative sample mean at post test with the exception of higher scores on the Ax Control scale.

Group #1 also scored very near the normative sample mean, remaining within one standard deviation from the sample mean with the exception of the Ax In Scale. This group tended not to internalize their anger.

Effects of Parental Involvement

I mentioned earlier in this report that I did not have parent sessions for participants of only one treatment group. I made a decision to include all of the parents/legal

guardians of the participants in the program. In so doing, I was unable to make a between group comparison for the group whose parents attended and the group whose parents did not attend. The intervention for Group #1 and #2 were different thus preventing me from comparing the group of adolescents whose parents attended the session against those whose parents did not attend.

What I chose to do as a consolation was to identify the participants in both groups whose parents/legal guardians attended the sessions and compared their pre and post test raw scores. Please refer to Table 11 pre and post test scores for those participants whose parents/legal guardians attended at least one of the two sessions.

There were five participants whose parents/legal guardians attended at least one of the parent sessions. Participant #9's mother attended the second session after her son entered the agency's care. I discussed this participant's situation earlier and will not make inferences from his scores at this point other than he seemed to make attempts to control his anger as indicated on the post test Ax Control Scale.

The other participants scored the same or lower on the S-Anger post test. Three participants scored lower on T-Anger Scale while one member scored relatively the same. Two participants scored the same on the T-Anger/T Scale with two members scoring lower. On the T-Anger/R Scale, three participants scored lower on the post test and one member scored one point higher. All members (excluding participant #9) scored lower on the Anger In Scale. Scores were lower for three of the participants on the Ax Out Scale and one member scored one point higher. Participant #3 scored the same on the Ax Control Scale while all of the other participants scored higher (including Participant #9).

TABLE 11

**PRE & POST RAW SCORES FOR PARTICIPANTS WHOSE
PARENTS ATTENDED PARENT SESSIONS**

Scale	Stait Anger	Trait Anger	Trait Anger/ -T-	Trait Anger/ -R-	Anger In	Anger Out	Anger Control	AX/EX
Grp. Mem.								
# 1								
Pre	14	15	5	6	16	20	21	31
Post	10	17	5	7	10	16	15	37
#3								
Pre	30	27	10	9	21	26	17	46
	18	16	10	4	9	21	17	29
#8								
Pre	10	21	8	11	20	27	21	42
Post	10	13	5	5	11	8	25	20
#9								
Pre	10	16	7	5	8	14	10	28
Post	10	27	14	8	18	26	21	39
#10								
Pre	10	21	8	9	13	16	23	22
Post	10	15	5	7	10	17	30	13

Only two participants scored lower on the Ax/Ex Scale as the others scored somewhat higher.

The scores for Participants #3, #8 and #10 seem to reflect that they were experiencing less anger and were better able to control their aggression, both inwardly and outwardly. Participant #1 was the youngest member in the program (just turning 14) and his scores seem to suggest that he is at risk of experiencing chronic anger but may allow what other people think or say about him to elevate his angry state. He may not be controlling his anger as well but is not internalizing or aggressively attacking others. The higher Ax/Ex score on the post test may be a result of the decrease in anger control.

I do not have enough information to develop notions concerning the impact that the parents had on the participants. With the exception of extreme scores of one participant, I can only say that for the other participants there were no obvious negative impacts to speak of. I will take this matter into consideration for future interventions.

Female Participants

The STAXI Professional Manual explains that minimal differences were found between male and female college students on the S-Anger Scale. The manual points out that there may be a potential for gender differences, therefore, separate norms were presented. The female participants did well in both of the treatment groups as reflected in their pre and post test scores. There were no obvious differences observed between the males and the females in the program.

SUMMARY

The STAXI was a practical and non-intrusive measuring instrument to gauge changes on the participants in the area of experiencing and expressing anger. It also provided an indexing to indicate the direction of anger expression (inward/outward) and the ability to control anger. Normative samples allowed group rankings in a normal population and a mean score for computing how much an individual or group differs from the average adolescent.

The STAXI was administered to two treatment groups at the beginning and at the end of the programs. Individual scores were obtained and comparisons were made between individual pre and post test scores, between participants within the groups, and between the groups. I also was able to compare the treatment groups to the normative sample.

All of the raw scores were reviewed to determine how much the group means may or may not be a good reflection of the group's scoring. With the exception of the Ax/Ex scale for group #1 the group means seemed to be a reasonable representation of the groups.

Individual raw score comparisons on the pre and post test suggest that the impact of participants in Group #2 was consistent with the program's aim to reduce the experience and expression of anger and to foster better anger control.

Some individuals within groups did better in the program than did others. Participant #9 was having a very difficult time near the end of the program and his scores reflected this.

Between group comparisons showed that Group #1 had higher scores on many of the Stait and Trait Anger and the Anger Expression Scales than did Group #2. A dramatic difference was depicted on the Ax/Ex Scale for Group #1. The scores on the pre test for group #1 seemed to suggest that the groups were not homogeneous. The post test mean scores reflected more homogeneous groupings.

Comparisons were made of the treatment groups to the normal adolescent population. Mean scores did not differ dramatically. Group #1 was slightly higher on all of the anger experience and expression scales. The mean scores for Group #2 were somewhat below the average. The groups did not differ very much from the normal sample.

Individual pre and post scores were reviewed for members whose parents attended parent sessions during the course of the anger management programs. With the exception of Participant #9, the scores for the participants reflected no ill effects from having their parents involved. There were no inferences made from this observation. Further study is required in this area.

No differences were observed between male and female participants. One female members had low scores resulting in a dramatic difference when compared to the normative sample. She did, however, remain within the normal range.

SECTION 9

PRACTICUM EVALUATION

Skill Development

I was formerly employed by Children's Home of Winnipeg, now known as New Directions, for three years, in a specialized foster parent program. One job-related responsibility

was to facilitate support groups for foster parents who cared for special needs children in the program.

The children placed in these homes had behavioural difficulties including verbal and physical aggression, tantrums and difficulties in peer and adult relationships in the community and in school. I was able to transfer my learning experience and acquired skills to the anger management program at Winnipeg Child & Family Services, East Area.

My case management position in the agency allowed me to gather a wealth of experience working with children and families. I entered the anger management program with a realistic sketch of the client population to whom I would offer the program.

Even though I had previous experience with group and relevant knowledge concerning the target population, I had doubts about my abilities attending to groups processes, and the feelings and behaviours which may be elicited in the individual groups.

The need for a co-facilitator was crucial, to assist in facilitating the group and to provide a check and balance system for me. I wanted to ensure, within the realm of reality, that I would not be outwardly judgemental, biased for or against any member in the group, or to appear as an expert, pretending to have all of the answers.

Case Example #1

In session #2 of Group #2 we were discussing between session experiences of the participants. Participant #9 mentioned that he was angry at his mother for ignoring his previous request to purchase a new mattress. The old mattress was causing him extreme difficulty with getting a good night's rest. He informed the group that he dragged his old mattress outside of the home and set it on fire as a response to his anger.

My co-facilitator and I looked at each other and immediately began to discuss with the group the negative consequences that may result when extreme behaviours are used in

response to angry feelings. We explained that lives and homes could be put at risk as well as dramatic reactions from external systems (e.g., law enforcement, mental health, etc.).

Upon further discussion with the participant, we were informed that it was perfectly within reason for people to burn materials outside of the home because he lives in a rural part of Manitoba. We apologized to the participant as labelling his behaviour as extreme but qualified the apology by stating that there may have been a better way to get his mother's attention and letting her know how angry he was.

We brainstormed with the group and role played a scenario whereby the participant may approach his parents about getting a new mattress. In the following session, the participant informed the group that his father purchased a mattress for him.

While debriefing the session, Pam and I agreed that we would view behaviours presented in the group within the social context in which the behaviour occurred.

Case Example #2

In session #2 in Group #1 a participant talked about a physical incident occurring between her and her mother. She said that the two of them were sitting at the kitchen table and her mother began verbally attacking the participant. We asked her how she responded to her mother's verbal attack and the associated angry feelings. She informed the group that she stood up, walked over to her mother, and punched her in the head.

Pam and I glanced at each other and pushed the participant to discuss the scenario further. One of the reasons for doing so was to draw out the incident in order to do a later role play and the other reason was to help us to understand why anyone would punch their mother because neither of us would ever consider doing such a thing. We were cautious not to be judgemental or to form negative opinions of the participant for her behaviours which ran contrary to our value system.

Participant #8 presented the largest challenge to my patience and forced me to check my biases at the door. This is the participant with whom I had a difficult time determining if he would be appropriate for the group. As the group progressed, I was concerned that he may not benefit from the process.

My co-facilitator and I were very diligent in validating his contributions when appropriate and to reframe for the group some of his convoluted responses to fit the theme of the discussion. At times we had to be straight to the point and blunt when his responses were highly inappropriate (e.g., sexualized in nature, totally off topic, continued interruptions, or antagonizing). During one session, I asked him to leave if he was unable to control his behaviours. I informed him that his behaviour was particularly annoying to me during the session and I found myself becoming increasingly frustrated with him. He must have sensed that I was becoming angry and his negative behaviours were greatly reduced for the remainder of the session.

Pam and I debriefed following the session. The participant's behaviour was only part of my frustration. During the session I was re-thinking the pre-group history of the participant and angry at myself for allowing him entry into the group. Pam and I were able to balance the positive and the negative costs of having the participant remain in the group. The most positive aspects that influenced our decision to have him remain in the groups were, for the most part, he seemed closely tied to the group and that the group had come to accept him as a member. We were not sure of the impact that the psycho-educational components of the program were having on him yet we knew that the acceptance of the group was very important to him.

The participant remained in the program till the end and seemed to make some gains. I was able to check my negative biases toward the participant on a session by session basis in order to avoid contaminating the natural group process.

During session #5 in Group #2, I conducted a brief recap of the program to get an idea of how much of the information presented thus far was being retained by the group members. Participant #9 had retained the most and as previously noted, he was the leader of the group. He presented an incident occurring in his home which resulted in him temporarily being placed at his grandparents' home. We attempted to get him to participate in a role play around the presenting scenario. He refused to do so which was uncharacteristic.

I informed him that the film scheduled to be shown may be relevant to his situation. It contained issues of trust, mutual respect, feelings of anger, and problem resolution between a single mother and her teenaged son. Following the viewing of the film the participant insisted that it had no relevance to him or his situation. My co-facilitator wanted to role play with the reluctant participant and managed to get him into the role play position but not into a role. The role play turned into a mini counselling session between the two of them. I made attempts to refocus Pam without detracting from the therapeutic processes but was unable to do so.

Heap (1977) addresses interaction within groups which left unattended may crystallize a pattern of communication hindering the group process. Heap highlighted experimental findings by Bales (1955) who describes a tendency for the most productive member to become the focal point for the group. Contributions from other members

lessens as all communication is directed towards the focal person. Bales points out that the interactional patterns become rigid over time and members become stuck in their roles.

Pam and I discussed the problem following the session and she apologized for allowing this to occur. We talked further about ways to cue each other if we notice this happening in the future. We both had strong positive biases toward participant #9 and admitted that we wanted him to do well outside of the group but not at the group's expense. We reminded ourselves that he had a case manager with the agency who would look out for his family's best interest and our focus had to remain on the group process for the potential benefit for all of the members.

I was able to improve upon skills in the following areas:

Level of Comfort

I could allow the flow of communication to continue as long as the content remained close to the central goals of the session. Initially I felt the urge to cut members off quickly if the topic shifted slightly. In later sessions, I was able to direct the communication flow toward the desired end by funnelling comments and opinions into a common element and drawing close approximations to the program content. It was difficult at times to find commonalities and make associations to the numerous thoughts and ideas coming from the participants. In later sessions I was able to openly state to the group that they were losing focus of the central idea that I wanted them to comprehend and put them back on track.

Recognizing and Intervening to Thwart Obstacles and Pitfalls Hindering

Cohesiveness and a Positive Atmosphere

The information obtained from the initial interview with the participants gave me some indication of their interactional styles. I was correct in speculating that Participants #2 and #6 would become the two most powerful influences in Group #1. Depending on the mood of each of these members, one could predict the atmosphere of the group as being positive or negative if left unbalanced. If their mood was positive, then their contributions quickly and noticeably received social reinforcement. If their mood was negative then they were ignored when possible or distracted.

Participant #5 is female, attractive, highly verbal, and influential on the behaviours of the five male participants. For the majority of the program, her impact was positive. On days when her contributions were negative, I was able to downplay her position in the group by eliciting more responses from the quieter members in the group or by asking the other stronger personalities in the group what they thought about Participant #6's comments. These tactics worked well.

Participant #2 presented as a "bad boy" during the interview. He was a "wanna be gangster" and spoke freely about his attraction to criminality. He bragged about the tough people that he knew. I was impressed with his views about the system and thought that if anyone needed an anger management program then this kid topped the list. I was not fully prepared for the total impact that he would have on the group.

He kept his tough guy image in the group even though his facade was beginning to crack near the program's end. He was able to distract certain members when he was not the focus of attention. He was ignored at times but had to be attended to when his antics

became too distracting. He usually conformed when he was addressed directly. He contributed positively to the group albeit he generally played the devil's advocate.

During session #4, the entire group echoed his negative outlook. I had to take a step away from the session format to talk about predetermination and making choices in life. I felt the need to openly challenge the group's world view by presenting a diagram on the chalkboard depicting a life line with different paths and different goals. Following the brief presentation, I felt that some of the members were at least thinking (positive head nods) about the possibility that they did have choices to make in their lives which could influence the quality of their life.

The Importance of the Co-facilitator

The literature addresses this need when working with groups extensively, yet I was not thoroughly convinced of the critical necessity of the role. If not for the process with Pam, including the session preparation, debriefing, providing checks and balances, giving positive and negative feedback, and co-supervision on techniques then the groups would not have fared well. There were too many dynamics at play for one facilitator to effectively take note and act upon.

Areas For Development

In hindsight, I realized that I focussed on certain aspects of the group (i.e., leadership roles, and cohesiveness) to the exclusion of many other aspects (i.e., group developmental phases, and structured versus unstructured groups, etc.). My aim was directed toward delivering the interventive models to affect behaviour change. The

dynamics of the group were very important in cultivating the atmosphere for the change process. In this report, I chose to address certain aspects of group dynamics of which I was familiar. I recognized that there were many other aspects of the group dynamics that could have been explored. I will build upon my knowledge and training in the future to enhance my understanding and evaluative techniques.

CONCLUSION

I began this practicum with the intent to compare two different interventions to reduce anger and aggressiveness for adolescents. I planned to run two treatment groups with a control group drawn from the clientele of Winnipeg Child and Family Services, East Area. I wanted to compare the results of the Skill Streaming approach (Structured Learning, Goldstein, 1980) of teaching skills of which group participants may be deficient to reduce anger and aggressiveness, to the results of the cognitive behavioural approach to anger control (Feindler, 1986), and to the control group's responses on a measurement of anger and anger expression.

I was successful in offering the interventions to two groups but decided against having a control group. It was at this point that I became more focussed on the interventions and their delivery than over which intervention was more effective. I felt that the measurement that I had selected (STAXI) would serve as a useful tool in highlighting the differences if not the effectiveness of the two interventions. I felt that the cognitive behavioural approach would be more effective over time than the structured learning approach. I also felt that having the parents involved for the participants in the

skill streaming group would benefit the group members initially but the effects would not be long lasting.

I made a decision to offer parent sessions to all of the parents of the treatment groups as opposed to offering the sessions to the parents of only one of the groups. I wanted to maximize the opportunity for all of the participants to do well in the program. I realized that my chances of knowing which treatment approach was more effective in reducing anger were quickly dwindling.

The treatment programs as described by Speilberger (1980) and Feindler (1986), were straight forward and I followed the format as outlined as closely as possible. Variations were made only when I suspected that the group was not absorbing the information presented.

I found the Skill Streaming approach required a longer time frame and more frequent sessions to reinforce the learning process. I realized that the eight week period of the program was not long enough to properly teach the 10 skills as was hoped. I chose "Responding to Anger" and "Keeping Out of Fights" as the two skills to focus on. Concentrating on these two skills coupled with modelling, role plays, practising and reviewing behaviours outside of the group setting to be ample tasks for participants in an eight week program. The pre and post test scores on the STAXI for this Group (#1) did not suggest that the program had an impact on reducing the expression of anger.

The Cognitive-Behavioural approach made more sense in terms of a well rounded approach to cognitive restructuring. Participants learned about anger, angry responses, physiological changes, individual perceptions, and an understanding of themselves and how they relate to the environment. The twelve week course was just long enough to

cover the necessary information and gave the participants a chance to absorb information, rehearse and discuss how they think and feel. I strongly feel that the differences reflected in the STAXI pre and post test scores were influenced by positive influences during the course of the program. I tend to think that the group was a positive experience for the group members.

I found that facilitating two groups while being employed full time to be very demanding. The agency allowed me the opportunity to do both and I greatly appreciated this. For future anger management groups, I would use Feindler's Cognitive Behavioural Approach coupled with a higher number of parent sessions.

Both groups expressed favourable comments about the program and Group #1 wanted to extend the length of the group. To hear teenagers ask to continue in a therapeutic environment made this practicum an enriched learning and emotional experience. I would gladly do it again.

APPLICATION IN SOCIAL WORK PRACTICE

As a change agent my goal is to assist people in realizing their potential to lead active and satisfying lives within their social context. Change is the inevitable process by which this goal is attained. Most social workers frantically search for the technique, the model, or the strategy to help their clients reach their goals. I have found that some forms of interventions are effective and some forms are not. The effectiveness of the intervention relies on numerous factors (i.e., knowledge and skill of the social worker, client readiness for change, and the environment's impact on the individual) which are readily identifiable or hidden.

I have outlined in the beginning of this report that I wanted to effectively serve the clients in the area of my employment. I have sensed the need of my client population for assistance in dealing with anger and aggression for a long time. When carrying extremely high case loads, many child protection workers are unable to deliver the kind of service that would be most beneficial to their clients. I felt frustrated and ineffectual most of the time which prompted me to search for a miracle intervention. I was unable to locate any miracles but I happened upon a few intervention models that could address some issues for the management of anger and aggressiveness. In my zealous state, I offered two intervention models to aggressive adolescents simultaneously. Reality has now set in and I thought about how either of these intervention models are applicable in social work practice.

Both models highlight changing negative behaviour to pro-social behaviour. They incorporate the use of a group format which fosters positive feelings of belonging, interdependency, and goal attainment. The group experience exposes participants to appropriate role modelling, positive feedback which promotes higher self-esteem, and the opportunity to practice newly acquired skills in a nurturing and safe environment. Most social workers would agree that the aforementioned characteristics of these interventions are compatible with social work values.

The decision to use either of these models depends upon the time allowed in your practice for the organization, preparation, implementation and follow-up necessary to deliver an effective service. There is a heavy time commitment involved in running groups. The clinician has to take this into account early, when thinking about offering a

group intervention. The flexibility of your clinical practice setting will influence your decision.

In the agency where I am employed, service delivery is paramount, however, there is a sensitivity in decisions concerning which services are delivered. In most cases, if there is a genuine service need of the clientele to which we serve, the agency is flexible in allowing some time to deliver this service (i.e., lower case load size, flex time, compensating time off, etc.).

Group intervention is widely used in social work practice. Based on the results of this practicum, I would encourage the utilization of Eva Feindler's (1986) Anger Control Training for aggressive adolescents. The clinician should remember that this model is comprehensive but can be offered in a relatively short period of time. Parental involvement should be encouraged whenever possible not only for their benefit but to validate their children's efforts.

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APPENDIX A INFORMED CONSENT

INFORMED CONSENT

PURPOSE: This program is designed to teach how to better control anger and the participants will be exposed to alternative ways to handle conflictual situations with others.

Cognitive behavioural approaches to anger and aggression controls will be used during the program. This means that skills will be taught to help individuals view situations differently which should lead to changes in how one behaves in those situations.

The program is being offered under the approval of *Winnipeg Child & Family Services, East Area* in conjunction with the *Faculty of Social Work* through the *University of Manitoba*.

The groups will be facilitated by *Arthur Gwynn*, a graduate student at the *University of Manitoba* in the *Faculty of Social Work* and co-facilitated by *Pamela Elaschuk*. We are both Social Workers and are employed by *Winnipeg Child & Family Services*.

The program will:

teach new skills by introducing examples of different ways of behaving (*observation*).

be educational (*presentation of information about anger and feelings, identification of these feelings, describing physiological changes associated with these feelings, and identifying cues which trigger angry responses*).

Provide skill practice (*role plays by facilitators and group members to rehearse alternative behaviours*).

We strongly encourage group members to attend regularly and to participate to gain the greatest benefits of the program.

FACILITATOR:	<i>Arthur Gwynn</i>
TELEPHONE#:	<i>944-4323</i>
CO FACILITATOR:	<i>Pamela Elaschuk</i>
TELEPHONE#:	<i>944-4335</i>

Page 2.

GIVING CONSENT MEANS THAT YOU UNDERSTAND THE FOLLOWING:

1. Training sessions will occur ____ per week for ____ hours in length within a group setting and will run for ____ weeks.
2. That participation is completely voluntary and withdrawal is acceptable at any time. However, if attendance in an anger management program has been mandated by the court then the appropriate supervising probation officer/case manager will be notified.
3. Some details of participation may be shared with supervising probation officers or case managers. If details of participation of group members is to be shared, then the facilitator will obtain consent in writing from the parents or the legal guardian of the participant prior to the release of information. In cases where participants are ordered by the court to attend, written consent will be obtained prior to the commencement of the group.
4. Confidentiality of participation in the program may not apply to information involving planned actions which may cause injury to the participant or to others (*ie., suicidal behaviour, planned criminal activities, awols*).
5. Some sessions will be audio/video taped. These tapes will be used for evaluation of this program only and erased within ____ weeks of the completion of the group. The tapes will be used by the program facilitators, group members, and for purposes of supervision.
6. Questionnaires will be completed. There is no obligation to answer any question that the participant feels uncomfortable about. Names on questionnaires will not be shared with anyone to maintain confidentiality.
7. Information (*written and visual/audio tapes*) will be carefully secured by the facilitators until such time as necessary for supervision requirements of the University of Manitoba, feedback to participants, or required for extraordinary circumstances [*(ie. criminal investigations as required by law; for example, if knowledge of a crime or criminal activity is contained on an existing tape then the facilitator may be required to surrender the tape as evidence in court) or (in other cases if necessary, then consent will be obtained from the participant as noted in item # 3)*].
8. Participants may experience intense emotions during the course of the group as a result of attempting to control anger. This is expected and the facilitators are experienced social workers who are prepared to help with this.

Page 3.

- 9. Participants will have the opportunity to receive feedback about the results of the practicum.**
- 10. Participant has read and agrees to all group rules.**

I have read all of the above and give consent for participation.

PARTICIPANT:

LEGAL GUARDIAN:

DATE:

RESEARCH ETHICS COMMITTEE APPROVAL CERTIFICATE

**Faculty of Social Work
University of Manitoba
Winnipeg, Manitoba.**

To: A. GWYNN.

MARCH 4, 1997.

YOUR PROJECT ENTITLED ANGER MANAGEMENT GROUPS FOR ADOLESCENTS HAS BEEN APPROVED BY THE RESEARCH ETHICS COMMITTEE.

CONDITIONS ATTACHED TO THE CERTIFICATE:

- 1. You may be asked at intervals for a progress report.**
- 2. Any significant changes of the protocol should be reported to the Chairperson of this Committee so that the changes can be reviewed prior to their implementation.**
- 3. Delete the phrase "Research Evaluation" from clause #5 of the consent form and substitute the word "Practicum".**

Yours truly,



Grant Reid

Chair

Research Ethics Committee.

(204) (474-8455).

Mailing Address: P.O. Box 998/Odessa, Florida 33556
Street Address: 16204 N. Florida Ave./Lutz, Florida 33549

January 7, 1997

Arthur T. Gwynn, Jr.
284-A Kingsford Avenue
Winnipeg, Manitoba CANADA
R2G 0J3


Dear Mr. Gwynn:

I am responding to your recent letter requesting permission to use the State Trait Anger Expression Inventory (STAXI) in your research project.

I have no objections to your using the published form of the STAXI for this project. Photocopies are not allowed since it appears that there is no specific reason that you cannot use the published form. We can, however, provide you with a 40% research discount toward the purchase of the STAXI materials if you qualify and purchase at least \$50.00 worth. Consequently, I am forwarding a copy of our Discount Qualification form and a copy of our most recent test products catalog in which you can locate ordering information for the STAXI beginning on page 32.

Thank you for your interest in the STAXI. If I can be of further help, please do not hesitate contacting me.

Sincerely,



Brenda D. VanAntwerp
Administrative Assistant
to the President

Enclosure

APPENDIX B WORKER MEMOS AND REFERRAL FORM



WINNIPEG CHILD AND FAMILY SERVICES

EAST AREA

M E M O R A N D U M

TO: East Area Social Workers

FROM: Arthur Gwynn

DATE: January 28, 1997

RE: Teen Anger Management Group

To fulfill the requirements for the University of Manitoba's Faculty of Social Work, Master's Program, I plan to run an **Anger Management Program for Teens**. I hope to get underway in late February or early March of 1997. My intention is to intervene with adolescents who have been experiencing difficulties controlling their *anger*. The population will be drawn from the **East Area Child & Family Services Catchment** where the adolescents are active with **Case Managers**. The teens may be at home or in the agency's care. The adolescents will be selected for screening by their **Case Managers**, who feel that an *anger management program* would be useful for them. The teens will be interviewed by the group facilitator(s) for their appropriateness in group intervention. The purpose of the intervention will be explained to them along with a strong message for their commitment if selected for the program. This process will continue until an optimal number of teens are gathered.

The number of teens for each group will fall between five (5) and seven (7) members and range in ages from 14 to 16 years, male or female. The teens who are selected will be randomly assigned to one of three groups and receive pre & post measures of aggressiveness. Group # 1 will receive **Anger Control Training** as developed by **Eva Feindler (1986)** involving twelve (12) sessions, while Group # 2 will receive a brief version of **Psychological Skill Streaming** (10 skills based on **Arnold Goldstein's** work, (1994) & will involve the parents of the teens in separate groups, involving six (6) sessions for the teens and two (2) sessions for the parents. Group # 3 will be a control group which will receive only the pre & post tests. I plan to use the **State-Trait Expression of Anger** developed by **Charles Spielberger**, as the *Pre & Post Measure of Anger*.

I have attached referral forms for the child and for the family. Feel free to make copies of the forms as needed and forward the completed referrals to me at the Elmwood Unit, 225 Watt St. or fax them to me at 944-4505 no later than February 12, 1997. I will be in touch with you after receiving your referral. If you have any questions then contact me at 944-4327.

WINNIPEG CHILD AND FAMILY SERVICES**EAST AREA****M E M O R A N D U M**

TO: East Area Workers

FROM: Arthur Gwynn

DATE: February 14, 1997

RE: Anger Management Group Referral Update

I want to thank you for your response to my previous request for referrals to the Anger Management Groups. I will be sorting through the referrals that I have received thus far and hope to contact workers during the next week. I just wanted to let you know that if there are clients that you wanted to refer but have not done so due to your busy schedules I will accept referrals up until February 21, 1997. If you require additional referral forms or information concerning the groups then please contact me at 944-4323. I am looking forward to speaking to you about your referrals.

ANGER MANAGEMENT GROUP CHILD REFERRAL FORM

Child's Name: _____ DOB: _____ File #: _____
 Address: _____ Telephone #: _____

School: _____ Grade last attended: _____ Telephone #: _____
 Telephone # where child can be reached during the day: _____

Is the child? In care _____ At home _____ Other (describe) _____
 If child is in care, indicate the legal status: TW _____ PW _____ VPA _____ APPREHENSION _____

If child is at home, indicate the family type:
 Intact (two parent) _____ Merged/Blended _____ Single Parent _____ Adoptive _____
 Worker: _____ Unit: _____ Tele #: _____

CHILD INFORMATION CHECKLIST			
<i>(Please indicate with a check mark) (check {?} if unsure)</i>	yes	no	?
Present issues of alcohol/drug abuse			
Past/present issues of physical/sexual abuse			
Previous group experience			
Verbally aggressive			
Destructive to property			
Physically aggressive to others			
Physically harms self			
Tantrum behaviour			
Lying/stealing behaviour			
Regular attendance at school			
Behavioural difficulties at school			
Behavioural difficulties at home			
Behavioural difficulties in the community			
Child ever been charged with a violent crime?			

Does the child have any medical difficulties? YES _____ NO _____ If yes please describe _____

ANGER MANAGEMENT GROUP FAMILY REFERRAL FORM

Family Name: _____ File #: _____
 Mother: _____ Father: _____
 Address: _____ Telephone#: _____ (home) _____ (work)
 Family Type
 Intact _____ Merged /Blended _____ Single Parent _____ Adoptive _____

CHILDREN	DOB D/M/Y	WHEREABOUTS

Children Referred To The Program: _____
 Worker: _____ Unit: _____ Tele. #: _____

Family Information Checklist	mother		father		
<i>(Please Indicate with a Check Mark) [Check (?) If unsure]</i>	yes	no	yes	no	?
Parents employed					
Past/present issues of alcohol/drug abuse					
Past/present issues of physical/sexual abuse					
Previous group experience					
Aggressive behaviour when angered					
Past/present domestic violence issues					
Marital problems evident					
Previous marital separation (s)					
Past family involvement with CFS					
Has either parent been in the care of CFS ?					
Is there a child presently in the agency's care?					
Are the parents motivated to change?					

APPENDIX C INTERVIEW DATA SHEET AND INTERVIEW FORMAT

INTERVIEW DATA

Date: _____ **Location of Interview:** _____

Client: _____ **Date of Birth:** _____

Sex: Male_____ Female_____

Accompanied By: _____ **Relationship:** _____

Case Manager: _____ **Unit/Telephone #:** _____

Legal Guardian: _____

Current Placement: _____ **Telephone #:** _____

Emergency Contact Person: _____ **Telephone #:** _____

Is Attendance Court Ordered: Yes___ No___

If Yes indicate Probation Officer: _____ Telephone #: _____

Group Preference: Afternoon_____ Evening_____

Family Involvement: Yes _____ No _____

Interviewer: _____ **Accepted to Program:** Yes ___ No ___

If Not Accepted Please Explain:

[illegible]

Additional Concerns or Relevant Information:

[illegible]

FORMAT FOR THE INTERVIEW

Share relevant information about the observations that others have made about their behaviour (draw from information on the referral form).

Educate teens around how others view their behaviour and find out what they think are possible events that trigger such reactions.

Talk about the chain of A (antecedent), B (behaviour), and C (consequences).

(A)

Help them to identify 5 triggers that will (with out fail) lead to a loss of control.
Help them to elaborate on these triggers

(B)

Discuss with them how they react to these triggers.

(C)

Ask them what they think, how they feel, and how they behave when discussing their triggers. Help them to talk about consequences of their actions immediately following their reaction.

Have them rate each consequence either as negative or positive and explain that a positive is a home run for the teen and a negative is a home run for the trigger.

Erase the board and explain that using anger control skills effectively will allow them to be a winner by having more positive consequences and the triggers will have zero.

Explain that one cannot change the triggers but they can change their reaction to them.

GOALS OF THE PROGRAM

There are two goals to the program.

- 1) To increase personal power.
- 2) To stay out of the Fool's Ring

GOAL #1.

To gain personal power you need to increase and improve self _____ (have the teen fill in the blanks with some help and prompting).

You want to develop a list with the teen to include the following:

Control - how well & how fast you can control your anger and then how positively you can express it.

Confidence -the faith that you have in your ability to control your anger.

Respect - being able to rely & depend upon yourself to control your anger now & in the future.

Integrity -controlling your anger in a way that honestly serves not only your best interests but also others who care about you.

Assessment -your ability to stop and look at what you need to do to control your anger.

Relaxation -your ability to stay calm during anger provoking situations.

Assertion -your ability to express yourself in a direct, open, and honest way during anger provoking situations.

Instruction -your ability to instruct yourself quietly to calm down and then to express your anger in a positive manner.

Problem Solving -your ability to choose the most appropriate anger control skills to use in a given anger provoking situation.

GOAL # 2.

The second goal of the program is to learn ways to stay out of the **"Fool's Ring"**.

Ask the teens to imagine a circle with an **"X"** in the centre. The **"X"** represents the **"Fool In The Ring"** (the anger provoking trigger). Then ask them to imagine that there is an **"X"** outside of the circle with strings attached to it. Explain to them that this **"X"** represents the teen. Elaborate further and inform the adolescent, if he allows his/her strings to be pulled then the Fool becomes the puppet master and the teen becomes the puppet. Explain further that the teen can be pulled entirely into the ring until there are two **"Fools In The Ring"**. By entering the ring the adolescent has given up their personal power and playing the Fool's game. Explain that by using anger control skills, they can begin to cut the strings.

APPENDIX D ACCEPTANCE LETTER

Date: _____

Worker: _____ Unit: _____ Telephone: _____

Participant: _____

_____ was interviewed for the Anger Management Program on March ____, 1997 and appears to be a good candidate for the program.

We will begin the groups on March 19, 1997 for the afternoon group (8 weeks) and on March 20, 1997 for the evening group. During the interviews we asked for a preference for group attendance as some teens are in day programs and may not wish to miss time there. This participant has been selected for the _____ Group. The time the group will be held is from _____ to _____. For the time being the groups will be held at the Elmwood Unit in Room "C".

If parents have indicated that they wish to be participate then we will inform you of the times and dates of the parent group which should begin within the next two weeks. Consent Forms will need to be signed by the adolescent as well as their legal guardian. I have enclosed a copy of the Consent Form. Please forward the completed Form to me ASAP or have the adolescent bring it to the first group session. You can also fax it to me at 944-4505 at the Elmwood Unit. If you have any questions, I can be reached at 944-4323 or contact the co-facilitator, Pam Elaschuk at 944-4287.

I have appreciated your help in the coordination pieces for the referrals and in the selection process. I will ask for your feedback at the end of the program to assist in modifying areas which need adjustments. I hope that this program proves to be a positive experience for your client.

Sincerely,

Arthur Gwynn/Pam Elaschuk

APPENDIX E FORMAT OF GROUP #1- PSYCHOLOGICAL SKILLSTREAMING
S1-1
SESSION # 1.

A. Introductions:

- 1. Trainers introduce themselves.**
- 2. Trainers invite trainees to introduce themselves.**

Participants will need to relax. You may wish to get the them to talk about some non private information (i.e., residential neighbourhoods, school background, special interests, hobbies etc.).

B. Overview of Structured Learning.

Presentation and group discussion of the purposes, procedures, and the potential benefits of Structured Learning.

- 1. Stress the probable remediation of those skill deficits that participants are aware of, concerned about, and eager to change.**
- 2. Explain the procedures that make up the Structured Learning session (Modelling, Role Playing, Performance Feedback, and Transfer Training) and discuss this with the group. Remember to use words that the participants will understand (i.e., Show, Try, Discuss, & Practice).**
- 3. Stress again the potential benefits of their participation in Structured Learning. Give concrete examples of the diverse ways that proficient skills will have on the lives of the participants.**

S1-2.

C. Group Rules.

Discuss and encourage participation of members in agreeing on rules that all can live with.

Important issues to discuss are:

1. Attendance
2. Lateness
3. Size of the group.
4. Time & Place of the meetings.
5. Break Times (where breaks can occur)
6. Embarrassment
7. Fear of Performing
8. Taking "Time Outs"
9. Issues of Confidentiality

D. Introduce the First Skill to be taught.

S2-1

Session # 2 (follow the same format for later sessions)

A. Homework Review:

B. Present overview of the skill:

1. Introduce the skill briefly prior to showing the modelling display.
2. Ask questions that will help trainees define the skill in their own language.
3. Postpone lengthier discussions until trainees view the modelling display.
4. Make a statement about what will follow the modelling display.
5. Distribute Skill cards, asking a trainee to read the behavioural steps aloud.
6. Ask participant to follow each step in the modelling display as the step is depicted.

C. Facilitator presents MODELLING DISPLAY:

1. Provide two relevant examples of the skill in use, following its behavioural steps.

D. Facilitator invites discussion of skill that has been modelled.

1. Invite comments on how the situation modelled may remind participants of situations involving the skill usage in their own lives.
2. Ask questions that encourage the participants to talk about the skill usage and problems involving skill usage.

E. Facilitator organizes ROLE PLAY:

1. Ask a participant who has volunteered a situation to elaborate on his or her remarks, obtaining details on where, when, and with whom the skill might be useful in the future.

S2-2.

2. Designate this participant as a main actor, and ask him or her to choose a co-actor (someone who reminds them of the person with whom the skill will be used in real life situations).
3. Get additional information from the main actor, if necessary, and set the stage for the role play (including props, furniture arrangement, etc.).
4. Rehearse with the main actor what he or she will say and do during the role play.
5. Give each group member some final instructions as to their part just prior to role playing.

F. Facilitator instructs the role play to begin:

1. One facilitator stands at the chalkboard and points to each step as it is enacted and provides whatever coaching or prompting is needed by the main actor or co-actor.
2. The other Facilitator sits with the observing participants to help keep them attending to the unfolding role play.
3. In the event that the role play strays markedly from the behavioural steps, the facilitators stop the scene, provide needed instruction, and begin again.

G. Facilitator invites FEEDBACK following the role play:

1. Ask the main actor to wait until he or she has heard everyone's comments before talking.

S2-3.

2. Ask the co-actor, " In the role of _____, how did _____ Make you feel? What were your reactions to them?"
3. Ask observing participants: "How well were the behavioural steps followed?" "What specific things did you like or dislike?" "In what ways did the co actor do a good job."
4. Comment on the following of the behavioural steps, provide social rewards, point out what was done well, and comment on what else might be done to make the enactment even better.
5. Ask the main actor: "Now that you have heard everyone's comments, how do you feel about the job you did?" "How do you think that following the steps worked out."

H. Facilitator helps the role player to plan homework.

1. Ask the main actor how, when and with whom he or she might attempt the behavioural steps prior to the next meeting.
2. When appropriate the Homework Report can be used to get a written commitment from the main actor to try out his or her new skill and report back to the group at the next meeting.

- S2-4 3. Participants who have not had a chance to role play during a particular session may also be assigned homework in the form of looking for situations relevant to the skill that they might role play during the next session.

S3-1.

Session #3. (You will follow the same format as in session #2.)

Responding to anger is the skill to be reviewed and practiced. It was felt that this area would be of most importance to the group initially (Refer to flip chart re: Responding to Anger for reviewing what the participant can say).

Refer to Flip Chart to review the list of skills Skill #4 “Responding to Anger” after the homework review.

Steps in solving problems can be discussed and the flip chart can be used as a guide for this.

Some handouts can also be given out during this session.

- Anger Management Is ?
- Ten Things to Know About Anger
- Dealing with Another Person’s Anger.
- Dealing with Another Person’s Anger, TIPS
- Positive Self Talk
- The Function of Anger
- When Your Anger Is Just or Unjust
- Your Anger Style Inventory (Can be handed out for Homework Assignment).

S3-1.

Session #3. (You will follow the same format as in session #2.)

Responding to anger is the skill to be reviewed and practiced. It was felt that this area would be of most importance to the group initially (Refer to flip chart re: Responding to Anger for reviewing what the participant can say).

Refer to Flip Chart to review the list of skills Skill #4 “Responding to Anger” after the homework review.

Steps in solving problems can be discussed and the flip chart can be used as a guide for this.

Some handouts can also be given out during this session.

- Anger Management Is ?**
- Ten Things to Know About Anger**
- Dealing with Another Person’s Anger.**
- Dealing with Another Person’s Anger, TIPS**
- Positive Self Talk**
- The Function of Anger**
- When Your Anger Is Just or Unjust**
- Your Anger Style Inventory (Can be handed out for Homework Assignment).**

S8-1

Last Session

1. Brief Overview of the key points of the program:

A) Have flip chart available for a visual aide for the participants.

2. Show Movie- Wednesday's Children: Vicki

A) Discussion from issues presented in the film.

3. Give out Certificates for program completion.

4. Pizza and Coke Wind-up.

5. Verbal Feedback of participants about the program and changes that may make the program more effective.

6. Facilitators give feedback to the group about feelings toward the group.

SKILL # 1**EXPRESSING A COMPLAINT**

1. Define what the problem is and who is responsible for it.
2. Decide how the problem might be solved.
3. Tell that person what the problem is and how it might be solved.
4. Ask for a response.
5. Show that you understand his/her feelings.
6. Come to agreement on the steps to be taken by each of you.

SKILL # 2**RESPONDING TO THE FEELINGS OF OTHERS
(EMPATHY)**

1. Observe the other person's words and actions.
2. Decide what the other person might be feeling and how strong the feelings are.
3. Decide whether it would be helpful to let the other person know you understand his/her feelings.
4. Tell the other person, in a warm and sincere manner, how you think he/she is feeling.

SKILL #3.**PREPARING FOR A STRESSFUL CONVERSATION**

1. Imagine yourself in a stressful situation.
2. Think about how you will feel and why you will feel that way.
3. Imagine the other person in the stressful situation. Think about how that person will feel and why.
4. Imagine yourself telling the other person what you want to say.
5. Imagine what he/she will say.
6. Repeat the above steps using as many approaches as you can think of.
7. Choose the best approach.

SKILL # 4.**RESPONDING TO ANGER**

1. Listen openly to what the other person has to say.
2. Show that you understand what the other person is feeling.
3. Ask the other person to explain anything that you don't understand.
4. Show that you understand why the other person feels angry.
5. If it is appropriate, express your thoughts and feelings about the situation.

SKILL #5**KEEPING OUT OF FIGHTS**

1. Stop & think about why you want to fight.
2. Decide what you want to happen in the long run.
3. Think about other ways to handle the situation besides fighting.
4. Decide on the best way to handle the situation and do it.

SKILL # 6.**HELPING OTHERS**

1. Decide if the other person might need and want your help.
2. Think of the ways that you could be helpful.
3. Ask the other person if he/she needs and wants your help.
4. Help the other person.

SKILL # 7.**DEALING WITH AN ACCUSATION**

1. Think about what the other person has accused you of.
2. Think about why the other person might have accused you.
3. Think about ways to answer the person's accusations.
4. Choose the best way and do it.

SKILL # 8.**DEALING WITH GROUP PRESSURE**

1. Think about what the other people want you to do and why.
2. Decide what you want to do.
3. Decide how to tell the other people what you want to do.
4. Tell the group what you have decided.

SKILL # 9.**EXPRESSING AFFECTION**

1. Decide if you have good feelings about the other person.
2. Decide if the other person would like to know about your feelings.
3. Decide how you might express your feelings.
4. Choose the right time and place to express your feelings.
5. Express affection in a warm and caring manner.

SKILL # 10.**RESPONDING TO FAILURE**

1. Decide if you have failed.
2. Think about the personal reason and the circumstances that have caused you to fail.
3. Decide how you might do things differently if you tried again.
4. Decide if you want to try again.
5. If it is appropriate, try again, using your revised approach.

HOMEWORK REPORT

NAME: _____

DATE: _____

GROUP FACILITATORS: _____

Fill In During The Session**1. Home work assignment:**

a. Skill: _____

b. Use with whom: _____

c. Use when: _____

d. Use where: _____

2. Steps to be followed:

I. _____

II. _____

III. _____

IV. _____

V. _____

VI. _____

VII. _____

Fill In Before Next Class**3. Describe what happened when you did the homework assignment:** _____

4. Steps that you actually followed: _____

5. Rate yourself on how well you used the skill (check one):

Excellent _____ Good _____ Fair _____ Poor _____

6. Describe what you feel should be your next homework assignment: _____

AUDIO/VISUAL AIDES USED**VIDEO TAPES:**

Wednesday's Children - Vicky
National Film Board of Canada
Winnipeg, Centennial Library, 33097035274635
Winnipeg, Manitoba

APPENDIX F FORMAT OF GROUP #2- ANGER CONTROL TRAINING

S1-1

SESSION # 1

1. Explain the rationale for the program:

(A) To teach a variety of techniques that will assist the participant in controlling his/her behaviour in provocative/conflictual situations.

(B) To increase personal power and stay out of the "Fools Ring".

Give examples of people who have excellent self control: (let the group identify their heroes and point out those examples who exhibit good self control skills).

2. Define the program rules:

(A) Set up meeting times, length of program, length of sessions, break times, and how to participate (no interrupting).

(B) Use behavioural contingencies: In-session checklist for the following instructions, staying on task cooperation, and doing homework assignments.

(C) Introduce in-session checklist chart: this chart ranges from 0-5 points per session.

Reinforcers (sodas and candy bars) are contingent upon in-session behaviours.

Students must accumulate a minimum of 4 points to earn a reinforcer.

The Checklist includes: coming on time, handing in homework assignments, first 15 minutes of cooperation, second 15 minutes of cooperation, and for the third 15 minutes of cooperation.

(D) Institute end-of-program lottery: person(s) with the most checks for each behaviour

S1-2.

will have the opportunity to win prizes (something important to the participant eg., a sweatshirt or a tape).

(E) Ask participants for a summary of program rules.

3. Nature of the training program:

(A) Homework Assignments will be given.

(B) Participation in role plays using video/audio tape equipment will be required.

(C) Group discussions will be encouraged.

4. Introduce brief relaxation techniques:

(A) Deep breaths: Explain to members that taking a few deep slow breaths can help in maintaining a controlled response to anger provocations. Give participants examples of athletes who visibly use a few deep breaths before attempting some event (i.e., basketball players at the foul line, fighters in the boxing ring, or bowlers before their approach). Remind the participants about their physiological cues and discuss how deep breathing would function to:

-reduce physiological tension

-refocus their attention away from external provoking stimuli to internal control

-provide a time delay before making a choice of how to respond

(B) Backward counting and imagery: Present these techniques as additional methods for

S1-3.

providing time delay and a refocusing of attention.

- Have participants practice turning away from a provoking stimulus (do this by using a spontaneous role play) and silently, starting with 20, count backwards with a slow measured pace.**
- Present a visual image that elicits a calming or pleasant state. Use sports analogies such as “floating like a butterfly”, or a cooling down image such as “deep freeze”. Allow participants to generate their own visual images with criterion that the image is a clear, nonverbal one.**

5. Give out session points and contingent reinforcers.

S2-1.

SESSION # 2

1. Recap- Begin with a review of:

- (A) Program rationale
- (B) Program rules
- (C) Brief relaxation techniques

2. Re-Introduce Hassle Logs:

- (A) Hand out hassle logs to participants and ask someone different to read each item. If possible provide a large visual example of the data sheet.
- (B) Run through an example of a hypothetical conflict with group members and demonstrate how to fill out the hassle log.
- (C) Give rationale for using the hassle log. It is a self monitoring device that will provide each participant with an accurate picture of how they handled conflict situations during the week. It is a learning device for members regarding what sets them off and is an opportunity to report situations that were different and that were handled well. Finally, it provides scripts for in session role plays. Explain to them about the contingency: that if they complete a hassle sheet appropriately, then it will be used as a script for role plays. Participants completing the contingency will be able to be the actors.

3. Behavioural interviewing and some initial history taking on how the participants handle conflicts/provocations:

S2-2.

(A) Give self examples.

(B) Ask them for specific conflict incidents that have occurred at outside of the setting (i.e., probe for prior confrontations with authority figures from schools or communities).

(C) Prompt members to number their behaviours. (“What did you do?”), consequences (“What happened afterwards to you? To the other person”)’ and antecedents (“What triggered the problem? What happened right before?”).

4. Self- Assessment of anger: Introduce the concept of A, B, C’, (i.e., antecedent, behaviour, and the consequences).

(A) Provoking Stimulus- what gets them the angriest. Situational variables are assessed in terms of what is going on in the environment (overt antecedents) and physiological states of fatigue, hunger, etc. (covert antecedents).

(B) Actual behaviour/reaction: How do you know when you’re angry? Focus on cognitive or physiological covert or overt cues that occur:

-negative statements to self or with intention to harm the other person

-physiological cues: “getting hot” muscle tension, rigid posture, angry

stare, butterflies in stomach, hands clenched, facial muscles tensed, etc.

(C) Consequences: Ask participants: “What happened to you as a result of not controlling

S2-3.

your anger? Did you get into trouble?

**(D) Role plays: Facilitator to demonstrate the components and an analysis of feelings
(covert & overt) prior to provocations.**

**- Use stop gap methods during role plays to help students tune into these
overt & covert cues.**

(5) Summarize:

**(A) hassle log requirements: Present the mechanics of completing hassle logs (where
sheets will be located, best time to fill them out, what to do with completed data
sheet).**

(B) Tell participants to tune into both overt & covert anger antecedents.

(C) Give out session points and contingent reinforcers.

S3-1.

Session #3

1. Collect & review homework assignments.

2. Recap. Begin with a review of A, B, C,'s as they relate to poor self control.

(A) Provide distinctions between overt & covert cues of anger and aggression, asking teens: "How do you know when you are angry? How do you know when another person is angry? Have group members identify both internal (physiological or cognitive/self statements) and external (observable motoric behaviour) cues or antecedents to anger.

(B) Optional: Use examples from teen's Hassle Logs and prompt them to identify the A, B, C's of a given anger-provoking situation.

3. Introduce the concept of triggers, which is the identification of the anger provoking antecedent event. In this discussion, the focus is on the beginning of the anger/aggression sequence. Prompt group members to identify things that trigger an anger cue in them. Define and focus on:

(A) Direct Triggers: (being told what to do) or non verbal (a kick, push, obscene gesture, etc.). Help group members identify patterns of provoking stimuli by asking questions such as: "Who are the people who trigger an anger response, and what do they do?"

(B) Indirect Triggers: These aversive stimuli include misperceptions or mis

S3-2.

attribution of events such as feeling blamed or feeling like someone is disapproving of them. Most of these events involve a faulty appraisal of what is going on, such as: “It’s raining because I’m in a bad mood”, or “He put me on restriction because he doesn’t like me.”

(C) Conduct several role plays (using members Hassle Logs) in order to aid in the identification of triggers. These might include:

- sports analogies, such as when someone is deliberately tripped-up on the court or is not selected for a team.
- a peer getting in trouble for something they did not do.
- thinking a peer or adult is lying in regard to something promised to the adolescent.

(D) Prompt teens to identify the cognitive self-statements made in relation to these direct and indirect triggers. Model & emphasize how the internal dialogues can increase anger out of proportion. Negative self-statements, especially misperceptions or mis-attributions, are the most sure-fire way of making a “mountain out of a mole hill.”

4. Introduce progressive relaxation:

- (A)** Have participants get as comfortable as possible.
- (B)** Instruct them to only tense one muscle group at a time.
- (C)** Tell them to only tense muscles 70-80% capacity; if they experience pain while

S3-3.

tensing a given muscle, the should stop immediately.

(D) Have participants tense muscles for a time period of not longer than 10 seconds and then relax for 10-15 seconds.

(E) Follow the suggested order of muscle groups for relaxation training supplied.

(F) Discuss rationale for relaxation training.

5. Summarize:

(A) Triggers: both direct and indirect provoking stimuli.

(B) Hand out additional Hassle Logs if needed.

(C) Give out session points and contingent reinforcers.

S4-1.
Session #4.

1. Review:

(A) Triggers: both direct & indirect provoking stimuli.

(B) Hassle Logs: Have participants briefly retell their conflict situations. Prompt them to identify antecedent cues and any situational triggers.

2. Asserting Adolescent Rights: Conduct a discussion about adolescent rights with regard to rules/laws and authority figures in family, school, community, and residential agencies.

(A) Ask group members to generate a list of rights, things to which they feel they are entitled: These might include:

- I have the right to be listened to.**
- I have the right to explain my side of the story before any judgment is passed.**
- I have the right to my own property.**

(B) Further this discussion by prompting a listing of the rights of others in their unit, school, etc. (Include both peer and adult rights). Stress the importance of treating others like you would like to be treated.

(C) Distinguish between passivity, assertion, and aggression by providing students with a continuum of responses to these rights (use “fool in the ring” example cited in chapter 4).

S4-2.

-passive- letting someone take away your rights.

-assertive- standing up for your rights but at the same time respecting other person's rights.

-aggression- demanding your rights with no regard for the other person's rights.

(D) Discuss the concept of peer pressure or coercion, which is often exerted to get another person to give up their rights. Discuss how peer pressure works, how to discriminate between your own needs /wants and group goals.

3. Introduce assertion techniques as alternative responses to aggression: Instruct the group members to use assertion techniques in response to provoking stimuli that require action. These responses are designed to deescalate conflict situations while maintaining rights and an appropriate level of self-control.

(A) Broken record: This response involves a calm , monotone repetition of what you want. e.g., "Please give me my radio back." The student is trained to continue to repeat the response in the same calm manner until the property is returned. There is no escalation in terms of increased voice volume, threatening gestures, etc.

(B) Empathetic assertion: This is a form of assertion that involves a sensitive listening on the participant's part to the other person's feeling state. This is particularly useful when dealing with authority figures who are angry.

S4-3.

(C) **Escalating assertion:** This is a sequence of responses that increases in assertiveness in order to obtain a desired outcome. Begin with a **Minimal Assertive Response (MAR)** and escalate to **Final Contract Option (FCO)** in which a threat to the other person for noncompliance to original demand is presented. For example:

1st MAR= "Please return my radio."

2nd = "I asked you to return my radio."

3rd = "I want my radio now."

4th FCO = "If you don't give back my radio now, I will tell staff and they will come and get my radio for me."

(D) **Fogging:** This is a technique used to short-circuit an aggressive verbal conflict by confusing the provoker with an agreement. For example:

Provoker: You are stupid."

Target Participant: "You're right, I am stupid."

Explain to group members that such an agreement does not indicate truth, but rather a way to turn things into a joke.

4. Show the Video tape (optional). Facilitators may wish to role play.

5. Summarize:

(A) Discuss with the participants when to use assertive responses rather than withdrawal or aggressive responses. Assertion is optimal when the adolescent is certain of his or her rights in a situation and when there is high probability of a non-aggressive,

S4-4.

successful outcome to the problem situation.

- (B) Review probable responses of others when the target participant uses an assertive response- those situations or occasions when others will increase their aggression. Suggest to them ways of handling this aggression. Calm persistence is usually best, especially if you are certain of your requests/rights.**
- (C) Give out more hassle logs if needed and instruct continued self monitoring of conflict situations in which the anger control techniques taught so far (e. g., deep breathing, backward counting, imagery and assertion responses) were used.**
- (D) Give out session points and contingency reinforcers and provide members with positive feedback concerning their cooperation and commitment.**

S5-1.

Session # 5

1. Recap with a review of the four assertion techniques:

(A) Broken Record

(B) Empathetic Assertion

(C) Escalating Assertion

(D) Fogging

Prior to flipping to the chart, ask participants if they remember what the techniques are and ask for an explanation and an example of each. The participants who participated last session may have a better memory of the ones that they read out or role played.

2. Have the participants role play several conflict situations from their Hassle Logs utilizing the various assertion techniques. These role plays should be video taped and played back for appropriate feedback.

3. Review with the participants when to use assertive responses rather than withdrawal or aggressive responses.

4. Hand out more Hassle Logs if required and continue encouraging the group members to try and resolve conflict situations by using the anger control techniques taught so far (e.g., relaxation and assertion techniques).

5. Give out session points and contingent reinforcers to the participants.

S6-1
Session #6

1. Review:

A) Four Assertion Techniques: Broken Record, Empathetic Assertion, Escalating Assertion, and Fogging.

(B) Hassle Log: Prompt participants to tell what self-control techniques they used during the week to control their anger or resolve conflict situations.

Provide social reinforcement for resolved conflicts using any of the techniques taught so far.

2. Reminders: Introduction of self-instruction training.

(A) Define reminders as things we say to ourselves to guide our behaviour or to get us to remember certain things. Ask group members to think of specific things they say to remind themselves to bring certain items to class, etc.

(B) Give examples of situations where reminders (self-instruction) can be used in pressure situations, such as at the foul line during a very close basketball game and other sports examples.

(C) Describe how reminders can also be helpful in situations in which the adolescent has to try hard to keep very calm.

(D) Have group members generate a list of reminders that they use in those pressure-type situations. Write these on a large chart or blackboard for all

S6-2

to see. Some possible self-instructions include:

- "Slow down."
- "Take it easy."
- "Take a deep breath."
- "Cool it."
- "Chill out."
- "Ignore this."

3. *Optional: Show the video tape of inappropriate/appropriate versions of using reminders, utilizing the stop-gap method, which will allow students to identify the various ways reminders can be used.

4. Homework Assignment: Give each group member an index card and instruct them to write down three reminders that "fit" for them. Instruct participants to bring these cards to the next session, they will be implemented during the videotaping of the role plays.

5. Hand out session points and contingency reinforcers to participants.

S7-1

Session #7

Continuation of Self Instruction Training:

1. Review of the rationale for using reminders: things we say to ourselves to guide our behaviour or to get us to remember certain things.
2. Application of reminders procedure: Demonstrate the appropriate use of self-instructions to guide behaviour in conflict or anger-producing situations.
 - (A) Overt to Covert: Using group members hassle log as a script, model the use of overt reminders. Role play a situation in which one participant is cursing out another, who is emitting audible reminders in order to ignore this behaviour. Suggest the use of reminders instead of reacting to the direct provocation.
 - (B) Fully describe the substitution procedure, whereby a youth has a choice after recognizing the antecedent anger trigger. He/she can either react in an angry or aggressive way, which may lead to receipt of negative consequences or he/she can emit covert reminders to remain calm and uninvolved in the conflict situation.
 - (C) Demonstrate the use of covert reminders, and review rationale for maintaining this level of self-control.
 - (D) Conduct role plays for all participants who have completed their hassle logs. Prompt participants to use reminders listed on their index cards during the video taping of the role plays.

S7-2

- Emphasize that the timing of reminders is critical. Give examples of someone who uses reminders before any actual provocation (too soon) and after he/she has received a punishment for explosive behaviour (too late).
- Prompt participants to identify the time that is just right for emitting the covert self-instructions.

(E) Play back video tape scenes and structure group members' responses to analyse:

- Use of reminders, either covert or overt.
- timing of the reminders.
- effectiveness of appropriate use of reminders.

3. Hand out additional Hassle logs and instruct participants to continue to use the various anger control techniques taught so far (relaxation, assertion, and reminders) in resolving conflict or anger provoking situations.
4. Give out session points and contingency reinforcers and provide the group with positive feedback concerning their cooperation and commitment.

S8-1

Session # 8

1. Review anger control techniques taught so far:

- (A) Brief relaxation techniques: deep breaths, backward counting, and imagery/pleasant scene.**
- (B) Progressive relaxation: tensing and relaxing antagonistic muscle groups.**
- (C) Assertion techniques: broken record, fogging, empathetic (friendly), and escalating assertion.**
- (D) Self instruction training: reminders (Covert to Overt).**

2. Introduce thinking ahead procedure as another self- control technique to use in a conflict or anger-provoking situation. Discuss results.

- (A) Define thinking ahead as using problem solving and self instructions to estimate future negative consequences to current aggressive response to a conflict situation.**
- (B) Explain thinking- ahead procedure using the following contingency statement:**
“If I (misbehaviour) now, then I will (future negative consequence).” Stress the importance of using future negative consequences as a reminder to not get involved in acting out behaviour and of appropriate timing in using the thinking ahead procedure.

3. Review behaviours that lead to loss of control, such as acting before thinking things out.

S8-2.

(A) Have participants identify external and internal consequences for acting out behaviour. Prompt identification of long & short term negative consequences.

(B) Have members brainstorm long & short term negative consequences for acting out (e.g., jail, restrictions). List on the blackboard.

(C) Answer any questions raised.

4. Give out session points and reinforcers.

S9-1

1. Review Thinking Ahead Technique:

Emphasis should be placed on the use of negative consequences as a reminder to control anger and aggressive responses. Outline for the participants a method for self talk to highlight the technique. Example: If I (misbehave) now, then I will (insert a future negative consequence). Have the participants rehearse the contingency statement.

2. Use Video Recorder:

Have participants role play self talk and behavioural responses to Covert and Overt

Stimuli:

Covert- People not liking you, not trusting you, losing your friends
etc.

Overt- Having privileges removed or being placed in a more
restricted environment.

3. Video Play Back:

Have participants give feedback about their performances with emphasis on the use of reminders, used other techniques to handle their anger.

4. Summarize the session.

S10-1

Carry over from Session # 9

1. Prompt participants to name & describe anger control techniques taught thus far (brief relaxation, assertion, reminders, and thinking ahead).

A) List them on the chalk board and refer to the flip chart to reinforce correct responses.

2. Encourage participants to use the anger control technique of their choice or which ever ones they can remember when necessary.

3. Introduce Self Evaluation Process:

A) Elicit responses from the group about what they think this concept means and list their responses on the chalk board or on the flipchart.

B) Give the formal definition- providing oneself with feedback on how a conflict situation was handled.

4. Self-Evaluation responses are reminders that occur following a conflict situation to provide the individual with immediate feedback on behaviour and feelings during a conflict.

5. Explore with the participants to help develop a repertoire of self statements for conflicts handled well and conflicts handled poorly.

S12-1.

PROGRAM REVIEW

*** Session #11 was cancelled as only one group member could attend.**

The A, B, C's:

- (A) Antecedent: What happened in a situation that caused you to think and feel things that brought on your anger? Was the provoking action overt (things that someone did to you) or were they covert (caused by physiological states such as hunger or fatigue)?**
- (B) Behaviour: What did you do after responding to your thoughts and feelings. If you became angry, what was your behaviour?**
- (C) Consequences: What was the outcome of your behaviour to the situation. Did you get hurt or hurt someone (physically or emotionally), have to pay for damages after destroying something, or get charged for uttering threats [negative consequences]? Did you talk about your differences, come to an agreement or find a solution to the problem [positive consequences]?**

Triggers: The provoking stimulus.

Direct Triggers: direct aversive provocations by another person (verbal/non verbal).

Indirect Triggers: misinterpretations or misattributions of events. You may have read into a situation or a gesture more than was intended.

S12-2

Brief Relaxation: deep breathing, backward counting and imagery switching. Remember to read cues when your body is preparing itself to become angry. Try to use this technique to reduce tension, and stress. This serves to redirect your attention elsewhere and helps you to take a time out before you respond.

Progressive Relaxation: Tense one muscle group at a time; only tense muscles 70%-80% of their capacity. Stop if you experience pain. Hold the tension for no longer than 10 seconds and relax for 10 to 15 seconds before proceeding to the next muscle group.

The order is: hands & forearms, biceps, forehead & scalp, eye muscles & face, jaws & neck, shoulders & back, chest & stomach, buttock & thighs, legs and calf muscles, foot muscles, and end by taking a deep breath.

Assertion Techniques: broken record, empathetic assertion, escalating assertion, and fogging.

Remember, you have practised these techniques, and your rights are important, so you may as well assert them.

Reminders: Things that we say to our selves (outwardly or inwardly) to guide our behaviours or to get us to remember things.

Thinking Ahead Procedure: This is another type of reminder that uses problem solving and self instruction to estimate future negative consequences to a conflict situation. Thinking ahead involves using the following logic. If I (misbehave) now, then I will (future negative

S12-3

consequence). This basically means what will happen to you if you respond in one way as opposed to another way. It is hoped that you will think about the consequences of your action before you choose to do something.

Self Evaluation: Reminders that are used after a conflict situation to provide immediate feedback on behaviour and feelings during a conflict.

Problem Solving:

What is the problem?

What can I do?

What will happen if....?

What will I do?

How did it work?

Believe it or not we have gone through all of the above during our weeks together and I feel that a great deal of this information is somewhere stored in your brain. Now it is up to you to make the most of this knowledge. Good Luck and have a good summer.

Date: _____
 Morn. _____ Aft. _____ Even. _____

HASSLE LOG Conflict Situations

Where were you?

class _____ specialty class _____ off campus _____
 cottage _____ dining _____ other _____
 gym _____ outside/on campus _____

What happened?

Somebody teased me. _____
 Somebody took something of mine. _____
 Somebody told me to do something. _____
 Somebody was doing something I didn't like. _____
 Somebody started fighting with me. _____
 I did something wrong. _____
 Other: _____

Who was that somebody?

another student _____ teacher _____ counselor _____
 parent _____ another adult _____ sibling _____

What did you do?

hit back _____ told supervising adult _____
 ran away _____ walked away calmly _____
 yelled _____ talked it out _____
 cried _____ told peer _____
 broke something _____ ignored _____
 was restrained _____ other _____

How did you handle yourself?

1 2 3 4 5
 poorly not so well okay good great

How angry were you?

1 2 3 4 5
 burning mad really angry moderately angry mildly angry not angry
 at all

AUDIO/VISUAL AIDES USED**AUDIO TAPE**

The Healing Water Fall: A Guided Musical Journey

Music: Max Highstein

Voice: Jill Andre

Producer: Jim Moeller

Serenity 180 W 25th Street, Upland, California, 91786, (800- 869- 1684)

VIDEO TAPES

Wednesday's Children- Vicky

National Film Board of Canada

Winnipeg Centennial Library, 33097035274635

Winnipeg, Manitoba

Wednesday's Children-Alex

National Film Board of Canada

Winnipeg Centennial Library, 33097035280244

Winnipeg, Manitoba

Right From the Start: Date Violence/Rape

National Film Board of Canada

Winnipeg Centennial Library, 3309702914336

Winnipeg Manitoba

Family Crisis

National Film Board of Canada

Winnipeg Centennial Library, 33097028698485

Winnipeg, Manitoba

APPENDIX G

April 10, 1997

Dear Parent/ Legal Guardian of: _____

I am very pleased with the progress that is being made in the Anger Management Program by your teenager. At this point in the program the participants have been exposed to a variety of strategies, techniques, and discussions around anger management. In addition to the anger management group of which your child is involved, we would like to offer you the opportunity to gain information about the program from the group facilitators.

We are planning to run two sessions for the parents of our group members in order for us to present to you, the information that your teenager is hopefully absorbing. The sessions will also provide a chance for you to discuss some of the difficulties that you may be experiencing in raising your teenager. An effort will be made to give you assistance in managing situations that usually result in angry feelings between you and your teenager.

The schedule for the sessions is as follows:

DATE: _____

TIME: _____

LOCATION: _____

FACILITATORS: _____

The second session should occur during the following week. The date and time of the second session can be determined by the parents during the first session in hopes that the second session may be more convenient for you.

If you have any questions or concerns about the program or the parent sessions then please contact me at 944-4323. I would like to hear from you in order for me to get an idea of how many parents to expect. Your teenager is working hard in the program and would benefit greatly from your involvement in this process. I look forward to seeing you at the sessions.

Sincerely,

Arthur Gwynn
Social Worker
Elmwood Family Resource Centre

April 28, 1997

Dear Parent/ Legal Guardian of: _____

I would like to extend my appreciation to those of you who were able to attend the session on April 23, 1997. It is always encouraging to know that participants in the program have support from the significant person's in their lives. For those of you who were unable to attend, I am glad to inform you that there is another session scheduled. I know that we are in the grip of a very destructive act of nature and I hope that you are holding up well in the face of the flooding which has all of us on the alert. Many of the participants have talked about their help in the city's sand bagging efforts.

The schedule for the next session is as follows:

DATE: TUESDAY MAY 6, 1997
TIME: 7:00 TO 9:00 PM
LOCATION: 225 WATT ST.
CORNER OF WATT ST. & UNION AVE.
FACILITATORS: ARTHUR GWYNN
PAMELA ELASCHUK

If you have any questions or concerns about the program or the parent sessions please contact me at 944- 4323. I would like to hear from you in order for me to get an idea of how many of you to expect. Please do not under estimate the impact that you have on your teenager's life. By showing an interest in your child's involvement in this program, you may gain a better understanding of where angry feelings come from and be able to manage some future behaviours differently. I look forward to seeing you at the next session.

Sincerely,

Arthur Gwynn
 Social Worker
 Elmwood Family Resource Centre