ANGER MANAGEMENT

&

AGGRESSION CONTROL:

Mastering our emotions and behavioral choices

Brent Charles Apter

A practicum submitted to the Faculty
of Graduate Studies in partial fulfilment
of the requirements for the degree of
Master of Social Work

Faculty of Social Work
University of Manitoba
Canada

(C)1995

National Library of Canada
Bibliothèque nationale du Canada

Acquisitions and Bibliographic Services
Acquisitions et services bibliographiques

395 Wellington Street
Ottawa ON K1A 0N4
Canada

395, rue Wellington
Ottawa ON K1A 0N4
Canada

Your file Votre référence

Our file Notre référence

The author has granted a non-exclusive licence allowing the National Library of Canada to reproduce, loan, distribute or sell copies of this thesis in microform, paper or electronic formats.

L'auteur a accordé une licence non exclusive permettant à la Bibliothèque nationale du Canada de reproduire, prêter, distribuer ou vendre des copies de cette thèse sous la forme de microfiche/film, de reproduction sur papier ou sur format électronique.

The author retains ownership of the copyright in this thesis. Neither the thesis nor substantial extracts from it may be printed or otherwise reproduced without the author's permission.

L'auteur conserve la propriété du droit d'auteur qui protège cette thèse. Ni la thèse ni des extraits substantiels de celle-ci ne doivent être imprimés ou autrement reproduits sans son autorisation.

0-612-23200-X

Canada

ANGER MANAGEMENT AND AGGRESSION CONTROL:

MASTERING OUR EMOTIONS AND BEHAVIORAL CHOICES

BY

BRENT CHARLES APTER

A 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

© 1995

Permission has been granted to the LIBRARY OF THE UNIVERSITY OF MANITOBA to lend or sell copies of this Practicum, to the NATIONAL LIBRARY OF CANADA to microfilm this Practicum and to lend or sell copies of the film, and LIBRARY MICROFILMS to publish an abstract of this Practicum.

The author reserves other publication rights, and neither the Practicum nor extensive extracts from it may be printed or other-wise reproduced without the author's written permission.

ABSTRACT

The specific area addressed in this practicum is the treatment of offenders on probation who have been charged with assaultive or aggressive acts. A number of studies support the use of cognitive-behavioral based anger management programs such as Stress Inoculation Training. The objective of the practicum was to compile an anger management program manual utilizing Stress Inoculation Training procedures, present the program to a group of participants, and evaluate the impact of the intervention. Results of the evaluation would then be used to modify the program and handbook which later would be used across the province by Probation Services.

The evaluation of the program indicated statistically significant changes at the $p < .05$ and $p < .10$ level in a number of subscales used in the Problem Solving Inventory and State-Trait Anger Expression Inventory. Client Satisfaction with the anger management program also ranked high.

DEDICATION

In memory of my father, a man with a good name.

-B.C.A.

ACKNOWLEDGEMENTS

Special thanks goes to Dr. Garry Fisher, Senior Psychologist at Stony Mountain Institution, who supplied much of the key learning area information for compilation of the anger management program and manual.

To Bob Shaley, fellow probation officer and co-facilitator, my sincerest and warmest thanks for his contribution which I feel was beyond that of a co-worker.

Finally, I wish to thank the Practicum Committee for their support, encouragement and expertise in the compilation of this report.

TABLE OF CONTENTS

Abstract i

Dedication ii

Acknowledgements iii

Table of Contents iv

PART ONE: THE LITERATURE

I. Introduction 1

II. Literature Review 5

A. POPULAR THEORIES ON ANGER AND AGGRESSION

1. Psychoanalytical Perspective 6

2. Ethological Perspective 8

3. Aggression & Frustration: A Psychological Perspective 10

4. Physiological Perspective 14

a) Brain Structures Influencing Aggression 14

b) Hormonal Influences and Aggression 16

c) Alcohol and Aggression 18

5. Social Learning Perspective 22

6. Social Exchange Perspective 25

7. Gender, Aggression, and Social Construction 27

8. Pragmatic Theory 35

9. Family of Origin and Aggression 36

a) Male Socialization 41

b) Intergenerational Transmission 42

c) Helping Clients Understand The Influence of Family of Origin 43

10. Cognitive-behavioral Approach to Understanding Anger and Aggression 46

a) Cognitive Factors 47

b) Three Stages of Cognitive-Behavioral Intervention 49

11. SYNTHESIS: The Tapestry of Anger and Aggression 50

a) Social Context 52

b) Intent 53

c) Hostile & Instrumental Aggression 54

B. RESEARCH ON ANGER MANAGEMENT 56

1. Classical Conditioning 56

2. Social Skills Training 57

3. Operant Conditioning 58

4. Cognitive-Behavioral Interventions 59

C. EFFECTIVENESS OF CORRECTIONAL TREATMENT 65

1. So, What Does Work? 67

2. Relapse Prevention 73

a) Relapse Prevention Principles 74

b) Booster Sessions 75

c) Therapy and Integration of Relapse Prevention 76

d) Minimal Contact 77

D. ANGER AND AGGRESSION INTERVENTION: STRESS INOCULATION TRAINING 78

1. Goals of Stress Inoculation Training 79

2. General Considerations 80

3. Assessment Procedures 81

a) Self-Monitoring 82

b) Self-Reports 88

c) Direct Observations 88

E. THREE PHASES OF STRESS INOCULATION TRAINING 93

Phase One: Conceptualization 98

i) Functional Analysis 98

ii) Imagery-Based Recall 101

iii) Self-Monitoring 101

iv) Personal Experiments 102

v) Integration of Data 102

vi) Provision Of A Conceptual Model 103

Phase Two: Skills Acquisition & Rehearsal 104

a) Instrumental Coping Techniques 105

i) Problem Solving 105

ii) Brainstorming 106

iii) External Resources 107

b) Palliative Coping Techniques 107

i) Perspective Taking 107

ii) Attention Diversion 108

iii) Social Supports & Communication 108

iv) Expression of Affect 108

v) Relaxation Skills 109

vi) Cognitive Strategies 109

Phase Three: Application & Follow Through 112

i) Imagery Rehearsal 112

ii) Role Playing 113

iii) Modeling 113

iv) Graduated In Vivo Exposure 114

v) Follow Through 114

4. Why Use a Group Format For The Anger and Aggression Intervention? 115

F. SUMMARY CONCLUSION OF LITERATURE REVIEW 117

i) The Heterogeneity of Aggression 117

ii) The Trend of Eclecticism 119

PART TWO: THE PRACTICUM REPORT

III. Description of Intervention 121

1. Anger Management Research 121

2. Development of Anger Management Program and Facilitator Manual 123

a) Facilitator Manual 123

b) Anger Management Program Format 125

3. Conducting an Anger Management Program 127

a) Participant Selection 127

b) Group Characteristics 128

c) Co-Facilitators 131

d) Problem Areas 133

e) Attendance 135

f) Anger Logs 135

g) Control Plans 136

h) Imaginal Scenes/Relaxation Exercises 137

i) Group Dynamics 138

j) Group Facilities 139

k) Audio-Visual Materials 140

IV. Evaluation of Program 141

1. Pre and Post-Tests 141

a) Problem-Solving Inventory 143

b) State-Trait Anger Expression Inventory 149

2.Additional Evaluative Tools 165

a) Anger Logs 165

b) Content Tests 166

c) Post-Treatment Interviews 168

d) Client Satisfaction Questionnaire 169

V. Evaluation of Theory 172

VI. Conclusion 174

Bibliography 178

Appendices 190

1. Facilitator Manual 190

2. Post-Group Interview Responses 344

I. INTRODUCTION

Community and Youth Correctional Services (Probation) comes under the auspices of the Manitoba Department of Justice. Probation provides services to the entire province with the use of staff deployed in various geographic locations. The Winnipeg based Probation Service employs approximately 53 Probation Officers. Staff are involved in the preparation of Pre-Sentence Reports which assess an offender's viability for community supervision such as a probation order in lieu of gaol (jail), or as an adjunct to his sentence. Traditionally, probation officers made use of community based resources, referring their clients to these services as part of their probation order conditions. Referrals to external agencies and services still occur for offenders requiring psychiatric, alcohol, employment, and other forms of intervention. However, probation staff are also involved in the delivery of certain services such as one to one counselling. Various staff have differing degrees of expertise in the area of counselling. Probation Services has provided training to its staff in several areas. Due to caseload demands, and a changing offender profile, specialized services have been developed. These services speak to the increasingly violent and abusive crimes occurring within the community as well as the self-reported violent behavior by clients.

According to Statistics Canada, Youths aged 12-17 represented 22% of all persons charged with Criminal Code Offenses in 1989-90. 18% of those charges were violent

offenses. These offenses may take place in the form of physical or verbal violence, or acts of aggression toward another person or property.

The Deputy Minister of Justice, Bruce MacFarlane, addressed members of the Department of Justice and recognized that "the rate of violent crimes increased in the prairie provinces in the past decade, more than doubling in Manitoba" (1993, p.2). According to statistics compiled by Community and Youth Corrections, in 1992 -60% of 'Most Serious Offences' were non-violent. In 1992 - 40% of 'Most Serious Offences' were violent, compared to 1986, when 75% of 'Most Serious Offences' were non-violent and 25% were violent offences.

Recently, Probation Services split into two distinct focus groups. One group provides youth services, while the other provides adult services. The adult oriented probation team has also begun to supplement the caseload management model with a program model in order to better provide consistent interventions for offenders. Some effort has been made in the development of standardized provincial intervention packages or programs for domestic violence, and sexual offenders. Three specific programs are being offered, with specialization occurring at each of the three Winnipeg offices. West office is providing services to Sexual Offenders, Central Office is providing services to Domestic Violence Offenders, and the East office is providing anger management programming to non-family violence offenders.

Before providing interventions in the area of anger management and aggression control, one must first acknowledge the prevalence of violence in a global, political, societal, and family context to appreciate the impact and extraordinary presence it has in our lives.

> "That man is an aggressive creature will hardly be disputed. With the exception of certain rodents, no other vertebrate habitually destroys members of his own species. No other animal takes positive pleasure in the exercise of cruelty upon another of his own kind. We generally describe the most repulsive examples of man's cruelty as brutal or bestial, implying by these adjectives that such behaviour is characteristic of less highly developed animals than ourselves. In truth, however, there is no parallel in nature to our savage treatment of each other. The sombre fact is that we are the cruellest and most ruthless species that has ever walked the earth; and that, although we may recoil in horror when we read in the newspaper or history book of the atrocities committed by man upon man, we know in our hearts that each one of us harbours within himself those same savage impulses which lead to murder, to torture, and to war" (Storr, 1968, p.ix).

Almost thirty years later, not much has changed. Concern over a person's acting aggressively when angered continues to grow and stresses the need for effective interventions.

Short term educational programming has been developed and offered at the East office with some evaluation. Statistical analysis shows little change although clients receiving the service expressed satisfaction and interest in this type of programming. No long term follow up was done. A call for a more intensive and extensive program intervention has been made, along with a concise evaluative formula. Success of the program may impact on further program adjustments and support in dealing with violent offenders.

The specific area addressed in this practicum will be violent or assaultive acts committed

by offenders on probation, through a cognitive-behavioral based anger management program. A number of studies support the use of cognitive-behavioral anger management programs (Schlicter & Horan, 1981; Simeonsson, 1986; Glick, 1987; Novaco, 1975; Deffenbacher, 1990; Hains & Hains, 1987, 1988, 1989, 1990; Feindler & Febvrie, 1980; Dangel, 1989; Nugent, 1991; Larson, 1990, 1992; Feindler, Marriot & Iwata, 1984; Rokach, 1987). The objective of this practicum will be to develop an anger management program and handbook, utilize it in presenting the program to a group of participants, and evaluate its usefulness. Results of the evaluation would then be used to modify the program. The anger management model and handbook could then be used across the province by Probation Services.

II. LITERATURE REVIEW

There are numerous theories discussing the basis of aggressive behaviour. Some of these include biological, emotional, cognitive, or behaviourial forces. A brief overview of these theories along with an evaluative criticism will be included. As well, a review of which interventions best work in reducing aggressive behaviour will be provided. Analyzing the effective intervention strategies in relation to the expected common elements of recognizing the role of behaviour, the role of others, and cognition will be highlighted by the use of Stress Inoculation Training; one of three components which will be employed in this practicum. The other two components include family of origin and Relapse Prevention.

Family of origin is included in the cast of players as the literature exposes the social nature of anger and aggression. The 'family' is the first social network people are exposed to and learn from.

Relapse prevention is included due to the need for effective and long lasting therapeutic results. Knowing when you are beginning to return to maladaptive coping strategies and how to avoid these are perhaps the most effective way in reinforcing, maintaining, and/or reacquainting oneself with the skills needed to assure long lasting adaptive coping repertoires.

A. POPULAR THEORIES ON AGGRESSION

1. Psychoanalytical Perspective

Freud had different consecutive ideas about aggression, but viewed it as an instinctive and inevitable behaviour. Freud perceived the individual as functioning within the tripartite structure of the id, ego, and superego. The id was seen as the primary and biological source of psychic or drive energy derived from life and death instincts. The id is characterized as demanding, insistent, irrational, impulsive, amoral, intolerant of tension, and operating under the 'pleasure principle' - aimed at avoiding pain, reducing tension, pursuing homeostasis, and gaining pleasure which satisfies instinctual needs. The superego represents the moral branch of the personality. It represents traditional values and societal ideals, with a concern for what is right or wrong, good or bad. Its function is to inhibit the id impulses and influence the ego to substitute moralistic goals over realistic ones. The superego strives for perfection and the ideal, and relates to psychological rewards and punishment such as feelings of pride, self-love, guilt, inferiority, and shame.

The ego is aware of the external world (reality) and represents the governing and control of the individual's personality. The ego mediates between the internal forces of the id (pleasure) and the superego (perfection) and the surrounding environment. The ego will delay or divert the energy of the id until the appropriate time. Sometimes the ego is unsuccessful at controlling these impulses. Freud perceived aggressive individuals as

having poorly developed egos which could not control the id (Pervin, 1970; Corey, 1991).

Originally, Freud considered aggression to be one component of sexuality. "The sexuality of most male human beings contains an element of **aggressiveness** - a desire to subjugate; the biological significance of it seems to lie in the need for overcoming resistance of the sexual object by means other than the process of wooing. Thus, sadism would correspond to an aggressive component of the sexual instinct which has become independent and exaggerated, and, by displacement, has usurped the leading position" (Freud, 1939, p.36). Separating the sexual and aggressive drives, Freud postulated the concepts of the (eros) life and (Thanatos) death instinct which he believed accounted for the 'aggressive drive'. In keeping with the view that every living being desires to be totally free of tension (as in death or before life occurs), energy from the death instinct had to be diverted away from the self where it was initially directed or have the individual face self destruction. By releasing destructive energy, tension was reduced and a catharsis could occur in which destructive energy was discharged in a harmless fashion (Storr, 1977; Zillman, 1979). In Freud's conceptualization, individuals "manifest through their behavior an unconscious wish to die or to hurt themselves or others. In his view both the sexual and aggressive drives are powerful determinants of why people act as they do" (Corey, 1991, p.97).

Freud's concepts of aggression and the death instinct were strongly criticized as the biological view of instincts is one of patterns that preserve and encourage the proliferation of life organisms (Megargee & Hokanson, 1970). The death instinct also fails to fully take

into account the cognitive processes and choices of selected targets of instrumental aggression and angry aggression such as in domestic violence. If aggressors can choose when or where to attack, the instinct - drive theory loses credibility. Adler (1908) also postulated many primary drives that, if not satisfied, would release the aggression drive. A major critique of the drive conception of aggression, related to the frequently voiced objection to orthodox psychoanalytical theories, is that they are not open to an empirical analysis, and thus cannot be subject of a real scientific inquiry. Accordingly, these drive conceptions have received lesser attention in modern experimental psychology (Groebel, 1983; Megargee & Hokanson, 1970).

After 1915, aggression was considered a reaction to frustration in attempting to satisfy the ego drives - a preformulation of the frustration-aggression theory developed by Dollard et al (1939) (Groebel, 1983) and discussed later in this literature review.

2. Ethological Perspective

Lorenz suggests that unlike nonverbal animals, man's technological advancement has surpassed the much slower evolution of innate inhibitions against the expression of his aggressiveness. He believes that efforts to decrease human aggression and violence through education, or through the elimination of frustrations are insufficient. Lorenz suggests that the best way of decreasing harmful aggression is to allow us opportunity to discharge aggressive behavior through participation in sanctioned activities such as sports and competition (Megargee & Hokanson, 1970). Thus, Lorenz views aggression in a

similar vein to Freud, in that he considers the aggressive instinct an accumulation of aggressive energy which must be discharged regularly. If not discharged regularly, the aggressive instinct would allow for discharge in the absence of appropriate environmental conditions, or act out when inappropriate stimuli occurred. In an elaboration of the theory, Lorenz postulated that if the aggressive energy was not dissipated, the person could search for an outlet, acting aggressively with inappropriate stimuli and/or environmental conditions (Zillman, 1979).

Lorenz has been criticized by others (Montagu, 1968; Tinbergen, 1968) for the "...uncritical explanation of human behavior patterns in terms of those lower animals without recognizing the distinctive differences of the human species. Others have castigated ethologists for failing to consider individual differences and for disregarding evidence contrary to their position" (Megargee & Hokanson, 1970, p.6).

Lorenz and another prominent exponent of the ethological aggressive-drive theory, Eibl-Eibesfeldt (1970,1977), developed their conclusions from results of animal studies and were criticized for it. They were criticized for not considering alternative interpretations to their observations. For example, the exhibition of aggression in isolated animals, judged as 'proof' for the 'spontaneity' of aggressive behavior by Eibl-Eibesfeldt (1977) can also be interpreted as a reaction to a stressful situation such as isolation. Hassenstein (1981), on considering this aspect, presented an ethological aggression theory which differentiates between eight biological causes for aggressive animal behavior. The list

includes: sexual motivation, group defense aggression, aggressiveness as reaction to fear, pecking order aggression, and frustration aggression. He also views the simple transfer from 'animal' results to human behavior as problematic, demanding that it include an abstraction from the animal functional principles to the human level, and that test of these principles also be observed in humans (Groebel, 1983).

Lorenz and other ethologists have been "shown to be in error (Montagu, 1973; Skinner, 1974). The distinctive feature of human conduct is the small extent to which it is specifically determined by heredity; except for simple reflexes, we have no behavior that is not learned - this is why our conduct is so much more diverse than that of any other species. Also, no other animal accumulates learning from one generation to the next, over scores of centuries as a culture, for no other animal has a language nearly as adequate as those of humans for storage and transfer of learning" (Glaser, 1978, p.239).

3. Aggression and Frustration: A Psychological Perspective

One of the most influential psychological aggression theories, dealt with aggression as a reaction, and was introduced as the frustration-aggression theory by Dollard and his colleagues in 1939 (Glaser, 1978; Groebel, 1983). Similar to Freud's view, the theory posits that when drives (that exist in all of us) are blocked or impeded in some way, pressure builds. If not released gradually and in a passive manner, aggressive behavior will result in order to ensure the release of this pressure. "The implication that each person has a certain amount of drive that must come out in one way or another is

analogous to the law of the conservation of energy in classic physics, or of pressure in fluids and gases. It is some times called a 'hydraulic' conception of emotion and conduct" (Glaser, 1978, p.239). The frustration-aggression theory purports that "...frustration is the sole antecedent of aggression, and it specifies the variables determining the intensity of aggression: strength of frustration and punishment of aggression. The stronger the frustration, the more intense the aggression; the stronger the punishment (or threat of punishment), the weaker the aggression" (Buss, 1969, p.61). However, the immediate or apparently obvious aggression does not always promptly appear as the result of frustration. "...one of the earliest lessons human beings learn as a result of social living is to suppress and restrain their overtly aggressive reactions. This does not mean, however, that such reaction tendencies are thereby annihilated; rather it has been found that, although these reactions may be temporarily compressed, delayed, disguised, displaced, or otherwise deflected from their immediate and logical goal, they are not destroyed" (Dollard et al, 1970, p.24). Dollard et al (1970) add that "aggression is not always manifested in overt movements but may exist as the content of a phantasy or dream or even a well thought-out plan of revenge. It may be directed at the object which is perceived as causing the frustration or it may be displaced to some altogether innocent source or even toward the self, as in masochism, martyrdom, and suicide" (p.26). The aggressive act may be directed toward inanimate as well as animate objects, or be undirected toward any object (e.g. swearing after hitting your thumb with a hammer).

Additional factors influencing aggression according to Dollard et al, include the 'arbitrariness' of aggression and 'instrumental value' of aggression. Arbitrariness is defined as "...the presence or abuse of justification for the frustration" (Buss, 1969, p.62). For example, when a person's behavior is impeded by the capriciousness or ill temperament of another, the frustration is considered as arbitrary. If however, the impediment is necessary or beyond anyone's control, the frustration is said to be nonarbitrary. Pastore (1952) was the first to suggest and demonstrate that arbitrary frustration leads more to aggression than nonarbitrary frustration (Buss, 1969). 'Instrumental' aggression involves the gains acquired by an aggressive act.

Gains may include booty from a robbery, status through intimidation and assault, or removal of a concrete or abstract obstacle to obtain a philosophical goal or control such as in acts of war and colonization.

Subsequent research indicates that other antecedents also influence our perceived frustration and resultant instigation toward aggressive behavior. The arbitrariness (Pastore, 1952) and the frustrated person's belief of having opportunity to retaliate (Thibault and Coules, 1952; Worchel, 1957) are important variables found to have influence in this area (Megargee and Hokanson, 1970).

Tamara Dembo (1931) also had used frustrating conditions in her experiments on anger. Dembo observed different kinds of reactions to frustration. Again, not all of these reactions were aggressive. Some subjects began to ignore original objectives and pursue new goals, or withdraw (Groebel, 1983). Bandura (1973) also demonstrated that

nonviolent ways of coping with frustration are learned and will reduce aggressive behavior when they are positively reinforced (Glaser, 1978).

Because of the discovery of other antecedents to aggression, the frustration concept of the frustration-aggression theory was reduced to the significance of a contributory factor. Physiological arousal was considered one of these many variables to be included in the person's experience with anger and aggression.

> "All of us at times have a surge of anger at frustration. Any unexpected sudden blockage of conduct creates an activation syndrome of increased alertness, muscle tone, and available energy....these reactions are due largely to epinephrine released reflexively from the adrenal glands, an inherited pattern in animals that helps them flee or fight in emergencies. What we call our physiological arousal in such situations and how we interpret it, Schachter (1971) shows, is largely a result of verbal communication and learning. Indeed, whether, when frustrated, the resulting activation is expressed by panic, striking someone, breaking something, joking, resuming the blocked activity, or doing something else, is mainly a consequence of learning experience in such circumstances, most of which is acquired socially" (Glaser, 1978, pp.239-240).

Summary

As a whole, most of the early studies on aggression either assumed an internal aggressive drive (Freud, Adler, Lorenz) or stressed the importance of cognitive processes (Dembo, Buhler). After World War II, the classical American learning theories influenced the aggression debate to a relatively high extent. However, in more recent research, motivation and cognition play a major role (Groebel, 1983).

4. Physiological Perspective

People possess biologically acquired capacities with respect to learning, emotional arousal, and muscular reactions; all which vary greatly with heredity, health, and environment (Glaser, 1978).

Barchas (1981) states that the various inter and intra individual conceptual frameworks (such as psychoanalysis, ethology, social learning, and evolution theories) "...implies a state of arousal in the individual that precedes aggressive behavior. Further, there is increasing agreement that the biology of an organism is both a determinant of and determined by the experiences of the organism. It seems appropriate to consider aggression as an instance of the general problem of the relation of biological and social processes and behaviors" (p.21).

a) Brain Structures Influencing Aggression:

It is a common view that aggression is a primitive behavior with its physiological roots in the phylogenetically ancient components of the human brain. "The results of many neurological studies will inevitably lead some to conclude that the brain is 'programmed' or 'wired' for aggression..." (Montagu, 1976, p.195). The hypothalamus area of the brain controls autonomic processes such as respiration, body temperature, and heartbeat. Hormones, emotional and motivational processes are also influenced by the hypothalamus. The hypothalamus and amygdala are part of the limbic system, and are associated with the mediation of aggressive behavior (Scherer, Abeles, and Fischer, 1975).

Renfrew (1981) reviewed brain stimulation experiments and Adams (1979) evaluated evidence indicating that specific neural pathways were involved in the control of aggressive behavior. Adams' information was gleaned from stimulation and lesion experiments on animal subjects. He postulated that there were generally "three hypothetical motivation systems, namely 'offense,' 'defense,' and 'submission'. He purported that the brain mechanisms controlling aggression in cats and rats were similar to those of primates (Brain, 1984, p.72). Hess and his colleagues demonstrated through point by point stimulation in cats, that there are definite aggression areas. As well, the stimulation of various hypothalamus sites resulted in different aggressive behaviors defined as defense, attack, and flight (Scherer, Abeles, and Fischer, 1975).

Despite the acceptable evidence for the biological basis of aggressive behavior, Barchas (1981) indicates that "a question central to most approaches to aggression revolves around the inner state of the organism, the readiness of the organism to aggress. The arousal state may be general or specific; each theoretical framework incorporates the concept of either general or specific arousal states as a precursor to aggression. In some cases, readiness to aggress is self-generating and in other situations depends upon perception of external stimuli. Perception is influenced greatly by social relationships" (p.24). In addition to environmental factors, the individual's personality also has been shown to have influence on behavior despite the electrical stimulation of certain brain areas. "Amygdaloid-area stimulation may result in aggression for previously violent patients, but not in previously nonviolent patients. Responses to amygdaloid stimulation seem(s) to be highly individualized and to reflect the patient's personality. The roles of personality

and environment in determining the outcome of the electrical stimulation of aggression 'centers' cast a large shadow of doubt on any inevitable relationships between particular neural sites and aggression" (Scherer, Abeles, and Fischer, 1975, p.26). Similarly, studies involving the removal of the neocortex (part of the brain which involves thinking) resulted in violent behavior in animals, referred to as 'sham rage'. This 'sham rage' was so aptly named as the animal would attack anything in front of it. This is believed to be the result of the animal's not having the inhibitors of the neocortex which is responsible for thinking (Scherer, Abeles, and Fischer, 1975). Montagu (1976) who also reviewed the evidence regarding brain stimulation by Plotnik concurs with his view that "there are no experiments in which electrical or chemical stimulation has elicited aggressive responses in animals that have been prevented from learning these responses. Therefore, **neurological** evidence for innate (unlearned) aggressive circuitry is lacking ..." (p.203).

b) Hormonal Influences and Aggression:

There are numerous studies assessing the association of hormones and aggressive behavior. In infrahuman animals, different hormones appear to alter the behavior of the test subjects including aggression, sexual activity, and motor activity (Brain, 1984). Although altered hormonal levels do have some influence on behavior, Barfield (1984) indicates that "data on personality are very difficult to interpret, but it is striking that castration and the expression of human aggression are by no means mutually exclusive (Kling, 1975). One may find examples in history of eunichs who have been important military or political leaders" (p.110). Persky, Smith, and Basu (1971) conducted a study

of eighteen men and concluded that there is a correlation between testosterone levels and aggressive behavior, while Kreuz and Rose (1972) found that ten prisoners with a history of violent crimes during adolescence had higher testosterone levels when compared to a control group of eleven prisoners without a violent criminal history.

Various authors (Barfield, 1984; Brain, 1981; Sheard, 1979; Scherer, Abeles, and Fischer, 1975) caution against drawing quick and singular connections between hormonal factors and aggressive behavior. While hormones may not directly cause aggression they are considered to be associated with physiological changes that run parallel to feelings of fear and anger, which often precede aggressive behavior. It is apparent that there is still some uncertainty as to whether increased testosterone causes violence. As well, there also is uncertainty over the complex relationship between hormones and other antecedents such as cognitive mediating factors, and environmental or social influences.

Activated brain systems and increased testosterone do not ultimately cause violent behavior, but rather increase the likelihood of violence in a person, if certain stimuli are present and external environmental factors are conducive to the aggressive act (Thorne-Finch, 1990). With much of hormonal and aggressive behavior being drawn from animal studies, cross-species generalizations are often ambiguous and difficult to be considered fully relevant. "Male hormones have been more positively tied to high activity levels in humans than to aggression per se; only pathologically high or atypical hormone levels have been involved in at least some of the studies offered in evidence for a role in

ordinary sex differences, raising doubts to their significance" (Wilson and Herrnstein, 1985, p.119). In addition, the small sample sizes used in such studies detract from drawing hard and fast conclusions.

c) Alcohol and Aggression:

In the last ten years, low self-esteem, dependency, lack of responsibility, traditional attitudes, and alcohol use have been noted as psychological characteristics of abusive husbands (Goldstein, 1983). Alcoholism has frequently accompanied violence in marital relationships (Gayford, 1979; Gelles, 1974; Gerson, 1978; Hilberman and Munson, 1978). Goodman et al. (1986) studied the relationship between alcohol and homicide in over 4,000 Los Angeles police investigations. They discovered that 46 percent of the victims had a blood alcohol level of .1% or higher. They also noted that the victims were more likely to have known the alleged murderer than non-intoxicated victims. These findings are considered to support a strong correlation between the relationship of alcohol or drug abuse and interpersonal violence. As well, many researchers agree alcohol consumption is often used as a mitigating factor in aggressive behavior by the perpetrator and the judicial system. The common view was that controlling alcohol consumption would alleviate violent behavior. For example, in domestic violence, "the abusive behavior tends to be rationalized and minimized while the effects of the abuse tend to be misattributed to other factors. Since the condition is not recognized, the development of effective coping skills is impaired" (Levy and Brekke, 1990, p.84). Although alcohol is a significant contributory factor in violent incidents, correlation does not simply suggest

causality.

No chemical substance is inherently criminogenic; however, certain substances such as alcohol and street drugs are often used as disinhibitors for the aggressive expression of anger. Alcohol and drugs may diminish ego controls, impair judgement, produce paranoid thoughts, and induce irritability or impulsiveness. Intoxication may result in combativeness, hyperactivity, or feelings of bravado and omnipotence (Presentation by Lucille Meisner of the AFM to a Spousal Abuse Group, 1991).

"Aggression is a function of the interaction between the pharmacologic state induced by alcohol and the cues in the social setting. Intoxication leads to reacting to most immediate cues -inhibiting cues are decreased; instigating cues increased" (Presentation by Lucille Meisner of the AFM to a Spousal Abuse Group, 1991). Zeichner and Pihl (1979) conducted an experiment where male social drinkers were recruited from the public. They discovered that inebriated subjects gave higher levels of shock to fellow subjects than sober subjects, and that inebriated subjects were less likely to modify aggression in response to the pain cues displayed by the shock recipient. These differences were attributed to the disrupting effect alcohol had on information processing capabilities of inebriated subjects.

Social factors have been considered to play an important role in aggressive behavior despite alcohol consumption by male subjects. "Effects in controlled laboratory situations

appear to depend upon the amount of alcohol consumed by the subjects, the type of provocation used to elicit aggressive responses, whether the aggressive subject is able to see the effects of his aggressive behavior, and whether the subject knows how much alcohol he has consumed (Zeichner and Pihl, 1979)" (Hanson-Frieze and Cooney-Schafer, 1984, p.262). In view of this information, alcohol cannot be considered solely responsible for aggressive acts. Other cognitive processes and situational factors still serve as active mediators of behavior despite various levels of intoxication.

Bennet, Buss, and Carpenter (1969) conducted the same experiment as Zeichner and Pihl. Their conclusion was that there was no evidence of increased shock behavior in the college student subjects, and viewed this response to be the result of their middle class background, and experiences. Goldstein (1975) indicates that socially unacceptable behavior such as physical violence is perceived as permissable by the perpetrator if he has been drinking. Lang, Goeckner, Adesso, and Marlatt (1975) conducted experiments on subjects who thought they were consuming alcoholic beverages. These subjects were more aggressive than subjects who did not think they were drinking alcohol. These behaviors were found regardless of the alcohol content in the drinks. Likewise, Zeichner and Pihl (1979) found that their placebo subjects were more verbally aggressive than sober participants who were not led to believe they were consuming alcoholic beverages. This information suggests that prior experiences with alcohol or drugs and expected social-behavioral patterns may influence our reactions to alcohol rather than just the alcohol itself (Hanson-Frieze and Cooney-Schafer, 1984; Wilson, 1982).

Although alcohol or drug use is associated with violent activity, the influence of other factors such as individual personality (happy drunk vrs. violent drunk), social settings which accepts or rejects violent behavior, and the physiological effects of the drug also share in the behavioral choices of the person. As well, anger is not caused by alcohol or drugs, but rather, individual defense mechanisms which suppress an already present emotional state of anger are weakened. In other words, the disinhibiting effects of alcohol or drugs encourage the expression of these feelings and associated behaviors.

"Physical aggression is a frequent response to alcohol consumption in men, but it is not as commonly found in women who drink" (Hanson-Frieze and Cooney-Schafer, 1984, pp.260-261). Kutash, Kutash, Schlesinger, and Associates (1978) comment that alcohol is considered more responsible for violence in men, than other drugs. As well, Nicol, Gunn, Gristwood, Foggitt, and Watson (1973) indicate that men convicted of violent crimes were often reported to have been drinking at the time of the offence, or to have a general problem with alcohol abuse, and that more violent male offenders were likely to be alcoholics. They also concluded this particular category of offender to be more likely to consume alcohol in response to stressful situations. Other researchers have also found alcohol to be related to violent acts such as assault (Mayfield, 1976; Shupe, 1954) or homicide (Haberman and Baden, 1978; Virkunen, 1974; Wolfgang and Strohm, 1957), and general criminal behavior (Fitzpatrick, 1974; Sobell and Sobell, 1975).

Summary

The effects of alcohol are varied depending on a large number of factors such as prior emotional state, setting, personality, amount consumed, previous history of alcohol use, and expectations of intoxication (Rix, 1977). Physiological and bio-chemical reactions in the human body may have been found to have a role in acts of aggression to a degree. However, again cognitive functions, social context, personality traits, and situational factors preclude the simple view of chemically induced violence.

5. Social Learning Perspective

Social Learning Theory focuses on how aggressive behavior is learned, reinforced and maintained. Bandura (1973) examines the environmental contingencies which influence the behavior of aggression. "Bandura and Walters would no doubt agree with frustration-aggression theorists that elimination of frustrations through successful ... programs and the like might reduce instigation to aggression, but they would also point to the other, extrinsic rewards for aggressive behavior that in our culture contribute to the development and maintenance of aggressive habits ... While ethologists prescribe mild aggressive activity to reduce aggressive instigation ...social learning theorists would argue that such activity merely strengthens aggressive habits and decreases inhibitions against aggression ... (and) could pave the way for more extreme or antisocial forms of aggression" (Megargee and Hokanson, 1970, p.34).

Bandura does not believe frustration to be the key component in aggression. Many

aggressive acts such as hitting or kicking are learned under non frustrating conditions. Other examples include techniques which cause injury such as the use of a knife or other weapons in military training. Someone learning to use a knife in "solitary play" or through seeing a knife used to injure another party is more likely to injure another than if he had never learned to use a knife or seen one used a weapon (Bandura and Walters, 1970). Thus, in the course of development, a child who is "provided with many opportunities to acquire responses of high magnitude in nonfrustrative situations; these responses may remain relatively high in his response hierarchies and can thus be readily mobilized to cope with the various situations that have been classed as frustrating. While the fact that these responses are not elicited more frequently may be in part due to expectations of punishment, it is probably due just as much, if not more, to good discrimination learning, which results from differential reinforcement and requires more than simple inhibition" (P.36). In other words, a child can be aggressive with appropriate reinforcement and use this behavior even without experiencing frustration.

Bateson (1936) studied the Iatmul whose scalping of enemies was common practice. Prestige was acquired by those who possessed scalps, along with dances and celebrations for the 'hero'. In addition youths are subjected to initiation ceremonies involving humiliation and pain. Later, as these youths mature, they inflict culturally appropriate pain to the young children of the community who are undergoing initiation. Bandura and Walters cite this study and explain that the children or adolescents are surrounded by role models who are aggressive and thus, are able to reproduce aggressive behaviors which

are positively reinforced as compared to failing to produce aggressive behavior which is negatively reinforced. In comparison, Eaton and Weil (1955) who studied Hutterites, indicate that the community reinforces pacifism and do not reward aggressive behavior. "Despite the fact that children in this subculture are subjected to relatively severe and presumably frustrating socialization pressures, they show virtually no interpersonal aggression" (Bandura and Walters, 1970, p.37).

Another study by Davis and Havighurst (1947), explored social class as a factor in aggressive behavior. Lower-class parents were reported to encourage aggressive behavior, but impose less frustrations when compared to the middle-class parents. Again, reward for aggressive behavior as opposed to frustration was seen as the key component contributing to aggression.

Bandura views hostility and aggression as learned behaviors. He views these behaviors as variable. If they can be learned, they can be unlearned through exposure to appropriate models and practice opportunities.

A summary of Bandura's (1973) social learning theory of aggression includes the following key concepts:

1. Hostility and aggression are considered to be under the control or influence of contingencies of external reinforcement and punishment, as well as external discriminative cues and conditional stimuli;

2. Hostility and aggression are also controlled by contingencies of vicarious reinforcement and punishment. Vicarious discriminative cues and conditional stimuli are seen to function just as external stimulus controls do;
3. Hostility and aggression may be under the control of either self-reinforcement or self-punishment.
4. Hostility and aggression are under cognitive control (Clouston, 1991).

Mentioned earlier in this paper were the concepts of 'annoyance motivated' and 'incentive motivated' aggression, both which may be viewed as goal specific behaviors. Dolf Zillman (1979) explains that annoyance motivated aggressive behavior occurs at two positions of a person's physical state - low and high excitation. Zillman adds that a person's level of arousal interferes with his 'self-talk' (internal dialogue) and therefore, controlling cognitive processes which occur at moderate levels of activity or excitement, may become impaired, resulting in the aggressive behavior aimed at alleviating the aggravating stimulus. At this juncture, learned, but almost habitual behaviors (such as those cited in the above examples by Bandura and Walters' hierarchy of learned behaviors), may come into play.

6. Social Exchange Perspective

A major component of the exchange theory is that interaction among individuals is guided by the pursuit of rewards and the avoidance of punishment or costs. The relationship between individuals is viewed as reciprocal, in that as long as an exchange of rewards

occurs, the relationship will continue. A failure of reciprocity results in termination of the interaction or relationship. Gelles (1983) adds that this concept requires a caveat, as in some cases it is unfeasible or impossible to terminate the interaction or relationship. He adds, that where there is a violation of the principle of 'distributive justice', increased anger, resentment, conflict, or violence may occur. Thus, people will become violent if the costs do not outweigh the rewards. A contingent factor is borrowed from social control theory where violence will occur when social controls are absent and do not allow for the negative sanction of violent behavior. Another aspect is the reward of inflicting costs on another due to a perceived or actual injustice. For example, if someone hits you, it is alright to exact a greater toll by punching and kicking him. This example follows the adage of "revenge is sweet".

A problem area for the exchange theory lies in the conflicting and confusing norms that exist in the various societal groups such as family, peers, corporations, and cultures. When is violence acceptable and, when is it not? While violence can be normative under some circumstances (Gelles, 1983), there are costs associated with the selection of aggressive behavior such as reprisal, legal action, or loss of status despite the aggressors belief of "being in the right".

The consequences of violence are often seen as simultaneously positive and negative. The theory does not address personal assessments of these costs and rewards regarding violent behavior. It fails to adequately address an individual's evaluative process. Not

everyone assigns the same value to the same rewards or costs.

Exchange theorists view violence as occurring because individuals see that they can use aggressive behavior to achieve their goals. Thus, the cost of aggressive behavior must be increased to deter this activity. This view calls for extensive review and restructuring of social policies in the areas of violent behavior, and restructuring of client belief systems around the rules of aggressive behavior in order to facilitate change.

7. Gender, Aggression, and Social Construction

The question of gender and its role in aggression has been studied from biological, sociological, and psychological vantage points. The Nineteenth Century Belgian statistician, Lambert Adolphe Jacques Quetelet noted that females accounted for less than 25 percent of all arrests. A survey conducted by the International Police Organization reviewed twenty-five countries averaging their arrest information over the years 1963, 1968, 1970, and 1972. Arrests of females ranged from a low of 2.02 percent in Brunei to a high of 20.90 percent in the West Indies (See TABLE 1). Although these variations in statistics may be attributed to differences in laws, enforcement, record keeping, and actual rates of male or female crime, the results still indicate that men are five to fifty times more likely to be arrested compared to women. According to Hindelang, Hirschi, and Weis (1981), males also commit higher rates of crime than females, again indicating that the sex differential may be smaller when comparing the number of offenders as opposed to number of arrests of females to males. The female offender is rarer than the

male offender by a factor of ten (Wilson and Herrnstein, 1985).

TABLE 1

Brunei	2.02	Israel	11.71
Fiji	2.67	Tunisia	13.06
Hong Kong	2.76	England & Wales	13.61
Malawi	4.27		
Cyprus	6.38	United States	13.66
Finland	6.66	Austria	13.75
Tanzania	6.85	France	14.25
Monaco	7.00	Jamaica	15.46
Japan	9.69	Luxembourg	16.38
Canada	9.77	West Germany	16.66
Netherlands	10.25	Thailand	17.38
Korea	10.51	New Zealand	20.56
Scotland	11.53	West Indies	20.90

Adapted from R.J. Simon and N. Sharma, Women and Crime: Does the American experience generalize? In F. Adler and R.J. Simon (eds.), Criminology of Deviant Women (Boston: Houghton Mifflin, 1979), p.394

Note. From Crime and Human Nature by J.Q. Wilson and R.J. Herrnstein, (1985), New York: Simon and Schuster, p.105. Copyright 1985 by Simon and Schuster.

Unified Crime Reports (UCR) are kept by the Federal Bureau of Investigation in America. These reports represent the largest source of crime data available for the United States. Unfortunately, UCR records do not include gender as part of the data collected. However, Wilson and Herrnstein (1985), provided a rough breakdown of male to female arrests, admitting the potential for errors in their attempt to discern if any patterns arose. They concluded that Index Crimes (i.e. murder, nonnegligent manslaughter, aggravated assault, robbery, forcible rape, burglary, larceny, theft, motor vehicle theft) rose 300 percent between 1960 and 1980 with Non-Index Crimes (i.e. everything else) increasing by 100 percent. In addition, they stated that female arrests doubled from approximately

10 percent to 20 percent for Index Crimes as compared from 11 percent to almost 15 percent for Non-Index Crimes. Although arrests generally increased by 50 percent, the distribution between the sexes varied "by less than 1 percent" (p.107). By separating the Index crimes into two categories of violent and property crimes, the major increase in female arrests was attributed mostly to property related offenses. For violent offenses, "the proportion of females remained nearly constant, at about 10 percent of total arrests from 1960 to 1980, while the proportion of property offenses rose from 10 percent to about 22 percent" (p.107). Wilson and Herrnstein (1985) express a caveat when considering whether we interpret the increased percentage of female crime as significant or minimal. They indicate that "because females started at such a low level, their 750 percent increase was diluted by the large and growing number of total arrests, so that, as a percentage of total arrests, the change was only about eleven percentage points" (p.107). Because of concerns over the short period of evaluation, Wilson and Herrnstein also review Unified Crime reports from 1934 to 1979. They again conclude that "most crimes have been predominately masculine to more or less the same extent, even as American crime rates have risen over recent decades" (p.109). "Even though males account for over 90 percent of arrests for drunkenness and driving under the influence, these are large categories for women as well as men. Similarly, murder, negligent manslaughter, and arson are relatively rare among arrests of men as well as women, even though at least 80 percent of the arrests in those categories are of men" (p.112).

Wilson and Herrnstein conclude: "The few crimes that occupy substantially different ranks within the sexes are therefore conspicuously related to gender as such. Prostitution,

of course, is a higher-ranking crime for women than for men, but, in recent years especially, so are fraud, forgery, and larceny. A change in larceny, in particular because it is such a high-volume crime, has a clear and detectable impact on aggregate crime statistics for men and women. In contrast, burglary, auto theft, and weapons offenses are chronically higher-ranking male than female crimes, and the recent rise in both male and female robbery has pushed it higher in the list of male arrest categories than female, but robbery, as a much smaller crime category than larceny, has a smaller impact on arrest statistics as a whole" (p.112).

Concern arises as to whether arrest statistics are sufficient enough to indicate a true sex-differential in criminal activity. Some may view paternalistic or chivalrous approaches to female offenders as resulting in less arrests of female offenders. Police officers may view women as less dangerous compared to male offenders resulting in a systemic bias. Wilson and Herrnstein (1985) attempt to address this concern with an analysis of victim surveys of the year 1976, based on interviews with households and businesses. They compared National Crime Survey (NCS) information with Unified Crime report data of the same year to check on biases in arrest data. This was able to be done as the victim is asked about the sex of his or her assailant. They concluded that "female crime as a proportion of total crime rarely differed by more than a few percentage points in victimization and arrest data. What small differences there were violated the chivalry hypothesis, since, in this comparison at least, arrests contained slightly <u>higher</u> proportions of females than victimization reports. Gender is at least as significant a variable in

victimization as in arrest data. Other studies find some support for the notion of gentler treatment of women by the criminal justice system, but at later stages than arrests, such as in the sentences after conviction" (p.113).

Few self-report studies exist regarding adult female offenders (Wilson and Herrnstein, 1985). A self-report study conducted by Ward, Jackson, and Ward (1969) of women convicted of violent crimes in California and Minnesota revealed that few women had actually been arrested for "serious crimes, or for unassisted robberies of healthy, adult males. If involved in such a robbery, they generally played a supporting role to male confederates". The women's victims (violent attacks) were often relatives or personal acquaintances. Women rarely committed violence in the course of other crimes like robbery. In attacking male victims, the woman usually used a weapon or waited until the man was drunk or asleep. "The male and female style of offending was so different even within crime categories that Ward et al. concluded 'that female criminality is a separate and distinct order of criminal behavior'" (Wilson and Herrnstein, 1985, p.114).

Summary

Despite increasing crime rates and changes in sex roles, sex-differentiation or the gender gap remains apparent in crime statistics.

Thus far in the area of gender and aggression, the concept of aggressive criminal behavior involving anger, annoyance, and incentive motivated aggressive acts (e.g. murder,

manslaughter, robbery) have been explored. The studies and data cited indicate a vast difference in aggressive activity between genders. But what of the specific factors considered influential in providing answers to the question of why men are more violent than women. General contributory factors involving aggressive behavior have been explored in the context of a gender neutral view. For the most part, this is due to the fact that the studies used so far do not specifically address or provide conclusions in this area. The following section will discuss the views around the similarities and differences in which men and women experience the emotion of anger, the behaviors exhibited (such as aggression), and the comparative studies of perceived biological and social factors responsible for anger management and aggression control differences.

"While aggression is often situationally controlled and the forms it takes are shaped by learning, the durability, universality, and generality of the relative aggressiveness of males cannot plausibly be blamed entirely on arbitrary sex roles. At the same time, male and female behavior, as well as differences between them, are social behavior, controlled to some extent by the full range of primary and secondary reinforcers" (Wilson and Herrnstein, 1985, p.121). A Primary reinforcer is defined as acquiring its strength from an innate drive (e.g. hunger or sexual appetite), while a secondary reinforcer is described as acquiring strength from learning. When disagreement occurs over men being more aggressive than women, the disagreement really is centering around whether men respond to primary or secondary reinforcers. Most reinforcers combine elements of the primary and secondary (Wilson and Herrnstein, 1985, p.45).

Generally, findings indicate that men are more aggressive than women, and engage in more violent behavior (Eron and Huesmann, 1984; Frost and Averill, 1982). However, the experience of anger by women and men presents no marked differences between genders (Frost and Averill, 1982). This view corroborates earlier statements with respect to situational, environmental, cognitive and emotional variables also considered to contribute to aggressive behavior.

Rohner (1976) examined 101 societies to explore gender differences in aggression. For 14 societies, separate ratings of aggressiveness for boys and girls (up to age six) existed. For 31 societies, adult aggression differed among genders. In the 14 societies where boys and girls were compared, males were rated as more aggressive in 10 (71%). The other 4 societies reviewed indicated the sexes were equally aggressive. Frost and Averill (1982) conclude that "these data strongly support the notion that in humans, as in most other primate species, young males are more aggressive than are young females" (p.284). They add that Rohner's results also indicate that differences between societies was much greater than differences between gender and aggressive behavior. Across all 14 societies, a correlation coefficient of .88 was achieved, indicating that "... cultural influences were more important than biological influences in determining the general level of aggressiveness of either sex" (p.285). They advise that Rohner's results are in agreement with other studies such as Omark, Omark, and Edelman, 1973; Rosenblatt and Cunningham, 1976; Whiting and Edwards, 1973.

With the 31 societies reviewed by Rohner, the sexes were rated equally aggressive in 20; men more aggressive in 6 and the women more aggressive in 5 societies. However, Frost and Averill comment that "among humans, acts of violence are primarily a male prerogative..." (p.285). They elaborate that Rohner's findings revealed that in societies where children and adults were rated, generally, men were rated less aggressive than boys and the woman more aggressive than girls. They conclude: "... for certain kinds of aggression, at least, socialization seems to foster a convergence between men and women" (p.285).

Each person is unique with respect to the varied and impacting influences on his behavior. In considering the numerous influences on behavior and their effect on a specific gender, it is said that certain social forces allow for the perpetuation of male violence as compared to female violence. Thorne-Finch (1990) comments that "all the major institutions within our society encourage men to be violent. When we realize that most males go through their lives either moving from one agent to another or are simultaneously under the influence of several agents of male socialization, it becomes clear why more men do not openly reject hegemonic masculinity and its incumbent acceptance of violence..." (p.201). Despite this phenomena, society cannot be held responsible for all violent behavior. Thorne-Finch adds "our society also teaches other ways of handling situations. The problem is that such actions often are afforded less respect or status by our society. Ultimately each man is responsible for his own behavior. He chooses to be violent. Whether he learned his violence in his family of origin,

through the media, while reading pornography, by hanging out with his friends, playing football, or attending university, he makes choices when he acts. It follows, that he can choose to reject violence" (p.202). Similarly, Novaco (1985) notes that conditions of the social order have a causal role in the occurrence of anger and aggression, however, this form of analysis does not provide for the therapeutic change or address "the malaise or impairment of the individual" (p.208). Geen and Donnerstein (1983) conclude that "while the observational studies of gender differences in very young children provide more compelling support for a biological base for such differences than do animal, hormonal, or cross-cultural studies, the research done from a developmental perspective suggests that both a variety of parental and environmental variables may mediate gender differences" (p.9).

8. Pragmatic Theory

Pragmatic Theory borrows from the postulates of Social Construction and Social Exchange Theory. Kuypers (1992) highlights the "essential elements that trigger and direct and the sustaining thoughts that legitimize the willingness to cause pain" (p.83), which encompass the Pragmatic Theory "equation". The first element is the 'intention' to create pain. Kuypers' view is that children, particularly boys, are shown that creating pain is something they should desire. In addition, there are benefits to "pain giving", and therefore, this first element remains strong. However, intent alone is insufficient to maintain the will to hurt. The man must be able to convince others of his ability to inflict pain. Thus, the second element is that of "displayed preparedness". Here others

are advised of his ability to inflict damage through various behaviors. In order to overcome social disapproval, the third element, "rationale for hurting behavior" is used. Hurting is equated with goodness and necessity, as violence protects and defends social, moral, and political structures at a micro or macro level. "With the intention to hurt in place, with display of their weapons, and with a rationale that defines the act of hurting as good, the equation is almost complete" (Kuypers, 1992, p.85). Two final elements are required - "trigger" and a "target". The trigger gives the man a "beginning point, a way and an excuse for unleashing his morally argued intention to hurt. The target provides a 'legitimate' point of focus. Kuypers notes that almost anything can be a "trigger", and almost anyone can be a "target" under this equation.

9. Family of Origin and Aggression

If we expect global peace, we need to examine what is happening at the core of our society - the family of origin. Like Social Learning Theory, "the languages of violence, avoidance, submissiveness, tension, and problem-solving are...developed in the home environment" (Heitler, 1990, p.70). By investigating the family unit, a broader translation to global violence may be better understood. A bold, but perhaps not as risky a step, is to hypothesize that all family systems experience some level of violent or aggressive behaviour. The family is perhaps the most violent social institution (Straus et al., 1980). The issue remains where society draws the legal and moral line of what is or is not acceptable.

Early research (Steele and Pollock, 1974; Bennie and Sclare, 1969) established that abusive adults were more likely to have been raised in abusive homes. At first, the explanation around this finding was that an abusive family upbringing produced personality disorders in children who later became abusive adults and perpetuated the phenomenon. The evolved perspective then arose which indicated that exposure to violence serves as a learning experience which legitimizes the use of aggressive behavior. Research results have been so similar and almost view the family unit as deterministic in what aggressive behavioral choices will be made by offspring exposed to a violent family environment (Gelles, 1983). "...families are the primary group in which most individuals construct reality. Family members often do not have enough contact with other people who can give them countervailing perceptions about themselves. The distortion of reality and self-image is generally one of the most devastating effects of family abuse" (Finkelhor, 1983, p.20). In other words, individuals will be more or less likely to aggress based on their learning experience in the family unit. However significant the findings are, the correlation still has not been viewed as evidence for a unicausal contributor to violent behavior (Gelles, 1983) but, the family's influence on behavior still remains evident. With the strong concepts of loyalty and allegiance individuals have to the family, positive and negative values or behaviors are often adhered to with vigour and tenacity.

The family is often a strong influential factor on a person's behavior whether that person is conscious of those influences or not. Brown (1991) discusses the principles of how a

family operates. In summary they are: 1) Families are the primary influence in our lives; 2) history tends to repeat itself and; 3) each individual member must maintain both separateness from and connectedness to the family.

Modeling by parents and other significant caregivers increases the likelihood that children will reenact similar behavior in adulthood. In many circumstances, certain behavioral patterns or negative values/concepts/techniques are often included in this 'package deal'. The problem is defining these patterns as negative and substituting 'appropriate' methods and values. It is difficult for some to even have an appreciation of the impact parental modeling has on children and their behavior in adulthood. The family or the individual under examination may employ euphemisms and other terms that minimize or deny the reality of violence or aggression values and patterns.

Sebastian (1983) commented that "because in many instances of family violence the victim cannot sensibly be viewed as responsible for the aggressor's anger or attack, the weakness of inhibitions in the home have been emphasized over the instigational potential of intimates. This does not deny that the perpetrators ... are not angry about something. It is only to assert that often their victims have had little, if anything, to do with its arousal" (p.190). Thus, in some instances, there is a gradual increase in anger over a period of time. The victim is sometimes interpreted by the offender as the 'straw that broke the horse's back'. As the offender's anger escalates, he may become aggressive toward that person.

Learning experiences such as assessing conflict situation potential outcomes, and choosing methods of problem-solving begin in the family. How one deals with anger, and the choices made in resolving or misdirecting emotional arousal, or overcoming obstacles to achieving goals may be learned in the family and carried on outside of the family unit.

Bandura's findings that physical abuse, parental modeling of aggression, and tolerance of aggressive behavior encourage aggressive behavior in boys is supported by various studies (Miedzian, 1991). Olweus (1984) reviewed 16 longitudinal studies of aggressive behavior in male children. He concluded that aggressive behavior was mostly stable over time, despite the maturation of the subjects studied. Although Olweus concedes that a host of variables support the development of aggressive behavior such as "the peer group, to structural properties of the relevant environment (such as the school), and ... the individual's neuroendocrinological reaction patterns ..." (p.134), broad "determinants" such as the principal caregiver's negativism (hostility, rejection, coldness) in the child's first 4-5 years of life, the parents use of power-assertive (physical punishments, violent outbursts and threats) methods in child rearing, the principle caregiver's attitude toward the child's use of aggressive behavior in social interactions with others, and the subject's own level of temperament were tested and found to have an important role regarding the test subject's aggressive behavior.

Eron and Huesmann (1984) cite studies which also reflect similar findings to Olweus. Patterson, Chamberlain and Reid (1982) found that "parents of antisocial children are

deficient in one or more of the following parenting skills: (1) monitoring the whereabouts of the child, (2) disciplining the child for his antisocial behavior, (3) negotiating and solving problems within the family, and (4) modeling of effective prosocial 'survival skills'" (p.164). West and Farrington (1973), did a longitudinal study of 411 randomly selected boys chosen from a working class London area. By the time the subjects reached age 25, one-third had criminal records. Five factors were considered influential characteristics of this group. These were: "large family size, low family income, low intelligence, parental criminality, and faulty child-rearing practices. Among the latter were lax discipline and careless supervision, a failure 'to explore or to formulate fixed rules about such things as punctuality, manners, bedtime, television, or tidying up'" (p.164).

Eron and Huesmann indicate that their own research found the most potent indicators of aggressive behavior in the test subjects were "rejection by one or both parents, extensive use of physical punishment, lack of nurturance, and parental disharmony (Eron et al., 1971)" (p.164). Internalization of parental values, and identification with parents were also important factors. It should also be noted that no physical discipline and harsh physical discipline were both correlated to later behavioral problems in the area of aggression. This would reiterate support for the importance of permissiveness levels of the caregiver and its influence on behavior. "... it seems most reasonable to assume that the familial environment is an independent variable affecting the child's behavior" (McCord, McCord, and Howard, 1970, p.65).

Another variable is the gender specific expectations and the cognitive-behavioral "teachings". Males and females receive different cognitive and behavioral messages from the family unit and society in general.

a) Male Socialization:

Physical force is considered one of the acceptable ways for a male to maintain his position in a hierarchy, including abusive tactics in and outside the family system. Males socialized in the traditional role often believe in the superiority of men, the equation of physical power and dominance with masculinity, and the validity of using physical force or intimidation as a problem-solving mode (Miedzian, 1991; Lips, 1991). Male violence and negative aggression modalities are conveniently shrouded in personal, familial, and societal rituals which minimize and sometimes, legitimize the aggressive behavior. If and when confronted, the behavior is normalized through societal and familial codes of conduct which allow for the externalization of blame to victims or other factors. Violent and coercive tactics to obtain or maintain power are not rare. The incidence of husband-wife violence in the United States may range from "25% to 60% (Pagelow, 1984). These rates may reflect the degree to which violence is accepted as a demonstration of power in ... (our) culture. As well, they may be the outcome of socializing males from boyhood to expect an unrealistic degree of power and control in their relationships" (Lips, 1991, p.147) inside and outside of the family unit.

b) Intergenerational Transmission:

"When people are troubled by upsetting feelings like depression, anxiety, or anger, they are responding to conflicts in their lives with specific predictable patterns" (Heitler, 1990, p.57). These patterns are derived from the intergenerational transmission of patterns as in the case of male aggression values. This may occur by "... teaching children that aggressive behavior is appropriate, by failing to teach children an internalized morality, and by transferring a particular self or interpersonal perspective from parent to child" (Herzberger, 1983, p.326).

Negative attributes such as aggressive behavior, violence, and rigid stereotypical views/roles as well as positive attributes such as honesty, integrity, respect, and generosity are transmitted to family members through the intergenerational process. The question lies with whose concept of 'normal' is applied to acceptable behavior patterns in the male offspring. Family attitudes may dictate aggressive responses.

Intergenerational transmission is not the only contributing factor to male aggression. Social cognitive factors and the external influences of society on the family and its male counterparts can sometimes coopt the family and redefine values. A succinct societal example is that "you (the male) have to be tough because its tough out there". In the case of the family - a larger system dictates a "fight back" attitude which minimizes the concept of violence while perpetuating and encouraging tolerance of it. The family responds with encouraging the attributes considered to be a societal norm through

intergenerational transmission. Aggressive behavior is used as a method to dominate, control, and establish power over others.

Research on families has found that aggressive children often come from coercive families where they frequently encounter aversive events. Patterson developed a treatment program which involved teaching parenting skills using behavior modification techniques. Several studies cite the effectiveness of these techniques (Patterson, 1974; Patterson et al, 1972; Patterson and Reid, 1973).

Budd, Leibowitz, Riner Mindell, and Goldfarb (1981) reviewed a nine week summer program for behavior-problem children using parents to reinforce positive behavior. This program was found to be effective in modifying the behaviors of all but two of the children in the treatment group.

Brown (1991) suggests that people have to assume responsibility for changing negative intergenerational patterns of behavior and take responsibility for themselves regarding these changes. They need to "reweave the family tapestry" and change the patterns.

c) Helping Clients Understand the Influence of Family of Origin:

Stordeur and Stille (1989) provide a series of questions that facilitators and therapists can use in helping clients gain an understanding of violence in their family of origin and how it influences our present behavior. These questions are explored in two sessions.

The first series of questions are as follows:

1) How were emotions expressed in your family?

2) How did individuals in your family handle anger?

3) How did people solve conflicts?

4) What methods of discipline were used?

5) How did you react to this discipline?

6) How did individuals in your family express love and affection?

The Second series of questions are as follows:

1) As a child, what was the one phrase you remember hearing most often from your parents?

2) How were you praised? Criticized?

3) How is your present behavior affected by your family of origin? What emotions, thoughts, and behaviors come from growing up in that family?

4) In what ways are you similar to your father? Your mother?

5) What parallels are there between the way children were treated in your family of origin and the way you treat children (and others)? (Stordeur and Stille, 1989, pp.240-241).

Summary

The vast array of literature on anger and aggression, and its antecedent factors encompasses several key variables. Each variable as a lone instigator to anger or

aggression is seen to have its fault if singularly targeted for intervention. Humans are complex creatures developing over the millennium. With this development arrives new factors which need address when explaining aggressive activities. Perhaps at one time surgical intervention would have been sufficient enough to alleviate aggressive behavior amongst us. Yet, at the time such an invention was needed, we were insufficiently intelligent to understand aggression, make the instrument required, let alone actually do it. As humans have developed and become more complex, so have our behaviors, thoughts, and expectations. Multiple factors inherent in socialization, civilization, culture, and individuals require a multi-faceted approach to anger and aggression within us and our neighbours. Communities, groups, and families exist for various reasons, including to advise the next generations on how to accomplish tasks, obtain goals, and interact with one another. The choice of hostile aggressive or instrumental aggressive behavior exists within this structure. Those exposed to it, may choose to go with the teachings, evolve the teachings, avoid or disregard the teachings and develop their own views.

10. COGNITIVE-BEHAVIORAL APPROACH TO UNDERSTANDING ANGER AND AGGRESSION

The cognitive-behavioral theory of anger arousal and aggression indicates that one can lower the probability of unwanted behaviors by self-regulation of arousal and associating self-statements, and by training in appropriate coping skills (Feindler, 1984). Novaco (1975,1978, 1979) conducted a study which supported the use of cognitive skills. The clients in the study made use of self-statements and were able to influence their perceptions of various provocations (Eg. 'Maybe he's having a bad day. I don't have to take what he says personally') and guide their responses to the problem situation (Eg. 'Don't act like a hot head just because he is. What do I want to achieve here'). The use of these covert procedures provides the client with an excellent sense of personal control which in turn diminishes the threat or value of the provocation as well as increasing response options. Rediscovering that there are alternative ways of perceiving and responding to provocation plays a major role in the development of competence for anger management (Novaco, 1975). The theory and resultant interventions do not seek to suppress emotional arousal, but simply lower the probability of unwanted arousal and behavior by "thinking first".

Konecini (1975) states that there is a bidirectional causal relationship between anger and

aggression. The level of anger is said to influence the level of aggression and the level of aggression influences the level of anger. The occurrence of aggression after provocation is also a function of contingent social learning factors other than just anger. These contingent factors involve reinforcement contingencies, expected outcomes, and modeling influences. These same factors are said to influence aggression without the requirement of anger arousal. Therefore, it is possible for someone to become aggressive without becoming angry (Novaco, 1985). For example, a person may inflict injury in order to acquire personal gains such as in the case of a mugging. However, as Novaco (1978) noted "it has been generally established that the arousal of anger does facilitate aggressive behavior, and when anger has been induced, (it results in) aggressive behavior which lowers general (physiological) arousal" (p.142). This conceptualizes a relationship between anger and aggression and allows for the following supposition:

> "Anger is an effective human reaction to stress or to aversive events which are then termed provocations. According to the cognitive trend in contemporary psychology, notably Meichenbaum (1975) and Novaco (1978), anger is triggered by specific experiences that happen in one's life (precipitating events); and consists of the individual's interpretation of them (internal processes), affective arousal, and the resultant behavior that is emitted during and after these experiences take place (behavioral responses)" (Rokach, 1987, pp.353-354).

a) Cognitive Factors:

Novaco (1985) mentions two cognitive factors that influence anger arousal: appraisals and expectations. Appraisals are the manner in which a person interprets an event as a provocation and thus, experiences it as aversive. For example, "You didn't just bump into me, you <u>meant</u> to hit me." (Monahan, 1981, p.153). How an event is appraised

contributes to whether that person responds violently. Appraisals involve two components; 1) The interpretation of present and past events by the degree of 'threat' they represent and, 2) the judgement a person makes about his ability to cope with the perceived threat or demand. A stressful transaction originates with a primary appraisal that a situation demands an effective response to avoid or decrease physical or psychological harm, and a secondary appraisal that no adequate response is available. The person then either attempts a response or fails to respond. Responding or failing to respond has environmental repercussions and alters the situation. There is, then an ongoing series of appraisals, responses, and situational transformations. The transactional sequences ceases to be stressful when the person assesses the danger to have passed, either spontaneously or because an effective coping response has neutralized the threat. The theory thus emphasizes a complex interplay between the individual and the situation that determines onset, magnitude, duration, and quality of the stressful episode (Meichenbaum and Cameron, 1983, p.117).

Expectations are the subjective view a person has concerning future events and behaviors (Novaco, 1979) and are also based on previous appraisals (Novaco, 1985). Expectations are seen as cognitive processes that may influence the occurrence of violence in various ways. If a person expects a desired outcome (e.g., a raise in pay, an expression of gratitude for a favour done) and it fails to occur, emotional arousal may result, and, depending upon the context, it may be perceived as anger. If a person appraises a situation or event as a provocation, the occurrence of violence may still depend on

whether the individual expects violence to be instrumental in righting the perceived wrong or whether the person can expect violence to be met with a counterforce (Monahan, 1981, pp. 153-154). For example, if an individual is hit in the face it may be interpreted as an affront. However, seeing that the assailant is of greater physical stature, low expectations for successful retaliation results and violence is no longer considered.

> "Responses to anger arousal may vary from avoidance or withdrawal from the provocation experience to overt aggression. It is suggested that in most cases anger is ultimately expressed behaviorally, although the timing and mode of expression may differ from person to person. The avoidance and withdrawal strategies are often adopted by the underassertive person who finds it impossible to cope directly with a provocation experience. On the other hand, the more direct, overt aggressive response is usually employed by the person with low tolerance for stress and frustration, whose impulsivity prevents him or her from using more moderate, nonaggressive modes of expression" (Rokach, 1987, p.354).

Appraisals and expectations are evident in the covert processes of internal dialogue (self-talk). Violent fantasies are considered extreme forms of this internal dialogue.

Cognitive-behavioral theorists (Baron, 1977; Novaco, 1979) believe that anger and aggression are learned and acquired through socialization, modeling, and conditioning.

b) Three Stages of Cognitive-Behavioral Intervention:

A typical anger management program under the cognitive-behavioral umbrella consists of three general stages (Hollin, 1991).

1) Cognitive Preparation; focusing on educating the client about the 'triggers' for anger; the behavioral, cognitive, and physiological components of anger, and the consequences that can follow from behavior carried out while in a state of anger.
2) Skill Acquisition; coping skills such as self-instructions for preparing for provocation, relaxation training, assertiveness training, and problem-solving.
3) Application of Training; where learned skills are put to the test in imaginary, role-played, and real life situations.

These interventions will be elaborated on in Section E, Three Phases of Stress Inoculation Training.

11. SYNTHESIS: THE TAPESTRY OF ANGER AND AGGRESSION

At this juncture we can see the beginnings of a complex tapestry which needs to be examined from several perspectives to be better understood.

An eclectic perspective deeming both physiological and cognitive processes as key factors for effective intervention will be used. While many theorists purport singular strategies for treatment, it would appear that this is limiting rather than appreciative of the complexities in the matter of anger management and aggression control. "What we can say is that, in man, as in other animals, there exists a physiological mechanism which, when stimulated, gives rise both to subjective feelings of anger and also to physical

changes which prepare the body for fighting....although, of course, the way in which human beings adapt to and control their feelings of rage differs widely according to training" (Storr, 1968, pp.11-12).

For our purposes, in the most simplest of forms, anger is defined as an emotion and aggression as a behaviour. Anger is often construed as a negative emotion. However, there are positive aspects. For example, it may serve as a motivator for reaction to injustices or unfair treatment. Aggression is often defined as any act designed to cause harm to a person or thing. The concept of harm relies on a social context to aid in the definition. The key element in this social context is 'intent'.

However strongly connected anger and aggression appear to be, they should not be considered in a vein of absolutism. Simply put, anger does not always lead to aggression, and aggression does not always require anger, but they are strongly related. Novaco (1985, p.10) states that:

> "While neither necessary nor sufficient for aggression to occur, anger does lead to aggression. Extensive research has indeed shown that anger arousal increases the probability of aggression (Rule and Nesdale, 1976). A considerable proportion of acts of aggravated assault and homicide involves an angry perpetrator. Instances of criminal assault have been shown to consist not of discrete events but of an escalating sequence of antagonistic moves (Toch, 1969). Domestic disputes, whether between spouses or directed toward children, typically is (sic) prompted by unmanaged anger. As another example, rape can be motivated by anger toward females. There is little doubt that interpersonal violence ranging from altercations on freeways to

> assassinations of government leaders is in large measure driven by the forces of anger."

To better understand factors which influence anger and aggression, we need to consider the social context (norms and functions), intent (purpose), and type of aggression (hostile or instrumental).

a) Social Context:

Averill (1982) prefers to consider anger not just as a simple emotion, but a "syndrome" in which there is some form of organization, social norm, and function around the way these elements are organized to achieve a goal or outcome such as aggression. If emotional and cognitive aspects are important mediators to aggression, we may better understand two types of aggression referred to as 'instrumental' and 'hostile'.

Baron (1977) defines aggression as "any form of behavior directed toward the goal of harming or injuring another living being who is motivated to avoid such treatment" (p.6). Arnold Buss (1961) considers three terms which are often clustered together, but remain distinct. These include aggression, anger, and hostility. Buss (1961) describes aggression as a "...response that administers punishment; anger (as) an emotional reaction with prominent autonomic and skeletal-facial components" and hostility as "a negative attitude, with attitude defined in terms of implicit verbal responses" (p.1).

Social context is an important factor in defining what constitutes aggressive behaviour.

"So long as the noxious stimuli are delivered within the context of a recognized social role and with socially desirable, long-run consequences, the behavior is not considered aggressive. On the other hand, when noxious stimuli are delivered in the context of an interpersonal situation and/or with no long-range social good as a likely consequence, the response is aggressive" (Buss, 1961, p.4).

b) Intent:

Another factor considered in aggressive behaviour is that of **intent**. There is some disagreement in the literature as to the requirement of intent in aggressive behaviour. Some (Buss, 1961; Bandura, 1973) see reinforcers of aggression as more consequential than the implied teleology (intent and purposiveness), or awkward necessity of applying intent to behavioral events. As well, researchers (Buss, 1971; Bandura, 1973) see intentions as "private, hidden events not open to direct observation" (Baron, 1977, p.8). There is however, strong argument to keep the concept of intent inherent in the definition of aggression. First, if intent were excluded, all accidental harm and injury would have to be considered aggressive. Second, exclusion of the concept intent, would require certain activities by medical professionals, and parents to be deemed aggressive despite the majority view of them as being prosocial and non-aggressive. Thirdly, exclusion of intent would mean that instances in which actions that were carried out but failed (such as shooting someone, but bad aim interfering with the outcome) would not be classified as an aggressive act (Baron, 1977, Berkowitz, 1983).

c) Hostile and Instrumental Aggression:

Aggression may be dichotomized through the concepts of 'hostile' and 'instrumental' aggression. The first term applies to those whose primary goal is to cause harm to the individual. The second term refers to those who are not seeking to harm the individual as a primary goal but, rather they employ aggressive actions as a method of obtaining other objectives (E.g. A robber may use a violent act for economic gain). Bandura (1973) noted that both types of aggression were goal specific, and, therefore, may both be labelled 'instrumental'. In response, Zillman (1978) proposed the terms 'annoyance-motivated' and 'incentive-motivated' aggression be adopted (Baron, 1977). It is this writer's opinion that instrumental aggression or angry aggression may operate singularly but, that since they are both goal specific, intent presents itself as the most important factor in determining aggressive behavior. Indeed, discomfort of the victim (angry aggression reinforcer) may also reinforce control over another, or acquire status for the aggressor (instrumental aggression). Current interventions used with wife abusers indicate both control and anger as contributors to the aggression equation.

Aggression may be further divided into categories of passive or aggressive, direct or indirect, and physical or verbal. The following table defines these concepts (TABLE 2).

TABLE 2

VARIETIES OF HUMAN AGGRESSION

	Active		Passive	
	Direct	Indirect	Direct	Indirect
Physical	Punching the victim	Practical joke Booby trap	Obstruct passage sit-in	Refuse perform task
Verbal	Insulting the victim	Malicious gossip	Refusing to speak	Refusing vocal or written consent

Note. From: Arnold H. Buss, "Aggression Pays" in Jerome L. Singer (Ed.), The Control of Aggression and Violence, Academic Press, New York, 1971.

B. RESEARCH ON ANGER MANAGEMENT PROGRAMS

The development of treatment for anger and aggression is traced by Feindler and Fremouw (1983) to Witmer (1908), who reported treating an 11 year-old boy for "mean moods" and "unreasoning anger". Approximately 43 years later, Redl and Wineman (1951, 1952) developed a residential program for aggressive children, which provided a structured group-oriented environment to bolster ego functioning. The link in the literature between anger and aggression is comprised of four inter-related factors: physiological arousal, cognitive processes, affect, and behavioral responses. Novaco (1985) notes therapeutic interventions evaluated in the research literature to be almost exclusively behavioral or cognitive-behavioral in nature, thus tending to fall into the following categories: 1) Classical Conditioning Therapies; 2) Social Skills/Assertiveness Training; 3) Operant Conditioning Therapies; and 4) Cognitive-behavioral interventions.

1. Classical Conditioning

Classical conditioning is based on Pavlov's early research showing that dogs can be trained to salivate at the sound of a bell in the absence of food by repeatedly ringing the bell before food is presented to the dog. Similarly, it is reasoned that responses by people can be altered by a stimulus which normally elicits an undesirable response such as fear or anger. Systematic desensitization is used repeatedly to allow the client to become accustomed to certain situations which they have difficulty dealing with, until they are able to learn different coping techniques. Some therapists have used systematic desensitization and assertiveness training to treat anger and aggression. Both these

approaches can be traced to classical conditioning.

Systematic desensitization uses relaxation counter-conditioning which helps to control anger by decreasing physiological arousal that precedes and accompanies anger. This approach is said to focus on "the respondent-conditioned component of anger instead of the consequences" (Feindler and Fremouw, 1983, p.453). Rimm, deGroot, Boord, Reiman, and Dillow (1971) found that desensitization can reduce anger in studies with student populations and may last up to six months after treatment (Evans and Hearn, 1973). Novaco (1975), considered the effects of counter-conditioning to be limited since he found only significant differences for imaginal provocations but no transference to role-play, direct, or real-life provocations.

2. Social Skills Training

Social skills training teaches the client different means of responding effectively in situations of conflict, minimizing the likelihood of aggressive behavior. Generally, this consists of the following sequence - modeling, focused instruction, behavioral rehearsal in role-play, feedback on target behavior, and social reinforcement.

There is mixed evidence that social skills training dealing with anger-provoking situations may be more effective than cognitive based approaches used for improving assertion skills in similar situations (Lehrer et al., 1993, Novaco, 1985). Rimm, Hill, Brown, and Stuart (1974) found reductions in self-anger reports while other studies, including Galassi and

Galassi (1978), Lee, Halberg, and Hassard (1979), and Pentz (1980) are cited as finding that assertiveness training failed to modify behavior. Spence and Munzillen (1979, 1981) completed a comprehensive evaluation of Social Skills training with a population of young offenders and found that social skills training was able to improve their performance on specific skills. These improved skills did not, however, increase adaptive and prosocial behavior, nor reduce recidivism among the subjects.

Moon and Eisler (1983) found that a problem-solving intervention and a social skills program improved assertiveness and social skills behavior along with reducing anger provoking cognitions, while stress inoculation therapy only reduced anger provoking cognitions. In a one year follow up, Thurman (1985) determined that subjects who were given cognitive-behavioral modification reported lower levels of hostility as compared to the subjects who received 'minimal' treatment. Test subjects given this procedure along with assertion training did not report lower levels of hostility. Yet, during the follow-up period immediately after treatment, both methods had manifested decreases in levels of hostility compared to the 'minimal' treatment group (Lehrer, Carr, Sargunaraj, Woolfolk, 1993, p.551).

3. Operant Conditioning

Operant conditioning is derived from the work of B.F. Skinner and is based on the concept of learning through reinforcement of behavior elicited by the individual. Behavior reinforced by the environment is strengthened, and behavior that is not

reinforced by the environment is extinguished and eventually, no longer elicited. Complex social behavior is reinforced through successive approximation. Here, behavior that resembles a small part of a complex behavior receives reinforcement. Further reinforcement is provided to the individual as he learns the total behavior (E.g.Standing, taking a step, walking). Gerald Patterson and his associates utilized operant conditioning therapies focusing on shaping new behavior through positive reinforcement (Novaco, 1985). Aggression is seen as a "high-amplitude response" that forces a reaction from the environment . Thus, aggression is viewed as the outcome of socialization where the reactions of adults and other children provide reinforcement that shapes behavior. Patterson, et al. (1967) found that children who were initially rated low for aggression accelerated to high levels of aggression by conditioning through the frequency of victimization by peers and the successfulness of the counter-attack.

Lehrer et al. (1993) cite Sallis (1983) who found that programs which focus on altering environmental contingencies, such as operant conditioning were effective in reducing aggressive behavior in a specific environmental context. Whereas, those programs designed at changing 'person variables', such as social skills training, were effective in strengthening the generalization and maintenance of behavioral changes.

4. Cognitive Behavioral Interventions

Cognitive-behavioral interventions are the type of program most frequently offered and researched in contemporary literature (Novaco, 1985). Cognitive-behavioral approaches

suggest that the clients are dysfunctional in their thinking and exhibit distorted and deficient thought processes. By providing alternate cognitive assessments, affect is modified along with physiological arousal and behavioral selection.

The cognitive-behavioral model borrows various intervention techniques. For example, the model purports the need to match cognitive style and culture to promote change in behavior (cognitive restructuring). In addition, it uses a structured learning style (Goldstein, Sprafken, Gershaw and Klein, 1980) of teaching, practising and applying skills.

Stress Inoculation Training is a "clinical template" addressing the specific problem areas of the client or target group. This is achieved through combining the above mentioned techniques with social skills training, problem-solving, and graduated exposure to the anger provoking stimuli (systematic desensitization).

Ellis (1962) was one of the first who dealt directly with anger control as he extended his Rational-Emotive Therapy to include this area. Novaco (1975, 1976) developed a program taking a coping skills approach to chronic anger problems which taught cognitive mediation skills such as attentional focusing strategies, cognitive-restructuring, problem-solving skills, and self-instruction skills, as well as utilizing arousal relaxation methods or relaxation counter-conditioning. Novaco incorporated these skills in a three step stress inoculation training procedure designed to assist clients acquire a repertoire of effective

stress management skills that reduce anger. The first phase involves educating clients about the cognitive, physiological, and behavioral aspects of anger; the positive/negative functions of anger; anger antecedents and; alternative coping skills. In phase two, clients learn cognitive and behavioral coping skills, which are practised in gradually more stressful situations in the final term of the program known as the application phase.

By borrowing from Classical and Operant Conditioning, gradual exposure of the clients to stressful situations and applying new coping skills, an inoculation procedure is completed and allows the client to use these skills in similar situations outside of the treatment environment.

Novaco (1975, 1976) provided therapy to 34 adults with anger management problems. He trained them to use either cognitive coping procedures, relaxation techniques, or a combination of these two methods. The coping-skills procedure involved the client generating "self-statements specific to the different temporal stages surrounding a potential provocation. The stages are (1) preparing for provocation, (2) initial confrontation and its impact, (3) coping with arousal, and (4) subsequent reflection after resolved or unresolved conflict" (Feindler and Fremouw, 1983, p.454). The cognitive part of the program was found to be slightly more effective than the relaxation counter-conditioning. When both were presented simultaneously they were more effective. "Cognitive stress management and relaxation therapy appear to be approximately equally effective, although perhaps not as much as a combination of the two approaches" (Lehrer, Carr, Sargunaraj,

and Woolfolk, 1993, p.550). Likewise, Schlichter (1977, 1978) found that the cognitive-behavioral approach of stress inoculation training was more effective than its individual components of progressive relaxation and cognitive therapy.

Schlichter and Horan (1979) provided stress inoculation training to 38 institutionalized male adolescent offenders. They received either "stress inoculation training; a treatment elements condition in which the subject practised relaxation and role-played successively stressful situations but omitted the educational and the self-instructional training components of the standard stress inoculation procedure; or a no-treatment control condition. While both active treatments lowered anger responses on an imagined provocations test, only the stress inoculation group produced significant reductions in verbal aggression during role-played provocations. Neither treatment affected self-report or pre-post staff ratings of verbal or physical aggression. These tentative results need further replication and demonstration that stress inoculation training effects in vivo behaviors and not just role-played analog assessments" (Feindler and Fremouw, 1983, p.455).

Feindler and Fremouw (1983) found this approach effective in controlling explosive behavior among adolescents, and Feindler, Latini, Nape, Romano, and Doyle, (1980) found that child care workers in a residential facility could implement an anger control program with beneficial effects for their residents. Twelve child-care workers were trained and 19 male test subjects considered to be the most difficult to manage were

chosen for intervention. The residents ranged in age from 12 1/2 to 15 years. A group comparison design was implemented by matching the group with a non-intervention control group. Dependent measures were based on unit and school data regarding the number of restrictions for physical aggression or disruptive behavior which had occurred daily for each resident. Feindler et al concluded that the training of the child-care workers was effective in reducing the frequency of 'unit fines' levied for physical aggression. As well, adverse and problematic school behavior defined in terms of exclusions and restrictions levied, demonstrated a modest decrease. They add that the child-care workers appeared effective in reducing 'on ward' conflicts and in modeling anger-management skills for the residents, and less effective with regard to focusing on school related provocations.

Deffenbacher et al. (1986) conducted two studies, using first year psychology students as subjects. The first study, classified students as "high-anger" or "low-anger" individuals, and compared their heart-rates after experiencing a provocation. They discovered that there was no difference in terms of heart-rate, however, they did determine that the "high-anger" students experienced a higher degree of general anxiety. A follow-up study was done in which "high-anger" subjects were treated for high anxiety with relaxation training. Results indicated that this training significantly reduced anger reported by the subjects at five week and one year follow-ups as compared to control groups. Contrary to Novaco's findings that the singular use of relaxation therapy was ineffective in dealing with anger problems, Deffenbacher concluded that relaxation training was indeed effective.

Deffenbacher et al. indicated the discrepancy in Novaco's results was due to poor clinical research design as opposed to therapeutic integrity.

Deffenbacher et al (1988) followed up on the above study and examined the effectiveness of cognitive and cognitive-relaxation conditions in alleviating general anger. Their sample consisted of a group of 45 introductory psychology college students who: a) scored high on an Anger scale; b) described themselves as having significant anger problems and desiring help for it and; c) volunteered to take the program when contacted over the telephone. The students were divided into two groups. One group was given the cognitive training, while the other group received cognitive as well as relaxation training. Results were similar for both groups over a fifteen month follow-up period. There was a maintenance of treatment effect for approximately fifty percent of the two groups as compared to a control group.

Summary

Interventions addressing cognitive-behavioral, contextual, and physiological factors show promise. Novaco (1985, p.30) summarizes anger management research stating that "there is sufficient evidence from a variety of studies to conclude that problems of anger and aggression can be remediated. Treatment effects have been maintained at follow-up, but this has been demonstrated to a lesser degree". With this in mind, a call for a relapse prevention component to extend post treatment outcomes and maintain change is evident. This component is fully discussed in section C.2. of this report.

C. EFFECTIVENESS OF CORRECTIONAL TREATMENT

From its inception in the 1820's, the American prison was considered more than a means of restraining the offender. The penitentiary was viewed to be a powerful catalyst in reforming the most hardened criminal (Rothman, 1971). This view had lasted for nearly a century and a half. Then, in the 1970's, the consensus around the reforming abilities of imprisonment came under fire based on political as well as good scientific evaluations which demonstrated correctional treatment to be ineffective (Cullen and Gendreau, 1989). Cullen and Gendreau (1989) suggest that the "rejection of rehabilitation has less to do with a careful reading of the empirical literature and more to do with changes in the social fabric that triggered a corresponding shift in thinking about corrections" (p.24). Andrews et al (1990) echo this view stating that the "attack on rehabilitation was a reflection of broader social and intellectual trends. This is evident upon consideration of the particular historical timing and intensity of the attack on rehabilitation" (p.370).

As Rothman (1971, 1980) purports through historical analyses, "times of disorder and change provide fertile ground for the sprouting of correctional reform" (Cullen and Gendreau, 1989, p.27). The rapidly changing sociopolitical climate of the decade preceding Martinson's publication had a profound impact on academics, policy analysts, political parties, and the public.

> "...the mid 1970's propelled conservatives to seek 'law and order,' while liberals attached to class-based perspectives on crime became discouraged about the benevolence of the state and the promise of direct intervention (Allen, 1981; Cullen and Gendreau, 1989). Second, an emerging social science, informed by

> labelling and critical Marxist approaches,embraced antipsychological and often anti-empirical themes (Andrews, 1990; Andrews and Wormith, 1989). These emergent perspectives played an important role in legitimating the decision of many academic criminologists and juridical policy makers to declare rehabilitation fully bankrupt. Most noteworthy was Robert Martinson's (1974:25) conclusion that 'the rehabilitative efforts that have been reported so far have had no appreciable effect on recidivism.' In short order, with the blessing of a major academy of science (Sechrest et al., 1979), the notion that 'nothing works' became accepted doctrine (Walker, 1989). 'Nothing works' satisfied conservative political reactions to the apparent disorder of the 1960's, liberal sorrow over perceived failures of the Great Society, and the ideological persuasions of those academicians whose truly social visions of deviance asserted that only radical social change could have an impact on crime" (Andrews et al, 1990, p.371).

Robert Martinson (1974) published a meta-analysis of 231 evaluation studies related to correctional programming and rehabilitation between 1945 and 1967. His publication was derived from a larger coauthored research report (Lipton, Martinson, and Wilks, 1975). The analysis indicated that rehabilitative efforts with offenders to that date had been found to demonstrate no appreciable effect on recidivism rates. Martinson reviewed various programs such as education and vocational training for young and adult offenders. His research also included individual and group counselling, sentencing, decarceration, community based psychotherapy, and intensive supervision programs. With respect to these programs, the survey found that none of them effectively reduced offender recidivism rates.

Critics of the Corrections system most often use the meta-analysis to state that Martinson (1974) concluded that all we could do is safely and more cost effectively release low-risk offenders to the community forthwith. However, Martinson also noted that there was a

need to do a better job with research methodology, commitment, and therapeutic expertise in treatment programs so that unhelpful programs would be replaced by effective interventions. "Most...paid little heed to Martinson's caveats, finding more persuasive his suggestion that correctional treatment was an inherently flawed enterprise" (Cullen and Gendreau, 1989, p.25) and, that indeed 'nothing works'. It is important to note that Martinson (1979) later recanted his views in a published article where he states that "contrary to my previous position, some treatment programs do have an appreciable effect on recidivism ... Some programs are indeed beneficial. New evidence from our current study leads me to reject my original conclusion ... I have hesitated up to now, but the evidence in our surveys is simply too overwhelming to ignore" (pp.244-252). Other reviews or meta-analyses also indicate the potential and effectiveness for corrections programming and interventions (Andrews et al., 1990; Izzo and Ross, 1990; Gendreau, 1981; Gendreau and Ross, 1979, 1981, 1987; Greenwood and Zimring, 1985, Halleck and Witte, 1977; Palmer, 1983; Van Voorhis, 1987).

1. <u>So, what does work?</u>

Even though Martinson's review of 1974 had the potential to quash the desire for empirical research in corrections, approximately 200 studies appeared in the literature for the 1973-1987 period. Five extensive reviews of rehabilitation literature for this period are noted (Gendreau and Ross, 1979, 1981, 1987; Ross and Gendreau, 1980; Ross and Fabiano, 1985). As well, more recent meta-analyses have also been published since (Andrews et al., 1990; Izzo and Ross, 1990). Many of these studies reported "reductions

of offenders' law violating behavior as a result of intervention" (Cullen and Gendreau, 1989).

Palmer (1975) was one of the first to respond directly to Martinson's comments of 'nothing works'. Palmer reviewed the same data that Martinson used, demonstrating that there was sufficient evidence to support that some programs had different outcomes than others when measuring for recidivism. Palmer paid particular attention to offender characteristics and their connection to recidivism rates, responses to varied treatment settings, and influences of matching counsellors and clients. He concluded that medium-risk offenders are more apt to be placed in more hospitable settings, receive, and benefit from programming offered as compared to high-risk offenders. Palmer also suggested that Martinson's question should be 'what works best for each type of offender' as opposed to simply 'what works' (Clouston, 1991).

Gendreau and Ross (1979) conducted a meta-analysis of corrections programs, detailing information from 1968 and on. As per Palmer's suggestion of prescriptive treatment (what works best for each type of offender), they concluded that some programs did indeed work for some offenders. As well, concerns and comments around an increasing need for more sound methodology in evaluating programs was made. Perhaps one of their strongest statements made was that even though evidence existed to support the success of correctional service interventions, correctional services avoided responsibility by perpetuating and adhering to the original pessimistic outlook. Likewise, Lipton et al

(1975) commented that institutions have forfeited responsibility but continue programming for the mere sake of reducing idleness and aiding in inmate adjustment.

A study conducted by Vito (1983) where a prison treatment program for substance abusers was reviewed, raised concerns around the self-efficacy of the program as inmates began to relapse once returned to the community. Vito also discussed methodological issues that may have influenced the outcome of such a program. Three areas are considered paramount regarding the methodology; 1) failure to use a time-series format in order to provide more qualitative information, 2) failure to adequately measure treatment outcome and, 3) erosion of the treatment effect.

Ayers et al (1980) review an educational program where the cognitive development of 74 offenders was encouraged through the provision of basic school courses such as history and English, while attempting to foster a sense of an 'alternate community' in which the beliefs and attitudes of the students were challenged and discussed. A control group of 74 non participants was used for comparison. Findings indicated a 16% recidivism rate for participants over a follow-up period of six months to four years with an average of twenty months as opposed to 52% for the control group over a similar time period (Clouston, 1991).

Ross and Fabiano (1981) reviewed the literature involving cognitive development based programming commencing with the University of Victoria Program described by Ayers

et al (1980), including several other similar studies of programs. They purported that cognitive deficits were related to criminal behavior and programs should be cognitively oriented in order to reduce criminal behavior (Clouston, 1991). Later, Kendall (1993) elaborated on the differentiation between distortion and deficiency. He states that all cognitive dysfunction is not the same, maintaining that 'deficiencies' refer to an 'absence' of thinking, while 'distortions' refer to faulty thinking. Kendall indicates that while disorders such as anxiety and depression are linked to distorted thinking processes, impulsive behavior is the result of deficiencies in forethought. Kendall adds that in the case of aggression there is evidence of both distorted and deficient cognitive processes and calls for intervention strategies incorporating many of the components used in Stress Inoculation Training such as modelling, self-talk, coping skills, role playing, affective education.

Andrews (1989) discusses the importance of using risk assessments to discern offender needs and problems, allowing for prescriptive programming. He emphasizes the need to focus on high risk offenders as opposed to low risk offenders, reiterating the view that low risk offenders are best diverted since there is some evidence that interventions with low risk offenders are often ineffective, and sometimes destructive in that it may actually increase recidivism.

Gendreau and Ross (1979, 1981, 1987) indicated that reduced recidivism often was in the 10% to 30% range, with some rates as high as 50% to 80%. Approximately one-third of

the studies reviewed were randomized experiments, with about half employing baseline comparisons and matched/comparison group designs. In addition, follow up periods ranged from 1 to 2 years with some studies conducting 5 to 15 year tracking. These studies did not come from one specific area, but rather encompassed a host of interventions such as family therapy, early intervention, diversion, and substance abuse. Likewise, Gendreau (1993) continues to indicate reductions in recidivism in ranges of 25% to 80%, with an average of 50% on programs with a two year follow-up. Because of this, Gendreau and Cullen (1989) set out to determine the significant and common elements which contribute to successful programs. Success and failure of programs can be based on "theory, practice, and therapeutic integrity" (Andrews, 1979; Andrews and Kiessling, 1980; Gendreau and Ross, 1981, 1984; Ross and Fabiano, 1985; Andrews et al., 1990).

Cullen and Gendreau (1989) have made several observations as to which components are required to facilitate successful interventions. First, theories which are the foundation of successful interventions often overlap. Second, effective intervention strategies require the therapist to promote prosocial attitudes and behavior, problem solving which will assist and reward the client, and utilize specific community resources that address the offenders' needs. As well, these interventions should be presented in a "just, honest, and empathic relationship", while requiring adherence to contracted conditions of the therapeutic intervention. Third, relapse-prevention and self-efficacy components are included so as to maintain long lasting impact when the client returns to his home

environment. Examples of theories which are associated with effective intervention include Social learning, Cognitive models, Skills training, Differential association, Behavioral- systems family therapy. As mentioned earlier, effective strategies include anticriminal modelling, problem solving, community resources, quality interpersonal relationships, authority, and relapse prevention. (Cullen and Gendreau, 1989).

The literature suggests that offenders on probation may only be exposed to incidental learning opportunities. However, when matched with appropriate intervention programming, recidivism has decreased (Andrews et al, 1990).

Andrews et al (1990) conducted a meta-analysis of 50 studies of juvenile treatment programs. One of their conclusions was that studies that showed the most promise targeted such factors as:

> "...changing antisocial attitudes, feelings, and peer associations; promoting familial affection in combination with enhanced parental monitoring and supervision; promoting identification with anticriminal role models; increasing self-control and self-management skill; replacing the skill of lying, stealing, and aggression with other, more pro-social skills; reducing chemical dependencies; and generally shifting the density of rewards and costs for criminal and non-criminal activities in familial, academic, vocational, and other behavioral settings" (p.375).

Those who discuss principles of effective service delivery include the use of behavioral and social learning concepts of interpersonal influence, skill enhancement and cognitive change. These are specifically outlined as: modelling, graduated practice, rehearsal, role playing, reinforcement, resource provision and detailed verbal guidance and explanations.

In applying these practices, the use of authority (firm but fair approach), anti-criminal modelling and reinforcement (i.e. alternatives to pro-criminal styles of thinking, feeling, and acting) and concrete problem solving and specific skills training are recommended (Andrews et al,1990). Rhena Izzo and Robert Ross (1990) also conducted a meta-analysis of rehabilitation programs and their findings echo those discussed above.

Summary

Prescriptive rather than generalized interventions have greater success in reducing recidivism. Maintaining therapeutic integrity by not modifying interventions due to budget, personal, political, or policy restraints guarantee a higher rate of attainment by the client group. Combinations of treatment which include cognitive-behavioral approaches such as modelling, problem-solving, and anti-criminal thinking with a relapse prevention component are more viable in the reduction of recidivism.

2. Relapse Prevention Intervention of Anger and Aggression

Cognitive-behavioral therapies are considered effective for varying degrees of time. Since a primary concern of implementing an anger management program in a Corrections setting involves recidivism, the more effective and long-lasting therapy becomes, the more likely the program will be used. Many Cognitive-behavioral therapies, including Stress Inoculation Therapy, incorporate some form of 'relapse prevention'. Generally, relapse prevention refers to a process for cognitive, emotional, and behavioral self-management (Marlatt and Gordon, 1985). The purpose of 'relapse prevention' in this program is to

supply a relapse prevention format which will not require initiating contact with the client after treatment or his probation period is complete. Current caseloads and resources do not encourage long term contact with clients after completing their probation period.

a) Relapse Prevention Principle Techniques:

Relapse prevention is designed to enhance intervention efficacy through the use of maintenance techniques. It is a "self-management approach" in which the objective is to educate clients who are attempting behavioral change, how to anticipate and cope with relapse (Wilson, 1992, p.15). These principle techniques include:

1. Identification of high-risk situations.
2. Coping with negative emotional states.
3. Coping with interpersonal conflict.
4. Coping with social pressure.
5. Coping skills training (relaxation training, stress management, decision making skills).
6. Preparation for high-risk situations.
7. Slip recovery and relapse crisis debriefing.
8. Lifestyle interventions.
9. Programmed relapse, relapse rehearsal.
10. Education about the effects of drugs (Wilson, 1992, p.15).

Several forms of relapse prevention strategies have been developed. These include: 1)

Booster Sessions; 2) therapeutic interventions with integrated relapse prevention components; 3) minimal therapist-client contact procedures such as letters, phone calls, and supplementary therapy materials (Wilson, 1992).

b) Booster Sessions:

Booster sessions refer to phased contacts for the purpose of review, revision, and reinforcement of the client intervention. Upon completion of therapy, booster sessions may be scheduled immediately or after a protracted period of time. Content of these sessions may vary from therapist to therapist, as well as depending on the needs of the client. There are various viewpoints regarding the use of booster sessions. First, the distinction between therapy and booster sessions may become blurred, with the client not necessarily experiencing any form of relapse before initiating counselling. Secondly, booster sessions may take on more of the original therapeutic content in the event the client problem has reemerged, with some modification to meet evolved client needs. A reemerging problem behavior may impact negatively on the client. He may see the problem as indicative of not needing to maintain improvement through the already provided therapeutic intervention, as he begins to question the efficacy of the program. Thirdly, prior scheduling of booster sessions may help the client maintain the therapeutic outcome and/or minimizing the potential impact of a relapse, had it been ignored or 'not caught in time'. Meichenbaum (1993) advocates the use of booster or follow-up sessions "faded" between 3 and 12 months.

c) Therapy and Integration of Relapse Prevention:

Here, relapse prevention is provided before the termination of therapy. Specific skills are provided to avoid relapse. According to Wilson (1992), such strategies include: 1) identification of high-risk situations, 2) development of specific ways to cope with the selected high-risk situations, 3) early identification of the return of symptoms, 4) identification and modification of certain vulnerability elements, 5) generalization training, and 6) adaptation of treatment techniques for future needs (p.7).

Stress Inoculation Training (SIT) has a number of the above components. Situational factors, coping strategies, and adaptive techniques fall within the treatment format and can be incorporated from the relapse prevention program to add strength to the intervention. These will be discussed later (See Anger and Aggression Intervention), in the SIT intervention model presented in this paper.

How clients may interpret a slip, failure, or relapse is pivotal. "If the client interprets the slip as evidence of inadequate personal efficacy, this appraisal can undermine subsequent coping efforts. The client might infer that he or she is not really capable of handling stressors and give up. To reduce this risk, SIT trainers encourage clients to anticipate failures and setbacks and have them rehearse how they will respond to such lapses" (Meichenbaum, 1985, pp.82-83). Marlatt and Gordon (1984) have suggested that therapists incorporate "programmed relapse" or planned failure so that clients may develop appropriate responses to employ in the event of an actual relapse.

d) Minimal Contact Techniques:

Printed material or audio tapes which the client can use as the need arises helps maintain therapeutic efficacy. Listing of high-risk situations and the strategies required for future use allows the client to 'brush up' as the need arises and review on a regular basis for maintenance purposes. Some written materials will be provided to the group members who partake in this practicum. For a compilation of materials, refer to the anger management handbook (See Appendix).

Summary

All of the above techniques may be covered in an anger management program. For the most part, Stress Inoculation Training addresses

many of these concerns in a concrete manner, where the client will be allowed to prepare for future incumbrances. Awareness of high-risk situations and how to avoid and prepare for them is key in maintaining therapeutic efficacy. This is perhaps one of the most beneficial components of the SIT program, as it already incorporates some of the relapse prevention components.

D. ANGER AND AGGRESSION INTERVENTION

(Stress Inoculation Training)

Anger is viewed as an affective response to stress where an individual experiences increased levels of physiological arousal. Stressful situations are often perceived as frustration, annoyance, insult, or assault, taking place in social situations. The individual's perception of frustration and the high level of arousal results in labelling this phenomena as anger. Novaco (1975, 1979) adds a third factor to this dual-component view of anger - a "behavioral determinant". Novaco states that "one's behavior during provocation, not just one's type of cognitions and level of physiological arousal, can affect the level of anger. Aggressive response to provocation can increase the level of anger because it may escalate the situation and elicit further provocations from others. Conversely, coping responses such as appropriate assertiveness or leaving the situation may decrease the degree of provocation being experienced and lower the anger. In this model, the level of anger is the result of the continual interaction of cognitions, physiological arousal, and behavioral reactions. Changes in each component affect the other two components and the degree of anger produced" (Feindler and Fremouw, 1983, p.452). The situational determinants or social context which the client functions is important. The transactional model of stress purports that people influence and respond to their environment as their environment influences and responds to them. This concept of "reciprocal determinism" recognizes that situational factors or determinants are important and that the clients need to understand this for themselves. Thus, they can better prepare for provocative stimuli and influence environmental responses as well as their own (Meichenbaum and Cameron,

1983).

Stress Inoculation Training is one approach that directly addresses these issues. A description of this approach is provided below.

1. Goals of Stress Inoculation Training:

The goal of Stress Inoculation Training is to create change in three areas (Meichenbaum and Cameron, 1983, Meichenbaum, 1985, Meichenbaum, 1993):

a) Altering the behavior of clients. This is done by assessing, identifying and modifying maladaptive behaviors, anticipating that behavioral change in the client will alter transactions with the environment.

b) Enhancing self-regulatory activity. This is achieved by altering the ongoing self-statements, feelings, and images that impede adaptive functioning. An attempt is made to reduce the frequency and impact of maladaptive cognitions such as distorted interpretations, unwarranted catastrophic anticipations, and/or self-denigrating ideation. An attempt is also made to reduce the disruptive feelings such as anger, anxiety, depression, and hopelessness which are said to interfere with effective coping.

   And finally, an attempt is made to provide adaptive cognitions and affect through problem-solving, facilitative self-regulatory cues, and a sense of morale and optimism.

c) Altering cognitive structures (assumptions and beliefs that create the way one construes himself and the world around him). Altering the way a client sees

himself or others is achieved by having them discover through enactive experience and reframing that the old cognitive structures are unwarranted and the adoption of new and functional beliefs is rewarding.

2. General Considerations:

As mentioned earlier, social context is an important feature when considering how a client is functioning. In some instances, the environment may actually be a better target for intervention as opposed to identifying a particular individual as in need of therapeutic intervention. Therefore, any form of intervention should not be pursued without the benefit of a careful analysis of the problem and consideration of alternative and more appropriate procedures.

In implementing Stress Inoculation Training with clients, a collaborative relationship is advantageous. Due to the high level of structure in the intervention, the therapist may become didactic in his approach. This may hinder communication and interfere with the therapist and client establishing the exact antecedent and contributing factors to the problem and intervention plan.

There are varied ways of construing and coping with the assessed problem. The client and therapist explore the issue together, but the therapist must devise a conceptual framework and intervention plan which is client appropriate. For example, cultural norms may require a different approach in order to achieve the same outcome.

Some possible negative client reactions may be best dealt with during the intake process. For example, a client who has been referred to the program may view that 'everyone' believes the problem is his alone, and that any external contributing factors will be dismissed by the therapist (Meichenbaum and Cameron, 1983). It is sometimes useful to present the anger management package as "... a way to increase self-control, control of others, and personal power" (Feindler and Fremouw, 1983, p.471).

Clients should be encouraged to view stressful situations such as anger as a specific problem that can be solved. A problem-solving approach or skill enhancement perspective will allow the client to evaluate consistently and test out new techniques with a sense of curiosity and adventure; minimizing the impact of some behavioral failures they are sure to experience as they acquire and implement their new cognitive, physiological, and behavioral procedures.

Stress Inoculation Training is not a specific program for anger management or any other particular problem area, but rather it is a procedural template for clinical intervention where the therapist makes use of specific, appropriate, and available coping interventions based on consultation with clients (Meichenbaum and Cameron, 1983; Meichenbaum, 1985).

3. Assessment Procedures:

The anger problem needs to be described and measured prior to intervention.

Determining the existence of the anger problem, identifying individual response patterns, and implementing a pre-treatment measure for treatment effectiveness should be done.

Since anger includes cognitive, physiological, and behavioral components (Novaco, 1975), any assessment procedure used should evaluate each of these dimensions (Cone, 1978). There are several measurement techniques available. Their use will depend on the client setting, i.e. community, correctional institute, or school.

a) Self-monitoring

Self-monitoring is used by the client to record the "situational, physiological, and cognitive stimuli antecedents to anger and ... consequences of the anger episode" (Feindler and Fremouw, 1983, p.456). A functional analysis of the anger problem is completed and can be used in the intervention, and evaluate the program effectiveness by providing continuous reports by the client.

The sample data sheet referred to as a "Hassle Log" may be used by clients who are institutionalized or in the community. The client completes the form following a conflict or anger provoking situation. Two example Hassle Logs used with youth are provided (See TABLE #3A and 3B). These logs are easily adapted for specific client groups. Through the use of the log, clients learn discrimination of various situational variables such as time, location, other persons, and antecedent stimuli that may contribute to aggressive responses. The client also rates his own emotional, physiological, and

behavioral responses to the event. The form may be expanded to be more inclusive of cognitive, physiological, or behavioral activities. Feindler and Fremouw (1983) point out that clients are less able to monitor covert activity such as self-statements until extensive training was provided. The monitoring of anger itself should not be considered or used as a method of anger or aggression reduction.

TABLE 3

HASSLE LOG-CONFLICT SITUATIONS

Date_____

Morning_____ Afternoon_____ Evening_____

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 angry	Really angry	Moderately angry	Mildly angry	Not angry

---

Note. From "Stress Inoculation Training for Adolescent Anger Problems in Meichenbaum, D., and Jaremko, M.E. (eds.), Stress Reduction and Prevention (New York: Plenum Press, 1983), p.457.

TABLE 3B

HASSLE LOG

Name_____ Date_____

Morning_____Afternoon_____Evening_____

Where were you?

Classroom	___	Friend's house	___	Youth Center	___
Store	___	Movie	___	Car	___
Home	___	Park	___	On the job	___
Street	___	Outside	___	Other	___

What happened?

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

Who was that somebody:

A friend	___	Parent	___	Teacher/Principal	___	Coach	___
A stranger	___	Brother/Sister	___	Girlfriend/Boyfriend	___	Other	___

What did you do?

Told peer	____	Hit back	____	Ignored it	____
Ran away	____	Used anger control	____	Yelled	____
Used structured learning skill	_____			Cried	____
Broke something	____	Cursed	____	Told someone	_____
Walked away calmly	____	Talked it out	____		

How did you handle yourself?

1	2	3	4	5
Poorly	Not so well	Okay	Good	Great

How angry were you?

Burning___	Really angry___	Moderately angry___	Mildly angry but still OK___	Not angry___

Note. From Reducing Delinquency (p.26) by A.P. Goldstein et al., 1989. New York: Pergamon Press.

b) Self-Report Inventories

Self-report inventories such as the Rathus Assertion Schedule (Vaal, 1975), Adolescent Anger Inventory (Schlicter and Horan, 1979), and the Buss-Durkee Hostility Inventory (1957) are available for working with adolescent clients, however, Feindler and Fremouw (1983), Schlicter and Horan (1979), and Feindler, Marriot, and Iwata (1980) express concern over the "level of sensitivity to change, reliability, and social desirability of these measures". The Novaco Anger Inventory (1975) has demonstrated sensitivity to change with adult clients. As well, it is classified as incorporating the measurement of aggression along Cone's (1978) and Novaco's (1975) three dimensions of assessment - cognitive, physiological, and motor (behavioral). Another measure, the Spielberger State Trait Anger Expression Inventory, is said to have good reliability and validity with inmate populations as well as teenagers. Although each measure has its strengths and weaknesses, the therapist will have to use the instrument he or she feels is most appropriate for their client population.

c) Direct Observations

Direct observations and ratings by teachers, counsellors, or associates completed pre and post-treatment are a common and effective method of evaluation. These approaches focus on behavioral displays and are more easily applied in an institutional or structured setting. An example of such a direct observation method is the Aggressive Behavior Observation System (ABOS) (See TABLES 4A and 4B). This scale includes seven categories of aggressive behavior such as tease, argue, hit, threat, start fight, in-fight, and property

damage; each with its own definition. The frequency and severity of these behaviors is recorded and provides a "severity rating, an overall aggressive behavior frequency count, and frequencies for each subcategory of aggression (Feindler and Fremouw, 1983, p.459).

DIRECT OBSERVATION RECORDING SHEET

From Adolescent Anger Control (p.45) by E.A. Feindler and R.B. Ecton, 1986. New York: Pergamon Press. Copyright 1986 by Pergamon Press.

Pages 91 and 92

OPERATIONAL DEFINITIONS FOR AGGRESSIVE BEHAVIORS

From Adolescent Anger Control (p.44) by E.A. Feindler and R.B. Ecton, 1986. New York, Pergamon Press. Copyright 1986 by Pergamon Press.

E. THE THREE PHASES OF STRESS INOCULATION TRAINING

The theory base of anger management and aggression control programming is cognitive-behavioral. In perusing the literature, the anger management programs that appear to show the most promising results with offenders have been those of Raymond Novaco, Eva Feindler and Randolph B. Ecton, and others who modeled their interventions after the work of Donald Meichenbaum's Stress Inoculation Training (Hollin, 1990; Novaco, 1975; Feindler et al, 1986; Forman, 1993; Kendall and Hollon, 1979).

They developed a coping skills approach which incorporates a number of cognitive-behavioral techniques for arousal reduction and cognitive restructuring to facilitate the control of anger and aggression. The actual interventions also meet with the recommendation of Andrew's study such as promoting pro-social skills, self-control, self-management, problem-solving, and cognitive change. They also include the use of such recommended techniques of modeling, role-play, reinforcement, and verbal guidance.

Stress Inoculation training developed by Donald Meichenbaum (1977) is a structured approach to helping individuals learn to deal with stressful situations through the use of cognitive-behavioral procedures. Stress inoculation training can help individuals understand the nature of stress and enhance their appraisal and coping skills, and thereby decrease negative stress reactions when dealing with anger. "Since the lack of preparation and surprise contribute to distressing, ineffective coping efforts, SIT bolsters clients' preparedness and assimilatory processes. In this way, individuals can learn to pace

themselves as they learn to master stress gradually " (Meichenbaum, 1993, p.379).

Novaco (1977), McCullough, Hunstinger, and May (1977), Schlichter and Horan (1981), Feindler, Marriot, and Iwata (1984) have examined the effectiveness of the Stress Inoculation Training approach in dealing with anger management in juvenile and adult populations with successful results.

In describing the development of the SIT approach, Meichenbaum cited other investigators who were working at the same time and developing similar approaches. These included Goldfried and his colleagues (Goldfried, Deceneceo, and Weinberg, 1974) who developed a treatment approach called systematic rational restructuring, which combines Rational Emotive Therapy and behavioral procedures, and Suinn and Richardson (1971), who developed an approach called anxiety management training. Meichenbaum (1977) pointed out that these approaches have a number of common components: 1) teaching clients the role of cognitions in contributing to their problem; 2) training in identification of self-statements and images and in self-monitoring of problem behavior; 3) training in problem-solving procedures; 4) modelling of self-statements and images; 5) modelling, rehearsal, and encouragement of positive self-evaluation, attention focusing, and other coping skills; 6) using behavior therapy procedures such as relaxation training, coping imagery training, and behavioral rehearsal; and 7) assigning behavioral homework tasks (Forman, 1993, p.105).

Meichenbaum's (1977) description of SIT emphasizes that it is a coping skills approach to treatment that can give clients a set of coping responses to use across a variety of stress producing situations (Forman, 1993). This approach consists of three general phases: 1) a conceptualization phase; 2) a skills acquisition phase, and 3) an application and follow through phase. The specific content of each phase varies with the problem being addressed. Again, Novaco, Deffenbacher et al., and Feindler et al have adapted this approach in working with anger management. The intervention being proposed involves the use of these general phases and is broken down more specifically in the following description of program content (Refer to TABLE 5 for an intervention synopsis).

TABLE 5

FLOW CHART OF STRESS INOCULATION TRAINING

Phase One: Conceptualization

(a) Data collection-integration
- Identify determinants of problem via interview, image-based reconstruction, self-monitoring, and behavioral observation.
- Distinguish between performance failure and skill deficit.
- Formulate treatment plan - task analysis
- Introduce integrative conceptual model

(b) Assessment skills training
- Train clients to analyze problems independently (e.g., to conduct situational analyses and to seek disconfirmatory data)

Phase Two: Skills Acquisition and Rehearsal

(a) Skills training
- Train instrumental coping skills (e.g. communication, assertion, problem-solving)
- Train palliative coping skills as indicated (e.g. perspective-taking, attention-diversion, use of social supports, adaptive affect expression, relaxation)
- Aim to develop an extensive repertoire of coping responses to facilitate flexible responding.

(b) Skills Rehearsal
- Promote smooth integration and execution of coping responses via imagery and role-play.
- Self-instructional training to develop mediators to regulate coping responses.

Phase Three: Application and Follow-Through

(a) Induce application skills
- Prepare for application using coping imagery, using early stress cues as signals to cope.
- Role play (a) anticipated stressful situations and (b) client coaching someone with a similar problem.
- "Role play" attitude may be adopted in real world.
- Exposure to in-session graded stressors.
- Use of graded exposure and other response induction aids to foster in vivo responding and build self-efficacy.

(b) Maintenance and generalization
- Build sense of coping self-efficacy in relation to situations client sees as high risk.
- Develop strategies for recovering from failure and relapse
- Arrange follow-up reviews.

General Guidelines for Training

- Attend to referral and intake process.
- Consider training peers of clients to conduct treatment. Develop collaborative relationship and approachability.
- Establish realistic expectations regarding course and outcome of therapy.
- Foster optimism and confidence by structuring incremental success experiences.
- Respond to stalled progress with problem-solving versus labelling client resistant.
- Include family members in treatment where this is indicated.

Note. From D. Meichenbaum and R. Cameron, "Stress Inoculation Training: Toward a General Paradigm for Training Coping Skills" in D. Meichenbaum and M.E. Jaremko (eds.), Stress Reduction Training (New York: Plenum Press, 1983), p.121.

PHASE ONE: CONCEPTUALIZATION

The conceptualization phase has two primary objectives. The first, is the development of a mutual understanding of the anger problem by collecting and integrating information. The second, is to enhance the client's problem-solving skills by training the client to gather data with a higher degree of sophistication. The clients become an "experts" in terms of understanding their anger patterns.

Data collection and integration helps to identify the determinants of the anger problem, which are categorized as situational, cognitive, affective, behavioral, or physiological. Various methods may be used to obtain this data such as interviews, image-based reconstruction/recalls, self-monitoring, and behavioral observation.

i) Functional Analysis of Problem

Interviews focus on a functional analysis of the problem. Understanding the nature, severity, frequency, and duration of the anger-aggression episode is paramount. The goal is to identify situations which increase/decrease adaptive or maladaptive responses, factors that relieve or aggravate the problem, and the social consequences of the behavior (anger-aggression) under investigation. Example questions may include: Under what circumstances does the problem occur? What have the clients done to alleviate their stress/anger? What do they believe can be done? (Meichenbaum and Cameron, 1983). Refer to Table 6 for an example of the "Clinical Interview".

Pages 99 and 100

The Clinical Interview

From The Clinical Study of Social Behavior by Donald R. Peterson, (1968), Englewood Cliffs, NJ: Prentice Hall, pp. 121-122. Copyright 1968 by Prentice-Hall, Inc.

Clarification of semantics such as anger, stress, annoyance, and agitation through description and referents such as cognitive, affective, physiological, and behavioral assist in understanding how the problem manifests itself. Details of their experiences also aid in understanding coping strategies.

ii) Imagery-based Recall

Imagery-based Recall aids in reporting the above information. It allows the client to attend to details which may have been overlooked in the interview. The client shares the transactional process, thoughts, images, feelings,and behaviors which may contribute to his anger (Meichenbaum, 1985). The process is achieved by having the client relax, recall and describe the incident as if it were a movie running in slow motion. In a group context, each member is asked to go through the same process of covert imaging, but hold their comments until the exercise is done. Then each member describes the incident, revealing the covert processes to the group.

iii) Self-monitoring

Self-monitoring allows clients to record ongoing processes. Since interview and imagery-based recall are only as potent as the clients' memory, immediate recording of events may reveal more detailed information. Open ended diaries with specific questions to be answered, or prepared logs (e.g. hassle logs) may be used. Questions should be similar in nature to the ones mentioned above, and focus on the areas of anger and aggression

awareness - cognitive, affective, physiological, and behavioral. The type of self-monitoring will depend on client capabilities and ease of completion. As well, some situations will require that the client can record information inconspicuously.

iv) Personal Experiments

A further option is to have clients undertake personal experiments, in vivo, where the client collaborates with the therapist to behave differently towards others and make note of the different responses or behavioral outcomes. These preplanned experiments may be designed with a view to generating data which will disconfirm originally held beliefs of the client (Meichenbaum, 1985). Behavioral assessments assist in evaluating the client's coping capabilities. When a client is failing to cope, two possibilities should be considered; 1) the client is not capable of effectively executing responses or; 2) the client is capable but fails to deploy the appropriate response at the required time. This distinction is crucial as the nature of this intervention relies on it (Meichenbaum and Cameron, 1983).

v) Integration of Data

Integration of data calls for taking the information which emerges from interviewing, imagery-recall, self-monitoring, and behavioral assessments and combining the information in such a way that it moves the client toward resolution. One way in which this may be done is through a task analysis. This involves specifying situations where change is desired and analyzing what is required to make the change. It is useful to look

for common reactions across a variety of settings.

vi) Provision of a Conceptual Model

Provision of a conceptual model to the client using basic or lay terminology is beneficial in having the client continue to monitor and integrate experiences more effectively. Reconceptualizing the information obtained from the client or group, indicating the various components which contribute to effective anger management and aggression control serves as a diagnostic and therapeutic function (Meichenbaum and Cameron, 1983). It will provide a blueprint for adaptive functioning.

In summary the Conceptualization Phase involves several components:

- establishing a therapeutic relationship with the clients
- definitions of anger and aggression.
- discussion and exercises with clients on their experiences with anger and aggression - specifically the situational descriptions including their thoughts and feelings and physiology of the anger and aggressive behavior (cognition, affect, physiological arousal, and behavior). Identifying cues and triggers. How do their cognitive processes and behavior contribute to aggressive acts.
- cycle of anger: covert and overt processes, more commonly referred to as thoughts and behavior that follows. The popular concept of self-talk is examined.
- discriminating between positive and negative reactions to anger provocations.

PHASE TWO: SKILLS ACQUISITION AND REHEARSAL

The objective of this phase is for the group members to develop and effectively execute coping responses. Skills training is employed to meet this objective. Once the person is able to demonstrate understanding of the skills, rehearsals are performed to allow for a smooth execution of behavior when an anger-aggression provoking stimulus occurs.

Skills Training

Skills training begins with the therapist continuing the use of a collaborative approach with the group members. Members are solicited for their past methods of coping with anger. What did work or did not work? Focus is on the client's attitude, expectations, and how they rate success or failure. Clarification on the clients' procedures for the various coping methods is done, how long they pursued the activity, and assessment of their "internal dialogue" about each training procedure is completed. "Once the trainer appreciates the client's concerns, then he or she can anticipate and subsume them into the training rationale for each coping procedure" (Meichenbaum, 1985, p.54). The therapist must take care in noting any negative or dubious attitude toward the process, as this could sabotage any change effort.

The coping techniques of skills training that are to be taught fall under two categories: i) "Instrumental" (problem-focused) and ii) "palliative" (emotion-regulation). Instrumental coping techniques involve procedures such as information gathering, problem-solving, communication, and social skills training, time management, and lifestyle changes, and

other actions which "serve to meet environmental demands or alter stressful situations and transactions" (Meichenbaum and Cameron, 1983, p.132).

Palliative coping techniques involve methods designed to alleviate distress or foster the regulation of emotions. These techniques include taking perspective, diverting attention, denial, expressing affect, and relaxation training. These methods may be used when an anger provoking situation cannot be altered or avoided.

Therapists should advise their clients that these coping repertoire are not designed to remove all anger, but rather to allow for the use of their anger constructively. Therapists should be cautious so as to not overwhelm their clients with a plethora of coping strategies.

a) Instrumental Coping Techniques:

i) Problem-Solving

Problem-solving is one of the most common instrumental skills. Basically, problem-solving involves five key components. 1) Analyze the problem(s); 2) generate possible alternate solutions; 3) evaluate the alternative; 4) implement the best alternative and; 5) assess the outcome, repeating the procedure if the problem is not resolved. Wasik (1984) attached specific questions to the steps of problem-solving. These are as follows:

STEPS	QUESTIONS/ACTIONS
Problem identification	What is the concern?
Goal selection	What do I want?
Generate alternatives	What can I do?
Consideration of consequences	What might happen?
Decision making	What is my decision?
Implementation	Now do it.
Evaluation	Did it work?

(Meichenbaum, 1985. p.67)

ii) Brainstorming

Problem-solving can take on the form of brainstorming individually or in group, where critical judgement is suspended for the sole purpose of generating several possible solutions and then reinstating the need for considering potential consequences as part of the problem-solving process. The therapist may simply ask participants what advice they would give someone in a similar situation. Such processes demonstrate to clients they have some ability to overcome situations as they do possess a problem-solving repertoire of some level. As well, they learn that their own feelings and thoughts can interfere with the deployment of solutions to their anger provoking situations. If certain self-statements (thoughts) contribute to anger, then the question asked should be what different thoughts, feelings, and behaviors might be beneficial in alleviating the discomfort. Stressors are reframed as problems to be solved rather than personal threats or provocations

(Meichenbaum, 1985). Thus, problem-solving can employed as a tool of stress or anger reduction, transcending boundaries of the instrumental and palliative coping strategies.

iii) External Resources

The therapist encourages the client to make use of external resources, expanding their coping repertoire. A review of past coping is initiated with the focus being on how they can use these skills in current and future situations. Contingency plans are made. Anger-aggression provoking events are broken down into manageable sizes so stress can be reduced and problem solving practised along with emotion regulating techniques. Clients who lack behavioral coping responses may acquire these through group role-plays and modeling such as in the case of assertive communication techniques used for problem-solving.

In aversive situations which cannot be altered to any great degree, the way a client thinks or behaves may decrease or increase their and other's anger-aggression reaction.

b) Palliative Coping Techniques:

i) Perspective Taking

One method for coping with anger invoking situations is 'perspective taking'. This may involve the client reminding himself that the problem is time limited, or that the outcome is bearable although not wanted.

ii) Attention Diversion

A second coping strategy is referred to as 'attention diversion'. Lazarus (1981) indicates that 'denial' can be an adaptive coping response to various emotional traumas, particularly where the client has no control over circumstances. Although denial is viewed as an involuntary and unconscious defense mechanism by psychoanalysts, diversionary tactics can be used consciously by clients to overcome preoccupation with their angry state. This can be done through imagery based techniques, or making lifestyle changes (i.e. becoming involved in extra curricular activities that allow the person to refocus their attention).

iii) Social Supports and Communication

In some instances, using social supports as a method to reduce anger is viable. The discussion of building support systems leads to consideration of the clients' communication skills and ability to seek help. Various cognitive-behavioral techniques can be used to enhance social skills training such as role-playing, behavioral rehearsal, imagery rehearsal of possible interactions, and graduated in vivo attempts (Meichenbaum and Cameron, 1983).

iv) Expression of Affect

The expression of affect is also a viable coping strategy for anger management clients. The ventilation of feelings is beneficial in reducing stressors (other emotions) related to anger. A stoic person who withholds or withdraws as anger increases, only to act out inappropriately later, needs to be encouraged to deal with the emotions and situational

stressors as they arise, rather than 'bottling up' their cognitions and emotions.

v) Relaxation Skills

Relaxation skills training can provide instrumental and palliative coping (Meichenbaum and Cameron, 1983), however, it is viewed for the most part as an emotional governing technique. There are numerous variations that exist regarding the procedures for progressive relaxation training. As well, there is no one approach which appears more effective than another (Meichenbaum, 1985). The rational for using relaxation techniques is as important as the technique itself. Conceptualization may encourage clients to use relaxation to interrupt maladaptive cognitive-behavioral patterns which occur in anger provoking situations. Deep breathing, muscle loosening, music, and guided relaxation exercises are the most common techniques. However, application of the relaxation concept to other positive activities will provide the client several alternatives which are useful, appealing and applicable over a variety of situations. Such examples include walking, bicycling, and meditation.

vi) Cognitive Strategies

Cognitive strategies involve thoughts and affective responses. The core techniques of cognitive therapy involve three phases: First, the therapist elicits the clients' thoughts, feelings, and interpretation of events; Second, gathers evidence with the client for or against the interpretations and; third, sets up personal experiments or homework to test the validity of the interpretations.

The therapist aids the client in becoming aware of the "automatic thoughts" they have. Automatic thoughts encompass the images, self-statements, and affect arising from an anger-aggression provoking situation. Once some of these often hidden, denied, and ignored thoughts are brought forward, they can be validated or invalidated, and replace with appropriate and positive self-statements. When this occurs, the client may practice positive, emotion regulating thoughts (self-guided dialogue) to prepare for future confrontations.

In summary, the skills acquisition phase involves building a repertoire of effective coping responses to adequately manage anger and aggressive acts. This section examines instrumental and palliative focused skills; problem solving, social skills, emotion regulation (i.e. relaxation skills) and cognitive coping.

- teaching of the alternative skills on both a cognitive and behavioral level that the client can use in dealing with their angry feelings in a pro-social manner.
- problem solving has several steps directed to improve coping skills:
    1. Define the stressor and stress reactions as a problem to be solved.
    2. Set realistic goals as concretely as possible by stating the problem in behavioral terms by delineating steps necessary to reach each goal.
    3. Generate a wide range of possible alternative courses of action.
    4. Imagine and consider how others might respond if asked to deal with a similar stress problem.

5. Evaluate the pro and cons of each proposed solution and rank order from least to most practical and desirable.
6. Rehearse strategies and behaviors by means of imagery, behavioral rehearsal, and graduated practice.
7. Try out the most acceptable and feasible solution.
8. Expect some failures, but reward self for having tried.
9. Reconsider the original problem in light of the attempt at problem solving (Meichenbaum, 1985, p.67).

- cognitive restructuring (Beck, 1976) is to help clients become more aware of their thoughts and feelings and to realize these thoughts may not be facts. E.g: What thoughts were running through your head just before you came to see me? Do you have similar thoughts/feelings in similar situations at home? What do you think will happen in such situations? What do you picture happening? What are you saying to yourself in that situation? Then what? How do you know that will indeed happen? What is the evidence of a threat? How serious is it? What coping resources are available?
- may make up a group exercise for above or homework assignments so that clients learn to overcome cognitive distortions.

- Self guided dialogue is a coping skill to help clients do the following:
- assess demands of the situation and plan for future stressors.

- control negative, self defeating, stress engendering thoughts, images, and feelings.
- acknowledge, use, and relabel the arousal experienced.
- cope with intense dysfunctional emotions that may be experienced.
- psych selves up to confront stressful situations.
- reflect on their performance and reinforce themselves for attempting to cope (Meichenbaum, 1985, p.70).

PHASE THREE: APPLICATION AND FOLLOW THROUGH

This phase is to encourage clients to implement and utilize the newly taught skills in their daily activities or routines so they become part of their behavioral repertoire, thus increasing the chances of generalized change.

A variety of techniques are used including, imagery and behavioral rehearsal, role playing, modeling, and graduated in vivo practice.

i) Imagery Rehearsal

Imagery rehearsal involves the therapist and client creating a number of scenes which are ranked from least to most anger provoking. The process is one which is similar to systematic desensitization. The clients are asked to imagine progressively more threatening scenarios. With each scenario, the client is asked to imagine dealing with the situation by producing coping responses such as coping self-statements, relaxation, and

appropriate assertive behavior. The client is also reminded to note their own cues (cognitive, affective, physiological, and behavioral) which indicate they are moving toward an anger-aggression provoking situation. In addition, the client is asked to note the external elements or cues (topics, behaviors of others) that also may give warning to a possible anger-aggression provoking outcome. This process allows for the development of a control plan for anger-aggressive behavior, providing for the use of already learned alternative coping skills.

ii) Role Playing

Role playing is another forum in which the client can pursue skill application. The client and therapist or other group members may take turns role playing anticipated anger-aggression interactions. With the therapist, situational specific coping responses such as negative self-talk(images and feelings) and alternate coping methods such as positive self-talk, communication, and problem-solving may be modeled and then implemented by the client. In addition, group members may watch one client assume the role of 'therapist' while the therapist assumes the role of 'client'. Here, the client will call upon his new skills and demonstrate them to the therapist and group members to reinforce same.

iii) Modeling

Modeling may be done with the use of films which depict various situation specific anger-aggression responses and alternatives. As well, a step by step coping model incorporated in the film or by the therapist will allow the group to see each skill in

demonstration. Practice by the group members to master each challenging situation is done.

iv) Graduated In Vivo Exposure

Graduated in vivo exposure is supported as an effective therapeutic tool for change in the literature. "The closer the training sessions are to the criterion situation, the greater the generalization" (Meichenbaum, 1985, p.80). Clients are encouraged to rehearse in vivo in the form of homework assignments. Concrete, observable, and measurable tasks should be provided over the course of the program. Failures should be conceptualized as steps to mastery rather than inabilities or lack of commitment. Homework assignments which encourage review of the various techniques learned without actual application to anger-aggression provoking situations are valuable to ensure client familiarity with the skills. Then, when application is required the client will call on the new skills in a 'matter of fact' way.

v) Follow-Through

Follow-through is an extension of training where the client or group may return at pre-planned intervals for the purpose of reviewing, and reinforcing the new cognitive-behavioral skills. As well, it is an opportunity for troubleshooting issues that were not completely addressed in previous sessions, but which the client desires remediation.

Follow up booster sessions which fine tune the skills may take place at 3, 6, and 12

month periods. The frequency and timing will vary from case to case (Meichenbaum, 1985).

In summary, imagery, behavioral rehearsal, role playing, modeling, and graduated in vivo exposure are used so that the client may incorporate and generalize their skills in 'the real world'.

4. Why use a Group Format for Anger and Aggression Intervention?

Rose (1990) discusses the strengths of group work for the members as; dispelling the sense of isolation felt from being the only one with the problem; instilling a sense of hope by seeing others resolve issues; providing the client with a congruent source of feedback, support, and reinforcement. The particular intervention that is being implemented involves the use of modeling and role-playing behaviors. The accessibility of group participants to practise the application of learned skills is beneficial and is an integral part of the intervention.

> "Cognitive-behavioral group therapy is one of the major forms of working with short term groups today....The major advantage of the approach is the existence of considerable empirical support for the effectiveness of the approach in attaining such treatment goals as stress reduction,....better anger control, increased assertiveness, and more useful communication skills. Among other advantages are the fact that the procedures used are highly specific, the group therapists are readily trained, the general strategies can be applied in a step by step fashion, and the results are subject to evaluation. Cognitive-behavioral treatment in groups is usually a short term approach and as a result cost effective for the achievement of limited range, concrete goals" (Rose, 1990, pp.71-72).

Cognitive processes are covert and can be accessed through the group process. However, disclosure is not sufficient to support long lasting change. Evaluation and feedback are required to modify cognitive distortions by replacing them with more functional cognitions. The interactive context of the group allows for this phenomenon. The group allows access to a host of models for cognitive and behavioral modeling (Rose, Tolman, and Tallant, 1985). With the use of a structured format, the expectation is that the group will be used for individual change and provide the required framework to accomplish this task. The group process will allow members to identify specific problem areas, develop and practice new ways of thinking and problem solving when outside of the group (Larsen and Mitchell, 1980).

The disadvantages of groups may be noted in the limitation of individualizing clients in a group. It is the facilitator's responsibility to be sensitive to individual needs within the group and attend to these appropriately. Alternately, any intake process for a group should ensure as close a problem/intervention match as possible.

As this practicum is exploring the outcome of specific programming, the use of a client base of 8 to 12 participants as opposed to using a single client case study, may better allow for statistical analysis and more poignant conclusions about the program. Economic and time factors do not currently allow the author opportunity to provide one to one counselling of this magnitude. Thus, a group program meets client needs, agency needs, and analytical requirements.

F. SUMMARY CONCLUSIONS OF LITERATURE REVIEW

1. The Heterogeneity of Aggression

In considering the literature reviewed, each theory and accompanying intervention strategy purports to address the problem of anger management and aggression control. However, as individual interventions, each has its area of strength and fault. Generally, this lies in a narrow focused view with the exclusion of understanding or paying full attention to the complexities of the (individual, familial and societal) inter and intra personal dynamics involved.

> For an aggressive act to take place "... the motivational factors - instigation and the situational factors that facilitate the expression of aggression - must exceed the inhibitory factors- the personality and situational factors that counteract the overt expression of aggression. If the inhibitory factors outweigh the motivation factors, then the aggressive act cannot take place. On the other hand, if the motivating factors exceed the inhibitions, the aggressive act **may** take place. This does not necessarily mean that it will occur, however. The fact that instigation outweighs inhibitions only means that aggression is possible. Man is a complex creature, and at any given time a number of different responses and behaviors are probably competing for expression. Engaging in one act often means that the individual cannot take part in another, so a decision between them has to be made. Most of the time these internal bargaining processes take place unconsciously and so rapidly so that we are unaware of the process" (Megargee & Hokanson, 1970, p.3).

Anger is best viewed as an emotional state which involves the presence of physiological arousal and cognitions of antagonism. According to Novaco (1985), the label of anger can be a proximate one which includes subjective affects such as 'annoyed,' 'irritated,' 'enraged,' or 'provoked' (p.210).

Violent and aggressive behavior is considered probable with certain biological characteristics or contributors which increase irritability, including some brain ailments and endocrine imbalances. "The correlations are imperfect because humans can learn to be nonviolent despite irritation" (Glaser, 1978, p.239).

The theories discussed in the literature review whether biological, bio-psychological, or social-psychological tend to incorporate one common caveat - cognition (Freud, Adler, Dollard et al, Dembo, Bandura). Successful therapeutic approaches in anger management and aggression control focus almost exclusively on cognitive-behavioral techniques. Ellis (1962) developed Rational-Emotive Therapy which he later expanded to include anger control. Cognitive Restructuring (Goldfried and Davidson, 1976) and Meichenbaum's (1977) Stress Inoculation Therapy all incorporate the need for self-awareness. This is done through monitoring our internal dialogue or 'self talk' so that we employ rational and positive thinking to mediate our aggressive behaviors (Goldstein et al, 1983).

Our ability to assess and determine outcomes or consequence, despite our physiological state, or environmental influences, support the need to increase our self-awareness in avoiding negative aggressive behavior. Antecedents to aggression do exist. What form of aggression-reaction used as a result of these antecedents is a choice to be made. If we witness and learn from others who have similar experiences, we will likely choose similar or converse actions based on what acquires a perceived homeostasis or gain. Thus, not only what we think, but where we derive our views from, influence our choices. With

this in mind, a bipartite intervention of understanding ourselves (socialization and family of origin) and how we think in relation to internal and external factors (stress inoculation therapy) is able to create therapeutic change in those individuals who have yet to completely discover their true selves. In order to preserve change, one must not only understand, but practise and maintain positive change through a prescribed mental regimen (Relapse Prevention). Thus, the call for a tripartite intervention which encompasses these factors.

In pursuing a three pronged parallel approach incorporating, Stress Inoculation Therapy, Relapse Prevention, and Family of Origin (socialization), it is proposed that a more long lasting interventive impact will occur. The meta-analyses discussed in the literature review support an eclectic approach as they discuss the best combination of theoretical based interventions.

2. The Trend of Eclecticism

Groebel (1983) indicates that the debates and discussions over the various aggression theories created a demand for the 'integration' of the different theoretical approaches. "Brain physiologists (Ervin, 1981; Mark, 1981), psychologists (Berkowitz, 1978) and representatives of other disciplines either postulate or actually formulate theories that include varied combinations of, inter alia, hormonal, environmental, cognitive factors, and/or factors related to learning processes" (p.91).

Cognitive-Behaviourial models view criminal behaviour such as aggressive acts as a function of the individual in interaction with his or her environment. Stress Inoculation Training maintains a systems perspective with its transactional understanding of how anger and aggression are influenced by more than a single phenomena. The program attempts to address the multifaceted emotion of anger and behavior of aggression between internal and external systems.

This practicum attempts to address these key areas considered crucial in reducing aggressive behavior by using a prescriptive intervention, maintaining the integrity of the intervention strategy which incorporates the various techniques of modeling, building a coping template, rewards, enactive procedures, affective education, and training tasks.

III. DESCRIPTION OF INTERVENTION

The intervention required four tasks. These included:

1) Research of Anger Management Programs that have been provided to date;
2) Development of an Anger Management Program and compilation of a Facilitator's Manual;
3) Conducting and providing an Anger Management Program to a group of participants and;
4) Evaluation of the program.

1. Anger Management Research

The first task of the practicum involved a literature review on the topic of anger management. The literature review in this practicum contains a historical and developmental series of theories which describe the phenomenae of anger and aggression. These theories purport singular and multidimensional contributors and correlates to anger and aggression management problems. At this point in time, the current literature supports an eclectic perspective and intervention using techniques that are best labelled cognitive-behavioral. Due to the lengthy nature of this information it will not be greatly expanded upon in this section.

Anger Management Intervention commenced on an individual basis as early as 1908, and group programming for young offenders has been offered as early as 1951. In Manitoba

and Canada, group interventions continue to be available to young offenders, spouse abusers, and others involved in violent acts.

The literature review also contains a detailed description of the Stress Inoculation Training procedure. Stress Inoculation Training is best described as both transactional and cognitive-behavioral in orientation. Stress Inoculation Training consists of developing the participants' cognitive, affective, and behavioral coping skills, then providing varying degrees of exposure to stressors (Novaco, 1977). Options are available for implementation in group or individual format, and institutional or community settings. The therapists will have to choose which activities best suit the program environment in which they find themselves.

In preparing this practicum, personal contact with various individuals and teams responsible for providing anger management and related programs was done. A host of information was gathered through informal contacts and interviews, and a supply of program outlines was obtained. Program formats vary, depending on a number of factors. These include target population (e.g. maturity, culture, type of aggressive behavior exhibited), setting (e.g. geographic location - remote northern village, rural, city, and institutional or community), resources (e.g. staff, funding) and so forth. Many of these groups tended to follow a cognitive behavioral model and share similar content. Groups offered in Community and Youth Corrections deliver varying degrees of cognitive skills, relaxation, and systematic desensitization training. Other training components are also

offered such as communication skills (e.g. problem-solving, assertiveness), self-esteem raising, and life skills.

This practicum used a hybrid cognitive-behavioral model, incorporating interventions from Stress Inoculation Training, Family-of-Origin exploration, and relapse prevention. Key areas of education, problem-solving, affect management and communication skills were provided. Participants were trained to apply cognitive and behavioral actions to reduce anger arousal and improve potential for conflict resolution. A "control plan" using these skills was developed by each participant.

2.Development Of An Anger Management Program And Facilitator Manual

The second assignment of the practicum was to develop an Anger Management Program which may be used with adult clients of Community and Youth Corrections throughout Manitoba. In other words, to supply a program that could be used in various settings in which Probation Services provides programming.

a) Facilitator Manual

The educational and experience levels of probation officers varies dramatically throughout the Province of Manitoba. The development of a Facilitator's Manual would aid in dissemination of information, and act as a reference guide after comprehensive training in the Stress Inoculation Techniques was completed. Further, it would ensure a provincial

standard for service delivery as opposed to the varied quality/quantity interventions clients have been receiving to date.

In 1994, a survey had been conducted by the Adult Corrections Program Coordinator asking what anger management program materials and activities were being used in community and institutional settings of the Department of Justice. This survey included responses from Adult Corrections Institutions and Probation Services. There was a large discrepancy in material covered and time spent providing intervention. Recently, the Department of Justice has arranged for the assignment of one staff person to create a Provincial Anger Management Program for community and institutional application. This writer was appointed to this position, and completion of the provincial program is pending at the time of this writing. The Provincial Program has its roots in this practicum and has evolved further as a result of this pilot, additional input, refinement and support of the Department of Justice staff.

The Facilitator's Manual located in the appendix of this Practicum presents a session by session outline of activities. In addition, the information on the various topic areas is included to assist facilitators in presenting the material content in a consistent manner without hampering individual style. The Facilitator's Manual also contains all handouts required for the participants. The Facilitator's Manual cannot be considered an "original work". The information on some of the topics is derived from a Anger Management Workbook which was compiled by Dr. Garry Fisher, Senior Psychologist at Stony

Mountain Institution. This writer changed the language of the workbook from "you" to "we" and incorporated information from additional sources. Thus, the Participants' Workbook commenced evolution toward a Facilitator Manual. After information from other sources was added and modified, session outlines and directions were developed by the writer. These session outlines described exercises (e.g. Role-plays, relaxation, systematic desensitization, homework assignments) that should be used during the education, skills rehearsal and application phases of the program. Some additional modifications occurred during the pilot project (practicum group) due to group response and discussion with the co-facilitator. The Facilitator's Manual designed for this Practicum is a "first draft", with a revised manual being developed as a standardized program for use by Manitoba Corrections.

b) Anger Management Program Format

The format of the program involved a screening interview and adminstration of pre-tests, fifteen 2.5 hour sessions including topics on anger management, family-of-origin, communication, self-talk, control plans/time-out, alcohol and drugs, and relaxation (See Facilitator's Manual for details), administration of post-tests, a post-treatment interview two weeks after completion of group, and completion of a client satisfaction questionnaire.

Each participant was expected to complete an anger log once a week upon completing the sixth session. The facilitator(s) would review the logs and make written comments and

supportive statements to enhance the participants' learning of anger management skills.

Each session commenced with a brief opening statement and summary of the last session. The first quarter of the program was educational in format, utilizing more of a didactic approach to ensure participants were familiarized with the program goals, structure of the anger management program, and expectations necessary to complete the program. In the second and third quarters, the sessions moved from the educational phase to the skills rehearsal phase, and more group participation was required. Presentation of materials throughout the program required participant input. This was achieved through solicitation of the large group, and direct solicitation of individuals for their opinion. Brainstorming coping strategies and alternatives to aggression or anger arousal were also done in an effort to reinforce material presented, and provide cognitive restructuring. Practising of skills took the form of individual homework assignments (e.g. completion of anger logs, content tests - multiple choice questions, and subjective questions), working with a partner in group, observing and providing feedback to role plays modelled by facilitators, scenarios presented by other group members, video/audio tapes, and participation in the large group exercises such as systematic desensitization and relaxation. In the third and fourth quarters, in-vivo application occurred as participants began to practise their new skills in the community. As one participant commented "I did what you said and it worked".

3. Conducting An Anger Management Program

The Anger Management Program was provided during an eight week period in January and February 1995.

a) Participant Selection

Once the Anger Management Manual/Program was developed, solicitation for group participants was done via memo to all Manitoba Probation Offices servicing adults. As well, the Community Release Centre which is responsible for monitoring inmates on pre-release programs, and The John Howard Society which is currently involved in a pilot program dealing with some probation clients, were advised in the same manner.

The memo provided a brief description of the program, target population, general requirements and a referral facesheet indicating documentation to accompany the participant referral. A list of group rules and a participation agreement were also attached. The solicitation for referrals was done in this manner so that Probation Officers and Corrections Officers could pre-screen client viability based on the general group requirements, willingness to abide by the expectations outlined in the group rules, and participation agreement. This would avoid a deluge of inappropriate referrals and allow sufficient time to focus on interviewing clients who more closely met the criteria.

Seventeen referrals were received. The breakdown of these referrals is as follows: Eleven referrals were received from Probation Officers in Winnipeg. Three referrals were

received from John Howard Society (Restorative Resolutions Program) Case Planners. One referral was received from the Inter-Faith Marriage and Family Institute, and two were self-referrals. Several of these referrals were "screened out". In one referral, the client was not prepared to be videotaped, despite having been previously advised of this by the Probation Officer. Another referral was not accepted as the Probation Officer had difficulty contacting the client to arrange an intake interview. A third referral was deemed inappropriate due to the specific and ongoing history of domestic violence charges and so was redirected to a domestic violence group. A fourth probation referral was omitted due to his failing to attend two scheduled intake interviews. A fifth probation client referral was deleted due to a pending charge to which he was to be sentenced on midway through the program. Due to the potential for a jail sentence, he could not be accepted. The sixth self-referral, and seventh Probation referral were declined as it was past the deadline for acceptance of referrals. They were provided with the name of two alternate programs which were still accepting referrals.

b) Group Characteristics

The group was to commence with ten participants who were interviewed and deemed viable candidates. At the screening interview, each participant had been advised of the nature of the program and signed a participation agreement which included group rules and expectations. On the day the group was to commence, one voluntary participant (referred from another agency) called to withdraw, indicating he was embarrassed about some of the circumstances of his attending (abusing his parents). There was also an

indication of other possible mental health problems which may have compromised his attendance.

This left nine candidates to attend the program. Upon commencement of the first session, only eight participants attended. A follow up contact was made with the participant who was absent. He advised that he recently had found employment and his work schedule interfered with his ability to attend, necessitating his withdrawal from the program. He was a voluntary participant (self-referral).

During the course of the project, two other participants failed to complete the program. After completing two sessions, one participant (court mandated) began abusing substances and was charged with assault. He was remanded in custody and was unable to return to the group. Another participant (voluntary and on probation without mandate to attend anger management) failed to attend after the third session. His Probation Officer indicated he had stopped reporting to him. When the client finally did establish contact with the Probation Officer, three weeks had passed, and he had missed too many sessions to return to the program.

The following basic information regarding the participants was gleaned from the intake interview, pre-sentence reports, post-sentence summaries, social histories, Probation Orders, or police reports. All group participants were male due to the referral eligibility criteria of the program. All participants, except one, resided in the City of Winnipeg.

From the four previously mentioned participants who left the program, one was Metis, two were Status Indian, and one was Caucasian. The following data is provided based on the remaining six participants who completed the program. Four of the participants were Caucasian, one was a Status Indian and the other a Landed Immigrant. This information is provided to demonstrate the cultural diversity of the target population.

The mean age of the six participants was 26.6 years and ranged from twenty to thirty-six years.

The occupations of the participants were as follows: Farmer, Graphic Artist, Quality Control Supervisor, Student, Warehouse Labourer, and Automobile Detailer. All were employed except the Graphic Artist and one student. The mean grade level for the participants was 12.5 and the median was also 12.5 years. The academic levels ranged from grade 10 to three years of post secondary education (university). Three of the participants were single, two were common-law and one was divorced. All of the participants were on their first experience with probation supervision. Two of the participants had prior convictions. All of the participants indicated an anger management problem which either contributed to their current legal situation or had an impact on their personal lives. Three of them had attendance at an anger management program as a condition of their probation order. The nature of offenses for which the participants were currently on probation included Aggravated Assault, Assault, Robbery, Public Mischief (involving police stand off, threats) and False Pretences.

The sentences ranged from 18 months probation to ten days jail with 24 months probation to follow. The average length of the probation order was 25.2 months, with the mode being 24 months. One participant was pending disposition while attending group.

At the time of referral, participants in the group had been "classified" using a risk assessment admission form from the "Offender Classification Supervision System" used by Probation Services. This form is based on the Wisconsin Risk/Needs Assessment. Half of the group was classified as high risk or maximum supervision, and the remainder was classified as medium risk/supervision.

One participant was suffering from depression. All others were considered to be clear of psychiatric illness.

c) Co-Facilitators

Due to the nature of this program, it was preferred that someone with experience in dealing with assaultive offenders, anger management groups, and at least a clinical undergraduate degree be asked to co-facilitate the group. A co-facilitator was selected from the Probation Unit responsible for providing services to assaultive offenders. The co-facilitator was asked to participate in the group sessions in whatever way he felt comfortable. Due to the level of education and experience, the co-facilitator was able to conduct entire selected sessions and/or exercises. The co-facilitator indicated the need to review materials as some of the themes and exercises were different from his own

experience, knowledge, and training. Novaco (1980) expresses the importance of education and training of anger management facilitators, stating that "...trained counselors performed with consistently greater proficiency than did controls on measures of problem assessment and intervention" (p.385). Trained facilitators have greater knowledge, understanding, and positive attitude toward the problem of anger management compared to untrained counselors dealing with the same target population (Novaco, 1980). The co-facilitator's awareness of anger-management assessment and intervention was a definite asset.

Preparation for each group session was hampered by the demands and constraints of the co-facilitator's regular job requirements. Permission for the accumulation of overtime hours and juggling of client appointments was necessary. There was difficulty in finding time for extensive preparation of sessions. Fortunately, a significant percentage of the preparation, such as flip chart notes, photocopying, and acquirement of other group aids, was done by this writer for several months prior to the start of the program. These examples highlight some of the problems in providing programs where there is a lack of resources allocated for specific program delivery.

If the Department of Justice desires programs of this nature to be provided in a competent and professional manner, with trained and experienced facilitators, there appears an overwhelmingly obvious need to increase staffing levels and qualifications commensurate to the demands of the clients and workload. Over the last twenty-five years, staffing

levels in Community and Youth Corrections (Probation) have decreased and the (Provincial) average client caseload has increased three fold. Probation Services has only recently moved in the direction of a "program model". At this time, such a model has meant the addition to workload demands as opposed to reallocation or acquirement of sufficient resources to meet such demands. Interestingly, in his assessment of Federal Corrections Services, Clouston (1991) indicates that "... it would make sense to hire people who have the qualifications to do this type of work and in sufficient numbers that they can do the job" (p.46). He adds that it is the "... policy of the Correctional Services of Canada ... to make appropriate programs available... However, fiscal restraint makes this policy difficult to implement" (pp.46-47). The Corrections Branch of Manitoba has a similar Mission and Mandate statement, and like the Federal system has been finding this policy a difficult one to meet.

d) Problem Areas

Ideal group size is said to be between eight and twelve participants. The group was to start with ten participants, with an expected drop out of one to two participants. However, unforseen circumstances created a core group of only six participants. Although the group size was small, it is not considered to have hampered the program. Other practicum group programs have commenced with similar sized groups. Even with a cautious intake process, group size diminishes with unaccounted for circumstances. Financial renumeration for two facilitators involved with such a small group could be problematic in these economic times.

Due to the educational components of the program, if a participant missed a session, a tutorial had to be arranged so that he would be up to date on the materials. This was especially important in the first five sessions as they set the tone and approach to the program. Fortunately, there were few misses, and only one tutorial had to be arranged. If more than one tutorial had become necessary, there would have been some loss to the participant in that he would not receive the benefit of group input and ambience. Also, if there had been a need for further tutorials, it is questionable as to how this could be arranged, considering current workload demands of Probation Officers. The facilitator was already involved in group preparation, reviewing content tests, anger logs and control plans, and providing written feedback on these, in addition to their normal work routine.

In reviewing the process of the group, this writer is not fully satisfied with the structured learning components. There is definite room to improve in this area. For example, there was extensive use of prepared flip chart material, and participants demonstrated their acquirement of knowledge through content tests, control plans and discussion. However, the use of creative learning alternatives should be enhanced. The group responded more readily to role-plays, audio and video material, all methods of modelling. Comments by participants in the post-group interview support this endeavour. The participants were prepared to discuss their personal experiences with anger and aggression to a greater degree and learn more coping skills from one another.

e) Attendance

The attendance of the six participants was excellent. Out of the fifteen sessions, there were only four misses, averaging less than one miss per participant. Two participants missed one session each, and one participant missed two sessions (adjunct material was provided to him). The participants contacted the facilitator in advance of missing the group session three of the four times, providing acceptable reasons for their scheduled absences.

f) Anger Logs/Multiple Choice & Subjective Questions

Anger logs used in youth programs for institutional settings lacked key learning areas of the practicum program and appeared inappropriate for a community setting (Refer to Table 3 and 4 in the Literature Review of this document). The anger logs that originally came with the supplied material was eleven pages long. Based on the literature review (Barfield & Hutchinson, 1990; Clouston, 1991) and commentary from one of the Practicum Committee members, it was expected that compliance with the completion of anger logs would be problematic. Due to the length of the original logs, they were "cut down" to six pages and adapted to suit practicum group needs.

Compilation of anger logs did not commence until after session 6, as participants were already receiving content tests (Multiple Choice Questionnaires) and subjective questions to promote covert learning between sessions (refer to Facilitator Manual for actual tests). The Multiple Choice Questionnaire also served as an indicator as to whether the

participants were understanding the material. Content test results are discussed later in Section IV, titled Evaluation of Program. Participants were asked to fill out one log a week instead of daily to aid in compliance. Participants did comply with the logs, and most rated themselves "fairly" in the log. Completion of the logs helped participants identify inappropriate coping techniques and irrational thinking (e.g. judgemental appraisals, negative self-talk, failing to take a time-out). It also allowed the facilitator to write comments in the log to challenge cognitive deficiencies and distortions. However, due to compilation of logs on a weekly basis, "frequency" of anger can not be measured this way, nor can other observations easily be made. Thus, the use of these logs in program evaluation is devalued.

g) Control Plans

Control Plans were used as an aid in learning the steps to anger management and a host of coping alternatives. The Control Plans or Time-Out Technique were reviewed formally on three occasions in the group program. First the plan and technique were introduced. As the group progressed, it was suggested members add the new techniques and information to their plans. The members were then given two formal occasions to improve, revise, and alter their plans. In a number of domestic violence programs, the purpose of the "usual control plan" is presented as a full coping strategy. That is to say, the idea is if you become angry with the potential to use violence, then deploy this plan to avoid violence. Although this program used the plan as cited above, it also encouraged the use of the plan as a anger arousal and conflict resolution strategy. This was done by

having the members record anger coping strategies on the plan. They were encouraged to use the communication, relaxation, and cognitive strategies during conflict situations. If their efforts were proving fruitless, they were then to retreat with the use of the time-out statement and employ methods to reduce anger and resume problem solving later.

h) Imaginal Scenes and Relaxation Exercises

Participants were supplied with four 5" x 8" cards. They were asked to write out four situations which they found particularly anger provoking. They were asked to rate these situations from least to most anger provoking. Participants were instructed to keep these "hierarchy cards" in their folders for use at a later date. The participants had no problem completing the task. All of them were able to write down some general anger provoking situations which they had experienced.

The hierarchy cards were used in conjunction with a relaxation script as a method of systematically desensitizing them. First, participants listened to a relaxation audio tape which combined music,instructions on breathing, muscle relaxation and mental imagery. Participants were asked to become familiar with the sensation of relaxation. They were then shown a deep breathing exercise that was considered portable and viable to do anywhere and anytime their anger arousal occurred. They were to use the breathing exercise in conjunction with their newly acquired cognitive regulators. After ensuring an understanding of the feeling of relaxation, they were guided through their anger provoking situations. First, they reviewed the scene as a "movie" where they were not coping well.

Then they reviewed the scenario again, imagining themselves doing well and remaining relaxed. This procedure was repeated in the group sessions, having the participants start with the least arousing scenario and ending with the most arousing scenario, thus reinforcing their ability to control their level of physiological, cognitive, and emotional awareness/arousal.

One participant in the group did have a problem with the relaxation cassette. His issue was with "letting go". He explained that he was uncomfortable having someone else direct his relaxation. He elaborated, that as an alcoholic he must "maintain control" and likened the tape to hypnosis - fearing a loss of control. Despite the initial problem of listening to the tape, he was able to practise the relaxation techniques and was reminded he was always in control while listening to the tape or practising on his own.

i) Group Dynamics

The group was small enough in number that it was easy to establish a comfort level. Participants took risks in revealing personal issues and examples early in the group. However, some members were more talkative than others. This resulted in monopolization of discussions by some of the more assertive members and leaving others with little opportunity or need to speak. In this situation, and on occasions when the group seemed to have a low energy level, facilitators had to use directive techniques when asking questions. For example, "How is anger a problem for you (pause) Jim?" This helped stimulate discussion. Toward the last third of the group sessions, members were

sharing intimate information about their lives, providing opinions, supporting and disagreeing with one another as in ordinary conversations. The facilitators used the phrase "stepping over one another" during their discussions. Due to the structured nature of the program, the liberty to discuss was sometimes impeded. Therefore, changes to the session structure, including time to discuss certain topics should be expanded. As well, in lieu of the assignment of "subjective questions" as homework, they are better used as discussion questions to promote further learning "in group".

j) Group Facilities

The group program was run at the Community and Youth Corrections Office located at 355 Donald Street in Winnipeg. The group room consisted of a boardroom which had to be rearranged and returned to original condition at the end of each group meeting. Aside from the constant rearranging of furniture, air circulation was problematic and required the use of fans. The fans were somewhat noisy and irritating at times. The physical layout of the room was not conducive to group programming. There was no allocation of space to hang visual aids on the wall for all to see. There was no video recording or audio equipment available, nor physical structure for the placement of video recording equipment in a unobtrusive location or position where the full compliment of participants could be viewed at the same time. Despite this, group members quickly forgot that they were being recorded and paid little if any attention to the camera. The camera was moved to different locations so a general sense of the group process could be recorded.

There is an overwhelming need for appropriate group space where program materials are readily available and easily accessible.

k) Audio-Visual Material

Two flip charts were the primary source of visual material and worked well within the group setting. One flip chart contained prepared session notes and the other was used for recording participants' responses to the various topics. Participants could follow the material with ease, and reinforce learning by hearing and seeing the information presented.

A facilitator role play, three videotapes, and two audio cassettes were used (refer to Facilitator's Manual). Participants responded well to all of them with a great deal of discussion being generated. Visual examples certainly aided in the group members' learning process. The films were beneficial when focusing on family of origin and coping responses to anger segments. Such exercises and information demonstrate the positive influence of structured learning - talk, show, do.

IV. EVALUATION OF PROGRAM

Several techniques were used to evaluate the Anger Management Program. These included pre and post-tests (Problem Solving Inventory and State Trait Anger Expression Inventory), content tests (Multiple Choice Questionnaires), Anger Logs, post group interviews and completion of a client satisfaction survey (Client Satisfaction Questionnaire: CSQ-8). T-test scores are provided for some scales; however, a word of caution is given since the sample size is small (n=6) and such statistical analysis is provided for a minimum population of eight. In calculating the T-test, a significance level of $p<.10$ was selected due to the exploratory nature of this practicum.

1. Pre and Post-Tests

All group participants were asked to complete two pre-tests during their intake interviews, and two post-tests at the conclusion of the program. These tests were the Problem-Solving Inventory (Heppner, 1982) and the State Trait Anger Expression Inventory (Spielberger, 1979). Table 7 represents the anticipated and actual direction of scale scores for the Problem-Solving Inventory (PSI) and State-Trait Anger Expression Inventory (STAXI).

TABLE 7

ANTICIPATED DIRECTION OF SCALE SCORES

SCALES	ANTICIPATED DIRECTION	ACTUAL DIRECTION
	(STAXI)	
S-Ang	DOWN	DOWN
T-Ang	DOWN	DOWN
T-Ang/T	DOWN	DOWN
T-Ang/R	DOWN	DOWN
Ax/In	DOWN	DOWN
Ax/Out	DOWN	DOWN
Ax/Con	UP	UP
Ax/Ex	DOWN	DOWN
	(PSI)	
GI	DOWN	DOWN
AAS	DOWN	DOWN
PC	DOWN	DOWN
PSC	DOWN	DOWN

a) Problem-Solving Inventory

The Problem-Solving Inventory (PSI) is a 35 item instrument with a six point Likert scale, designed to measure how people believe they generally react to various personal problems such as getting along with others or feeling depressed. The PSI does not purport to measure actual problem-solving skill, but rather the "evaluative awareness of one's problem solving abilities or style" (Corcoran and Fischer, 1987, p.261). The PSI is comprised of three subscales which were based on an extensive factor analysis. These three subscales are problem-solving confidence, approach-avoidance style, and personal control.

The subscale for problem-solving confidence includes items that assess aplomb in engaging in a wide range of problem-solving activities. Rotter (1978) indicated that the most important problem-solving attitude was the expectation that a person, at least in part, can affect what happens to them. This is said to be closely related to confidence in problem-solving ability. Heppner and Petersen (1982) state people who expressed confidence in their ability to control some aspects of their environment or situation also had a tendency to be better problem solvers.

The approach-avoidance subscale measures whether an individual approaches or avoids problem-solving activities. Rotter (1978) postulated that seeking alternatives was indicative of a problem-solving attitude. Those who are successful at problem solving are

less impulsive and do not avoid the problem. Instead, they systematically attempt several problem-solving techniques. Heppner and Petersen maintain that this would be consistent with their subscale of approach-avoidance style. The third scale assesses elements of self-control. Heppner and Petersen state that research on self-control indicates that successful problem solvers possessed more strategies to control their behavior and appeared more deliberate in that process.

The total score from these three subscales represents a general index of problem solving perception. A lower score is said to reflect greater perceived problem-solving ability. For further information in this regard, refer to Heppner and Petersen (1982) cited in the Bibliography of this practicum.

The Anger Management Program discusses with the participants their ability to influence their environment or situation by employing various strategies including problem-solving.

The literature review indicates that subjects experiencing problems with anger and aggression may have deficient skill levels or cognitive distortions resulting in the sometimes categorized "impulsive" use of either extreme passivity or extreme aggression, with little use of assertive behavior.

The Anger Management Program provides alternative coping strategies and problem-solving skills for anger provoking situations, anger arousal and aggressive behavior. With

these general statements in mind, one should expect that participants of an anger management regime would experience some level of increased problem-solving abilities and demonstrate this in their own perception. Thus, the Problem-Solving Inventory was chosen as one test measure for change.

The subscale of approach-avoidance style may connect with the feature of confronting anger provoking situations in an assertive fashion as opposed to avoiding or withdrawing which is common among those with anger management problems. Likewise, participants should begin to demonstrate a level of control over the cognitions and behaviors that relate to resolving the conflict or anger management issue. Further, they should recognize they have some influence over situations which have a direct impact on their anger arousal and problem-solving outcome. Here, the scale of Personal Control serves of some value.

After completing a program, participants should not only possess the necessary coping skills, but have some level of problem solving confidence when it comes to anger arousal and aggression.

In summary, one would expect the anger management clients' pre-test scores to indicate a perception of lower level problem-solving ability with a higher perception of problem-solving ability after program completion. Refer to TABLE 8A for details of the pre and post-test scores and TABLE 8B for Pre and Post-test means with t-scores.

Participants were administered the Problem-Solving Inventory as a pre-test and post-test. The pre-test group mean for the General Index (GI) was 89.6 with a post-test mean of 61.0. The mean shift is indicative of increased problem solving perception. Similar mean shifts were evident for the Approach-Avoidance Style (AAS) subscale (46.5 to 31.3) and the Personal Control subscale (PC) (20.2 to 12.7). The changes in mean for the GI and AAS were statistically significant ($t=2.42$, $df=5$, $p<.10$, $t=2.35$, $df=5$, $p<.10$) as were changes in mean with the PC ($t=5.62$, $df=5$, $p<.05$). These changes indicate an increased perception of personal control and problem solving ability by the participants along with a willingness to approach anger provoking situations and attempt resolution. The Problem-Solving Confidence subscale (PSC) indicates increased confidence for only half of the participants. For those respondents who did not demonstrate gain, this may in part be due to insufficient time for some of them to have had successful in-vivo experience to gain the confidence in problem-solving.

TABLE 8A

PROBLEM-SOLVING INVENTORY PRE & POST-TEST SCORES
FOR
GENERAL INDEX, APPROACH-AVOIDANCE STYLE, PERSONAL CONTROL,
PROBLEM-SOLVING CONFIDENCE

	GI		AAS		PC		PSC	
Respondent	Pre	Post	Pre	Post	Pre	Post	Pre	Post
#1	69	53	38	23	13	11	18	19
#2	67	41	34	24	12	6	21	11
#3	59	46	32	29	15	6	12	11
#4	134	56	67	25	24	14	43	17
#5	108	64	56	33	29	18	23	13
#6	101	106	52	54	28	21	21	31
$\overline{X}$	89.6	61.0	46.5	31.3	20.2	12.7	23.0	17.0
Std Dev.	29.36	23.44	13.99	11.70	7.73	6.18	10.52	7.59

All but one of the participants demonstrated an increased perception in general problem solving abilities as evident in the General Index Scores (GI). Likewise, there was general improvement with their perception of approaching problems rather than avoiding them (AAS). Participants also demonstrated increased perceptions of self-control(PC). While half of the respondents indicated some increased problem solving confidence (PSC) by raw score indicators, there was no statistical significance in t-test scores for this category.

TABLE 8B

GROUP MEANS T-TEST FOR PSI SCALES

SCALE	PRE-MEAN	POST-MEAN	DIFF	T VALUE	Sig/non-sig.
GI	89.66	61.00	28.66	2.42	p<.10
AAS	46.50	31.33	15.66	2.35	p<.10
PC	20.16	12.67	7.50	5.62	p<.05
PSC	23.00	17.00	6.00	1.19	n-s

b) State-Trait Anger Expression Inventory

The State-Trait Anger Expression Inventory (STAXI) is designed to measure the experience and expression of anger along two dimensions. These dimensions are state and trait anger. State anger is described as an emotional state marked by subjective feelings that vary in intensity from mild annoyance to fury and rage; whereas, trait anger is defined as the disposition to perceive a wide range of situations as annoying or frustrating with the tendency to respond with more frequent elevations in state anger. Individuals who are high in trait anger experience more frequent and intense state anger than those with low trait anger scores (Spielberger, 1988).

Anger expression is conceptualized as having three components. These are:

1. The expression of anger toward other people or objects in the environment (Anger-out).
2. The suppression of angry feelings or directing of anger inward (Anger-in).
3. Individual differences in the extent to which a person attempts to control the expression of anger (Anger-control).

The STAXI is a 44 item instrument with a four point Likert scale based on the above mentioned components. The 44 items form six scales and two subscales. These scales and subscales are described in the State-Trait Anger Expression Inventory Professional

Manual as follows:

1. State-Anger (S-Anger): A 10 item scale measuring the intensity of angry feelings at a specific time.

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

The T-Anger scale has two subscales:

i) Angry Temperament (T-Anger/T): A four item subscale which measures general propensity to experience and express anger without specific provocation.

ii) Angry Reaction (T-Anger/R): A four item subscale measuring individual differences in the disposition to express anger when criticized or treated unfairly by others.

3. Anger-In (An/In): An eight item anger expression scale measuring the frequency with which angry feelings are held in or suppressed.

4. Anger-Out (Ax/Out): An eight item scale which measures how often an individual expresses anger toward another person or object in the environment.

5. Anger-Control (Ax/Con): An eight item scale measuring the frequency of an individual's attempts to control the expression of anger.

6. Anger-Expression (Ax/Ex): A research scale based on the responses to 24 items of the Ax/In, Ax/Out, and Ax/Con scales providing a general index of the frequency that anger is expressed regardless of the direction of expression.

To interpret these scales, the STAXI contains several sets of norms. These norms include percentiles for individuals who are similar in age or gender. They also include several populations including adult, adolescent, surgical patients, military recruits, and inmates. The percentiles for the specific populations allow comparison of a particular participant with other individuals who are similar in age, gender and population data. Scale scores between the 25th and 75th percentile fall in what may be considered a normal range. Individuals with higher scores within the 25th to 75th percentile range are said to be more prone to experience, outwardly express, or suppress anger than individuals with lower scores. Individuals with scores above the 75th percentile are likely to experience and/or express anger to a level which may interfere with functioning. Scores below the 25th percentile generally infer that the individual experiences and expresses relatively little anger.

For the purposes of comparison, the "adult population" data on norms was chosen. It was more definitive and representative than the "inmate population" norms data which was lacking in percentile ranks for the Anger Control (Ax/Con) and Anger Expression (Ax/Ex) scales. More importantly, this practicum did not include a prison sample of participants.

Further, the purpose of the practicum was to compare and observe change in the participants who were living in the community amongst a general population of peers. The interest is not in what is deemed a normal range for inmates who reside in a prison, but in how the practicum participants' scores shift or integrate toward a general population score after participating in the program. In comparing some of the percentile scores between the prison sample and the adult population sample, high anger may represent a normal percentile of 55% when a raw score of 12 is achieved, whereas the same score represents a high risk percentile of 85% for the general population. What is normal in prison, is not necessarily acceptable in the community.

Some caution should be taken when interpreting the State-Anger (S-Anger) and T-Anger/T scales. Spielberger (1988) notes that they are "skewed in a direction that prevents these scales from discriminating among respondents with low scores" (p.5). However, low scores on the other six scales provide useful information in understanding the individual's personality dynamics. Participants who score below the 25th percentile on the T-Anger, Ax/In, and Ax/Out scales generally experience, express, or suppress little anger. Low scores on all of these scales are said to possibly indicate excessive use of denial and repression defenses to protect the respondent from experiencing unacceptable feelings of anger. In clients with no overt symptoms of psychopathology, the excessive use of denial and repression frequently reflects a lifestyle where these defenses are used as a means for coping with and avoiding anger.

Tables 9A and 9B provide a synopsis of the discussion that follows them.

TABLE 9A

GROUP MEANS TABLE FOR STAXI SCALES

SCALE	PRE-MEAN	POST-MEAN
S-Ang	13.67	11.16
T-Ang	23.16	16.83
T-Ang/T	9.83	6.17
T-Ang/R	8.83	7.00
Ax/In	18.00	12.83
Ax/Out	19.50	15.00
Ax/Con	19.33	26.33
Ax/Ex	34.17	17.50

TABLE 9B

PAIRED SAMPLES T-TEST

FOR

MEAN OF AX/EX PERCENTILE SCORES

Pre-test	Post-test	Diff.	T value	Std. Dev.	Sig.
76.17	40.83	35.33	2.99	28.94	$p<.05$

When using group means or individual scores for analysis, they may be broken down into percentiles. These same percentiles may be further categorized into quartiles (Spielberger, 1988; Deffenbacher, 1986). The State anger pre-test mean percentile for the participants was 81.66 which is in the upper quartile. Individuals with high scores are said to be experiencing relatively intense feelings. There is, of course, a matter of interpretation of what constitutes a high score (percentile). Earlier, it was mentioned that the 25th to 75th percentiles were considered a normal range. Yet, Spielberger (1988) indicates that scores in the upper area of this "normal" range may also be indicative of individuals who are suffering from high anger problems. In the case of this group, the lowest State-anger score was 69, which still can be considered close to the high range of the third quartile, thus, demonstrating some indication of experiencing high angry feelings for even the lowest scoring member of the group. The group appears relatively homogeneous in the area of state-anger.

The Post-test mean score for State-anger reflects a downward trend to the upper third quartile range of 75.00. The mean reflects movement to the "normal percentile range" albeit the highest point. On closer examination, only half of the highest scoring individuals made any movement. There was no shift in percentile scores for anyone who scored 80 or below. Spielberger (1988) mentioned that low scores on the State-anger scale would make it difficult to detect change. In examining the raw scores for these individuals, we find that they do indeed reflect a low, ranging from 10 to 11 out of a possible high of 40 (refer to Table 10). The higher scoring individuals, ranging from 12-

26, made the most notable movement. Unfortunately, Respondent 6, who has the highest raw and percentile score, moved the least in this category. There may be some explanation for this. First, Respondent 6 seemed to score the highest in most of the STAXI scales. Although this would appear to be an ideal candidate for working with, he was experiencing a number of personal crises which were outside of the parameters of treatment during the course of this program. Likewise, these external events may have had some influence over these scores. Secondly, he made mention of some psychiatric issues which may also have skewed his scores and could be considered outside the parameters of this treatment program. Thirdly, the combination of the two previously mentioned factors appeared to have distracted him from the anger management program.

TABLE 10

CLINICAL IMPRESSIONS OF CHANGE ACCOMPLISHED FOR EACH PARTICIPANT

PARTICIPANT:	R1	R2	R3	R4	R5	R6
SCALES			(RAW SCORES)			
(PSI)						
GI Pre	69[1,2]	67[1,2]	59[1,2]	134[1,2]	108[1,2]	101[1]
GI Post	53	41	46	56	64	106
(STAXI)						
S-Ang Pre	12[1,2]	10[1]	10[1]	11[1]	13[1,2]	26[1]
S-Ang Post	10	10	10	11	10	16
T-Ang Pre	14	14	13	30[1,2]	28[1,2]	40[1]
T-Ang Post	14	12	14	13	18	30
T-Ang/T Pre	7[1,2]	5	6	15[1,2]	10[1]	16[1]
T-Ang/T Post	5	4	5	4	9	10
T-Ang/R Pre	5	6	4	10[1,2]	12[1,2]	16[1]
T-Ang/R Post	6	6	6	6	6	12
Ax/In Pre	13	13	14	24[1,2]	18[1,2]	26[1]
Ax/In Post	10	8	10	9	13	27
Ax/Out Pre	16[1,2]	12	14	29[1,2]	21[1,2]	25[1]
AX/Out Post	15	9	15	15	13	23
Ax/Con Pre	28[1,2]	23[1,2]	23[1]	10[1,2]	18[1,2]	14[1,2]
Ax/Con Post	27	29	23	23	29	27
NUMBER OF AREAS FOR CHANGE	5	3	3	8	8	8
NUMBER OF AREAS OF CHANGE	5	2	1	7	7	1

(1)=desire for change (2)=change accomplished

The Trait-Anger scale demonstrates how the respondents are different from one another and gives an idea of who is participating in the group program. Participants who score high in Trait-Anger are said to frequently experience angry feelings and often feel that they are treated unfairly by others. The group pre-test mean percentile for Trait-anger was 57.00. This is, perhaps, where the heterogeneity of the group becomes more evident. Half of the participants had Trait-anger scores which were in the lowest quartile range(11-19). The other half did, indeed, have an upper quartile range (96-98) (refer to Table 11). Again, Spielberger (1988) cautions the use of the Trait-Anger scale if scores are low, as the measure is not sensitive enough to detect change. In light of this, the focus will be on the higher scoring participants. High scoring participants such as respondents 4 and 5 (98 and 96), made significant change in their post-test score (11 and 55). Respondent 6's scores will not be reviewed here for reasons mentioned above.

TABLE 11

INDIVIDUAL STAXI PERCENTILE AND MEAN PERCENTILE
PRE AND POST-TEST COMPARISONS

PARTICIPANTS	R1	R2	R3	R4	R5	R6	$\overline{X}$
SCALES							
S-Ang Pre	85	69	69	80	88	99	81.66
S-Ang Post	69	69	69	80	69	94	75.00
T-Ang Pre	19	19	11	98	96	99	57.00
T-Ang Post	19	6	19	11	55	98	34.66
T-Ang/T Pre	69	48	60	99	92	99	77.83
T-Ang/T Post	48	29	48	29	89	92	55.83
T-Ang/R Pre	4	10	1	64	83	99	43.50
T-Ang/R Post	10	10	10	10	10	83	22.16
Ax/In Pre	35	35	46	98	80	99	65.50
Ax/In Post	9	1	9	3	35	99	26.00
Ax/Out Pre	77	30	56	99	97	99	76.33
Ax/Out Post	67	4	67	67	43	99	57.83
Ax/Con Pre	65	26	26	1	6	1	20.83
AxCon Post	55	74	26	26	74	55	51.66
Ax/Ex Pre	45	51	65	99	98	99	76.16
Ax/Ex Post	28	1	51	45	22	98	40.83

The anger management program was designed to provide participants with the skills to challenge their own cognitive processes, specifically examining whether their anger is justified. The anger management program confronts participants who have a propensity to distort anger provoking situations and feel they are constantly under attack. This is done through cognitive restructuring of beliefs and values. This is achieved by having participants follow a regimented pattern of situational analysis, asking objective fact based questions about the event, and examining whether cognitions and emotions were "appropriate" based on this analysis. If success was achieved in this area, those participants with high Trait-Anger (caused by cognitive distortions) should have a shift to more normative levels. This was evidenced in participants 4 and 5 whose scores moved into a substantial normative range.

Participants with high scores on the Trait-Anger/Temperament scale (T-ang/T) are described as quick tempered and readily express their anger with minimal provocation. They are described as lacking anger control. The group pre-test mean for this scale was 77.83, which is above the normal percentile range. Post-test scores indicated a good mean shift to the middle percentile range at 55.83. The anger management program attempts to aid participants in controlling their temper (anger arousal) through proper situational analysis as mentioned above. In addition, participants are supplied with various cognitive and physical methods for reducing arousal. If participants begin to use a combination of these coping skills, there should be a notable reduction in individual scores. All respondents had a reduction in this area (refer to Table 11). One high scoring

participant moved from the upper quartile range (99) to the low quartile range (29). Even participants scoring in the third quartile such as respondents 1 and 3 (69 and 60) made significant changes toward the middle quartile at 48.

The Trait-Anger/Reaction scale measures a person's sensitivity to criticism and perceived affronts. Under these circumstances, the individual is said to experience intense feelings of anger. The group mean was 43.50, well within what would be considered an average range, based on the normative data used for comparison. However, this mean was severely influenced by two extreme camps in the group (refer to Table 11). Half of the participants scored in the lowest percentile ranges (between 1 and 10), while the other half responded in the upper middle percentile to the highest possible level (64 to 99). Due to the low scoring camp, change is difficult to detect for these respondents. Raw scores for this scale can range from a low of 4 to a high of 16. With the low raw scores, a change of one can mean a radical change in percentile rating. In these particular cases, two of the three respondents actually increased their reactivity. This is something that was not desired by the program. However, considering the raw score changes of 1 or 2 points, it is doubtful if this change is truly significant (refer to Table 10). If this change was significant, one could conclude that those participants were now reacting to valid feelings of anger, since the program provides participants with the opportunity to examine their habits of denying and minimizing feelings as well as being overly sensitive and reactive.

The more easily measured high scorers made significant drops from fourth and third quartile scores to first and lower fourth quartile scores. This is something the program was aiming for. The anger management program presents methods for testing perceptions. Mentioned earlier in this report, people with anger management problems often over react and/or react to anger provoking situations which they would not classify as such if they altered their cognitive distortions or supplemented deficient skills to make a more complete interpretation of the actual situation. There appears to be a positive change in the reactivity levels for the participants.

The Anger-In scale (AX/In), indicates that individuals with high scores frequently experience intense angry feelings, but tend to suppress rather than express them verbally or physically. The anger management program attempts to change a person's tendency to suppress angry feelings. The view is that suppression of these feelings is only a temporary solution, and this use of suppression as the main coping technique can set that person up to become explosive later on. The idea is to evaluate the seriousness of an anger provoking situation and attempt resolution and reduction of anger arousal based on the specific need. The group pre-test mean score for this scale was 65.50 with a post-test score of 26.00, a major shift. Again half of the participants responded in appropriate ranges, while the other half were extremely elevated (refer to Table 11). The lower scoring members can be said to be responding appropriately by ridding themselves of their angry feelings, while the other half indicated a need for intervention. Despite the differences in scores, all participants made significant downward shifts. Responses were

more decreased, indicating less frequent intense anger - a goal of the anger management program. The problem arises for those participants who did not have "abnormal" suppression. Their scores moved downward despite this. A downward trend may be good or not good, depending on the individual's percentile score. Participants who scored in the normal range are now abnormally low, but responsive.

The Anger-Out scale measures the frequency a person experiences anger and in which it is expressed aggressively toward others or objects. Anger-Out is expressed physically (assaultive behavior, or slamming doors), or verbally (insults, sarcasm, threats and extreme profanity). Based on the intent of this scale, the expectation is that there would be a decrease in participant scores after the intervention. The group pre-test mean was 76.33 which is considered in a range indicative of being a "problem". The post-test mean was 57.83, well within parameters of the normal percentile. Four of the six participants made major downward shifts in their percentile scores (refer to Table 11). Respondent 3 appears to have increased significantly; however, with the examination of his raw score, this only increased by one point (refer to Table 10). The increase of one raw score point could just be coincidental. Respondent 6 who was described earlier appears to have made no change.

Another scale of the STAXI is Anger-Control (AX/Con). Respondents with high scores on this scale are considered to invest a large amount of energy in preventing the experience of anger. Controlling anger is a goal of the anger management program.

However, the over controlling of anger may result in extreme passivity, withdrawal and depression. In this case, the majority of respondents had significantly and abnormally low scores indicative of minimal energy exerted for anger control. The pre-test mean was 20.83 with a post-test score of 51.66, which is almost centre of the percentile range. The intervention provided in the anger management program appears to have improved anger control of the participants. Their scores move into normal percentile ranges. All but Respondent 3 made significant change (refer to Table 11).

The Anger-Expression scale is a research scale. High scores are indicative of people who experience intense angry feelings, which may be suppressed, expressed in aggressive behavior, or both. The anger management intervention attempts to provide the necessary support to express anger in appropriate formats, and avoid suppression. The Ax/Ex scale pre-test mean was 76.16 with a post-test mean of 40.83, which is well within normal percentile parameters. A T-test for the percentile scores was done and findings were statistically significant ($t=2.99$, $df=5$, $p<.05$).

SUMMARY OF TABLES

Four scales were used where t-tests were done. All were statistically significant. Refer to tables 8B and 9B.

Table 7 indicates the desired direction of score changes for the STAXI and PSI scales. Mean shifts in scores moved in the anticipated directions. Table 8A presents individual

scores for all the PSI scales, with Table 8B indicating mean pre and post-test scores with satisfactory levels of significance indicated for most. Table 9A is a presentation of pre and post-test mean scores for the STAXI scales, while Table 11 displays raw scores for the STAXI and PSI General Index scales. Table 11 also provides a clinical impression of areas of change accomplished for each participant. Table 12 provides the percentile scores for each respondent for the purpose of cross reference to Table 11.

2. Additional Evaluative Tools

Four additional evaluative strategies were used to gain understanding of the participants' performance in the anger management program. These included, anger logs, content tests, post-program interviews, and completion of a client satisfaction survey.

a) Anger Logs

Anger logs were originally to be used in the group to aid in assessing frequency, duration, and intensity of the clients' anger episodes and monitor progress in application of coping skills including situational analysis, arousal awareness and control, and problem-solving. Due to the heavy homework load, it was decided to have the members complete a minimum of one log a week instead of after each anger arousing episode. Due to this compromise, assessment of changes in frequency, duration and intensity with the logs became unobtainable.

A review of the anger logs indicates that the participants did gain a working knowledge of the materials presented. They were able to demonstrate application of coping

techniques including new ways of assessing the anger-provoking situation, communicating assertively, and taking time-outs when needed. They also were able to rate whether they were successful in handling each situation.

b) Content Tests

During the first six sessions, participants were asked to complete several content tests as homework. The tests were in multiple choice question format. The tests asked questions directly related to the content presented in these sessions. These questionnaires were reviewed by the facilitator. Written feedback was provided on each test. This feedback highlighted any errors and gave corrected information or explanations in order to reinforce the learning process. Participants were not given a numerical or letter grade for their own use. However, test scores were recorded as an adjunct evaluation tool for this practicum (refer to TABLE 12). The results of the tests indicated a good level of learning occurring in the group. Mean scores ranged from a low of 78.3% to a high of 85.0%.

TABLE 12

CONTENT TEST MEAN SCORES

Content Test	# Respondents	# Questions	Mean
1	6	12	80.5%
2	5	11	80.0%
3	6	10	78.3%
4	6	10	85.0%
5	6	9	79.6%

Mean: 80.7%

The "Content Tests" provided a sense of how much learning was occurring in the group. Test scores revealed that the participants had an understanding of the information provided in the group sessions.

c) Post-Treatment Interviews

Post-treatment interviews were conducted two weeks after completion of the program. Participants were asked to comment on the program effectiveness and provide suggestions for change. All six participants were interviewed.

Generally, the participants indicated that the program increased there self-awareness regarding anger and aggression. They found the topics discussed in group to be useful. They were comfortable with the group setting, dynamics, and duration. Further, there was an expression of understanding the material and acquiring beneficial coping skills. Participants were able to verbally demonstrate an appropriate level of understanding of the material when posed with the question, "What would you do if you found yourself in an anger provoking situation today?"

Some participants indicated a desire for even more divulgence and opportunity to share personal anger and aggression issues with the group. These are interesting comments, considering that the members were originally concerned about the group being too much "like therapy".

Some participants commented that they had opportunity to use their control plans and coping skills since the termination of group. They felt there was an immediate reward for this endeavour, citing that it kept them "out of trouble".

In general, the participants appeared to have a working knowledge of the materials presented and were satisfied with the program. There were some suggestions for change; however, there were no concerns of major consequence expressed by the participants. Suggestions for change appeared to be based on individual characteristics, preferences, or at what point they were at in terms of their "rehabilitation", rather than a strong systemic trend. Please refer to Appendix 2 titled, Post-Group Interview Comments for further detail.

d) Client Satisfaction Questionnaire (CSQ-8)

Upon completion of the post-group interview, participants were asked to complete the Client Satisfaction Questionnaire (CSQ-8). The questionnaire is an 8 item instrument with a 4 point Likert scale. The items for the CSQ-8 were developed based on the ratings by mental health professionals on a series of areas that would be related to client satisfaction. A subsequent factor analysis was done in creating the questionnaire. The CSQ-8 is designed to elicit the client's perspective on the value of services received. It has been used with various populations, the largest involving a study with 3268 clients from 76 clinical facilities. The CSQ-8 is said to "operate about the same across all ethnic groups" (Corcoran and Fischer, 1987, p.120). The CSQ-8 is also described as having a modest correlation with satisfaction and treatment gain, although this is not its intended use (Corcoran and Fischer, 1987; Larsen et al, 1979). For further information refer to the article by Larsen et al, 1979 cited in the bibliography of this practicum report.

Scores range from 8 to 32 with a higher score indicating more satisfaction. CSQ scores may be collapsed into three levels: low (8-20), medium (21-26), and high (27-32) (Larsen et al., 1979).

Client responses were extremely favourable in terms of satisfaction. The group mean score was 29.8 which is in the "high" satisfaction level. Scores ranged from what may be termed as a "high medium" level of satisfaction (26) and "high high" level of satisfaction (32). Only one respondent was in the medium range, with all others rating their satisfaction as high (refer to TABLE 13).

TABLE 13

CLIENT SATISFACTION SCORES

Respondent	Score	Satisfaction Level
#1	29	High
#2	26	Medium
#3	32	High
#4	31	High
#5	29	High
#6	32	High
Mean	29.8	High
Range	26-32	Medium - High

Participants gave a high satisfaction rating with the Anger Management Program.

V. EVALUATION OF THEORY

Literature related to anger management and aggression control was reviewed to obtain an understanding of the target population, problem and possible strategies for intervention. Current literature available, highlights the use of cognitive behavioral methods of intervention with adult and juvenile populations. Intervention program results indicated varying degrees of effectiveness.

Cognitive-Behavioral interventions such as Stress Inoculation Training have been cited as a valid intervention in the specific area of anger management and aggression control (Feindler and Fremouw, 1983; Feindler and Ecton, 1986; Meichenbaum, 1993, 1983, Moon and Eisler, 1983; Novaco, 1989, 1985, 1980, 1977, 1974; Deffenbacher et al., 1988, 1986; Bistline and Frieden, 1984; Barfield and Hutchinson, 1989). Although Cognitive-Behavioral programs stress that the way individuals think affects the way they feel and act, there are a host of exercises specific to various populations, which target the change of thinking and behaving. In other words, one should not neglect creative and alternative techniques which may aid in accomplishing cognitive and behavioral change.

Meta-analyses (Cullen and Gendreau, 1989; Andrews, Zinger, Hoge, Bonta, Gendreau, and Cullen, 1990; Izzo and Ross, 1990) cite effective interventions in a correctional setting as having many of the components which Stress Inoculation Training uses as promoting effective and lasting change. These components were mentioned earlier in this

practicum and some are again highlighted in the conclusion of this document.

The same above mentioned analyses still express concern over the introduction of treatment programs by Corrections in which there is no attempt at formal evaluation or post-treatment review. There is complaint of a disregard for the necessity of evaluative processes for many clinical programs. Further, this hampers efforts to weed out and redirect these efforts to more effective approaches when practitioners and managers fail to deploy evaluation as a mandate of any programming offered.

In addition to evaluative measures being used in Corrections programming, there is also a call for appropriate allocation of resources and qualified staff to maintain therapeutic integrity which is necessary to create and deliver effective interventions (Martinson, 1974; Andrews, 1979; Andrews and Kiessling, 1980; Novaco, 1980; Gendreau and Ross, 1981, 1984; Ross and Fabiano, 1985; Andrews et al., 1990, Clouston, 1991).

Andrews, Bonta, and Hoge (1990) advise of the need to target criminogenic factors that are correlated with target problems such as anger management and aggression control. These factors include personal attributes, characteristics and circumstances associated with the criminal behaviors. Criminogenic needs are defined as anti-social attitudes and feelings, pro-criminal attitudes, lack of social skills (e.g. aggression), substance abuse, and criminal association. These factors must be addressed in programs which are to effect change, including anger management and aggression control.

VI. CONCLUSION

This practicum report describes the process in which an anger management program was researched, developed, presented to a group of probation clients, and evaluated. Skills were developed in the design of an effective intervention for anger management and aggression control.

Part One of the practicum report provides a comprehensive literature review of theories related to anger management and anger management interventions. In addition, the review contains descriptions of some anger management programs that have been offered to adult and juvenile populations in different settings. The efficacy of these programs was also cited. This involved reviewing and critiquing relevant journals, articles, and publications in order to obtain information regarding interventions for clients with anger and aggression problems.

A review of the needs, strengths and weaknesses of correctional programming was done. An investigation of program efficacy and what treatment components best worked to promote social change were highlighted.

Another task of this practicum was the compilation of an anger management program for adult probation clients. This program was compiled in the format of a facilitator manual designed to contain the procedures for facilitating a treatment group. The view was to test the effectiveness of the program on a group of probation clients. The evaluation of

this program would aid in revising the program manual which then could be used as a provincial package delivered in a community setting by all of Probation Services. The anger management program manual which is based on this practicum will be used by Manitoba Corrections and is currently under development and review at the time of this writing. The program will be offered in both institutional and community settings.

The second component of this practicum was the actual presentation of the anger management program to a group of adult probationers. This included the acquirement of a co-facilitator, the conducting of screening interviews, preparing for group sessions, de-briefing and evaluating the impact of each anger management module. This section of the practicum also helped identify appropriate topics and exercises for the target population.

The final focus of the practicum involved the evaluation of the actual anger management program presented to the participants. The evaluation was accomplished through a number of ways, including pre and post-tests, post-treatment interviews, review of content tests, logs, and informal feedback. Data acquired from these measures was analyzed.

Over all, there was improvement in the area of anger management and aggression control for the group. Many participants made significant gains as demonstrated in the evaluation of this program. However, caution should be taken as the sample was small (n=6). The results are encouraging and indicative of a call for further research in this area. Some test

scores indicate a need for continued follow up and reinforcement. This may assist in improving anger management skills further and would hopefully be reflected in a follow up post-test. As well, it could aid in the further research and evaluation of anger management programming.

Due to some respondents having scores which may be deemed in the "normal" percentile range, there is a need to make revisions for the intake process. There is a need to make less assumptions about the homogeneity of the group. Perhaps, there is a need to create special programs for some clients who are of a"unique" nature.

In closing, it was determined that the use of an eclectic model such as a cognitive behavioral intervention like Stress Inoculation Training (SIT) provides some benefit to clients suffering from anger management and aggression control problems. The Stress Inoculation Training method is very broad, allowing for the integration of various learning strategies and cognitive behavioral formats to be incorporated in the SIT "template". SIT involves three phases entitled Conceptualization (education), Skills Acquisition and Rehearsal (practice), and Skills Application. The success of this particular intervention is based on the eclectic and comprehensive strategies used to promote change. SIT in itself represents a compilation of interventions related to other theories and interventions that are categorized as following under the umbrella of cognitive behavioral interventions. Some of these components include Social Learning Theory, Structured Learning, Person Centred Counselling, Rational Emotive Therapy, Relaxation Training, Problem-Solving,

behavioral rehearsal, role playing, Relapse Prevention and so forth. There is an attempt to be systemic by examining the role of the client, others and his environment in relation to the target problem.

The evaluation of this program shows promise for the efficacy of anger management programming and is supportive of results found in some of the meta-analyses that indeed, "something works"!

BIBLIOGRAPHY

Amsel, Abram Frustration Theory: An Analysis of Dispositional Learning and Memory. Cambridge University Press, New York, 1992.

Andrews, D. "Recidivism Is Predictable and Can be Influenced: Using Risk Assessments to Reduce Recidivism", Forum on Corrections Research, 1(2), 1989, 11-18.

Andrews, D.A., Zinger, I., Hoge, R.D., Bonta, J., Gendreau, P., and Cullen, F.T. "Does Correctional treatment Work? A Clinically Relevant And Psychologically Informed Meta-Analysis". Criminology, 28(3), 1990, 369-404.

Atherton, C.R., and Klemmack. Research Methods in Social Work. D.C. Heath and Company, Lexington Mass., 1982.

Averill, James R. Anger and Aggression: An Essay on Emotion. Springer-Verlag, New York, 1982.

Ayers, D., Duguid, S., Montague, C., and Wolowidnyk, S. Effects of University of Victoria Program: A Post Release Study. Ottawa, Ministry of the Solicitor General of Canada, 1980.

Babbie, Earl The Practice of Social Research. Wadsworth Publishing Comapany, Belmont California, 1989.

Barchas, Patricia R. "Vantage Points for Viewing Aggression" in Hamburg, D.A., and Trudeau, M.B. (Eds.) Biobehavioral Aspects of Aggression. Alan R. Liss, Inc., New York, 1981.

Barfield, C.K., and Hutchinson, M.A. "Observations on Adolescent Anger and an Anger Control Group in Residential and Day Treatment". Residential Treatment for Children and Youth, 7(2), 1989, 45-58.

Barfield, Ronald J. "Reproductive Hormones and Aggressive Behavior" in Flannelly, K.J., Blanchard, R.J., and Blanchard, D.C. (Eds.) Biological Perspectives on Aggression. Alan R. Liss, Inc., New York, 1984.

Baron, Robert A. Human Aggression. Plenum Press, New York, 1977.

Berkowitz, Leonard Roots of Aggression: A Re-examination of the Frustration-Aggression Hypothesis. Atherton Press, New York, 1969.

Berkowitz, Leonard "The Goals of Aggression" in Finkelhor, D., Gelles, R., Hotaling, G., and Straus, M. (Eds.) The Dark Side of Families: Current Family Violence Research. Sage Publications, Newbury Park, CA, 1983.

Bistline, J.L., and Frieden, F.P. "Anger Control: A Case Study of a Stress Inoculation Treatment for a Chronic Aggressive Patient", Cognitive Therapy and Research, 8(5), 1984, 551-556.

Brain, Paul Frederic "Biological Explanations of Human Aggression and the Resulting Therapies Offered by Such Approaches: A Critical Evaluation" in Blanchard, Robert J. and Blanchard, D. Caroline (Eds.) Advances in the Study of Aggression. Academic Press, Inc., Orlando, 1984.

Brown, F.H. Reweaving The Family Tapestry: A Multigenerational Approach To Families, W.W. Norton and Co., New York, 1991.

Burns, David D., Feeling Good: The New Mood Therapy, Signet Books, 1980.

Burnstein, Eugene, and Worchel, Philip "Arbitrariness of Frustration and Its Consequences for Aggression in a Social Situation", in Leonard Berkowitz (Ed.) Roots of Aggression: A Re-examination of the Frustration-Aggression Hypothesis. Atherton Press, New York, 1969.

Buss, Arnold H. "Aggression Pays", in Jerome L. Singer (Ed.) The Control of Aggression and Violence. Academic Press, New York, 1971.

Buss, Arnold H. "Physical Aggression in Relation to Different Frustrations", in Leonard Berkowitz (Ed.) Roots of Aggression: A Re-examination of the Frustration-Aggression Hypothesis. Atherton Press, New York, 1969.

Buss, Arnold H., The Psychology of Aggression. John Wiley & Sons, Inc., New York, 1961.

Clouston, David M. The Development of an Anger Management Program for Inmates of Stony Mountain Institution. University of Manitoba, Winnipeg, August, 1991.

Corcoran, K., and Fischer, J. Measures for Clinical Practice. Collier MacMillan Publishers, London, 1987.

Corey, Gerald Theory and Practice of Counselling and Psychotherapy. Brooks/Cole Publishing Co., Pacific Grove, California, 1991.

Cullen, F.T., and Gendreau, P. "The Effectiveness of Correctional Rehabilitation: Reconsidering the 'Nothing Works' Debate", in L. Goodstein and D.L. MacKenzie (Eds.) The American Prison: Issues in Research and Policy. Plenum, New York, 1989.

Deffenbacher, J.L., Demm, P.M., and Brandon, A.D. "High General Anger: Correlates and Treatment", Behaviour Research and Therapy, 24(4), 1986, 481-489.

Deffenbacher, J.L., Story, D.A., Brandon, A.D., Hogg, J.A., and Hazaleus, S.L. "Cognitive and Cognitive Relaxation Treatments of Anger", Cognitive Therapy and Research, 12(2), 1988, 167-184.

Deschner, J.P. The Hitting Habit: Anger Control for Battering Couples. Free Press, New York, 1984.

Dollard, J., Doob, L.W., Miller, N.E., Mowrer, O.H., & Sears, R.R. "Frustration and Aggression", in Edwin Megargee and Jack Hokanson (Eds.) The Dynamics of Aggression: Individual, Group, and International Analyses. Harper and Row, New York, 1970.

Ellis, A., and Dryden, W. The practice of Rational Emotive Therapy. Springer Publishing Co., New York, 1987.

Eron, L.D., and Huesmann, L.R. "The Control of Aggressive Behavior by Changes in Attitudes, Values, and the Conditions of Learning", in Blanchard, R.J., and Blanchard, D.C. (Eds.) Advances in the Study of Aggression. Academic Press, Orlando, 1984.

Evans, D.R., and Hearn, M.T. "Anger and Systematic Desensitization: A Follow-up", Psychological Reports, 32, 1973, 569-570.

Fabiano, E.A., Porporino, F.J., and Robinson, D. Rehabilitation Through Clearer Thinking: A Cognitive Model of Correctional Intervention. Research Brief B-04. Research and Statistics Branch Correctional Service of Canada, 1990.

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

Feindler, E.L., and Fremouw, W.J. "Stress Inoculation Training for Adolescent Anger Problems", in Meichenbaum, D. and Jaremko, M.E. (Eds.), Stress Reduction and Prevention, Plenun Press, New York, 1983.

Feindler, E.L., Marriott, S.A., and Iwata, M. "Group Anger Control Training for Junior High School Delinquents". Cognitive Therapy and Research, 8(3), 1984, 299-311.

Finkelhor, D. "Common Features of Family Abuse", in Finkelhor, D., Gelles, R., Hotaling, G.T., and Straus, M.A. (Eds.), The Dark Side of Families, Sage Publications, Newbury Park, CA, 1983.

Forman, Susan G. Coping Skills Interventions for Children and Adolescents. Jossey-Bass, San Francisco, 1993.

Framo, J.L. Family-of-Origin Therapy: An Intergenerational Approach, Brunner/Mazel, New York, 1992.

Frederiksen, L.W., and Rainwater, N. "Explosive Behavior: A Skill Development Approach to Treatment", in Stuart, R.B. (Ed.), Violent Behavior: Social Learning Approaches to Prediction, Management and Treatment, Bruner/Mazel Publishers, New York, 1981.

Freud, Sigmund Three Essays on the Theory of Sexuality. Imago, London, 1949.

Freud, Sigmund "Why War?" in Megargèe, Edwin I., and Hokanson, Jack E. (Eds.) The Dynamics of Aggression: Individual, Group, an International Analyses. Harper and Row, New York, 1970.

Frost, W. Douglas, and Averill, James R. "Differences Between Men and Women in the Everyday Experience of Anger", in Averill, J.R., Anger and Aggression: An Essay on Emotion, Springer-Verlag, New York, 1982.

Geen, R.G. and Donnerstein, E.I. (Eds.). Aggression: Theoretical and Empirical Reviews, Academic Press, New York, 1983.

Gelles, R.J. "An Exchange/Social Control Theory", in Finkelhor, D., Gelles, R.J., Hotaling, G.T., and Straus, M.A. (Eds.), The Dark Side of Families: Current Family Violence Research, Sage Publications, Newbury Park, CA, 1983.

Gendreau, P., and Ross, R.R., "Effective Correctional Treatment: Bibliotherapy for Cynics", Crime and Delinquency, 25, 1979, 463-489.

Gendreau, P., and Ross, R.R. "Revitalization of Rehabilitation: Evidence from the 1980's", Justice Quarterly, 4, 1987, 349-408.

Glaser, Daniel Crime In Our Changing Society. Holt, Rinehart and Winston, New York, 1978.

Goldstein, Arnold P., and Glick, Barry Aggression Replacement Training: A Comprehensive Intervention for Aggressive Youth. Research Press, Champaign Illinois, 1987.

Goldstein, Arnold P., and Keller, Harold R. Aggressive Behavior: Assessment and Intervention. Pergamon Press, New York, 1987.

Goldstein, Diane "Spousal Abuse", in Goldstein, Arnold P., and Krasner, Leonard (Eds.) Prevention and Control of Aggression. Pergamon Press, New York, 1983.

Goodman, R.A., Mercy, J.A., Loya, F., Rosenberg, M.L., Smith, J.C., Allen, N.H., Vargas, L., and Kolts, R. "Alcohol Use and Interpersonal Violence: Alcohol Detected in Homicide Victims". American Journal of Public Health, 76, 1986, 144-149.

Groebel, Jo "Federal Republic of Germany: Aggression and Aggression Research", in Goldstein, Arnold P., and Segall, Marshall H. (Eds.) Aggression in Global Perspective. Pergamon Press, New York, 1983.

Hains, A.A. "An Anger-Control Intervention With Aggressive Delinquent Youths". Behavioral Residential treatment, 4(3), 1989, 213-230.

Hains, A.A., and Higgins-Hains, A. "Cognitive Behavioral Training of Problems-Solving and Impulse-Control with Delinquent Adolescents". Journal of Offender Counselling Services and Rehabilitation, 12(2), 1988, 95-113.

Hamburg, D.A. and Trudeau, M.B. (Eds.) Biobehavioral Aspects of Aggression. Alan R. Liss, Inc., New York, 1981.

Hanson-Freize, I., and Cooney-Schafer, P. "Alcohol Use and Marital Violence: Female and Male Differences in Reactions to Alcohol", in Wilsnack, Sharon C., and Beckman, Linda, J. (Eds.) Alcohol Problems in Women: Antecedents, Consequences, and Intervention. Guilford Press, New York, 1984.

Hawkins, J.D., Jenson, J.M., Catalano, R.F., and Wells, E.A. "Effects of a Skills Training Intervention With Juvenile Delinquents". Research on Social Work Practice, 1(2), 1991, 107-121.

Hazaleus, S.L., and Deffenbacher, J.L. "Relaxation and Cognitive Treatments of Anger", Journal of Consulting and Clinical Psychology, 54(2), 1986, 222-226.

Heitler, S.M. From Conflict to Resolution: Strategies for Diagnosis and Treatment of Distressed Individuals, Couples, and Families. W.W. Norton and Co., New York, 1990.

Henderson, M. "Behavioral Approaches to Violent Crime" in Howells, K., and Hollin, C.R. (Eds.), Clinical Approaches to Violence, John Wiley & Sons, Chichester, England, 1989.

Heppner, P.P., and Petersen, C.H. "The Development and Implications of a Personal Problem-Solving Inventory", Journal of Counseling Psychology, 29(1), 1982, 66-75.

Herzberger, S.D. "Social Cognition and the Transmission of Abuse" in Finkelhor, D., Gelles, R.J., Hotaling, G.T., and Straus, M.A. (Eds.), The Dark Side of Families: Current Family Violence Research, Sage Publications, Newbury Park, CA., 1983.

Hollin, C.R. Cognitive Behavioral Interventions with Young Offenders. Pergamon Press, New York, 1990.

Izzo, R.L., and Ross, R.R. "Meta-Analysis of Rehabilitation Programs for Juvenile Delinquents". Criminal Justice and Behavior, 17(1), 1990, 134-142.

Kendall, P.C. "Cognitive-Behavioral Therapies With Youth: Guiding Theory, Current Status, and Emerging Developments", Journal of Consulting and Clinical Psychology, 64(2), 1993, 235-247.

Kendall, P.C., and Hollon, S.D. Cognitive Behavioral Interventions: Theory Research and Procedures. Academic Press, New York, 1979.

Kreuz, L.E., and Rose, R.M. "Assessment of Aggressive Behaviour and Plasma Testosterone in a Young Criminal Population", Psychosomatic Medicine, 34, 1972, 321-332.

Kuypers, Joseph A. Man's Will To Hurt: Investigating the Causes, Supports and Varieties of His Violence. Fernwood Publishing, Halifax, N.S., 1992.

Lange, A.J., and Jakubowski, P. Responsible Assertive Behavior: Cognitive/Behavioral Procedures for Trainers. Research Press, Champaign, Illinois, 1976.

Larsen, D.L., Attkisson, C.C., Hargreaves, W.A., and Nguyen, T.D. "Assessment of Client/Patient Satisfaction: Development Of A General Scale", Evaluation and Program Planning, 2, 1979, 197-207.

Larsen, Jo Ann, and Mitchell, C.T. "Task Centered, Strength-Oriented Group Work with Delinquents". Social Casework, 1980.

Larson, J.D. "Anger and Aggression Management Techniques Through the Think First Curriculum". Journal of Offender Rehabilitation, 18(1/2), 1992, 101-117.

Larson, J.D. "Cognitive-Behavioral Group Therapy with Delinquent Adolescents: A Cooperative Approach with the Juvenile Court". Journal of Offender Rehabilitation, 16(1/2), 1990, 47-64.

Lee, D.Y., Hallberg, E.T., and Hassard, H. "Effects of Assertion Training on Aggressive Behavior of Adolescents", Journal of Counselling Psychology, 26(5), 1979, 459-461.

Lehrer, P.M., Carr, R., Sargunaraj, D., and Woolfolk, R.L. "Differential Effects of Stress Management Therapies on Emotional and Behavioral Disorders", in Lehrerm P.M. and Woolfolk, R.L. (Eds.) Principles and Practice of Stress Management, Guilford Press, New York, 1993.

Levy, A.J., and Brekke, J.S. "Spouse Battering and Chemical Dependency: Dynamics, Treatment, and Service Delivery" in Potter-Efron, R.T.,and Potter-Efron, P.S. (Eds.) Aggression, Family Violence and Chemical Dependency, Haworth Press, New York,1990.

Lips, H.M. Women, Men, and Power, Mayfield Publishing Co., Mountain View, CA., 1991.

Lipton, D., Martinson, R., and Wilks, J. The Effectiveness of Correctional Treatment: A Survey of Treatment Evaluation Studies, Praeger, New York, 1975

Lorenz, Konrad "On Aggression", in Megargee, E.I., and Hokanson, J.E. (Eds.) The Dynamics of Aggression: Individual, Group, and International Analyses. Harper and Row, New York, 1970.

Luhn, R.R. Managing Anger: Methods for a Happier and Healthier Life. Crisp Publications, Inc., Los Altos, California, 1992.

Madden, D.J. "Psychotherapeutic Approaches in the Treatment of Violent Persons" in Roth, L.H. (Ed.) Clinical Treatment of the Violent Person, Guilford Press, New York, 1987.

Martinson, R. "What Works? - Questions and Answers About Prison Reform", Public Interest, Spring, 1974, 22-54.

Martinson, R. "California Research at the Crossroads", Crime and Delinquency, April, 1976, 180-191.

Martinson, R., and Wilks, J. "Save Parole Supervision", Federal Probation, September, 1977, 23-27.

Martinson, R. "New Findings, New Views: A Note of Caution Regarding Sentencing Reform", Hofstra Law Review, 7, 1979, 243-258.

McCord, W., McCord, J., and Howard, A. "Familial Correlates of Aggression in Nondelinquent Male Children", in Megargee, E.I., and Hokanson, J.E. (Eds.), The Dynamics of Aggression: Individual, Group, And International Analyses, Harper and Row, New York, 1970.

McCullough, J.P., Huntsinger, G.M., and Nay, W.R. "Case Study: Self-Control Treatment of Aggression in a 16 Year-Old Male". Journal of Consulting and Clinical Psychology, 45(2), 1977, 322-331.

McGoldrick, M., and Gerson, R. Genograms in Family Assessment, W.W.Norton & Co., New York, 1985.

Meichenbaum, D. Stress Inoculation Training, Pergamon Press, New York, 1985.

Meichenbaum, D. "Stress Inoculation Training: A 20-Year Update", in Lehrer, P.M. and Woolfolk, R.L. (Eds.), Principles and Practices of Stress Management, Guilford Press, New York, 1993.

Meichenbaum, D., and Cameron, R. "Stress Inoculation Training: Toward a General Paradigm for Training Coping Skills", in Meichenbaum, D., and Jaremko, M.E. (Eds.) Stress Reduction and Prevention, Plenum Press, New York, 1983.

Megargee, Edwin I., and Hokanson, Jack E.(Eds.) The Dynamics of Aggression: Individual, Group, and International Analyses. Harper and Row, New York, 1970.

Miedzian, M. Boys Will Be Boys: Breaking the Link Between Masculinity and Violence, Doubleday , New York, 1991.

Moon, J.R., and Eisler, R.M. "Anger Control: An Experimental Comparison of Three Behavioral Treatments", Behavior Therapy, 14, 1983, 493-505.

Monahan, J. Predicting Violent Behavior: An Assessment of Clinical Techniques. Sage Publications, Beverly Hills, CA., 1981.

Montagu, Ashley The Nature of Human Aggression. Oxford University Press, New York, 1976.

Novaco, R.W. Anger Control: The Development and Evaluation of an Experimental Treatment. Lexington Books, Lexington Mass., 1975.

Novaco, R.W. "The Cognitive Regulation of Anger and Stress", in Kendall, P.C., and Hollon, S.D. (Eds.) Cognitive-Behavioral Interventions: Theory, Research, and Procedures, Academic Press, New York, 1979.

Novaco, R.W. "Treatment of Chronic Anger Through Cognitive and Relaxation Controls", Journal of Consulting and Clinical Psychology, 44(4), 1976, 681.

Novaco, R.W. "A Stress Inoculation Approach to Anger Management in the Training of Law Enforcement Officers", American Journal of Community Psychology, 5(3), 1977, 327-346.

Novaco, R.W. "Stress Inoculation: A Cognitive Therapy for Anger and Its Application to a Case of Depression", Journal of Consulting and Clinical Psychology, 45(4), 1977, 600-608.

Novaco, R.W. "Anger and its Therapeutic Regulation", in Chesney, M.A., and Rosenman, R.H. (Eds.) Anger and Hostility in Behavioural and Cardiovascular Disorders, Hemisphere Publishing Company, Washington, 1985.

Novaco, R.W. "Training of Probation Counselors for Anger Problems", Journal of Counseling Psychology, 27(4), 1980, 385-390.

Novaco, R.W., and Welsh, W.N. "Anger Disturbances: Cognitive Mediation and Clinical Prescriptions", in Howells, K. and Hollin, C.R. (Eds.) Clinical Approaches to Violence, John Wiley & Sons, England, 1989.

Nugent, W.R. "An Experimental and Qualitative Analysis Of a Cognitive-Behavioral Intervention For Anger". Social Work Research and Abstracts, 27(3), 1991.

Ohlin, L., and Tonry, M. (Eds.) Family Violence. University of Chicago Press, Chicago, 1989.

Olweus, D. "Development of Stable Aggressive Reaction Patterns in Males", in Blanchard, R.J., and Blanchard, D.C. (Eds.) Advances in the Study of Aggression, Academic Press, Orlando, Florida, 1984.

Palmer, T. "Martinson Revisited", Journal of Research in Crime and Delinquency, July, 1975, 133-152.

Patterson, G.R. "Siblings: Fellow Travelers in Coercive Family Processes", in Blanchard, R.J., and Blanchard, D.C. (Eds.), Advances in the Study of Aggression, Academic Press, Orlando, Florida, 1984.

Patterson, G.R. "Intervention for Boys with Conduct Problems: Multiple Settings, Treatment, and Criteria", Journal of Consulting and Clinical Psychology, 42, 1974, 471-481.

Patterson, G.R. et al. "Direct Intervention In the Classroom: A Set of Procedures for the Aggressive Child", in Clark, F.W., Evans, D.R., Hammerlynck (Eds.) Implementing Behavior Programs For Schools and Clinics, Research Press, Champaign, Illinois, 1972.

Patterson, G.R., and Reid, J.B. "Intervention For Families Of Aggressive Boys: A Replication Study", Behavior Research and Therapy, 11, 1973.

Pentz, M.A., "Assertion Training and Trainer Effects on Unassertive and Aggressive Adolescents", Journal of Counselling Psychology, 27(1), 1980, 76-83.

Persky, H., Smith, K.D., and Basu, G.K., "Relation of Psychologic Measures Of Aggression and Hostility to Testosterone Production in Man", Psychosomatic Medicine, 33, 1971, 265-277.

Richardson, R.W. Family Ties That Bind: A Self-Help Guide To Change Through Family Of Origin Therapy, Self-Counsel Press, Vancouver, B.C., 1984.

Rimm, D.C., deGroot, J.C., Boord, P., Heiman, J., and Dillow, P.V. "Systematic Desensitization of an Anger Response", Behavior Research and Therapy, 9, 1973, 273-280.

Rimm, D.C., Hill, G.A., Brown, N.H., and Stuart, J.E. "Group Assertiveness Training In Treatment of Expression of Inappropriate Anger", Psychological Reports, 34, 1974, 791-798.

Robert, Marc Managing Conflict From the Inside Out, Learning Concepts, San Diego, California, 1982.

Rokach, A. "Anger and Aggression Control Training: Replacing Attack With Interaction". Psychotherapy, 24(3), 1987, 353-362.

Rose, S.D. "Putting the Group into Cognitive-Behavioral Treatment". Social Work With Groups, 13(3), 1990, 71-83.

Rose, S.D. Working With Adults in Groups. Jossey-Bass, San Francisco, 1990.

Rose, S.D., Tolman, R., and Tallant, S. "Group Process in Cognitive-Behavioral Therapy". The Behavior Therapist, 8, 1985, 71-75.

Ross, R.R., and Fabiano, E.A. Time to Think: A Cognitive Model of Delinquency Prevention and Offender Rehabilitation, Institute of Social Sciences and Arts, Inc., Johnson City, Tennessee, 1985.

Ross, R.R., and Fabiano, E.A. Time to Think - Cognition and Crime: Link and remediation, Department of Criminology, University of Ottawa, 1981.

Roth, L.H. "Treating Violent Persons in Prisons, Jails, and Security Hospitals" in Roth, Loren H. (Ed.) Clinical Treatment of the Violent Person. Guilford Press, New York, 1987.

Rothman, D.J. The Discovery of the Asylum: Social Order and Disorder in the New Republic, Little and Brown, Boston, 1971.

Samenow, S.E. "Correcting Errors of Thinking In The Socialization of Offenders". Journal of Correctional Education, 42(2), 1991.

Saunders, D.G. "Cognitive and Behavioral Interventions with Men Who Batter: Application and Outcome" in Caesar, L., and Hamberger, L.K. (Eds.), Treating Men Who Batter: Theory, Practice and Programs, Springer Publishing, New York, 1989.

Sebastian, R.J. "Social Psychological Determinants" in Finkelhor, D., Gelles, R.J., Hotaling, G.T., and Straus, M.A. (Eds.), The Dark Side of Families: Current Family Violence Research, Sage Publications, Newbury Park, CA, 1983.

Scherer, K.R., Abeles, R.P., and Fischer C.S. Human Aggression and Conflict: Interdisciplinary Perspectives. Prentice-Hall, Inc., Englewood Cliffs, New Jersey, 1975.

Schlichter, K.J., and Horan, J.J. "Effects of Stress Inoculation on the Anger and Aggression Management Skills of Institutionalized Juvenile Delinquents". Cognitive Therapy and Research, 5(4), 1981, 359-365.

Sheard, M.H., "Testosterone and Aggression", in Sandler, M.(Ed.) Psychopharmacology of Aggression, Raven Press, New York, 1979.

Sinclair, D. Understanding Wife Assault: A Training Manual for Counsellors and Advocates, Ontario Ministry of Community and Social Services, Family Violence Program, 1985.

Spielberger, C.D. Stait-Trait Anger Expression Inventory: Professional Manual, Psychological Asssessment Resources, Odessa Florida, 1988.

Stordeur, R.A., and Stille, R. Ending Men's Violence Against Their Partners: One Road to Peace, Sage Publications, Newbury Park, CA, 1989.

Storr, Anthony Human Aggression. Allen Lane, The Penguin Press, London, 1968.

Thorne-Finch, Ron Ending the Silence: The Origins and Treatment of Male Violence Against Women. University of Manitoba, Winnipeg, August 1990.

Toch, Hans Violent Men: An Inquiry into the Psychology of Violence. Aldine Publishing Co., Chicago, 1969.

Vito, G.F., "Does it Work? Problems in the Evaluation of a Correctional Treatment Program", Journal of Offender Counselling, Services and Rehabilitation, 7(1), 1982, 5-21.

Ward, D.A., Jackson, M., and Ward, R.E. "Crimes of Violence by Women". In Mulvihill, D.J. and Tumin, M.M. (Eds.), Crimes of Violence. Government Printing Office, Washington, D.C., 1969, 843-909.

Warner, C. Terry, "Anger and Similar Delusions". In Harre, R. (Ed.), The Social Construction of Emotions, Basil Blackwell, New York, 1986.

Wilson, G. Terence, "Alcohol and Anxiety: Recent Evidence on the Tension Reduction Theory of Alcohol Use and Abuse", in Blankstein, K.R., and Polivy, J. (Eds.) Advances In The Study of Communication and Affect Volume 7: Self Control and Self-Modification of Emotional Behavior, Plenum Press, New York, 1982.

Wilson, J.Q., and Herrnstein, R.J. Crime and Human Nature. Simon and Schuster, New York, 1985.

Wilson, P.H. (Ed.) Principles and Practice of Relapse Prevention, Guilford Press, New York, 1992.

Yankura, J., and Dryden, W. Doing RET: Albert Ellis In Action. Springer Publishing Co., New York, 1990.

Zillman, Dolf Hostility and Aggression. Lawrence Erlbaum Associates, Hillsdale, N.J., 1979.

APPENDIX 1

FACILITATOR'S ANGER MANAGEMENT MANUAL

Compiled by: Brent Charles Apter
(C) 1995

Acknowledgements

This manual is a compendium of information from sources highlighted in the Bibliography of this Practicum Report.

Special thanks goes to Dr. Garry Fisher, Senior Psychologist at Stony Mountain Institute for providing the base information used in this manual. Also, thanks to Community and Youth Correctional Services staff who provided a host of group exercise material from their Anger Management Modules Book and personal resources.

This manual is a first draft based on the pilot program of this practicum. The manual is currently under revision for use as a provincial anger management program for Manitoba Corrections.

SESSION 1

TIME: 2.5 hours

TOPICS: Introduction of facilitator, group members & Anger Management Program, facts and definitions of anger & aggression, Hierarchy of Anger Provoking Situation Cards.

ACTIVITIES: Discussion.

RESOURCES: Cardboard nameplates, felt markers, group rules handout, pencils, notepads, recipe cards, Facilitator Manual, flipchart, Master Sheet: Structure of the Anger Management Program (handout), Multiple Choice Questionnaire & Subjective Questions, Ten Things You Should Know About Anger (handout).

INSTRUCTIONS:

i) Each group member interviews one other member, acquiring his name and one positive aspect he likes about himself. The group member introduces the member to the rest of the group.

ii) Facilitator reviews group rules and provides copy of same to participants. Highlights; safe, confidential, comfortable, respectful environment.

Facilitator solicits any additional rules participants may want included.

iii) Facilitator advises group of washroom location, break times, fire exits.

iv) Facilitator solicits participants for their personal goals and records on flipchart. Facilitator presents rational/philosophy of AMP from the "Introduction" of this manual. Facilitator links participant goals to the "Goals/Concepts" of AMP. "Goals/Concepts" are on prepared flipchart notes for participants to see as facilitator presents.

v) Facilitator solicits definition of anger from group and records on flipchart. Facilitator compares and links group definition to the definition as outlined in manual. Definition from manual is on prepared flipchart notes for participants to see.

vi) Facilitator solicits and records participants' views of the positive and negative functions of anger. Facilitator presents functions of anger as outlined in manual on prepared flipchart notes.

vii) Facilitator solicits and records participants' definition of aggression on flipchart. Facilitator presents definition and types of aggression from prepared flipchart notes based on information from manual. Facilitators solicits & records consequences of aggression on flipchart. Elaborates and confirms consequences as outlined in manual.

viii) Facilitator briefly summarizes key concepts learned in Session 1.

ix) Facilitator hands out "Ten Things You Should Know About Anger"

SESSION 2

TIME: 2.5 hours

TOPICS: Anger and Calm, Structure of the AMP, Hierarchy Cards

ACTIVITIES: Drawing anger and calm exercise, lecture and discussion.

RESOURCES: Facilitator Manual, felt markers, colour pencils or crayons, Master Sheet: Structure of the Anger Management Program (handout), Multiple Choice Questionnaire and Subjective Questions (handout).

INSTRUCTIONS:

i) Facilitator briefly summarizes last session.

ii) Facilitator provides felts/crayons/coloured pencils and paper to participants. Asks that they draw anger on one side of the paper and draw calm on the other side. Emphasizes that artistic ability is not important, but their impression of anger is. Upon completion, participants are asked to explain their drawings as facilitator records key concepts and summarizes at end of participant presentations.

iii) Facilitator presents material from "Facts About Anger" in manual and hands out the "Master Sheet: Structure of the Anger Management Program". Refers to sheet as material presented and discussed. A flipchart size sheet is placed on the wall so all can see/refer as needed.

iv) Facilitator introduces the purpose of Hierarchy Cards. Explains to participants that the cards are to be brief anger provoking scenarios based on their actual experiences and in which they think they may become involved in again at some point in the future. These cards will be used to draw examples for role plays and for personal reflection and use in honing our anger coping skills. Participants are asked to complete 4 scenarios with the first being the least anger provoking and the fourth being the most anger provoking. Participants may want to consider the anger provoking situations which involved their being charged/convicted. They are to keep these cards and bring them with their materials to each session. Participants are given an opportunity to construct the cards in group if time permits. Otherwise the cards are distributed as a

homework assignment.

v) Facilitator distributes Multiple Choice Questionnaire & Subjective Questions for homework. Facilitator advises that Multiple Choice Questions and Subjective Questions will be called in for review by the facilitator. These forms allow facilitator an added dimension as to how individuals are responding to the information presented and assist in participant learning.

INTRODUCTION

The Anger Management Program in which we are participating is not "therapy". This is because we do not require complex methods or special equipment to manage our feelings of anger or aggressive behavior.

This program is about "training". We already posses everything we need to be successful in this anger management program. We have our brains. We also have the freedom to use it as we please. We have been using our brain or mind since we were born. Like a computer, we have programmed ourselves based on information we were given. In other words, everything we do has a link to our past experiences.

Our brain, like a computer, is very powerful and contains billions of pieces of information that we have programmed into ourselves. Sometimes we get faulty information or suffer from what 'computer buffs' call "faulty processing".

An example of faulty processing:

- If you are driving a car, see a red light and think it means go... you've got a problem.

Although we may believe we are in control of our lives, sometimes we don't see our problems. Often there is a lot more we need to learn.

The fact that we have been involved with the law, in prison, or on probation suggests that our processing may not have been great. In other words, maybe there is more to see in life than what we are presently aware.

Any problems we (in this group) have regarding anger and aggression can be helped with thinking or understanding ourselves and others better. In addition to understanding, comes acquiring the skills necessary to manage our anger or emotions and aggression or behavior.

If this is the case, then all we need is guidance in using our minds to better serve us. This program is designed to train us how to think in ways which produce positive change in our life. We are going to be trained how to think about our thinking.

The Anger Management Program uses a simple and effective approach. It is designed to help decrease feelings of anger and avoid the behaviors that got us in trouble. It's referred to as " Cognitive Behavior Modification". This fancy name

means that through thinking we can change the way we feel and behave. In other words, it is our mind that controls our feelings and actions. Nobody can tell us how to feel or what to do. If we want to feel or act differently from the ways we have before, then we must change the way we think. Since we control our mind, this is a realistic way of making real change for ourselves.

This program will teach us how to:
1) become aware of our thoughts and feelings
2) study and understand our thoughts and feelings and
3) change the way we think and feel if change is what we really want.

This program contains basic information. Basic because it deals with the primary things we need to know about managing our anger. It is also basic information which can be built upon.

The information deals with issues that are true to all human beings. It applies to people regardless of age, sex, or culture. Learning about yourself in this program is also learning about people in general. It will put us in control of our own lives and help us get along better with other people as well.

This program deals with the realities that shape our everyday lives. The information is factual, not a matter of opinion. As we become aware of the realities that occur every moment we are awake, effective change becomes possible. The program will not change the realities of our lives. But it will increase our awareness of what is happening. With increased awareness comes increased control.

Before going any further, let's mention two realities we need to keep in mind throughout this program. 1) People are individuals and 2) also social beings. We start life totally dependent on our parents and other people. Without their care and attention an infant cannot survive and grow to become an adult. Most everything we learn and obtain comes from other people. Our dependency on other people to support life itself makes us social beings.

At birth we are each an individual and unique; unlike anyone else. We will grow to be independent. Although the unique person we become is shaped partly from the influence of other people, we will be different from each other. We make our own choices. We are responsible for our actions. In other words, whatever we choose to do, we make it happen. As well, we are accountable for our actions. We get the blame or credit for whatever we do.

Throughout the program, we will become increasingly aware of our individual and social responsibilities. At the same time we will increase our awareness of how the environment influences us, and how we influence the environment. In

summary, we will fully understand the meaning of responsibility and accountability. The two basic realities in our lives.

Perhaps the greatest attraction of this program is its freedom. It liberates the power of our minds. We will learn that we are free

- to think in sensible or non-sensible ways.
- to experience justified or unnecessary feelings of anger and
- to choose constructive or destructive behaviors.

Which ever way we choose to think, feel, or behave is our own personal choice. If we have the courage and desire to bring out positive change in our lives, this program will help achieve that goal. The power of our mind, courage to make right choices, and our efforts to apply what we know is best for us, all add up to meaningful change in our lives. We have the freedom to choose a better lifestyle. This program is an opportunity to do it now.

GOALS\CONCEPTS

The overall goal of the Anger Management Program is "to develop proper coping skills to handle difficult situations in life and deal with feelings of anger in a constructive way" That goal is achieved in a number of steps or objectives. These include: i) understanding the difference between anger and aggression, ii) developing an understanding of where anger and other emotions come from, iii) to discover where the expression of anger was first learned, iv) anger is normal and healthy, v) problems arise if anger is not managed effectively, vi) behaviors are learned and therefore can be unlearned, vii) we can feel angry but choose to express ourselves in positive and effective ways and, viii) learning how.
Although we are eager to get a handle on our anger, it is important to follow each step carefully. The program is progressive and the each piece of information builds upon itself. Clear understanding is important. Take time. Ask questions. Try things out. Participant commitment is important.

PERSONAL GOALS

Everybody has their own reason for taking this program. That's because everybody has their own concerns with anger and aggression. Remember to keep in mind personal reasons for taking this program. We will be able to judge for ourselves if the program works. If it works for us now, it will work for us for the rest of our lives.

CLARITY

The program insists upon clarity. Clarity is useful for an obvious reason; everybody has the same understanding. It is also very important in helping us manage our feelings of anger. The opposite of clarity is confusion. The more confused a person is, the more irritable they may become. He does not fully understand what is happening and that bothers him. The more irritable or bothered a person becomes, the more likely that person may choose to use aggression. Remove the confusion, the irritability is reduced. The less irritable a person is the less likely he will act out with aggression. Remember to always get a clear understanding of the information provided in this program. It will help you manage your anger.

A WORD ABOUT FAILURE

Experiencing Failures at work, school, relationships has the tendency to make us think less of ourselves or blame others. If we fail at some task in this program do not take it as a sign of being incapable or escape responsibility by saying that "the program doesn't work anyhow". We must remember to ask ourselves if we really gave it our best shot. Each of us must ask: Did I forget something. What can I do to get back on track? Remind ourselves that "This is only a slip and is a warning to review what has been learned and to keep practising". The more practice, the more efficient and effective a person will become. Mistakes happen. What's important is that we recognize our mistakes and make changes before a more serious mistake or tragedy occurs!

EFFECTIVE PROGRAMS

This program use "a cognitive approach to behavior modification". As mentioned earlier, that means "through sensible thinking we can change the way we feel and behave". All programs that use this approach must follow three things to be effective. These three components are information, transference, and maintenance. Without these three elements, the program cannot meet its goal.

The information must be factual, useful, and on topic. This program must contain information about anger and aggression that is useful to us.

Transference means applying the information about anger and aggression to our daily lives. Like anything else we learn in life, if you do not apply what is learned, it is a waste of knowledge. This program contains exercises and homework that will enable us to apply what we have learned to our personal situations. If we never try to apply what we learn, there is no point in taking this

program.

Maintenance means continuing to apply the principles of anger management long after we have finished the program. It is assuring that the positive changes that occur with program involvement, will continue to grow throughout our lifetime.

The leading experts agree that effective programs must contain these three standards. The anger management program has been developed with great care to make sure it lives up to those standards. If we make serious attempts to understand and apply the information provided, we will learn how to manage our feelings of anger. This program does not pretend to be perfect. There is always room for improvement. Should you find ways to improve the quality of the program, feel free to share.

KNOW THE FACTS ABOUT ANGER, AGGRESSION, & COPING

The Anger Management Program is about basic human needs. The need to deal with feelings of anger. Everybody gets angry on occasion. We must all learn to how to cope with the stresses, challenges, and occasional conflicts of daily life. It's okay to feel angry on occasion. No one ever gets into trouble for feeling angry. That's because anger is just a feeling. Trouble starts when people use aggression. Aggression is a behavior or action carried out with the intent to cause harm. Aggression is not tolerated by people in society. It can lead to very serious consequences.

This program is about coping. Coping with feelings of anger and avoiding the use of aggression. Coping involves making the best of a bad situation. Coping only occurs when we are thinking sensibly.

Throughout this program factual information is provided including skills on how to cope. Effective coping skills involve:

1) properly identifying external situations,
2) thinking in clear and sensible ways,
3) recognizing the signs of our anger, and
4) choosing actions that help solve problems.

For now it is only necessary to clearly understand what is meant by coping. Let's define coping.

I DEFINITION OF COPING

Coping is dealing with life's difficult moments in such a way to not make matters worse. In dealing with those difficult moments in our lives we are faced with three separate yet connected realities:

1) the situation,
2) our feelings and,
3) our choice of actions.

1)BASIC REALITIES ABOUT THE SITUATION

The situations is:
- 'external' or outside of us.
- mostly beyond our control.
- occurs even when we don't want it to.
- is not our responsibility.

Part of coping involves dealing with a situation that we view or believe to be unpleasant. Sometimes calling the situation "unpleasant" is rather mild. Stronger words such as "awful", "terrible", "infuriating", or "maddening" seem to better describe it. Whatever word we choose to use to describe the situation, that is what we truly believe the situation to be. However we describe it from this point on we will refer to those situations or events as 'anger provoking situations'.

All situations or events are external. They happen outside of us or in our environment. Although the situation has an influence on us, it is not part of us. It is a separate reality.

The situation or event is mostly beyond our control. It happens even when we wish it would not. Because anger provoking situations occur when we do not want them to, it means we do not control them. Since we do not control them, we are not responsible or accountable for their outcome. In other words, because we did not make them happen (not responsible), we will not get the blame or the credit for whatever happens (not accountable). That does not mean we are unaware of which "anger buttons" to push or that someone may know ours. I'm sure we can all recall a time when we knew just what to say or do to get a friend to "blow his cool". We will talk about this "anger game" later. For now, just remember that the anger provoking situation happens externally, and we do not have control over its occurrence.

2) BASIC REALITIES ABOUT OUR FEELINGS

Our anger is - internal or inside of us.

- within our control.
- our responsibility.

Another part of coping involves dealing with our emotions or feelings. Although we cannot change anything about the anger provoking situation, we certainly determine how we feel about it. Our anger is internal or inside of us. Nobody feels our anger but us. That is our responsibility. Only we can determine how we feel about any situation. Throughout the program we are provided with useful and practical skills on how to cope with anger. For now let's get a clear understanding that we own our anger and we control it.

3) BASIC REALITIES ABOUT OUR BEHAVIOR

Our actions or behaviors:
- are internal or inside of us.
- are within our control.
- are our responsibility.
- influence the situation or our environment (the anger button game may occur here if we or they know what likely response they will get through certain behaviors).

Another part of coping involves choosing responsible actions that won't make matters worse. In other words, don't say or do anything that will make a bad situation even worse. How we choose to behave will directly affect the outcome of the situation. Even though we may not have started an unpleasant situation, we find ourselves involved in it. That is in fact what we are challenged with. It may not be fair, but it is real. What we choose to do in that situation will make matters better, the same, or worse. In other words, the situation can turn into a bigger problem or a "golden opportunity".

Just like our feelings, our actions are part of us and within our control. People are not puppets. They do not have strings attached to their arms and legs. People are responsible for what they say and do. Any action taken to deal with an anger provoking situation influences the outcome of the situation. No one ever knows what we think or how we feel unless we make it known to them. Only through our actions can we influence other people and our environment. We need to be careful about what we say when angered because we may regret it later. In any given situation we have an opportunity to make good things happen. By the same token, our actions can make things a whole lot worse.

Summary

The situation, our feelings and our actions are three separate realities. They form one larger reality: Us in conflict (or at odds) with someone or something else. Coping involves dealing with each reality (situation, feelings, actions) separately. The common link among those three realities is our thinking. Coping can only occur through sensible thinking. This program focuses on how to cope.

II DEFINITION OF ANGER

Anger is a feeling/emotion. As mentioned earlier, feelings are responses to an experience or a situation. A shortened definition from Webster's Dictionary describes anger as a feeling of displeasure caused by injury, mistreatment, opposition, etc. and usually showing itself in a desire to fight back at the supposed cause of this feeling. It is also important to note that anger is referred to as a 'secondary emotion'. This means that there is another feeling(s) experienced before we become or say we are angry. Often, we ignore this feeling(s) and don't acknowledge its existence. We will talk about this cycle and funnelling of anger later in this program.

A) BASIC INFORMATION ABOUT ANGER

Anger:
- is a normal human emotion
- is okay to feel on occasion
- becomes a problem when it
  - is too frequent.
  - is too intense.
  - lasts too long.
  - leads to aggression.
- cannot get us in trouble (unless we behave in a negative way or act out our feelings with aggression)
- can be associated with aggression.
- can be misdirected.
- is sometimes a mask for other emotions.
- is transient in nature.

Anger is a normal human emotion. Everybody gets angry once in a while. Just like it's okay to feel happy, sad, excited, or bored, it's okay to feel angry occasionally. A little further in this program we will talk about justified and unnecessary feelings of anger. Regardless if our anger is justified or not, it's okay to feel angry on occasion. If we become angry too often then it's not okay. It means our anger is becoming a problem.

Anger becomes a problem when it
- is too frequent.
- is too intense.
- lasts too long.
- leads to aggression.

Frequency, intensity, and duration are sure signs that anger is becoming a problem. Frequency means a person is becoming angry too many times in the same day, week, or month. That person is becoming angry too often. Intensity means how strongly the person feels the anger. Anger can be felt at different levels of intensity. One can feel a little angry, somewhat angry, all the way to extreme anger. The higher the intensity, the greater the risk a person will turn to aggression. Duration refers to the period of time a person remains angry. This could last for minutes, hours, days, weeks, or even longer. The longer it lasts, the greater the problem of anger. Anger is no longer okay if happens too often, is too strong, or lasts for long periods of time. When these signs are with a person, he is very close to exploding. Although his anger is a problem, it cannot get him into trouble. Remember that anger is an emotion. Nobody knows when we are angry until our bodies starts to show it.

Anger can be associated with aggression. All emotions have a behavior linked to it. For example, when feeling happy we may smile, laugh or jump and down. When sad, we may frown, cry, or withdraw from others. When angry, we may sometimes use aggression. This does <u>not</u> mean emotions determine how people behave. It means emotions strongly influence behaviors. When anger leads to aggression we may get into serious trouble. Anger can be misdirected. This simply means that we are showing anger at the wrong person. If we are angry at our brother, we may become angry at a friend.

Anger is sometimes a mask for other emotions. Sometimes it is easier to become angry than to deal with another emotion. For example, a person is caught telling a lie. He feels embarrassed. Rather than deal with the embarrassment of being caught in a lie, he turns to anger. He is actually masking his embarrassment with anger. He is trying to cloud the issue and may even become verbally abusive. Other common emotions masked by anger are jealousy, fear, shame, inadequacy, and dislike. There are many more.

Anger is transient in nature. Just like every other human emotion it comes and goes. It is felt for a while then replaced with other emotions or feelings. It is not likely that someone will feel just one emotion all day long for several days in a row. People usually experience several emotions during the course of a normal day.

B) BASIC FUNCTIONS OF ANGER

A function is a duty, role, or a job accomplished by a person or a thing. Here are a few examples. A teacher helps people learn. A nurse assists people back to health. A priest is a spiritual advisor. Our hearts' function is to pump blood. A bus transports people. A cup holds fluids such as coffee. Anger also has functions. It plays an important role in our life. Anger is a powerful human emotion. That power can be directed in positive or negative ways. This next section, describes the functions of anger. It is a description of the positive and negative power of anger.

i) THE NEGATIVE FUNCTIONS OF ANGER

1) Anger can disrupt our thoughts and actions. This refers to the intensity of anger. It's what happens when anger is allowed to reach high levels. At higher levels, it disrupts our thinking process. It can cause us to overreact. Without clear thought it is difficult to evaluate our options properly. We may act on impulse (What people refer to as acting without thinking). There is no such thing as acting without thinking. When acting suddenly people usually do not fully consider the consequences of their actions until it is too late. If a person does consider the consequences, he often does not care because he is so angry it blinds him from evaluating the situation properly. Not caring while angry is a very dangerous combination.

   Anger can disrupt the thinking process by causing us to think too fast. This means our thinking is less likely to be clear and sensible. In extreme cases blackout may occur. Some people even say they "saw red". They claim they were no longer in control of their thoughts and actions. The anger was in control of them. More information will be provided on the effects of 'emotional arousal' or intensity of feelings later in this program. For now, clearly understand that poorly managed anger does lead to unclear thinking. It can also allow us to act in ways which we will later regret.

2) People sometimes become angry more often than they need to. This refers to frequency and how anger can be a mask. Rather than deal with other emotions, people sometimes turn to anger to defend their pride. On many occasions, it was not at all necessary to do so. We may take things personally when they were not intended that way. We can also exaggerate anger situations. In those and many other situations anger is for the most part unnecessary.

3) Anger may lead to aggression. When anger is poorly managed or no real attempts are made to deal with it, it can lead to aggression. People use aggression for a reason. Usually a very poor reason. More often than not, that person was not being reasonable with himself or the other person.

4) Anger can lead to a bad reputation. Angry people are not happy people. If not aggressive, they are moody. Nobody likes to be around a person that has "a chip on his shoulder" or that can "blow up" at the drop of a hat. Poorly managed anger can leave people with the wrong impression of us.

ii) THE POSITIVE FUNCTIONS OF ANGER

1) Anger is an energizer. It provides us with extra vigour or energy. "Adrenaline" is a natural chemical produced in the body. It makes us stronger and faster. This boost of energy can be very useful when working hard, or being in dangerous or life threatening situations. Our anger can give us energy when we need it most.

2) Anger can help us communicate with other people. Sometimes we just feel the need to tell someone what we think and feel about a certain situation. Something is bothersome and we feel a pressure building up inside our bodies. The pressure is mounting and we have had enough. Something must be done. Our anger is pressing us to tell someone what is bothering us. In that way our anger serves a useful purpose. It forces us to communicate our feelings to the source of our frustration.

3) Anger tells us things about ourselves. It's like a traffic signal that warns us about unpleasant situations in our life. It cautions us and helps prepare us to deal with stresses and challenges. It tells us what is bothering us. In that way, it puts us in touch with our beliefs and value systems. This aspect of anger may seem strange now, but hang in there. It will become very clear once we increase the awareness of our belief and value systems, later in this program.

4) Anger gives a feeling of being in charge. Another good side to anger is when it causes us to take affirmative action. Whether our anger is justified or not, it can drive us to take action. If we use our anger in positive ways, it will help us correct an unpleasant situation. We will feel like we control the situation, rather than the situation controlling us.

Summary

The positive and negative functions of anger describe how our anger can work for or against us. Our anger provides us with extra energy. That is a fact. How we channel that energy is a matter of personal choice. That is another fact. How we choose to behave when angered is our responsibility. We are accountable for our actions. Increase our awareness of what is happening anyway, be honest with ourselves, and do what is in our best interest. Learn how to make the best of our anger. Don't view an anger provoking situation as a problem. View it as an opportunity. Problems are heavy and seem to put added weight on our shoulders. It helps to lighten the load when we view it as an opportunity. Problems are negative. Opportunities are positive. They lead to better things.

III AGGRESSION

Aggression is any verbal or physical action carried out with the intent to cause harm to a person or object.

There are several types of aggression.

1) HOSTILE AGGRESSION

Hostile aggression can be divided into two categories of verbal or physical. These categories of physical and verbal aggression can take the form of either direct or indirect actions.

i) Verbal Aggression

a) Direct verbal aggression is using abusive language or disrespectful language towards another person. Swearing, yelling, put downs, or threats are forms of direct verbal aggression.

b) Indirect verbal aggression takes the form of sarcasm. Sarcasm is a witty statement, sometimes funny, that is directed toward a person with the intent to laugh at or belittle that person. It is similar to direct verbal aggression because there is a lack of respect for the other person. It is different from direct verbal aggression in the following ways:
- there is no abusive language used and
- there is a hidden message in what is being said.

Those who use sarcasm make other people feel insulted. As a result, sarcasm serves to block communication and interferes with healthy relationships.

ii) Physical Aggression

Physical aggression can also be divided into direct or indirect actions.

a) Direct physical aggression is the use of physical force against another person or an object. Striking, hitting, punching, pushing, shoving, kicking are the most common forms of direct physical aggression against people or objects. Other forms include obstructing a persons passage and sexual aggression. Sexual aggression involves forced or unwanted sexual contact, attacking of sexual parts, or acting against a person's wishes and linking it with resolution of conflict.

b) Indirect physical aggression may be playing a practical joke, or setting a booby trap. It may include refusing to perform a necessary task.

2) INSTRUMENTAL AGGRESSION

Instrumental aggression is using verbal or physical aggression as a tool (or instrument) to obtain something that does not belong to us. We have no right to have the object but we use physical force or intimidation to obtain it. (It is not using a tool or instrument against a person. That is direct physical aggression) Instrumental aggression is a means to achieve an end. It is a method to get our way.

Examples:

- a schoolyard bully pushes a child to the ground and takes his ball. The bully got the ball and used aggression to obtain it.
- in jail people who use instrumental aggression are called "heavies" or "musclers". They use physical force or intimidation as a tool or instrument to frighten other people into giving up their belongings or to provide certain services. The victim of the "heavy" would not normally give up his belongings or provide the service if physical force or threats were not used against him.

The major difference between hostile and instrumental aggression is anger. When people use hostile aggression they are usually angry. When People use instrumental aggression they are not usually angry. They only want something that does not belong to them.

3) DISPLACED AGGRESSION

Displaced aggression is directing our aggression towards someone or something

that did not provoke us. An example would be if a person was angry at his brother but yelled at and hit his friend.

4) INSTITUTIONAL AGGRESSION

Institutional aggression is not aggression that occurs in an institution. It is aggression that is allowed by the government of Canada. It is the legal use of force or harm to kill someone. The police, army, and correctional service are examples of groups that can use force against people when it is considered justified. Other forms of institutional forms of aggression tolerated by society include organized sports such as boxing, football, hockey, where the intent to harm a person is accepted.

5) SELF-DEFENSE

Self-defense is the legal use of force against someone when a person fears for his life or personal safety. That person must prove that he would have suffered harm or death had he not defended himself with force.

6) ACCIDENTAL AGGRESSION

Accidental aggression can result in serious legal consequences for the aggressor. It can be criminal neglect or an unfortunate mistake. Although the intent was not to harm anyone or anything, the result was harm to a person or property. Common sense is usually the yardstick used to determine if it was neglect or a mistake. (Eg. A person drives his car recklessly by swerving lane to lane and exceeding the speed limit by 50 miles an hour. He looses control of the car and hits a pedestrian on the sidewalk).

There are several directions of aggression. Directions of aggression refer to the intended targets or victims of an act of aggression. These may include:

1) self
2) others
3) property

1) SELF-DIRECTED AGGRESSION

Self-directed aggression is any verbal or physical action carried out with the intent to bring harm to oneself. Self abuse can be physical or emotional.

Examples of verbal put downs:
- "I'm no good"
- "I can't do anything right"
- "I'm a worthless person"
- "Nobody cares for me"

Examples of Physical self-abuse:
- slashing up
- taking an overdose
- hunger strike
- banging head against wall
- punching a wall
- hanging self
- swallowing objects

Possible consequences:
- suicide
- permanent physical injury
- low self-image
- loss of intimacy in relationships. Friends or family may not like us as much or be as close to us because we abuse ourselves. We may even prevent ourselves from getting closer to friends or family because we are hard on ourselves.
- loss of privileges
- placement under strict observations for suicide watch
- others

2) AGGRESSION DIRECTED TOWARDS PEOPLE

Aggression directed towards people is any physical or verbal action carried out with the intention to harm another person.

Possible consequences:
- murder/assault
- criminal charges/record
- jail/prison/detention
- revenge from others
- loss of friendships
- loss of intimacy in a relationship
- feeling awful afterwards/remorse/regret
- bad reputation
- placement in segregation
- poor institutional or probation record

- loss of privileges
- fine
- others

3) AGGRESSION DIRECTED TOWARDS PROPERTY

Aggression directed towards property is damaging objects on purpose.

Possible consequences:

- criminal charges/record
- jail/prison/detention
- damaging something you value
- damaging something someone else values
- loss of relationships/intimacy
- regret/remorse/awful feelings afterwards
- others

MASTER SHEET

STRUCTURE OF THE ANGER MANAGEMENT PROGRAM

World (What comes at you)		You (What comes from you)	
A) Situations/ Events	B) Thoughts	C) Feelings	D) Behaviors
1) External	1) Brain	1) Heart & Soul	1) Body
2) Pleasant/ Unpleasant	2) Info from environment thru the 5 senses	2) Emotional Arousal	2) External Parts Actions/ Behaviors
3) Anger provoking situations	3) Processes Info	3) Intensity	3) Internal Parts Stress/Distress
4) Can lead feelings of anger	4) Cognition Appraisals Expectations Self-statements	4) Heart of AMP	4) Types behavior i Passive ii Assertive iii Aggressive
5) Categories i Frustrations, irritations ii Unfairness, injustice iii Abuse - verbal, emotional, mental, physical, sexual, neglect.	_____ situation is 5) Belief System 6) Value System	5) Belief that unpleasant	5) Problem-solving techniques
6) No control		6) Belief produces arousal	6) Actions influence environment
7) Not responsible		7) Belief produces intensity	
8) Not accountable		8) Own your feelings	

CONTROL - RESPONSIBLE - ACCOUNTABLE

TEN THINGS YOU SHOULD KNOW ABOUT ANGER (HANDOUT)

1. The events of the world don't make you angry. Your thoughts create your anger. We can't completely control what happens to us, but we can control our reactions to what happens.

2. Most of the time, anger will not help you. It will keep you from finding a solution to the problem. If no solution is possible, anger will only keep you stewing in your misery.

3. Thoughts that generate anger nearly always contain distortions. Correcting these distortions will reduce your anger.

4. Ultimately, your anger is caused by your belief that someone is acting unfairly or some event is unjust.

5. If you learn to look at things through other people's eyes, you will often find that their actions are not unfair from their perspective. If you let go of the notion that you are the one true judge of what's fair in the world, you'll not be as angry as much.

6. Getting even almost never gets you what you want. It usually provokes counter attack or withdrawal.

7. The idea that you are responsible for your anger is ultimately to your advantage because it gives you the opportunity to achieve control and make a change in how you feel.

8. Frustration results from unmet expectations. If you change your expectations, you'll be frustrated less.

9. If you stop being angry, you will not be taken advantage of.

10. A great deal of anger is a reaction to a loss of self-esteem when people are critical of you or disagree with you. Such anger is always inappropriate because only your own negative distorted thoughts can cause you to lose self-esteem. When you blame the other guy for your feelings of disappointment in yourself, you are fooling yourself. You are either giving yourself an unreasonable hard time, or you have actually done something that you are ashamed of.

FROM: Texas Youth Commission Aggression Control Skills Workbook.

MULTIPLE CHOICE QUESTIONS

READ THE QUESTION AND ALL OF THE POSSIBLE ANSWERS BEFORE YOU CIRCLE THE LETTER NEXT TO THE ANSWER YOU BELIEVE TO BE MOST CORRECT.

1. Anger is:
   a) a way of life.
   b) an emotion.
   c) a behavior
   d) the same as aggression.

2. The approach used in this program is:
   a) nobody's business.
   b) that behaviors cannot be changed so don't bother trying.
   c) by thinking and understanding you can change your behavior.
   d) none of the above.

3. Feeling angry is:
   a) okay as long as it does not happen to often.
   b) okay as long as I become aggressive too.
   c) likely to happen if I read the handouts and answer the questions.
   d) a bad thing that should be ignored.

4. Self-awareness is:
   a) getting to know yourself better.
   b) important if change is to occur.
   c) likely to happen if I read the handouts and answer the questions.
   d) all of the above.

5. The purpose of this program is:
   a) to get out of seeing my P.O./Counsellor.
   b) to learn how to cope with anger and how to react when angered.
   c) to become a manager and make lots of money.
   d) none of the above.

6. People should learn:
   a) good coping skills to deal with negative feelings.
   b) how to behave acceptably rather than use aggression when angered.
   c) both a) and b).
   d) none of the above.

7. Anger is:
   a) transient in nature.
   b) under my control.
   c) an emotion.
   d) all of the above.

8. Aggression is:
   a) verbal or physical.
   b) an intent to harm someone.
   c) not tolerated by society.
   d) all of the above.

9. Sarcasm is:
   a) a form of aggression
   b) something that is meant to make people laugh.
   c) a way of venting frustrations.
   d) all of the above.

10. Instrumental aggression is:
   a) a form of aggression
   b) okay to use if you want to get into trouble.
   c) a way of obtaining something you want that is not yours.
   d) all of the above.

11. Aggression can be directed towards:
   a) yourself.
   b) others.
   c) property.
   d) all of the above.

12. Aggression can lead to:
   a) conflicts with the law.
   b) ruined relationships.
   c) feelings of worthlessness.
   d) all of the above.

SUBJECTIVE QUESTIONS

1. In what ways are anger and aggression a problem in your life?

2. What are your reasons for taking the Anger Management Program?

3. How can taking the Anger Management Program improve the quality of your lifestyle?

4. What have you learned about your anger by listening to/reading the information provided?

5. What have you learned about your aggression by listening to/reading the information provided?

6. What are you learning (or already know) about proper coping skills?

SESSION 3

TIME: 2.5 HOURS

TOPICS: Situations, Thoughts, Feelings, and Behaviors. How they are interrelated and what they have to do with anger management.

ACTIVITIES: Lecture and discussion.

RESOURCES: Facilitator Manual, Master Sheet: Structure of the AMP (Handout & Flipchart size), 2 flipcharts (prepared notes & blank paper), completed questionnaires from last session.

INSTRUCTIONS:

i) Facilitator hangs flipchart size Master Sheet on wall. Facilitator introduces the principles of anger management using the material in this manual. Concepts contained in the Master Sheet: Structure of the AMP are presented. As the facilitator presents the various topics or categories, the group is solicited for their opinions as to their meaning. Ideas, definitions, and concepts contributed from the participants are recorded on one flipchart and compared/confirmed with prepared flipchart notes for each concept.

ii) As Facilitator delivers the concepts, certain key points are highlighted. These key points are as follows: 1) brain receives info.

2) Info. is filtered by our beliefs & values which involve our use of appraisals, expectations, self-talk.
3) Feelings arise from our thinking about the situation and information received. We think first, then select a feeling or emotion, then select a behavioral response.
4) Intensity of arousal can vary based on above. Alter our beliefs, values, self-talk and ensure an objective review of the situation often will result in decreased levels of anger, and more effective choice of behaviors.
5) Although we can't change a situation, we can influence it. This influence comes from the behaviors (the way we act, how we respond, what we say) we choose. We can escalate a situation or deescalate it.

iii) Facilitator draws the connection between thinking vrs. reacting, notes that we all have various levels of coping skills, we all fall victim to non-sensible thinking, we all have learned a great deal and we are only in our second session.

iv) Facilitator reviews/answers any questions participants have before concluding this session. NOTE: There is a great deal of information covered and it is important that there is clarity amongst the participants.

v) Facilitator returns questionnaires with comments to participants. Discussions as needed.

THE PRINCIPLES OF ANGER MANAGEMENT

HOW DOES ANGER MANAGEMENT WORK?

Anger management is really quite simple. It is knowing how emotions are produced. Emotions are produced by our thoughts. What we think and believe determines how we feel. To manage our feelings we must manage our thoughts. This should probably be called the "Thinking Management Program". In this component of the program the basic principles of anger management are explained. In other words, the basic realities upon which clear and sensible thinking can occur. We will be guided through a detailed explanation of the four basic realities to successfully manage our feelings of anger (situations/events, thoughts, feelings, behaviors).
These are printed at the top of our Master Sheet: Structure of the Anger Management Program.

STRUCTURE OF THE ANGER MANAGEMENT PROGRAM

The word structure means how something is put together. For example, the structure of a house is put together by beams and braces joined together. From it are attached the walls, floors, and ceiling which form different rooms. The structure of the Anger Management Program is made up of:
SITUATIONS/THOUGHTS=FEELINGS=BEHAVIORS. Understanding these four separate, yet connected realities will help us effectively manage our feelings of anger. These are the four basic realities from which all human activity is understood. This structure basically describes life in general.

What follows is a detailed explanation for each of the four basic realities. If we look at the 'master sheet' we can follow the explanation by letter and by number. Once we become familiar with the explanations we need only look at the master sheet as a reminder of the principles of anger management. We can understand everything about the program by looking at the 'master sheet'. Having it some place handy to see as a reminder of the principles of anger management is a good idea.

THE WORLD AND YOU

It is very important to understand these two basic realities. As explained in the introduction, people are both individual and a social beings. Things that occur in the environment influence peoples' thoughts, feelings, and actions. The outside world influences people, it does not control them. On the other hand, what people do influences their environment. What they do can influence the environment, but cannot control it. People control their thoughts, feelings and actions. Anger management, as one fellow who completed the program once said, "is understanding what comes at you, and what comes from you".

EXTERNAL FACTORS

A) SITUATIONS OR EVENTS

1) External

All situations and events are external. They happen outside of us, in the environment.

2) Pleasant/Unpleasant

Those situations may be pleasant or unpleasant. This is a rather narrow way to describe external events, but it keeps things simple. The point is merely to state that certain events please us and others do not.

3) Anger Provoking Situations 4) Can Lead To Anger

This program only deals with the unpleasant, or anger provoking situations. These situations can lead to feelings of anger. They only lead to feelings of anger if we think of them in certain ways. This point will be fully explained a little later in this section.

5) Categories

All of those anger provoking situations that can lead to feelings of anger fall into one or more of the following categories.

i) Frustrations, Irritations, Annoyance

Frustration is a feeling that occurs when we are prevented from doing something we want to do. Something that blocks us. It can be a person, an object, a physical handicap, a wish or desire that does not come true.

Irritation is something that "gets on our nerves". Something that bothers us because we are sensitive to it. It touches a "sore spot" or a "raw nerve".

Annoyance refers to something that "bugs" us. We may not be sensitive or touchy about the thing that annoys us, but it bothers us nonetheless.

ii) Injustice and Unfairness

Injustice is when justice has not served us. It usually implies something legal. It is a violation of our rights.

Unfairness usually applies to having been wronged or treated dishonestly.

iii) Abuse

Abuse is to harm or to treat someone badly. It can take the following forms:

a) verbal abuse:	to harm with words, verbal put downs, including name calling and swearing.
b) physical abuse:	to harm a person's body by punching,slapping, kicking, pushing...
c) mental abuse:	to "play head games" on a person. Threatening behaviors, gestures, looks, or comments.
d) emotional abuse:	to toy with someone's feelings. Saying or doing things that will provoke certain responses or feelings.
e) sexual abuse:	making a person do something against their will.
f) neglect:	to ignore a person's needs when you are responsible for that person.

Become familiar with these three categories of unpleasant situations (frustrations/irritations, unfairness/injustice, abuse). They described all of the possible anger provoking situations that exist in the environment. The more we understand them, the more we will be able to recognize the sort of things that upset us in our environment. By the same token, they will provide a good short cut to understanding our belief and value systems. This last point will become clear as we begin to complete anger logs later in the program.

6) NO CONTROL - NOT RESPONSIBLE - NOT ACCOUNTABLE

Life is full of surprises. Some are unpleasant and may lead to feelings of anger. No one can prevent them from happening. They are beyond our control. Because we do not control them, we are not responsible when they come our way. They occur even when we wish they would not. It only follows that we are not accountable either. Blame will not come our way. We are only responsible and accountable for our thoughts, feelings and actions.

INTERNAL FACTORS

B) THOUGHTS

1) BRAIN

What part of our body thinks? Our brain of course. Our minds are the most powerful instrument under our control. It governs our lives. It determines the quality of lifestyle.

2) INFORMATION FROM THE ENVIRONMENT

How does our brain become aware of the outside world? Our minds become aware of the world or environment through five senses. Those five senses are sight, hearing, smell, touch, and taste. Without these senses we would not know what is going on in the environment.

3) PROCESS INFORMATION

When our brain receives the information provided through our five senses, it starts to think about it. Our mind can think about things in any number of ways. How we think determines how we feel. Much more information will be provided in the next section about the thinking process. For now just remember that we control the way we think and our thoughts produce our feelings.

4) COGNITION (THE THINKING PROCESS)

Cognition simply means "how we think" or the thinking process. A lot can be said about the human thinking process, but we will limit ourselves to five basic

realities (appraisals, expectations, self-statements, beliefs, values).

This program teaches us how to think about our thinking. In other words, how to analyze or study our way of thinking. Everybody thinks. Not everybody thinks the same way. At this point in the program we are introduced to the general thinking processes common to all humans. It is a brief description of what goes on in our minds when we think. In fact, it is happening as you hear/read these words. For now the information is presented in general terms. Much more detail will be provided in the next section.

Thinking involves: appraisals
expectations
self-statements
.....
beliefs
values

1) APPRAISALS

An appraisal is figuring out what is happening in a situation. It is making an assessment, a judgement or evaluating what is going on.

2) EXPECTATIONS

Expectations are made up of things such as your wants, needs, desires, hopes, wishes, aspirations, desired outcomes.... It is how we hope things will turn out.

3) SELF-STATEMENTS

Self-statements are thoughts rolling around in our minds. It's "that little voice" in our head. Sometimes others hear it when we talk aloud. We have an internal communication system where one part of our brain talks to the other half. It usually is talking to ourselves silently. Everybody does it. It's usually what people mean when they say "I'm thinking". It's the same process as external communication (talking out loud to someone), except we are doing it silently in our mind with ourselves. This thinking is called 'self-talk' or 'self-statements'. Self-talk is much quicker than speaking out loud because we do not have to voice any words. It is done very quickly in our mind.

.....

4) BELIEFS

A belief is accepting something as being true without any measure of truth being necessary. People can believe whatever they want to believe. It does not have to be true or even exist for that matter. It is a belief if we accept it to be true.

5) VALUES

A value is attaching an importance or worth to a person, an object, or a concept. Anything that is important or dear to us is called a value.

All of our appraisals, expectations, and self-statements are based upon our belief and value systems. All thoughts we may have about the external world are shaped around what we believe and value. As mentioned earlier, the thinking process is explained in greater detail in the next section. For now, take the time to clearly understand those five elements. Understand how they are different from each other, yet part of our thinking process. Effective anger management requires sensible thinking. It requires a clear understanding of the way we each think. Let's think about our thinking. With increased awareness, comes increased control.

C) FEELINGS

1) HEART OR SOUL

What part of us feels emotions? It's our heart. Not the heart that pumps blood, but the one that represents our soul or spirit.

2) EMOTIONAL AROUSAL

People can feel hundreds of different emotions. Nobody ever feels all those emotions at the same time. It is true however, that people can experience any emotion at any time. When we start to feel an emotion it is called emotional arousal. Emotional arousal is the stirring or awareness of a specific emotion.

3) INTENSITY

Intensity as mentioned earlier means how strong we feel an emotion that has been aroused. We can feel a little angry, somewhat angry, or very angry. That applies to all human emotions. All emotions can be felt at different levels of intensity.

4) HEART OF THE ANGER MANAGEMENT PROGRAM (AMP) - 5) BELIEF THAT SOMETHING IS UNPLEASANT, 6)BELIEF PRODUCES AROUSAL, 7)BELIEF PRODUCES INTENSITY

This part explains how anger management works. As we know, there is a world that exists outside of us. We cannot control everything that happens in this world. There are some rather unpleasant situations or events that occur. They fall into one or more of the following categories:

i) frustrations, irritations, annoyances
ii) injustice & unfairness
iii) abuse

Those external anger provoking situations do not produce our emotions. They can only activate our thinking because our mind receives information about the outside world or environment through our five senses. Once our minds start to think about external events, emotional arousal is produced. In other words, what we think and believe about external events causes us to feel the exact same way as we think. We cannot believe something to be sad and feel happy about it. Nor can we believe something to be funny and feel angry about it. We feel the way we think!

That explains why people can feel differently about the same situation. We can be in a room full of people when the lights go off. Someone may feel scared because he believes something terrible has happened. Someone else may feel happy because he thinks someone turned the lights off as a joke. A third person may feel indifferent because he does not think much about the situation at all. Yet another person may feel quite angry because he does not think it is funny at all. This holds true for all external situations and events. How we feel is determined by what we believe happened. The event does not produce the emotion. The belief produces the emotion or emotional arousal.

The belief also produces the intensity of arousal. If we believe we were treated a little unfairly, we may feel a little angry. On the other hand, if we believe we were treated very unfairly in a situation, we may feel very angry.

What we believe about any pleasant or unpleasant situation determines our state of arousal and its intensity. We can only manage our arousal and its intensity by managing our thoughts. We cannot change what happens in the outside world, we can only change what we think about it. This does not mean we cannot influence our environment. Our choice of actions or behaviors can do that. Our actions also influence our feelings. These two points will be explained further on in this section.

D) BEHAVIORS

1) BODY

What part of us behaves? Our body. Just like it is our brain that thinks, our heart/soul that feels, it is our body that goes into action.

2) EXTERNAL PARTS OF THE BODY

Our arms, legs, hands, feet, eyes, and lips are external parts of our bodies that behave. Our lungs, intestines, stomach, liver, and heart are internal parts of our bodies. They cannot engage in actions or behaviors. Of course, they play a role in our overall being because they are a part of us. Only external parts can go into action.

3) INTERNAL PARTS OF THE BODY

It is very important to understand the difference between internal and external parts of the body. When we talk about our choices of behaviors, we are referring to external parts of the body. Talking about internal parts or body functions, refers to stress. We will cover more about stress and distress in a later session. Stress plays a big role in a person's ability to cope with daily life. How a person chooses to behave also plays an important role in that person's ability to solve problems. Both stress and behaviors are governed by the person's thinking process. Deal with both of them but as separate realities. Understand how our choice of actions impacts upon the environment. Also understand how our actions influence the stress we experience in our body.

4) TYPES OF BEHAVIORS

At this point the information provided to describe the different types of behaviors is very basic. More details are provided later on. It deals with two basic issues: us and the other person. As mentioned earlier our actions influence the environment. No one knows what we think or feel but anyone near can see how we behave. Let's see what the different types of behaviors mean to each of us and "the other person".

i) PASSIVE

When passive, a person does not stand up for what he believes and values. He allows other people to get away with things that do not please him. He lets things go even when those things bother him a lot. On the other hand, he does not show disrespect towards the other person. He is not treating the other person badly.

Choosing to be passive can be a preferred choice. We can feel that letting things slide by is our best choice. It is only a good choice when we walk away feeling good inside or decide it's not worth getting upset over.

ii) ASSERTIVE

The assertive person stands up for himself. He lets other people know what he thinks and feels about the situation. He does it in such a way that shows respect and consideration towards others. He protects his own dignity and respects the other person.

iii) AGGRESSIVE

The aggressive person certainly stands up for himself but lacks consideration towards other people. He stands up for his beliefs, but walks all over other people.

5) PROBLEM SOLVING TECHNIQUES

How a person chooses to behave in a conflict situation greatly influences the outcome. There are no guarantees how things will turn out. There are however, two basic realities about how a person behaves. The person can choose to act with or without dignity. The person can also show respect or disrespect toward other people. A vital part of anger management is learning how to solve problems. Actions solve problems or create them. We control our actions. We can solve our problems or make them worse. We can turn problems into opportunities, if we choose to assert ourselves. We can behave with respect and dignity and walk away with the knowledge we did our best. If the other person does not return our respect, we then now we are dealing with an unreasonable person.

6) ACTIONS INFLUENCE OUR ENVIRONMENT

The environment does not control us and we cannot control it. They do however influence one another. Our thoughts and feelings have no impact on our environment. How can they? No one knows our thoughts or feelings unless we show them. Our thoughts and feelings become known by our actions or behaviors.

If we want to leave people with a good impression, behave with respect and dignity. We can stand up for ourselves and be considerate toward others. There are no guarantees that people will return our respect. However, there is one fact we can be sure of. We are responsible and accountable for our choice of actions. Each choice has its benefits or consequences. Each choice will influence people one way or another.

SESSION 4

TIME: 2.5 hours

TOPICS: Thinking process; Appraisals, Expectations, Self-talk, Beliefs, Values, Thoughts & Feelings.

ACTIVITIES: Lecture, group discussion, and exercise.

RESOURCES: Facilitator Manual, 2 flipcharts (prepared notes, blank paper), felts, paper, pencils, tape recorder, audio recording of the story of "Hot Socks", VCR/TV, video recording of a anger/aggression response role play, My Negative and Alternate Self-Talk handout, Multiple Choice Questionnaire & Subjective Questions.

INSTRUCTIONS:

i) Facilitator asks if there are any questions from last session. Answers same.

ii) Facilitator introduces topic- thinking process. Facilitator solicits from group as to how we know how to react to a child coming to our door with a unicef box as opposed to twelve men with guns and baseball bats knocking at our door. Facilitator records answers on flipchart. Facilitator introduces Appraisals and Expectations and how they aid in our choice of behaviors. Reinforce "thoughts-feelings-behavior" and/or "think-feel-act".

iii) Facilitator introduces the concept of self-talk as outlined in the manual. Facilitator has the group conduct an exercise. Participants are asked to take 5 minutes to list all the negative things about themselves. The group is told they will not be required to share this information. After five minutes has expired, participants are asked to list all their positive attributes. Again they are told they will not have to share the list. After five minutes has expired, the facilitator asks the members to tell the number of negative vrs. positive points. The differences are recorded from everyone and place on the flipchart. The facilitator makes the following points: 1) To create this list we used self-talk and; 2) Note that it was easier to make a list of negative aspects compared to positive ones. If this is the case imagine how much negative self-talk can influence our behavior, view of ourselves and limit our views or

choices. We need to carefully listen to our self-talk in an effort to change our critical thinking and put downs of ourselves and others. If we are negative self-talkers and have unrealistic expectations and judgemental appraisals we are setting ourselves up for inappropriate and unjustified anger and aggressive responses.

iv) Facilitator plays a recording of "Hot Socks" from the script available in Learning to Live Without Violence by D.J. Sonkin & M. Durphy (5 minutes). Again the concept of self-talk and how it escalates or deescalates our anger is highlighted.

v) Facilitator asks that participants work with a partner for this exercise. Refer to one of their "Hierarchy Cards", think of examples of their negative self-talk that occurred during that situation and list same on "My Negative and Alternate Self-Talk" handout. After listing the negative self-talk, work with a partner to challenge and change the self-talk into positive/calming/alternate self-talk. Write these examples opposite to the negative ones. Facilitator highlights that this is one step towards eliminating violent behavior.

vi) Facilitator conducts a role play with the assistant (or uses a video taped role play) and asks that the participants record possible appraisal, expectation, self-talk, belief, and value system errors that lead to anger response. Members are then asked what the facilitator could have done differently to resolve the conflict and sight examples of non-sensible thinking.

vii) Facilitator distributes Multiple Choice Questions & Subjective Questions for homework. Requests they be completed by next session.

UNDERSTANDING OUR THINKING PROCESS

Last session we discussed how we process information from the environment, situations, or events that occur around us. We know that the brain gets information. The question is how do we understand the things that are happening around us? How come we don't become concerned when a child comes to our door collecting for unicef, but we react very differently if twelve men with baseball bats and guns break into our home? How do we know what is dangerous, what is not dangerous, what is anger provoking, or not anger provoking?

This section contains more information on the thinking process. It provides more detail than section #3. Refer to the "Master Sheet" as we go along. Remember it's a good idea to review the master sheets daily, so post them somewhere at home where they can be reviewed.

We are going to discuss the difference between sensible and non-sensible thinking. We will explore how sensible thinking often leads to justified feelings and how non-sensible thinking often leads to unnecessary feelings of anger. Learning how to manage our anger and its intensity involves thinking in sensible ways. It is important to deal with our anger whether it is justified or unnecessary. To do so, we must understand the difference between sensible and non-sensible thinking.

THE THINKING PROCESS

Earlier we discussed how thoughts produced emotions. It was also mentioned that more details would be provided about that basic human reality. Our appraisals, expectations, self-statements, belief, and value systems are part of our thinking process. (It may be useful for us to quickly review these definitions). It is these factors which answer earlier questions of how we interpret and choose responses to situations.

What we are about to learn is stated in very blunt terms. If anyone does not fully understand the information, let us know. If we don't understand and don't ask for clarification, the anger management program will be a waste of our time. Clear understanding of this information is a must. It will allow for effectively managing feelings of anger. Knowing what makes for sensible and non-sensible thinking helps us understand when our anger is justified or unnecessary. We are faced with two realities in life: 1) Sooner or later we will become angry; 2) only we can manage our anger. On occasion, our anger will be justified. Other times our anger or its intensity is unnecessary. We need to learn to recognize which is which. Clear understanding and serious attempts to apply this information will

result in good management of our anger. We will control our anger. Anger will not control us. Our coping skills will greatly improve as we increase our awareness of this information. It should produce real change in our life.

Now let's get on with the task of breaking down the thinking process into finer details. Use the master sheet as needed.

1) APPRAISALS

There are two types of appraisals: descriptive and judgemental. In other words, we can think about a situation by looking at the facts and/or by forming an opinion.

i) Descriptive

Descriptive appraisal means figuring out what is happening by looking at the facts. For an appraisal to be factual it must be observable, measurable and/or quantifiable.

Observable means we can see or hear what is happening.

Measurable means we can measure something. For example, there are factual ways to determine length, width, height, and weight of objects.

Quantifiable means the quantity of how many there are. It is counting things.

When things can be seen or heard, measured and counted then it is a factual appraisal. No reasonable person argue with the facts.

ii) Judgemental

A judgemental appraisal means stating our opinion about something. It is providing our opinion or making a judgement based on our beliefs or values. It is stating the quality of something. Examples of quality statements are: good/bad, better/worse, superior/inferior, all right/awful.... We cannot see or hear, measure or count quality. We can only believe it to be of a certain quality. This does not mean that our opinions are necessarily wrong. Many people may agree with us. They share the same belief or value. It only means that it is not fact. Other people may not share the same opinion.

Here is a useful hint to help decide if our appraisal is fact or opinion. Imagine ourselves as video cameras. We are making an appraisal of a situation. If our appraisal can be recorded by the video camera, it is factual or descriptive. If the camera cannot record our appraisal, it is an opinion or judgement. When we watch television the camera records and shows what happened in front of it. It cannot tell you if the movie is good or bad. Only our minds can make that judgement.

FACTUAL OR NON-FACTUAL APPRAISALS

All appraisals can be of two orders; factual or non-factual.

Factual Appraisals

A factual appraisal is one that can be described with facts. The description must be something seen or heard, measured and/or counted. If it does not meet those basic requirements, the appraisal is non-factual.

Non-Factual Appraisals

Non-factual appraisals can be used on opinions or incorrect facts. If our appraisal of a situation is based on what we believe or value, reasonable people are entitled to disagree with us. Also, if our facts are wrong about the situation, our appraisal is non-factual.

**Do not mix up fact with opinion:

> Experience in dealing with people who have a problem with anger shows that very often they mix up the facts with their opinion. This leads to unnecessary anger. It can also lead to arguments with other people. Both are based on non-sensible thinking.

2) EXPECTATIONS

An expectation is how we hope things will turn out. We can hope or wish for anything at all. There is a problem with that however.
Our expectations can also be of two orders:

i) Realistic Expectations

What makes for a realistic expectation? When what we want or desire is achievable. Achievable means the outcome is possible. Realistic expectations must also be within our control. We can control our thoughts, feelings, and actions. We can influence other people. We cannot control them. If what we want depends upon the actions of other people, its important to make sure we understand that they may not live up to our expectations. We better make sure to have control of the outcome before we attach too much faith that it will happen.

ii) Unrealistic Expectations

What is an unrealistic expectation? One that is not achievable. It cannot possibly come true. An unrealistic expectation is also one that we do not control the outcome. It may be very possible to achieve, but someone or something else controls the outcome. Here are a few examples. We may want it to be a nice day out for walk tomorrow. It is possible, but we do not control the weather. We may want to have our parole, probation end, but the decision is not ours. We may want others to treat us with respect, but we do not control their actions.

Do not mix up expectations with beliefs or values

There is nothing wrong with wanting things that do not seem possible right away. That is what dreams are made of. It is also okay to place faith in other people's actions. But we must be careful not to mix up what we believe can happen, or what we truly value with what is going to happen. Some things are achievable and within our control. Others are not. It's important not to assume other people want, hope or desire the same things we do. We should guard ourselves against being unreasonable in our wants and desires. Conflicts occur when expectations are not met. Some conflicts are reasonable and based upon realistic expectations. We can avoid a lot of anger and conflicts when we understand the difference between expectations, beliefs, and values.

3) SELF-STATEMENTS or SELF-TALK

The human brain is split into two halves: the right side and the left side. We all have an internal communication system where the two halves of the brain communicate with each other. Our self-talk can be of two orders: appropriate or inappropriate.

i) Appropriate Self-Talk

Appropriate self-talk is talking to ourselves in ways that promote respect and dignity to ourselves. It is talking to ourselves in proper ways. For example, "I can handle this. Just don't loose my cool. Wait until he finishes. Then respond calmly".

ii) Inappropriate Self-Talk

Inappropriate self-talk is verbal abuse we direct toward ourselves. It can take many forms. Basically it's playing a head game with ourselves. It includes such things as put downs, lying to ourselves, swearing, etc. For example, "I can never handle situations like this. I'm stupid and useless". How we think determines how we feel. If we talk to ourselves in improper ways it leads to unnecessary feelings of anger or its intensity. We must learn to be reasonable with ourselves. Normally, we would not accept verbal abuse from others, so let's not abuse ourselves with improper self-talk. It can lead to a poor self-image if we believe our self-talk. All negative self-talk is avoidable because we control what we say to ourselves.

.....

4) BELIEF SYSTEM

A belief is accepting something as being true without any measure of truth being necessary. Any thought we have is part of our belief system. It could be true or it could be false. It does not matter. If we believe it, then it is true for us. All of our appraisals, expectations, and self-statements are based on our belief system. Even factual appraisals are part of our belief system. We accept facts as being true only when we believe them. Our personal beliefs can be of two orders: rational or irrational.

i) Rational Beliefs

What are rational beliefs. Rational beliefs make sense. They are within reason. Now this is a very touchy subject. Who is going to determine what makes sense? Nobody posses the external truth. There is however, such a thing called common sense. That too is very difficult to define. If a person shows dignity for himself and treats other people with respect, that person will probably have a healthy outlook and get along with other people. Base beliefs on dignity, respect, and common sense.

ii) Irrational Beliefs

What are irrational beliefs? Irrational beliefs do not make sense. They are beyond reason. They can take many forms. They just cannot be matched with reality. Irrational beliefs can lead to unnecessary feelings of anger.

5) VALUE SYSTEM

A value is attaching an importance or worth to a person, an object or concept. We can value any person, object, or idea. People and objects we can touch. Thoughts, concepts, or ideas we cannot touch. We can value intangibles or tangibles. Tangibles are things we can touch. Intangibles are things we cannot touch. We can value or attach importance to either one. Just like beliefs, values can be rational or irrational.

i) Rational Values

What are rational values? Rational values are those that make sense or are within reason.

ii) Irrational Values

What are irrational values? Those that are beyond the limit of acceptance.

The matter of rational or irrational values is also a touchy subject. Further on we will be asked to explore the sources and types of value systems we develop throughout our lives. For now, we will briefly examine the issue of pro-social and anti-social value systems.

As mentioned earlier, people are both individuals and social beings. As an individual, a person believes and values things that are strictly personal. As a social being that same person has certain standards he is expected to live up to. Society has its own set of values. It attaches importance to such things as law and order, freedom and justice. It expects that all members of society will live up to the values common to all people. The point in talking about social values is not to tell this group which ones are right or wrong. The point is to clearly explain that people can develop values that go with or against the values of society. Pro-social values go along with social values. Anti-social values go against society's values.

Belief and value systems govern our whole lives. They shape our personal identity. We are who we are because of our belief and value systems.

All of our appraisals, expectations and self-statements are based on our belief and value systems. We learn to observe and to form our thoughts based on our beliefs and values. In other words, we form our own opinions.

What we believe determines how we feel. If we believe something is funny, we may feel humoured. If we believe something is unfair, we may feel angered. Our thoughts produce emotional arousal and its intensity.

Beliefs and values also govern our choice of actions. People are not puppets. They do not have strings attached to their arms and legs. We have the choice to behave any way we want. Reality presents itself in two forms:

1) People do things for a reason ("pay value"). There is always something that motivates a person to take a particular action. It can be a reward or a punishment. These rewards or punishments may be simply be believing we did the "right" thing or that we did the "wrong" thing. Rewards and punishment do not have to be concrete, like money or a prize. That motive for a person is based on beliefs and/or values.

2) Some actions are acceptable, others are not tolerated. With increased awareness of our thinking process comes:
   i) a better understanding between sensible or non-sensible thinking.
   ii) better emotional control.
   iii) better stress management.
   iv) wiser choice of actions.

6&7) THOUGHTS AND FEELINGS

Refer to the "Master Sheet of the Thinking Process" again. Notice at the bottom of the page that thoughts are of two orders: sensible and non-sensible. Notice also that feelings are of two orders: justified or unnecessary. Simply stated, sensible thinking leads to justified feelings. If our thoughts are clear and sensible, our feelings such as anger are justified. That means in the same situation, most people would probably feel the same way. Anger is a normal human emotion. Our anger is produced by our belief of the situation. If what we believe is sensible, our anger is justified.

On the other hand, non-sensible thinking leads to unnecessary anger and/or intensity. If our thoughts are confused and non-sensible, our anger is unnecessary. That means our anger is avoidable. We are playing a "head game" on ourselves

and getting "twisted out of shape for no good reason".

Take a look at the "Master Sheet of the Thinking Process" again. It clearly shows the difference between sensible and non-sensible thinking. Everything that is in included in the left column above the word "sensible" involves sensible thinking. In the right column, everything that is listed above the words "non-sensible" is what non-sensible thinking involves. The only exception to that word is opinion. Opinions are not necessarily non-sensible thinking. It is non-sensible thinking only when a person believes his opinions are the same thing as facts.

The detailed explanation of the thinking process contained in this section is basic. There are many more things that a person can learn about the way he thinks. This is a good start. Knowing the difference between sensible and non-sensible thinking prepares us to manage our anger. Exercise reason and common sense and we will avoid a lot of unnecessary anger. By the same token, we will feel happier and find it easier to get along with most people.

MY NEGATIVE AND ALTERNATE SELF-TALK

INSTRUCTIONS:

1. Think about examples of your own negative self-talk when you get angry.

2. Write down four of these examples in the left hand column of this handout. This includes beliefs which are unrealistic or unhelpful (make matters worse).

3. Work together with your partner to challenge each example of negative self-talk and turn it into alternate (realistic, and helps reduce anger) beliefs and self-talk.

4. Write down your alternate self-talk for each example in the right hand column of the handout.

5. Use your examples of alternate self-talk to help eliminate aggression.

NEGATIVE SELF-TALK	ALTERNATE SELF-TALK

MULTIPLE CHOICE QUESTIONS

READ THE QUESTION AND ALL OF THE POSSIBLE ANSWERS BEFORE YOU CIRCLE THE LETTER NEXT TO THE ANSWER YOU BELIEVE TO BE MOST CORRECT.

1. Coping is made easier when:
   a) a person understands when his thinking is non-sensible.
   b) a person realizes when his arousal is unnecessary.
   c) a person chooses constructive actions.
   d) all of the above.

2. A person's thinking:
   a) can be sensible and non-sensible at the same time.
   b) cannot be sensible and non-sensible at the same time.
   c) has nothing to do with his anger.
   d) is controlled by other people.

3. Self-statements:
   a) are silent thoughts.
   b) can feed a person's anger.
   c) can reduce the intensity of anger.
   d) all of the above.

4. My opinions:
   a) can be shared by other people.
   b) are based on my beliefs and/or values.
   c) can be different from other peoples'.
   d) all of the above.

5. Understanding the thinking process:
   a) helps me better understand the person I am.
   b) helps me get along better with other people.
   c) is very hard and only leads to more confusion.
   d) both a) and b).

6. Clear and sensible thoughts:
   a) produce justified emotions.
   b) can lead to very strong feelings of anger.
   c) is a must when trying to cope with a difficult situation.
   d) all of the above.

7. An appraisal:
   a) can be based on facts.
   b) can be based on opinions.
   c) can be based on facts and opinions.
   d) has nothing to do with facts or opinions.

8. My values are:
   a) worth a lot of money.
   b) what get me in trouble.
   c) always share by other people.
   d) none of the above.

9. Mixing up facts with opinions:
   a) can be confusing to me and other people.
   b) can lead to conflicts
   c) can lead to avoidable anger.
   d) all of the above.

10. Unrealistic expectations:
    a) are based on sensible thinking.
    b) lead to justified anger.
    c) can create conflicts.
    d) cannot be avoided.

11. Understanding the differences between rational and irrational belief and value systems:
    a) makes sensible thinking easier.
    b) helps prevent unnecessary anger.
    c) can help improve relationships.
    d) all of the above.

SUBJECTIVE QUESTIONS

1) What have you learned about yourself from the information provided in this component.

2) Does the information contained in this component help you better understand other people? In what ways?

3) Explain in your own words how sensible thinking leads to justified emotions?

4) Explain in your own words how non-sensible thinking often leads to unnecessary and avoidable arousal.

MASTER SHEET OF THE **THINKING PROCESS**

1) APPRAISALS

Types:

i) Descriptive	-observable	FACTUAL	NON-FACTUAL
	-measurable		Opinion
- FACT	-quantifiable	Facts	Wrong Facts

ii) Judgemental -quality
- OPINION

DO NOT MIX UP FACT WITH OPINION

2) EXPECTATIONS

Wants, Hopes, Desires, etc.	REALISTIC	UNREALISTIC
	Achievable	Not achievable
	Within your control	Beyond your control

3) SELF-STATEMENTS

Internal Communication	APPROPRIATE	INAPPROPRIATE
	Proper	Improper
	Respect/	No respect or
	Dignity	Dignity

TALK TO YOURSELF WITH RESPECT AND DIGNITY

---

4)	BELIEF SYSTEM	RATIONAL	IRRATIONAL
	Accepting things as truth	Within reason	Beyond reason
5)	VALUE SYSTEM	RATIONAL	IRRATIONAL
	Attaching importance to a Person, object or concept	Within reason	Beyond reason

---

6)	THOUGHTS	SENSIBLE	NOT SENSIBLE
		Common sense	Beyond sense
7)	FEELINGS	JUSTIFIED	UNNECESSARY

SESSION 5

TIME: 2.5 hours

TOPICS: Learning To Relax As An Aid To Anger Management

ACTIVITIES: Lecture, Discussion, Exercise

RESOURCES: Facilitator Manual, flipchart (prepared notes), Relaxation Script (See Session 15), Imagery Rehearsal Script (See Session 15), or pre-recorded relaxation script and tape recorder.

INSTRUCTIONS:

i) Facilitator asks participants if Multiple Choice Questionnaire and Subjective Questions were completed as assigned last session. Discusses and reinforces purpose of them allowing participants to focus on specific needs, help clarify information presented. Facilitator clarifies concerns from last session.

ii) Facilitator advises participants that just as we can escalate our anger with self-talk and learned we can de-escalate our anger with self-talk (as per last session), we can further enhance our control with a combination of physical and mental relaxation techniques.

iii) Facilitator introduces and participants practise the relaxation exercise as outlined in the script from Session 15. Facilitator ensures that the participants are acquiring an awareness of what relaxed feels like and that they could do this exercise almost anywhere.

iv) Facilitator advises the participants that they will be guided through a personal anger provoking situation. They are referred to their hierarchy cards and told to select the least anger provoking of the four situations. The Imagery Rehearsal Script is used with the Relaxation Script applied before and after. The participants are solicited for their level of arousal following completion of the Relaxation Script/Exercise which is done at the end of the Imagery Rehearsal. The relaxation exercise is repeated an additional time if required.

v) Facilitator repeats the process as above asking the participants to use the next higher anger provoking situation from their hierarchy cards each time.

vi) Facilitator closes group with a final relaxation exercise. Participants are asked to practice the relaxation exercise for 10 minutes each day. They are reminded how cognitive processes can help us reduce physical stress as well as emotional stress.

vii) Multiple Choice Questionnaires and Subjective Questions are collected. Participants are advised they will be reviewed and returned next session.

viii) Multiple Choice Questionnaire and Subjective Questions are distributed as homework.

SESSION 6

TIME: 2.5 hours

TOPICS: Cycle of violence, Funnel, Warning Signs of Anger, Time-Out Technique, Anger Log.

ACTIVITIES: Lecture, Discussion, Exercises

RESOURCES: Facilitator Manual, 2 flipcharts (prepared flipchart notes & blank paper), Time-Out handout, Anger Log handouts, access to photocopier, pitcher of water, funnel & cup.

INSTRUCTIONS:

i) Facilitator follows up any concerns from previous session and clarifies as needed. Facilitator collects assignments for review and makes written personal comments by next session.

ii) Facilitator introduces "cycle of violence" and "funnel". Facilitator solicits participants feedback as information presented. As a graphic explanation to the concept of "funnel", the facilitator may wish to demonstrate the physical process of a funnel. As the water is poured in (and emotions are dealt with) the spout has a steady even flow. If the funnel is crammed with water too fast (and emotions are buried/bottled up) the spout burst with water of the funnel overflows uncontrollably causing a mess (severe consequences for us).

iii) Facilitator explains "warning signs" and solicits from the group, their signs of impending anger. Facilitator then provides paper and pencils to have participants commence construction of a Time-Out (Control Plan) by having them write down their personal warning signs. They are advised to refer to their hierarchy cards as a method of helping them focus on obtaining this information.

iv) Upon completing the warning signs, the facilitator solicits from the participants what could be done in a situation where they are angry, but aggression is to be avoided. Ideas are recorded on the flipchart and the "Time-Out Technique" (Control Plan) is introduced. Participants then work individually to develop a personal control plan or time-out. 24 hour viability of the plan is encouraged. Various forms of time out are explained and participants are

encouraged to amend their plans to cover all contingencies. Facilitator makes copies of the control plans and review them for viability. They are returned to the participants with comments.

v) Facilitator role plays an argument with an assistant or volunteer from the group. Facilitator out loud indicates how he/she experiences warning signs and then gives the time-out statement, "I'm beginning to....." A video taped scenario of an argument with the facilitator highlighting warning signs and time-out technique components is another option. The tape can be paused for clarification as questions arise.

vi) Participants are assigned the homework of taking a practice time out before next session. They are reminded of the importance of practice as a method of transference and maintenance of personal change.

vii) Participants are asked to complete the first section of their anger log by reviewing one of their hierarchy cards. They are also asked to complete an anger log each time they experience an anger provoking incident. Further, they are advised only to complete the section which has been explained to them (They are not to complete the section which asks the type of thinking used. Non-sensible thinking styles are covered in Session #7). They may wish to take a time-out if the review of the hierarchy cards revives feelings of anger or other strong emotions.

LIVING UP TO YOUR ABILITIES

CYCLE OF VIOLENCE

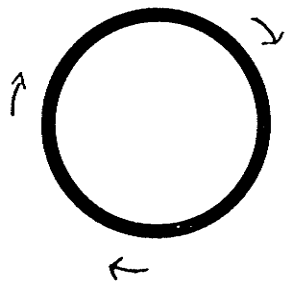
Today we will begin by discussing what is known as the cycle of violence. Many people believe that there is no build up to anger or aggression. They say "it just happens". Although we have already begun to explore this myth by becoming aware that the way we think and act has a lot to do with increasing our anger and likelihood of using aggression, it may be a good idea to look at what people call the cycle of violence. The cycle of violence is actually a sequence of events that occur. This cycle or sequence consists of 'tension build up', 'aggression/violence', and guilt/apology (honeymoon). Without concerted effort to change our thinking and behavior we can become trapped in this cycle.

Each of us goes through this cycle in our own unique way. All of us experience good days and bad day. Days where we are happy and days when we may be moody, or sad. We do not always "explode" in the cycle. When we do not explode, it is because of the use of coping skills which help us decrease our anger arousal. We will talk more about coping later. For now, we will be focusing on the cycle and the times we have found ourselves becoming aggressive.

The cycle of violence consists of a circle with three phases. At the left is the tension building phase. At the top is the aggressive or violent incident. At the right is the apologetic/guilt phase (honeymoon).

As tension builds in our cycle we experience warning signs (e.g. feelings of irritability, tight muscles, headache). We may even have small aggressive outbursts (letting off steam) or become passive (withdraw, mope, stuff or bottle our feelings). When we approach the aggression or violence phase we become abusive, disrespectful, and physically violent. After the aggression we may feel remorseful, apologetic, or depressed because we reflect on our behavior.

2) AGGRESSION



1) TENSION BUILDING

3) APOLOGETIC/REMORSE

FUNNEL

In the last session we talked about being passive, assertive and aggressive. Very often people vacillate between two extremes of passive and aggressive. We hear comment like "I'm a very non-violent person. I usually just take it, but sometimes....." What this person is describing is holding onto their anger and other stirred emotions and behaving passively until it builds up that they release everything at once rather than having dealt with the emotional issues as they arise. This is not to say that we should never be passive, but that we must choose when passive or assertive tactics should be deployed. Being passive with our emotions is dangerous. What we do is "stuff" them into a box until it explodes. This is known as funnelling. Picture a funnel, wide at the top and narrow at the bottom. Sure there is lots of room at the top for our stirred emotions but eventually they must come out (be dealt with). If our emotional funnel fills up it creates pressure at the bottom and our emotions run out without thought, sequence, perspective, or easy control. We can explode with aggressive behaviors, like in the cycle. We need to be aware of our funnel and cycle. That means thinking about how we feel about certain events, appraising them, reviewing our expectations, beliefs, values, and self-talk so that we can deal with the problem assertively or wait a while for a more opportune time. However, we need to be careful not to stuff everything and forget about it. Stuffed emotions are funny; they have a way of creeping back into our minds at the wrong time - usually when we are already under stress.

Up to this point in the program, we have been provided with basic, factual and useful information about anger, aggression and coping. We have also learned the principles of anger management. That information can produce real changes in our lives, if it is put into practice. The "Time-Out" technique and the "Anger Log" help apply that general information to our personal situation.

The "Anger Log" and "Time-Out" go hand in hand. For the most part, they do the same thing. They help us think sensibly and choose actions that solve problems. The major difference is timing. The "Time-Out" is used when we feel ourselves getting angry during a situation. It can also be used before, if we know

we are about to enter a tense situation. The "Anger Log" is to be completed after a situation is over. It will help understand how well we did and how we could have done better.

TIME-OUT TECHNIQUE

How do we know when we are becoming angry? Think about a time when anger was experienced. What were some of the feelings, thoughts, body signs, behaviors and situations? Make a list of feelings (emotions), thoughts (self-talk, images), body signs, behaviors(what do you do?). This list is known as warning signs. Some of us may have similar or very different warning signs for anger. The important thing is that we become aware of these signs so we can choose alternatives to aggression and take the strain off of us if it is unnecessary anger that we are experiencing.

Once we know we are angry and need to release our anger in a healthy way, what could we do? A time-out or control plan is a simple but highly effective method to avoid unnecessary anger and to choose behaviors that help solve problems of conflicts. If properly used it can:

- clear our thinking.
- decrease arousal or intensity.
- help with assertiveness
- help solve problems or conflicts
- help channel anger in productive ways.

As mentioned earlier, anger has positive and negative functions. When we start to feel our anger building up inside, stop and think. We need to 'Think about our Thinking'.

Anger provides our bodies with extra energy. How we channel that energy into actions determines the outcome. In other words, if we use the energy to become assertive, we may be able to solve the problem. Choosing to become passive or aggressive may make things much worse. We need to think about the consequences of each action we take before action is taken.

Stop and think! Think about our thinking! The "time-out" technique is meant to help us think in clear sensible ways. That means thinking about appraisals. Are they factual or non-factual? Think about expectations. Are they realistic or unrealistic? Think about self-statements? Are they (negative) inappropriate or (positive) appropriate? Think about beliefs and values. Are they rational or irrational? This is what stop and think about our thinking means.

We may ask, "who thinks of all those things"? The answer is we do!! We are thinking about these things whether we are aware of them or not! Our minds are always processing information, just as our heart always pumps blood. We just don't take the time to become aware of it. The time out technique is meant for us to take the time to think. Take the time to become aware of what is happening. With increased awareness comes increased control!

Practice the time out technique as often as possible. Just like anything else, the more practice - the better we become. The anger log helps us practice the same things but in greater detail. Both techniques are geared towards applying the principles of anger management. The more we do them, the easier it becomes to manage our anger. These are not techniques detached from everyday reality. They help us become aware of what is happening. They also help us practice sensible thinking, emotional control, and practice assertiveness.

CAUTION

Time out techniques can be misused. People have actually taken a time out to become more angry. They take a time-out, but to practice non-sensible thinking. The most common mistake during a time-out are:

i) inappropriate self-statements.
ii) mixing up facts with opinions.

It's like they were not quite angry enough. They have to take a little time to really get angry. "That so and so, if I meet him in a dark alley I'll.....!

Avoid feeding anger with non-sensible thinking. Don't do anything may cause regret later on. Remember that the time-out technique is meant to clear our thinking and reduce our arousal. Practice it as often as possible. We may not be perfect or use it every chance we get, but the more practice, the better we get.

There are at least four time-out components we need to be aware of and use.

1) Mental Time-Out: This is quiet time alone or a decision to defer conflict by telling the other person that you are willing to discuss the matter later. Meditation, counting to ten, doing a relaxation exercise in your head, or redefining the situation with positive self-talk are all examples of this component.

2) Spacial Time-Out: Leaving the area or going outside. Going to another part of the house. Walking, bicycling.

3) Alternative Activities: Calming music, petting the dog, speaking with a

friend or counsellor. Completing some household chores (No aggressive active like wood cutting with chainsaws, or punching bags)

4) Technical Time-Out: Reviewing anger management materials (belief systems, values, self-talk). Redefining the situation with the use of AMP techniques. Perspective taking. E.g. "It's not the end of the world. Did I really listen to what he was saying?"

TIME OUT TECHNIQUE

MY WARNING SIGNS ARE:

1. SITUATIONS/EVENTS:

2. BODY SIGNS:

3. FEELINGS/EMOTIONS:

4. THOUGHTS (SELF-TALK, VISUAL IMAGES/FANTASY)

5. BEHAVIOR (WHAT DO YOU DO?)

TIME-OUT:

WHEN I NOTICE MY WARNING SIGNS I WILL:

1. STOP, THINK, NO VIOLENCE.
2. SAY I'M BEGINNING TO FEEL_____. I NEED TO TAKE A TIME-OUT.
3. TAKE CASH STASH
4. LEAVE FOR ONE HOUR
5. NO DRUGS, ALCOHOL, DRIVING
6. PRACTICE COPING TECHNIQUES
7.
8.
9.
10.
11.
12.
13.
14.

_____

Participant Name Facilitator Name

ANGER LOG

Once we have experienced an anger provoking episode and taken a time-out, how can we change our responses or figure out knew ways to cope with those anger provoking situations? A time-out was certainly a beginning step. Especially, if we use it to sort out our thoughts and emotions by reviewing our four key areas - situation, thoughts, feelings, behaviors and; their related concepts of frustration/ unfairness/abuse, appraisal/expectations/self-talk, beliefs, values and; passive/assertive/aggressive. We need to fairly evaluate the conflict. This can be accomplished by keeping an anger log in which we can record this information. The anger log helps improve our skills.

Throughout the program we are provided with factual and useful information. That information is useful only if we put it into application. The more we practice what we learn, the easier it becomes to manage our anger. All of the information provided so far is general in nature. It applies to all human beings. By completing anger logs we are able to transfer that general information to our personal situations. It helps us apply what we have learned.

Complete anger logs honestly and fully. Without honest and serious attempts to complete them, we cheat ourselves out of the opportunity for personal growth. We have identified our need to take the program and stated that it could help improve something in each of our lives. If we want those positive changes to happen, complete the anger logs fully and honestly.

Anger logs help:
- increase our awareness.
- practice sensible thinking.
- manage our anger.
- assert ourselves and solve problems.
- assess how well we did in a situation.
- and explore better ways to handle similar situations

It is a proven fact that people who keep track of their performance do better. Keeping a log or a diary helps a lot. Going on a diet is easier if we keep track of how much we eat. It is easier to save money when we record how much we spend. Body builders do better when they monitor their workouts. By completing anger logs we can judge our own improvements, strengths and weaknesses. That will make us feel good and encourage us to do better.

NOTE:

1) Complete as many anger logs as possible.
2) Use the back of the sheet of paper or more pages if necessary
3) Complete them during time to yourself
   - it will be quieter and easier to complete.
   - it is better to complete them soon after the situation if possible.

PERSONAL ANGER LOG

SECTION I SITUATION OR EVENT

Date situation occurred _____

Date Anger Log completed _____

Describe the anger provoking situation.

_____

_____

_____

_____

_____

INTENSITY:

1	2	3	4	5
Burning angry	Really angry	Moderately angry	Mildly angry	Not angry

Did you believe the situation to be:

unfair	_____	abuse - verbal	_____
unjust	_____	physical	_____
annoying	_____	emotional	_____
irritating	_____	mental	_____
frustrating	_____	sexual	_____
frustrating	_____	neglect	_____

Was the situation or event: - internal _____
- external _____
- both _____

Explain:

_____

_____

SECTION II COGNITION THINKING PROCESS

A) THOUGHTS

1) Appraisals Factual _____ Non-factual_____

What was your appraisal of the situation?

Explain:

_____

_____

2) Expectations Realistic _____ Unrealistic _____

What did you expect in that situation?

Explain:

_____

_____

3) Self-Statements

(+)Appropriate	_____	(-)Inappropriate	_____
proper	_____	improper	_____
respect/dignity	_____	no respect/dignity	_____

What did you say to yourself during the situation?

Explain:

_____

_____

4) Beliefs

Rational	_____	Irrational	_____
Within reason	_____	Beyond reason	_____

What were your beliefs about the situation?

Explain:

_____

_____

5) Values Rational _____ Irrational _____
Within reason _____ Beyond reason _____

What were your values about the situation?

Explain:

_____

_____

6) Thoughts Sensible _____ Non-sensible _____

7) Feelings Justified_____ Unnecessary _____

B) MIXED-UP THINKING (Cognitive distortions)

Were there any mixed up ways of thinking? Identify them.

All or nothing thinking ____ Jumping to conclusions _____
Over-generalization _____ Mind Reading _____
Mental filters _____ Fortune teller error _____
Disqualifying the positive _____ Magnification or Minimization _____
Emotional reasoning_____ Labelling/Mislabelling ____
Double standards _____ Personalization _____

Explain:

_____

_____

_____

SECTION III EMOTIONAL STATE

1) Arousal

a) What emotion(s) were stirred up within you during the situation?

List them:

_____

_____

b) Qualify your arousal or intensity
justified _____ unnecessary _____ both _____

Explain:

_____

c) How did the intensity affect:
i) your thoughts:_____

ii) your emotions:_____

iii) your body: (external actions)_____

(internal-stress):_____

SECTION IV BEHAVIORS

1) Describe your choice of actions.

i) Did you choose to be passive? Yes ___ No _____
- did you withdraw? Yes ___ No _____
- did you state your concerns? Yes ___ No _____
- did you state your feelings? Yes ___ No _____
- did you bottle up negative feelings? Yes ___ No___
- did you feel helpless or powerless? Yes ___ No _____
- did you use drugs or alcohol? Yes ___ No _____
- did you choose to let things go by because you believed it was not worth it? Yes _____ No _____

Describe your passive actions:

_____

_____

ii) Did you choose to assert yourself? Yes ___ No ___
- did you state your concerns directly & honestly? Yes ___ No ___
- did you show consideration towards the other person? Yes ___ No ___
- did you listen for and understand the other person's point of view? Yes ___ No ___
- did you try to solve your differences from both points of view? Yes ___ No ___

Describe how you asserted yourself (Broken Record Technique, "I" Messages, W.I.N. Scripts, Handling Criticism-ABCD, Other:

_____

_____

iii) Did you choose to use aggression? Yes ___ No ___

What type of aggression?
- verbal-direct _____
- (sarcasm)-indirect _____
- physical _____
- instrumental _____
- displaced _____

Where did you direct your aggression?
- self _____
- others _____
- property _____

2) What were the negative consequences of your choice of actions?

_____

_____

3) What were the benefits of your choice of actions?

_____

_____

SECTION V OVERALL SELF-RATING

1) Did you exaggerate the importance of the anger provoking situation?
Yes_____ No _____ Maybe _____

Explain:_____

_____

2) What was at risk in the situation?
Personal safety _____
Pride _____
Both _____
Neither (playing the role) _____

Explain in detail what was at risk:

Safety (list body parts)
Pride (belief and values)

_____

3) Did you choose to
- respond? (think then act) _____
- react (act then think) _____
- withdraw (leave it unresolved) _____

Justify or explain your choice:_____

_____

4) Did you take a time-out? Yes ___ No ___

Why or why not?_____

_____

5) Was it an effective time-out?

clear and sensible thinking	Yes ___	No ___
decreased arousal intensity	Yes ___	No ___
less stress/tension	Yes ___	No ___
helped to assert yourself	Yes ___	No ___

Did the time-out or could a time-out have helped?

Yes ___ No ___

Explain:_____

6) Stress

a) What type(s) of stressor was the situation?

Natural life cycle event ____

Landmark event ____ Man made ____

Disease or accident ____ Daily stressor ____

b) Were you able to recognize any signs of stress and/or tension during the situation? Identify them.

_____

_____

c) Did you manage your stress well? Yes ___ No ___

Explain:_____

How did you handle yourself in this anger provoking situation?

1	2	3	4	5
Poorly	Not so well	Okay	Good	Great

7) What have you learned about yourself/other person by completing the Anger Log?

Explain:

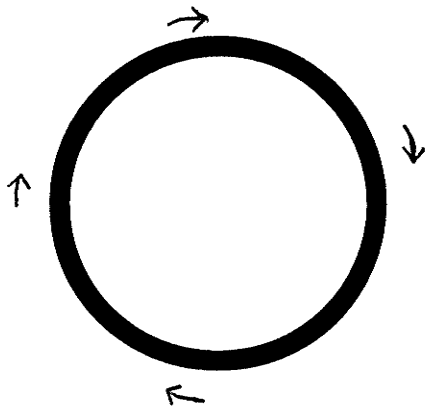
_____

_____

_____

CYCLE OF ANGER (Handout)

Phase 2
Aggression/Abuse



Phase 1
TENSION BUILDING

Phase 3
Calm/Remorse

Adapted from: Anger Management Manual, Manitoba Corrections, 1991.

CYCLE OF ANGER PHASES (Handout)

1. TENSION BUILDING	2. ANGER	3. CALM
Warning Signs:	Serious Aggression to:	Tension release
Physical	- self	Guilt/remorse
Emotional	-others	False promises
Thoughts	-pets	If no help,
Behavior	-objects	cycle continues again

Adapted from: Anger Management Modules, Manitoba Corrections, 1991.

SESSION 7

TIME: 2.5 hours

TOPICS: Reacting, Withdrawing & Responding to Anger

ACTIVITIES: Lecture, discussion, and videos

RESOURCES: Facilitator Manual, 2 flipcharts (prepared notes & blank paper), felt marker, videos: "Why Are You So Angry?" (From: Kinetic Films, 30 minutes), Multiple Choice Questionnaire & Subjective Questions.

INSTRUCTIONS:

i) Facilitator summarizes last session and inquires how time-outs and anger logs went. Further asks if anyone had to use a real time-out and how it went. Collect anger-logs for review and comment. Advise participants they will be returned next session.

ii) Facilitator introduces the topic of reacting by asking the group what it involves and what are the consequences of reacting to anger provoking situations as opposed to responding. Answers and ideas are recorded on the flipchart and connected to the key consequences as outlined in the facilitator manual (temporary relief with later regret, fog the issue, does not solve problems etc.)

iii) Facilitator introduces the topic of withdrawal by asking the group what it involves and what are the consequences of withdrawal. Answers and ideas are recorded on the flipchart and connected to the key definitions and consequences as outlined in the facilitator manual. Facilitator repeats same process for topic of responding. The usefulness of anger logs and control plans in developing skills is highlighted.

iv) Facilitator shows the video "Why Are You So Angry?" which demonstrates withdrawal and reactive methods toward anger provoking situations. Facilitator discusses film with participants. Suggested discussion questions may include: What did they observe in the different scenarios? What did the participants like about the film? Where did the anger for these actors come from? How are you similar/different to the people in the film? How are the actors similar/different in their anger and aggression issues? How did

these people overcome their problems with anger and aggression? What are the key concepts in making the anger management program work? What have you learned from watching the film?

v) Facilitator supplies Multiple Choice Questions and Subjective Questions for homework. This will allow the participants to continue to review the new information, and focus them on a personal level as to what their strengths and weak areas are.

LEARN TO RESPOND RATHER THAN REACT OR WITHDRAW

We cannot control external events. We can only influence them. To influence means to have a direct or indirect effect on the outcome of a situation. Regardless how we choose to behave, our actions have a direct or indirect influence on the outcome of events. Our actions also help solve problems and create opportunities or they can make matters worse. The purpose of this section is to clearly explain the basic realities of our possible choice of actions.

I REACTING

Reacting:
- does not involve sensible thinking.
- is an impulsive behavior.
- is sometimes driven by a desire for revenge or to hurt oneself, others or property.
- may provide instant relief from internal pressure.
- may fog the issue at hand.
- does not solve problems.
- may lead to serious consequences.
- may allow others to push your buttons.
- leads to a bad reputation.

Reacting does not involve sensible thinking. One does not think about the consequences of his actions until its too late. It is becoming angry, acting out with aggression then thinking about the consequences afterwards. Feel - Act - Think as opposed to Think - Feel - Act. A great psychologist by the name of Albert Ellis created a technique known as Rational Emotive Therapy. This technique focuses on how we think, what we believe and how we interpret situations that leads us in the direction of anger and aggression. His view is that although all people think, feel, and act in that order, many of us don't slow ourselves down enough to check things out before flying off the handle. As a result of this high speed processing, we believe that we feel-act-think. By the time we settle down and think, the damage is done. In addition, he challenges all his clients to think, and think differently by reviewing their values, beliefs and how they interpret situations. He calls this disputing false information or irrational beliefs/values/self-talk. This is what we have been attempting in this program.

As mentioned, reacting is an impulsive behavior. It's acting upon our feelings rather than acting upon our thoughts. Allowing our emotions to control us, rather than us control our emotions. The person may feel upset, angry or hurt, then

suddenly lash out at the source of his anger. He is sometimes driven by a desire for revenge or to hurt himself, others, or property. Because he felt hurt or threatened in some way, the reactive person becomes aggressive out of a desire to get even. That is irresponsible behavior based on irrational thinking. It does not make sense to let powerful negative emotions such as anger or hatred govern our choice of actions.

Reacting may provide instant relief from internal pressure. Further in the program we will closely examine how intense arousal creates internal stress. We probably have felt that at least once in our lives. That pressure has to come out one way or another. Acting out with verbal or physical aggression can sometimes help relieve that pressure. It may even feel good inside. The problem is however, that the good feeling is short lived. It usually does not take too long to realize the consequences of our actions. We must find better ways to relieve our internal pressure. Taking a time-out during the situation helps to decrease arousal and the internal pressure. Learning to practice sensible thinking helps us control our anger rather than the anger control us. Complete many anger logs. The skill of sensible thinking will be of benefit
forever.

Reacting may fog the issue at hand. In many situations our anger may be justified. That does not mean that our aggression will be tolerated. If anything, the issue that angered us in the first place, no longer becomes the issue at hand. Our aggression becomes the issue. It shifts the focus of attention away from the cause of our anger to the consequences of our aggression. Many times that causes people to become even more angry. Use the time-out technique to decrease arousal and external pressure. Complete anger logs to develop more sensible ways of thinking. Develop problem-solving techniques. We will be able to deal with anger and avoid the consequences of aggression.

Reacting does not solve problems. It creates them. It may lead to serious consequences. There is no need to list all of the possible consequences of aggression. They are listed in section 1. Just understand that the short lived relief of pressure is not worth the long lasting effects of consequences.

When reacting, people stand up for their beliefs. Others also know they cannot get away with just anything. Standing up for ourselves is right and proper. But we need to do it in a way to preserve our dignity. Walking over other people may work against our best interests. People may fear us, but they won't respect us. Others may find it easy to push our buttons. If we are quick to anger, we become predictable. Others will recognize our weak spots. Some may provoke us just for the sport of it. Some may find ways to use us to meet their twisted needs.

Reacting leads to a bad reputation. Whether we are easily provoked or feared by

others, people don't learn to respect us. There is very little to gain and so much to loose when we overreact to anger provoking situations.

II WITHDRAWAL

Withdrawal
- is not standing up for ourselves.
- does not solve problems.
- may lead to serious consequences.
- can be a wise choice of action.

Passive people rarely stand up for themselves. It's not that they don't want to. Many times they fear other people's reaction. They wonder what other people will think of them if they speak up or express their true feelings. Passive people do not want to tell others what to do. For the most part, they are more concerned about others than themselves.

Those are irrational beliefs. Remember the facts:

i) We do not control other people's thoughts, feelings, or actions.
ii) We are not responsible or accountable for their actions.

It is right and proper to stand up for our thoughts and feelings. Behave with dignity and show consideration to others. Reasonable people are not offended when other people share their true thoughts and feelings. If anything, we gain their respect.

Passive behaviours do not help solve problems or conflicts. How can they? No action is taken to deal with the issue at hand. Other people cannot know what we think or feel unless we tell them. At best they can only guess what we think and feel. When others are left with having to guess, they make mistakes. Unreasonable people will often take advantage of our passiveness. They sense they can get away with taking advantage of us.

Being overly passive may lead to some serious consequences. Not only does it not solve the problem, it can make matters worse. The original problem may get worse and/or start a chain of other problems. Deal with small issues before they grow into bigger ones.

The passive person is at risk to bottle up a lot of negative feelings. Letting emotions pile up inside causes unnecessary arousal and stress. Pressure builds inside the person and it must come out. If we can not find acceptable ways to release the pressure, it will come out some other way. Often the pressure comes out in the form of aggression towards self or others, and/or property. That is called passive-aggressive behavior.

The passive person often develops a poor self image. He may feel powerless to deal with difficult situations. He may feel useless or worthless. Those self-defeating thoughts and feelings are irrational and avoidable.

It can lead to a poor reputation. Others may loose respect for him. Some may try to manipulate or abuse him. Becoming overly passive often has a negative effect on his relationship with other people.

Choosing to be passive can also be a wise choice. Sometimes we may believe it is not worth dealing with certain issues or we may choose to deal with them later on. It's okay to withdraw when we are not bottling up negative emotions for a long period of time. If the problem or issue keeps coming up, deal with it before it gets worse.

Note

Some people believe being passive is not an action. That is false. Just because we are not being assertive or aggressive, we are still doing something. Our body did not suddenly disappear. We are still there. We simply did not speak or take some other action. We may be sitting there, walking away or ignoring what's going on. Passive behaviours are different from assertive or aggressive actions. They are actions nonetheless.

III RESPONDING

Responding
- is to answer.
- involves sensible thinking.
- is being direct and honest.
- requires courage and determination.
- may or may not provide instant relief from internal pressure.
- produces long-term positive results.

Responding is to answer. When we respond to a situation, we let our thoughts and feelings be known. We answer the situation by sharing our beliefs and feelings.

Responding involves sensible thinking. It's thinking about the consequences or benefits of our actions before taking action. We may feel angry or upset during the situation, but we don't allow our emotions to control our actions. We may take the time to clearly think about our options. We are driven by a desire to solve the problem by letting others know our true thoughts and feelings.

Remember the facts: everybody has different beliefs and values about any given situation. Nobody knows what our thoughts and feelings are until we make them known.

State thoughts and feelings honestly and directly. If we want people to clearly understand our thoughts and feelings about the anger provoking situation, we should tell them exactly what we mean and do it to the best of our abilities. Some people can communicate better than others. We just need to do our best. In doing so, avoid two things. Don't believe other people will get upset or think bad things about us. Remember that we are not responsible for their thoughts and feelings. Don't try to impose beliefs and values on other people. Allow people the freedom to make up their own mind. Remember, we cannot control other people, we can only influence them. If our beliefs are rational and our feelings are appropriate, reasonable people will respect our thoughts and feelings.

Responding requires courage and determination. Sometimes it takes a lot of courage to tell someone our true thoughts and feelings. If may not be easy, but it is important to do it. It is important for two basic reasons: 1) there is an unpleasant situation happening and 2) it is causing us to become upset. If we want to solve the problem, we need to tell the other person what we think and feel about the situation.

On the other hand, it may be difficult to not impose ourselves on the other person. It is important to share our thoughts and feelings to solve the problem. How to do it is equally important. For some people it is hard to not become aggressive in an anger provoking situation. It takes courage but we must learn how to assert ourselves.

We must be determined to get the job done right. If we are direct, honest, and try our best, we may surprise ourselves and others too.

Responding may or may not provide instant relief from internal pressure. When provoked, we must take the time to think about our choices or options. We may think in ways that decrease our arousal quickly. A good place to start is to ask ourselves "Is it worth getting upset?" We may be surprised how quickly that decreases arousal. There will be no need to relieve internal pressure because our body's internal functions will have returned to normal. On other occasions our arousal may stay with us for a long time and with varying levels of intensity. We may just have to accept and live with that for a while. Use the time-out technique when necessary. In this program we have learned how to recognize the different signs of arousal. That will help us decide when a time-out is a good idea.

In any event, the more often we assert ourselves in difficult situations, the easier it is and the more skilled we become. We will find it easier to decrease arousal

and solve problems.

Responding produces long term positive results. There are no guarantees that asserting ourselves will solve the problem at hand. Conflict situations involve two or more people. Remember we can just deal with our own thoughts, feelings, and actions. Stand up for ourselves and show consideration for others. Allow other people to do their own thing. Remember that they are responsible and accountable for their choice of actions. Hopefully, everyone involved will be reasonable. In any event, we can be proud of the way we handled a situation when we are reasonable and avoid the consequences of under or overreacting.

Responding works for us in the long run. It helps create a positive self-image. It also leads to a good reputation. People will find it easier to respect and trust us. They will feel comfortable being around a reasonable person. Relationships with them will improve. Good things can also come our way.

IN A NUT SHELL:

Withdrawal	- is under-reacting.
Reacting	- is overreacting.
Responding	- is doing our best.

MULTIPLE CHOICE QUESTIONS

READ THE QUESTION AND ALL OF THE POSSIBLE ANSWERS BEFORE YOU CIRCLE THE LETTER NEXT TO THE ANSWER YOU BELIEVE TO BE MOST CORRECT.

1) How a person chooses to behave:
   a) tells you something about his or her beliefs and values.
   b) can be affected by other people or events.
   c) is only under his or her control.
   d) all of the above.

2) Using drugs or alcohol to avoid the realities of life are examples of:
   a) passive actions.
   b) assertive actions.
   c) aggressive actions.
   d) are not actions at all.

3) Reactive people:
   a) can easily be used by other people.
   b) rarely take the time to think about the consequences of their actions.
   c) do not usually solve the problem at hand.
   d) all of the above.

4) By asserting yourself you can:
   a) more likely solve a problem.
   b) make matters worse.
   c) create a poor self-image.
   d) none of the above.

5) Becoming aggressive:
   a) can sometimes relieve internal pressure.
   b) can lead to a poor self-image.
   c) creates stress in your body.
   d) all of the above.

6) Passive behaviors:
   a) do not help solve problems.
   b) can lead to feelings of worthlessness.
   c) can be a wise choice of actions.
   d) all of the above.

7) The assertive person:
   a) is more likely to resolve his problems and conflicts.
   b) is more likely to gain genuine respect from others.
   c) usually feels good about himself.
   d) all of the above.

8) Aggressive behaviors:
   a) can be influenced by justified feelings of anger.
   b) can fog issues even if your anger is justified.
   c) can get you into trouble even if your anger is justified.
   d) all of the above.

9) When choosing to passively withdraw from a situation you should:
   a) be sure not to let anyone know how you feel.
   b) guard yourself from being disrespectful.
   c) avoid bottling up negative feelings.
   d) all of the above.

10) Regardless of your choice of actions:
   a) you will influence the outcome of events
   b) they are a personal decision.
   c) you cannot be sure how events will turn out.
   d) all of the above.

SUBJECTIVE QUESTIONS

READ EACH QUESTION CAREFULLY. ANSWER THEM AS FULLY AND HONESTLY AS YOU CAN. USE EXTRA SHEETS IF NECESSARY.

1) For the most part, do you consider yourself to react, respond or withdraw from anger provoking situations? Explain.

_____

_____

_____

_____

_____

_____

2) For the most part, do your choice of actions work for or against your best interest? Explain.

_____

_____

_____

_____

_____

3) What is there about your past and current behaviors that you can improve to increase the quality of your life style?

_____

_____

_____

4) How do you know that you have the courage and determination to improve the quality of your lifestyle?

5) What happens to you personally when:
   a) you choose to withdraw from difficult situations.

b) you choose to react to difficult situations.

c) you choose to respond to difficult situations.

SESSION 8

TIME: 2.5 hours

TOPICS: Stress, Relaxation techniques, Emotional Arousal and Thinking.

ACTIVITIES: Lecture, Discussion, Exercise

RESOURCES: Facilitator Manual, 2 flipcharts (prepared flipchart notes & blank paper), Multiple Choice Questionnaire, Subjective Questions, Relaxation exercise cassette or relaxing music cassette (Solitudes: Pacific Suite, 1990, Mount Albert, Ontario), audio cassette player.

INSTRUCTIONS:

i) Facilitator solicits from participants the definition of stress, what form it takes, and its effect on our behavior. Concepts are recorded on flipchart and connected to the prepared flipchart notes. (Optional exercise: Facilitator advises participants to close their eyes. Further indicates he/she will be walking around the room. When a participant receives a touch on the shoulder he is to sing the first verse of a song he knows. Facilitator walks around the room, touching no one. Participants are asked to open their eyes and describe their feelings in response to this stress inducing exercise. Further, they are asked as to what they said to themselves to prepare for "the song" (external, stress provoking event) so that they could handle the situation. Participants are reminded we have varied approaches to handling stress as well as common element.

ii) Facilitator solicits from participants what we can do to alleviate stress/distress and connects same to the solutions outlined in the prepared flipchart notes.

iii) Participants are asked to find a comfortable position. Facilitator plays a stress relaxation tape to the group participants. Feedback from participants is solicited as to the impact of the audio tape on them. The importance of managing stress for health and anger management is highlighted. They are advised they now have two relaxation techniques in their repertoire. Participants are asked to think of one of their hierarchy card scenarios and practise the

relaxation method. The ability to cognitively control arousal is highlighted.

iv) Facilitator asks that each person do one activity of their choice which they have not done on a regular basis, but find stress reducing (E.g. Go for a walk, listen to music). The importance of taking time for self-care is highlighted, along with the fact that there exists a host of cheap, simple and effective coping methods.

v) Facilitator distributes Multiple Choice Questions and Subjective questions for homework. Participants are reminded that the purpose of the homework is to maintain focus and assist in clarifying information presented in the program. Facilitator collects MCQ and Subjective Questions from last session for review and comment. Advises members they will be returned to them next session.

vi) Facilitator returns anger logs from last session. Hands out additional blank logs. Asks participants to update first logs, filling in the sections which have now been covered in Sessions 7 and 8.

LEARN TO MANAGE YOUR STRESS AND IDENTIFY THE SIGNS OF YOUR AROUSAL

I STRESS, DISTRESS, STRESSORS

Modern day life is complex. There are rapid changes to which we must continuously adapt. How we adapt to those changes determines the quality of our life styles. Stress is commonly viewed as something negative. Many people say it makes them feel tense, upset, anxious, or nervous, etc. These are better understood as signs of distress. In fact, stress is something positive, normal and even necessary. Dr. Hans Selye, M.D., a leading expert on stress, defines stress as "the nonspecific response of the body to any demand made on it." In other words, what changes occur in our hearts, stomachs, lungs, or other body parts due to a stressful situation. Stress is what our bodies do to help us adjust to various social or environmental situations. Stress is not a thought or emotion. It is how our bodies react to what we think or believe about a given situation.

Stress is a necessary part of life. Dr. Selye uses the term "eustress" to describe the "good" type of stress. The one that helps us accomplish and achieve our goals. It adds spice and enjoyment to life.

Distress is the "bad" type of stress. It has a negative effect on our bodies, mental, and emotional states. Distress is stress poorly managed. It is when things get too hard to handle. It could be because one very difficult event occurred in our lives or a lot of small things are building up inside.

Stress causes physical changes in our bodies which are the result of messages coming from our brains. The experts refer to these stress reactions as people's natural ability to prepare for "fight or flight". This is a carry over from when people were still living in caves. It was the only way prehistoric people could deal with dangerous situations. People had not yet developed problem solving techniques, communication skills and could not assert themselves in conflict situations. In life threatening situations people had two basic choices. They could fight an enemy or run for their lives. These natural fight or flight reactions were vital to their survival. They prepared the body for immediate action. It gave the boost of energy needed for survival.

These fight or flight reactions are useful for modern day people also. They prepare us for immediate action in life threatening situations. Although there are no sabre tooth tigers running around, modern day life has many dangerous situations: traffic, sports, falling objects, high risk jobs, and so forth. The external

event that causes us to react is called a stressor. The internal reaction on the body is called stress. When stress is channelled in proper ways it helps us deal with the stressors, challenges, and occasional conflicts in daily life.

Whether the threat is real or imagined, the internal reaction on body is called stress. When stress is channelled in proper ways it helps us deal with the stressors, challenges, and conflicts in daily life.

Whether the threat is real or imagined, the internal reaction on the body is the same. It is very quick and very powerful. Stress occurs when we feel threatened. The threat does not necessarily have to be life threatening. It can be a job interview, sports competition, marital or family concerns, financial problems, deadlines, illness, death in the family, arguments, trouble at work, and so forth. If one event is overwhelming or many smaller things are building up, our stress can turn into distress. Distress is poorly managed.

To enjoy a healthy and productive life, we must learn:

1) to identify the types of stressors,
2) find effective ways to deal with those stressors, and
3) develop a healthy mind and body.

Types of Stressors:

There are at least five major stressors common to all people.

1. Natural Life Cycle

i) Dependency as an infant. Humans start off life totally dependent on other humans. All of their wants and needs are provided by caregivers such as parents, family members, and babysitters.

ii) A teenager's struggle for independence and identity. We are a little older now and are starting to strive for independence. We want to become our own person. That struggle can be difficult at times. We do not want people to tell us what to do but we have not yet become totally independent.

iii) Adulthood. We are on our own and must fend for ourselves. We have needs which must be met and strive for better things. We need income security. Others may depend on us. We have our own expectations and many demands are placed on us.

iv) Old age. We must learn to deal with the loss of physical abilities. We may become dependent on others again.

These are stressors of the natural life cycle we must learn to cope with and adapt to.

2. Disease or Accident

Illness or diseases we may catch during our life. Cuts, bruises, fractures or any sort of accident are all stressors that we have to cope with. They may tie us down for a short or long period of time and cause pain or discomfort.

3. Landmark Events

Landmark events are important and meaningful events in life which happen infrequently, but present a major change to our life styles.
These may include:
- starting school
- graduation/dropping
- starting a new job
- death in the family
- marriage/divorce/separation
- arrest/sentencing/incarceration

4. Daily Stressors

Daily stressors include everything that makes for the hustle and bustle of daily living.
These may include:
- frustrations, irritations, annoyances
- getting to places on time
- mechanical or electrical breakdowns (eg TV, car)
- watching your favorite sport team loose
- not receiving a letter, phone call, or visit
- waiting in lineups
- arguments, conflicts.
- deadlines

5. Man Made Stressors

These are our thoughts, beliefs, and points of view. What we think about certain situations or events that surround us will either increase or decrease the impact

stress has on our bodies. This is the most important type of stressor we can subject ourselves to. It is also the one we can control the most. The other types of stressors listed above are natural or everyday situations we cannot avoid. They exist in the environment and are part of life in general. Our thoughts are within us and we control them. They can be sensible or non-sensible. How we view and think about the outside world is important to our level or efficiency, effectiveness, and overall health and happiness.

The Effects of Stress on the Body

The body reacts to stressors with the "fight or flight" response. In prehistoric times people needed this response for survival. They had to decide whether to stay and fight or run away. In modern times, the same response is activated and causes many changes in the body. These changes are often undesirable because we rarely need to fight or run away from stressful situations.

How the Body Reacts to Stress:

- heart rate increases and blood pressure rises forcing blood to the many parts of the body that need it.
- breathing becomes rapid to supply the required oxygen to our muscles, heart, and brain.
- muscles become tense and provide extra strength and energy for action.
- skin begins to sweat to cool down body temperature.
- chemical reactions such as adrenaline are activated to provide the extra boost of needed for instant action.

The fight or flight response is often an overreaction from our bodies to deal with stressful situations. If we do not find ways to return our bodies to normal levels of functioning, the stress reaction can turn into distress. This does not happen suddenly but can produce very unhealthy effects on the body in the long run.

Symptoms of Distress:

We may be experiencing distress or "bad stress" when we feel one or more of the following:

- tense muscles/neck, back, jaw, clenched teeth
- shortness of breath
- headaches
- stomach pain
- diarrhea

- pounding heart
- moist hands
- excessive sweating
- dry mouth
- cold hands or feet
- twitches, nervous ticks
- poor concentration
- moodiness/irritability
- general aches and pains
- inability to sleep soundly/drowsiness
- tingling sensation in nose, lips, or finger tips
- unreal sensations
- tightness of chest area
- difficulty winding down at end of day
- lack of patience/can't sit still.....

Illnesses Related to Distress

When our bodies are subjected to too much stress or our bodies functions cannot return to normal levels. We may develop some of the following medical problems:

- severe headaches, migraine or tension headaches
- ulcers
- sleeping disorders
- rashes
- digestive problems
- high blood pressure
- heart problems
- depression or anxiety attacks
- burn out (mental, emotional, physical fatigue)
- in extreme cases death can occur

How to Manage Stress

There are many things we can do or avoid not doing so our stress does not turn into distress:

AVOID
- worrying unnecessarily/becoming preoccupied
- boredom
- over/under eating
- people who bother us when possible to do so
- smoking
- abusing alcohol

- drinking too much caffeine; cola, tea, coffee
- street drugs
- taking on too many tasks at the same time
- non-sensible thinking
- under sleeping
- attempting to control other people
- being aggressive or passive

THINGS WE CAN DO

- eat a proper diet
- exercise regularly
- change personality traits if they cause undue stress (belief and value systems).
- get enough sleep
- get fresh air and sunshine
- think in sensible ways/relax your way of thinking
- use time wisely (hobby, work, recreation)
- associate with people we get along with
- develop a sense of humor; laughter releases pressure, tension, anxieties; learn to laugh at yourself and avoid taking everything too seriously
- find people who can provide emotional support
- build healthy relationships with co-workers, friends, family, and lovers
- be assertive
- do relaxation exercises
- complete anger logs
- build a network of resources to help cope with difficult moments

II RELAXATION EXERCISES

Tension is the voluntary or involuntary tightening of muscles in our bodies. Tension is not stressful events. It is a symptom of good or bad stress. Tension is something positive, normal, and even necessary. Without tension our bodies would collapse. We would not be able to make any sort of movement. Our

tension can be voluntary or involuntary. We can tense up any muscle group in our bodies as we wish. Tension can also occur without any conscious effort. When moving around, playing sports or any physical activity people normally do not become aware of their muscle activity. It happens without giving it any thought.

If we feel tightness in our arms, neck, back, shoulders or legs when it is unwanted, our tension could be a sign of distress. That is our bodies' way of telling us that we are experiencing unhealthy levels of stress. Relaxation exercises are meant to relax the tension in our muscles, relax the anxieties in our mind, and to reduce the stress in our bodies. They also help decrease emotional arousal. Relaxation is the opposite of tension. When our muscles are not tense, they are relaxed.

Learning to relax is an excellent way to cope with stress. There are many forms of relaxation exercises. The "Progressive Muscle Relaxation Technique" (Bernstein and Borkovec, 1973) is an easy and effective method. It involves tensing up a muscle group in our bodies as tight as we can, to hold it for a brief moment then slowly release the tension. Controlled breathing is done at the same time. We do this exercise with every major muscle group in our bodies. As we progress through the exercise feelings of tension will be replaced by feelings of relaxation. Our minds will be relieved from anxiety. Anxiety is a fear reaction to the unknown. It is often our bodies' first reaction to sudden changes in our lives. In other words, it is an uneasiness we experience in our minds which causes stress and/or tension in our bodies. As we do the relaxation exercise allow all anxious thoughts to flow through the mind. Do not stop and think about them. Just let them flow through and concentrate on the voice (on the cassette) and breathing. By the end of the exercise our bodies will be in a state of physical, mental, and emotional relaxation.

III EFFECTS OF EMOTIONAL AROUSAL

Emotional arousal is the stirring up of an emotion. That emotion can be felt at various levels of intensity. The emotion and its intensity is produced by our thoughts. Our thoughts can be sensible or non-sensible. Sensible thinking leads to justified arousal.

Non-justified thinking leads to unnecessary and avoidable arousal and/or intensity. Arousal produced by sensible or non-sensible thinking feels the same. Regardless if our arousal is justified or not, it has an effect on:

- our thinking process
- our emotional state
- our bodies, behaviors and stress

Try to imagine arousal as an internal thermometer. The lower the arousal, the cooler the emotion. At the other end of the scale, the higher the arousal, the hotter the emotion. As our arousal moves along the scale, it strongly influences our thoughts, feelings and physical state. Throughout the program we closely examined the cause of emotional arousal. Briefly stated, our thoughts produce our emotions. Now we will examine the influence arousal and intensity plays on our thoughts, feelings, and body. To simplify matters we will examine arousal on three scales; low, medium, and high.

LOW POINT OF AROUSAL

Thoughts	Feelings	Actions/Body
dream like	peaceful	body is at rest
hazy	unstirred	inactive
indifferent	tranquillity	low stress
wandering in and out of reality	serene	passive
	mellow	relaxed
	lazy/laid back	

MEDIUM POINT OF AROUSAL

Thoughts	Feelings	Actions/Body
are clear	are controlled	body is functioning normally
alert	cool	
normal	stimulated	active
controlled	unruffled	productive
selective	together	assertive
creative	content/happy	eustress
rational	normal	constructive
constructive	collected	positive
focused	useful	energetic
coherent	energized	
logical		
aware		

HIGH POINT OF AROUSAL

Thoughts	Feelings	Actions/Body
out of control	out of control	out of control
confused	fearful	distressed
unclear	threatened	high blood pressure
incoherent	mixed up	very energized
irrational	choked	inappropriate
disjointed	rage	abusive
disassociated	fury	very intense
fast/rapid	hostility	antagonistic
very negative	hatred	hostile
anxious	miserable	body functions disrupted
unaware		
vengeful		violent
blackout		dangerous

There is a net difference among our thoughts, feelings, and actions depending on the intensity of our arousal. At a low level of arousal we feel relaxed, our thoughts are a little hazy and we are likely to be just waking up or about to fall asleep. During the medium point of arousal we are alert, feel in control and are ready for any activity we choose. At this point our body is functioning normally and all systems are go. We are ready, willing and able to perform at our best. During the high point of arousal everything is getting out of hand. OUr thoughts are fast and confused. We are unable to think clearly or sensibly. Our body functions are disrupted. We may be experiencing distress. This is an unhealthy and potentially dangerous state of being. Aggression and violence may occur.

It is very obvious that the medium point of arousal is preferred as the optimal state of being during normal functioning hours. This is when we can accomplish more at work, play or any other activity. It is also the preferred, if not the only state in which we can assert ourselves effectively to solve problems or resolve conflicts.

We must learn to manage our stress and identify the signs of our arousal. It is vital to our overall mental, emotional, and physical well being. Awareness is the key for control over stress and arousal. Remember we are responsible for our thoughts and feelings. We are also accountable for our actions. Only we can control or loose control over them.

It is important to clarify one point. The three scales of arousal as presented can be misleading. One could gain the impression that negative feelings are only experienced during the high point of arousal. That is not true. People can and do experience feelings such as anger, bitterness, hatred or resentment without becoming highly aroused.

There is a difference between experiencing an emotion and becoming highly aroused. The difference is the intensity. All emotions are experienced at different levels of intensity. The essential point is if anger is allowed to increase in intensity, it will turn to rage. Anger is generally recognized as a strong feeling of displeasure over which a person still has control over his thoughts, feelings, and actions. Rage on the other hand is anger which has taken control of the whole person. When feeling angry we are still in control. When feeling rage we have lost all control over our thoughts, feelings and actions. It controls us and we no longer control it.

The key to control is awareness. Awareness increases by completing anger logs fully and honestly. Sensible thinking, effectively managing stress and learning to identify our signs or arousal results in a better quality of life. The choice is ours.

MULTIPLE CHOICE QUESTIONS

READ THE QUESTION AND ALL OF THE POSSIBLE ANSWERS BEFORE YOU CIRCLE THE LETTER NEXT TO THE ANSWER YOU BELIEVE TO BE MOST CORRECT.

1) Stress is something:
   a) negative
   b) that occurs in the environment
   c) positive, normal and even necessary
   d) that should be avoided

2) Distress is:
   a) just another word for stress
   b) stress getting out of control
   c) an emotion
   d) none of the above

3) Stress:
   a) is something that occurs in the body and affects your body functions, i.e. heart rate, breathing
   b) provides your body with extra energy to deal with situations that occur in the environment
   c) can also have an influence on your thoughts and emotions
   d) all of the above

4) Stressors:
   a) are situations or events that cause stress in our body
   b) can be real or imagined
   c) are part of life in general
   d) all of the above

5) Fight or flight reactions:
   a) are a carry over into modern man from prehistoric times
   b) are physical changes that occur in the body to prepare you for immediate action
   c) can be something positive or negative depending on your abilities
   d) all of the above

6) Stress affects:
   a) your thoughts
   b) your feelings
   c) your actions
   d) all of the above

7) My emotional arousal:
   a) affects my thinking process and the stress reactions in my body
   b) may lead to assertive or aggressive types of behaviors depending upon my abilities to recognize its signs and manage its intensity
   c) can be justified or avoided depending whether I think sensibly or non-sensibly
   d) all of the above

8) The quality of my life style is determined by my abilities to:
   a) think in sensible or non-sensible ways
   b) manage justified or avoidable arousal and its intensity
   c) behave in productive or destructive ways
   d) manage stress and avoid distress
   e) all of the above

9) The body reacts to stressors:
   a) only when I am thinking sensibly
   b) by fighting or running away
   c) the same whether it is a real or imagined stressor
   d) none of the above

10) I am better able to manage my stress when:
   a) I can recognize the signs of my arousal
   b) I can recognize the changes occurring in my body
   c) I can recognize how it affects my thoughts
   d) all of the above

SUBJECTIVE QUESTIONS

READ EACH QUESTION CAREFULLY. ANSWER THEM AS FULLY AND HONESTLY AS YOU CAN. USE EXTRA SHEETS IF NECESSARY.

1) What signs can you recognize in your body when you are experiencing stress? Be specific. You may want to refer to your time-out technique (control plan).

_____

_____

_____

_____

_____

_____

_____

2) What signs can you recognize in your body when you are experiencing distress? Be specific.

_____

_____

_____

_____

_____

_____

_____

_____

3) How does stress and/or distress influence your actions? Be specific.

4) How does stress and/or distress influence your emotional state? Be specific.

5) How does stress and/or distress influence your state of mind? Be specific.

6) How does stress improve the quality of your life style? Be specific.

7) How does distress decrease the quality of your life style? Be specific.

8) Knowing what you know now, do you think the stress and distress in your life may have contributed to your involvement with the law today? Be specific.

SESSION 9

TIME: 2.5 hours

TOPICS: 11 Non-Sensible Ways to Think

ACTIVITIES: Lecture, discussion, role plays.

RESOURCES: Facilitator Manual, 2 flipcharts (prepared flipchart notes & blank paper), felt markers, anger logs, Multiple Choice Questionnaire, list of 11 Non-Sensible Ways to Think (handout).

INSTRUCTIONS:

i) Facilitator introduces each of the 11 thinking patterns and asks that the participants take turns presenting situations where they may have thought in such ways. Alternate/positive thinking styles are demonstrated to reinforce the need to be realistic in expectations, beliefs, values, self-talk, and behavior.

ii) Facilitator advises participants to review their anger logs completed to date and consider which non-sensible thinking pattern(s) occurred during their anger provoking situation by completing the appropriate section in the log. They are further advised to complete this section anytime they use their anger log.

iii) Facilitator asks that the participants complete a Multiple Choice Questionnaire (in group if time allows) or as homework

LEARN TO IDENTIFY NON-SENSIBLE THINKING

Cognitive distortions or mixed-up ways of thinking are headgames we play on ourselves. They are examples of non-sensible thinking. They are ways to view situations or events that do not reflect reality. They are ways to exaggerate the importance of anger provoking situations. These mixed up ways of thinking lead to unnecessary and avoidable and negative feelings.

Dr. David Burns wrote a book called Feeling Good: The New Model Therapy. This is an excellent book and group members may want to read it from cover to cover. The list and description of the ten mixed-up ways of thinking were borrowed from his book.

Even if our thoughts are mixed up or distorted, they produce powerful negative emotions. Those feelings seem real because they feel real. Twisted ways of thinking create a powerful illusion of true feelings. We accept them as true feelings because they are so powerful. Dr. Burns explains in blunt terms how our feelings can fool us. He says those negative emotions are not facts! In fact, our feelings don't even count - except as a mirror of the way we are thinking. If our thoughts make no sense, the feelings they produce will be absurd as the image reflected in the trick mirrors at an amusement park.

If we continue to believe our negative emotions that are based on non-sensible thinking, we will be trapped in a never ending cycle of anger. This mental prison is a trick we play on ourselves. We may trap ourselves in a never ending cycle of bitterness, resentment or hostility. It seems real because it feels real. This is backwards from reality. Our emotions do not produce thoughts. Our thoughts produce our emotions. Remember that our emotions simply follow our thoughts. Be more reasonable. Deal with the emotions in open, honest and factual ways. We will then be able to manage our anger. The arousal and/or intensity will decrease. We will feel more calm and relaxed. We will be able to assert ourselves better. We will feel good inside and find it easier to get along with people.

The following list of mixed up ways of thinking are detailed examples of: - non-factual appraisals.

- unrealistic expectations.
- inappropriate self-statements.
- irrational belief and value systems.

1) ALL OR NOTHING THINKING:

This is when a person only sees things in black or white categories. It is viewing things in extremes. In this way of thinking there are no grey zones. It is believing someone or something is all good or all bad. This a non-factual way to view the world. Life in general is rarely one way or another. There is good and not so good things about most people, objects, or events. This can also be an example of unrealistic expectations towards ourselves or others. Some people believe their attempts at doing things must be perfect. They may expect perfection from others. Things and people are rarely perfect. We cannot and other people will not be able to live up to unrealistic expectations.

2) OVERGENERALIZATION:

Overgeneralization is making things to general. This is like seeing a negative event as a never ending pattern of bad things to come. It is believing negative things will occur over and over. An example might be if someone puts in a job application and does not get the job. He then concludes that he will never get a job. That self-statement is far too vague or general. There are more sensible ways of viewing that situation.

3) MENTAL FILTERS:

This self-imposed headgame occurs when someone picks out a negative detail in an event and dwells on it until he believes the whole situation was negative. It is like wearing a pair of sunglasses. Everything turns the same shade of colour. The mental filter a person has can turn everything into something negative. Example of a true story: an inmate once said the turnips were overcooked at lunch. Before long he managed to become angry at the entire cooking staff. He turned one negative part of a meal into a totally negative situation. Viewing reality as it really is helps reduce unnecessary feelings of anger.

4) DISQUALIFYING THE POSITIVE:

This mental trick involves turning neutral or positive events into negative ones. An example Dr. Burns gives is how some people take a compliment. Someone says "Right on, good work". The other guy says to himself "He was just being nice. I wonder what he wants". With one swirl of the tongue he managed to turn the positive into a negative. The price a person pays for playing this headgame is to develop a bleak outlook on life. He may also become very irritable.

5) JUMPING TO CONCLUSIONS:

This is when a person becomes angry or upset over an event before he gets the facts straight. There are two ways people can jump to conclusions.

i) Mind Reading:

Mind reading is believing we know what the other person is thinking. Suppose someone was looking at us. If we were to become angry because we thought the person was calling us down, we would be playing the mind reading game. In fact, that person could simply be daydreaming. This results in unnecessary anger in us. It could also set up a negative relationship where one did not exist before.

ii) Fortune Teller Error:

Fortune teller error involves holding a crystal ball in our hands that only predicts anger provoking situations. This mental illusion happens when people get all worked up over an event that did not happen yet. Bail or parole hearings are good examples. Some people work themselves up well in advance of the hearing. Even if the worse comes true, is there any value worrying about it ahead of time? Deal with the situations as they come up. Avoid being emotionally wrapped up in events before they even happen. It's okay to look ahead, but be cautious of headgames that lead to unnecessary anger.

6) THE BINOCULAR TRICK:

This is a mental trap people fall into involves making situations seem bigger or smaller than they really are. Looking through binoculars the correct way makes thing seem larger. Turn them around and things look smaller. Neither is a true picture. People can play the "binocular trick" on themselves when they overstate their weaknesses and understate their strengths during self-talk. Someone who perfects this headgame can almost guarantee to feel inferior to other people. There are many more ways to play this headgame. It involves making things seem bigger or smaller than they really are.

7) EMOTIONAL REASONING:

This occurs when we allow our emotions to control our thinking. It is believing that events are true because they make us feel a certain way. Examples include: "I feel ashamed therefore, I must have done something shameful." "I'm angry at

you, therefore you must have done something bad to me". "I'm feeling jealous, therefore she must have cheated on me". Thoughts produce emotions, not the other way around. If we feel a negative emotion, we are thinking about something negative.

8) SHOULD STATEMENTS:

The word 'should' always implies a statement of judgement or of value. It tells us or other people what we believe or value. 'Should statements' can set a trap for us or other people. The trap we may set for ourselves is when we say "I should do this or I must do that". We may be trying to motivate ourselves, but we could also be adding unnecessary pressure too.

Telling other people what they 'should' or 'should not' do can make them feel pressured, resentful, or bitter. They may feel like we are trying to impose our beliefs and values on them. Make sure they care to receive advice before sharing thoughts with them.

'Should', 'must', and 'ought to' are all judgemental statements. Replace them with the word 'could'. It frees us from unnecessary pressure and allows other people the freedom to choose for themselves.

9) LABELLING & MISLABELLING:

This is an extreme form of overgeneralization. It is making statements that are highly charged with emotions towards self or others. For example I accidentally drop a cigarette in my coffee. I begin to say to myself things like "I can't do anything right. I'm a loser. I'll never amount to much in life", etc. In this way feelings of frustration are built up to intense feelings of anger.

Likewise, labelling other people for their shortcoming is also a destructive headgame. Calling someone a 'goof' or a 'jerk' can cause angry feelings for us and the other person.

Mislabelling involves describing events in ways that are inaccurate. For example, We fill out an application for transfer to another institution or ask for early termination of our probation. The caseworker/probation officer informs us that the request was denied/or he will not support it. We start saying to ourselves, "That fat pig never does anything for me. He is always jerking my chain to see how far he can push me." This situation is non-factual. There was no fat pig in the office. There was no chain attached to anybody's neck which a pig would pull on. And there was no one pushing. The fact is our thoughts were allowed to run wild.

People were labelled pigs. Actual facts of the event were mislabelled. These mental leaps from reality serve to fuel our anger. We need these type of thoughts to conjure up the emotions of anger.

10) PERSONALIZATION:

This means taking things personally when they are not intended as such. Remember, everyone has their own personal beliefs and values about any given situation. Just because something happens that challenges our beliefs or values, does not mean the situation was meant to anger us. We need to not take things personally when they were not intended as such.

11) DOUBLE STANDARDS:

This is another common mental trick people play on themselves. It is not one that Dr. Burns wrote about in his book. It is however, one that occurs very often in life. Double standards are when two sets of rules apply. One rule applies to us and another for the other fellow. Examples: Don't ask me for cigarettes but I can ask you for some. Don't yell at me but I can yell at you. Don't cheat on me, but I can do whatever I want. The list is never ending. Don't expect people to live up to standards that we don't think apply to us.

This list of mixed-up ways of thinking we went through are some examples of non-sensible appraisals, expectations, self-statements, beliefs, and value systems. Others exist. Become familiar with them. It is important to learn to recognize when we perform headgames on ourselves. By completing anger logs we will become skilled at catching ourselves doing these mental tricks. If we have become angry unnecessarily, we probably played one or more of these headgames. The sooner we learn to identify them in ourselves and others, the less energy will be wasted on lost causes.

MULTIPLE CHOICE QUESTIONS

READ THE QUESTIONS AND ALL OF THE POSSIBLE ANSWERS BEFORE YOU CIRCLE THE LETTER NEXT TO THE ANSWER YOU BELIEVE TO BE MOST CORRECT.

1) Mixed-up ways of thinking:
   a) cannot produce justified feelings.
   b) create undue stress on your body.
   c) occur only when you are feeling angry.
   d) never amount to much.

2) If your thoughts make no sense:
   a) your anger is acceptable.
   b) they will produce absurd feelings.
   c) someone caused you to think that way.
   d) none of the above.

3) Should statements:
   a) necessarily involve beliefs and values.
   b) can put unnecessary pressure on yourself and other people.
   c) can easily be replace by 'could statements'.
   d) all of the above.

4) Mixed-up ways of thinking:
   a) can only happen to people who are insane.
   b) can easily be mistaken for sensible ways of thinking.
   c) cannot occur if you use drugs or alcohol.
   d) can only occur if you do it on purpose.

5) Powerful negative emotions can occur:
   a) by thinking sensibly.
   b) by playing headgames on yourself.
   c) without being aware of them.
   d) all of the above.

6) People who play headgames on themselves:
   a) usually do it without being aware of it.
   b) can set up a negative relationship where one did not exist.
   c) can confuse and turn off other people.
   d) all of the above.

7) People who play headgames on themselves:
   a) can develop a poor self-image.
   b) can complicate situations.
   c) can develop more sensible ways of thinking if they have courage and determination.
   d) all of the above.

8) People who play headgames on themselves:
   a) manage to create a world inside their head which cannot be matched in reality.
   b) try to find ways to justify their illusions.
   c) can waste energy and time on lost causes.

9) People who play headgames on themselves:
   a) can think more sensibly when they learn to identify distortions.
   b) can greatly improve the quality of their life style when they learn to be more reasonable.
   c) are responsible for their thoughts.
   d) all of the above.

SUBJECTIVE QUESTIONS

READ EACH QUESTION CAREFULLY. ANSWER THEM AS FULLY AND HONESTLY AS YOU CAN. USE EXTRA SHEETS IF NECESSARY.

1) Which mixed-up ways of thinking have you practised in the past and/or still do now? List them.

_____

_____

_____

_____

_____

_____

2) Comment about the effects those distortions listed above have in your life, ie. arousal/intensity; relationships; behaviors; mood; general outlook on life; self-worth; creating problems.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

3) What positive changes do you expect will occur in your life when you learn to identify and overcome mixed-up ways of thinking?

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

4) Can you see any of those changes listed above happening now?
Yes_____ No_____ Maybe_____. Explain:

_____

_____

_____

_____

_____

_____

_____

SESSIONS 10

TIME: 2.5 hours

TOPICS: Self-Talk: Thinking to Cope, Problem-Solving Skills.

ACTIVITIES: Discussion, Exercises (practising self-talk and problem-solving techniques).

RESOURCES: Facilitator Manual, flip charts, Novaco's Self Instructions for the Regulation of Anger (handout).

INSTRUCTIONS:

i) Facilitator introduces topic of communication and its role in anger/aggression management.

ii) Facilitator reviews self-talk and the coping statements which can prepare us for anger provoking situations and help us cope better. Facilitator asks participants to imagine a anger provoking scenario based on their experiences. They may refer to their hierarchy cards. Participants are advised they will be asked to share the situation in group. They are then instructed to modify their anger provoking appraisals and cognitions by reciting the self-instructions (statements). Participants practice the self-statements and share their old and modified statements with the large group. Modifications of self-statements and the impact are discussed. Participants are then asked to answer the 7 problem-solving questions specific to their scenario. The facilitator asks participants to share their scenarios with the group participants again, having them assist in answering the problem-solving questions and further modifying self-statements as needed.

iii) (Homework) Participants are asked to practice the self-statements while visualizing an anger provoking situation. They are further requested to practice a time-out technique employing relaxation and coping skills after the visualization.

iv) Anger logs are collected and distributed as needed. Any concerns and issues around the logs are discussed.

SESSION 11

TIME: 2.5 hours

TOPICS: Communications Skills - How to act assertively. Problem Solving Skills - Conflict resolution.

ACTIVITIES: Film, Discussion, Exercises (practising assertiveness and problem-solving).

RESOURCES: Facilitator Manual, 2 flipcharts (prepared flipchart notes based on the video and blank paper), felt markers, Video: "Communicating Assertively" (From: Discovering Life Skills, Volume vi, YWCA of Metropolitan Toronto, [c] 1991, 20 minutes), blank control plans (handouts).

INSTRUCTIONS:

i) Facilitator introduces video: "Communicating Assertively", and supplies prepared notes based on video. Facilitator asks participants to view video and add notes as required to their prepared notes.

ii) Facilitator reviews the key concepts of communication as outlined in the video.

iii) Participants are asked to use one of their hierarchy cards or recall a recent anger provoking situation. They work with a partner to list their physical signs, angry thoughts (negative self-talk) and aggressive statements they had experienced. They are then asked to list alternatives to the physical arousal (what could you do?), angry thoughts (calming thoughts/self-talk), and aggressive statements (assertive communication). This task is done on the handout entitled "Warning Signs Worksheet". Participants are asked to share their results/changes with the large group.

iv) Participants then role play a scenario, practising the new communication techniques with the goal of solving the conflict using one of their generated alternatives. They are reminded to use their self-regulating statements during the role play, their mental relaxation techniques which were taught in session 5 and problem-solving questions (they may use their handouts). Helpful hints are allowed from the remainder of the group as each participant gets a chance to role play and practice assertive communication and

problem-solving. Participants may want to use the scenarios from their hierarchy cards.

v) Participants are asked to review their control plans and make changes based on their new coping information and skills. Depending on the time remaining, participants are given this task as a homework assignment. Facilitators either collect and review the plan by next session or collect at next session and return to participants by Session 13.

COMMUNICATION AND PROBLEM-SOLVING

1. SELF-INSTRUCTIONS FOR REGULATING ANGER

The skills highlighted in the assertive communication video demonstrated for us the "how to" of saying what we feel, need or want. In addition it demonstrated how we could constructively problem solve. But, what do we say to ourselves (self-talk) so that when we are in an anger provoking situation that we minimize our arousal, focus on the problem, and hopefully move toward solving it. Our self-talk which tells us how we are appraising events, what expectations, beliefs, and values we have can lead us to increase our anger and become ineffective or it can help us decrease our anger and remind us to use our positive communication skills and attempt resolution. All we need to do is use them and remember that not all problems are easily solved. Practising our self-talk to address anger provoking situations in a positive way is a good method of anger/aggression control. In addition it allows us to focus on the problem to be solved. If we effectively use our self-talk, then we can begin to use our verbal communication skills to address the actual problem or conflict.

Self-statements (self-talk) follow the same pattern at each stage of the confrontation. First, there is a warning to keep the anger provoking situation in perspective and proportion. E.g. "This could be a rough situation, but I know how to deal with it." Another statement reminds us how to keep arousal down. E.g. " Time to take a deep breath. Easy does it." Another set of self-statements reminds us that we have the strength and ability to cope with the anger provoking incident. E.g. "As long as I keep my cool, I'm in control of the situation." And finally, self-statements are made so we remember to focus on the problem. E.g. "Remember to stick to the issues. Don't take it personally." These four ideas repeated over and over again are "rational antidotes" to irrational beliefs that often trigger our feelings of anger. These four antidotes are: Although the situation is difficult, it can be mastered; take the situation as a problem to be solved rather than as a personal affront; staying calm is good anger management and helpful; we are not helpless and have the ability to cope with the situation (Deschner, 1984).

SELF-INSTRUCTIONS FOR REGULATING ANGER

Preparing for a Provocation

This could be a rough situation, but I know how to deal with it.
I can work out a plan to handle this. Easy does it.
Remember, stick to the issues and don't take it personally.
There won't be any need for an argument. I know what to do.

Impact and Confrontation

As long as I keep my cool, I'm in control of the situation.
You don't need to prove yourself. Don't make more out of this than you have to.
There is no point in getting mad. Think of what you have to do.
Look for positive and don't jump to conclusions.

Coping with Arousal

My muscles are getting tight. Relax and slow things down.
Time to take a deep breath. Let's take the issue point by point.
My anger is a signal of what I need to do. Time for problem solving.
He probably wants me to get angry, but I'm going to deal with it constructively.

Subsequent reflection:

a. Conflict unresolved

Forget about the aggravation. Thinking about it only makes you upset.
Try to shake it off. Don't let it interfere with your job.
Remember relaxation. It's a lot better than anger.
Don't take it personally. It's probably not too serious.

b. Conflict resolved

I handled that one pretty well. That's doing a good job.
I could have gotten more upset than it was worth.
My pride can get me into trouble, but I'm doing better at this all the time.
I actually got through that without getting angry.

NOTE. From "The Cognitive Control of Anger and Stress," in P.C. Kendall and S.D. Hollan (eds.), Cognitive-Behavioral Interventions: Theory, Research, and Procedure (New York: Academic Press, 1979), Table 8.1, p.269.

2. PROBLEM-SOLVING (Handout)

There are 5 basic component to problem-solving. These include: i) analyze the problem(s); ii) generate possible alternative solutions; iii) evaluate the alternative; iv) implement the best alternative and; v) assess the outcome, repeating the procedure if the problem is not resolved. Here is a list of specific questions and actions to follow when trying to problem-solve.

Steps	Questions/Actions
Problem identification	What is the concern?
Goal selection?	What do I want?
Generate alternatives	What can I do?
Consideration of consequences	What might happen?
Decision making	What is my decision?
Implementation	Now do it.
Evaluation	Did it work?

NOTE. From D. Meichenbaum, Stress Inoculation Training (New York: Pergamon Press, 1985), p.67.

ASSERTIVE COMMUNICATION

1. Defining Assertiveness

The role plays in the video demonstrated three types of behavior - aggressive, passive, and assertive.

Aggressive
- puts the other person down
- is an attack either verbal or physical
- labels the other person
- tries to punish or intimidate

Passive
- denies feelings
- avoids conflict
- gives into others
- neglects personal needs

Assertive
- expresses true feelings
- confronts the problem and is respectful of the other person
- is honest and direct
- shows the willingness to discuss and negotiate

2. Broken Record Technique

The broken record technique is repeating a point of view. It is used with the intent of not being drawn into an argument. Minimal explanations are given in this approach. It is used when we feel manipulated, overwhelmed by someone, and wish to stand up for our rights.

3. "I" Messages

"I" messages are statements of thoughts or feelings without labelling the other person. It describes the specific behavior we are reacting to. It is used as a technique to avoid us from using the "You" statements which often escalate a conflict.

4. W.I.N. Scripts

The WIN technique as outlined in the video shows how it may be used in dealing with conflicts.

W - "When you..."
I - "I feel..."
N - "I need or want..."

5. Handling Criticism - A.B.C.D.

There are 4 components used in handling criticism as outlined in the video. These are:
A - Acknowledge
B - Boundaries
C - Clarify
D - Disagree

6. No-Lose Problem-Solving

The following is a list of the principles which result in effective solutions. These include:

- use "I" messages to state your point of view
- active listening
- be open to creative solutions
- choose a win/win solution
- implement and follow up a decision
- practice the problem-solving questions from last session

7. Do's and Don'ts of Assertiveness

DO practise - the skills in assertiveness as often as possible. The more practise, the better we become at them.

DO start - with low risk situations and work up to those more difficult ones.

DO reward - for our successes and forgive our mistakes.

DON'T expect - instant success. It may take others time to adjust to our assertive behavior.

DON'T give up - if we don't always get what we want.

DO remember - we have a choice. Assess a situation and decide on the best response for the situation.

8. OPTIONAL DISCUSSION QUESTIONS FOR THE ASSERTIVENESS CONCEPTS

1. Defining Assertiveness

- Describe the verbal/non-verbal behaviors observed in the video.

- Describe the effect of those behaviors on the other person.
- Described the feelings evoked by both actors.

2. Broken Record

- What did you observe about this technique?
- Describe how it is effective.
- In what situations may it not be effective?
- What alternative technique could you use?

3. "I" Messages

- What differences did you observe?
- Describe the effect of the two role plays on the actors involved.

4. WIN Scripts

- What are the positive consequences of the WIN technique?
- In what situations might it not be effective?
- What could you do as an alternative?

5. Handling Criticism - ABCD

- What did you observe about this technique?
- Discuss the ways ABCD can be used.

6. No-Lose Problem-Solving

- In what situations might you engage in this process?
- What are the pros and cons of this approach?

EARLY WARNING SIGNS WORKSHEET (HAND OUT)

INSTRUCTIONS:

Imagine a recent situation when you became really angry at someone (or use your hierarchy cards). Write down all your angry feelings, thoughts, and actions in the left hand column. Then go back and fill in the self-control solutions in the right hand column.

SCENE:_____

_____

_____

PHYSICAL SIGNS:	WHAT COULD YOU DO?:
---	---
---	---
---	---
---	---

ANGRY THOUGHTS (SELF-TALK):	CALMING/POSITIVE SELF-TALK:
---	---
---	---
---	---
---	---

AGGRESSIVE STATEMENTS:	ASSERTIVE STATEMENTS:
---	---
---	---
---	---
---	---

WHAT OTHER FEELINGS BESIDES ANGER CAN YOU THINK OF THAT YOU MIGHT HAVE BEEN FEELING THEN?_____

_____

IF THIS SITUATION HAPPENED AGAIN, HOW WOULD YOU WANT IT TO TURN OUT?_____

SESSION 12

TIME: 2.5 hours each

TOPICS: Follow up on Self-instructions, Socialization, Family Of Origin

ACTIVITIES: Lecture, Discussion.

RESOURCES: 2 flipcharts (prepared notes, blank paper), Facilitator Manual.

INSTRUCTIONS:

i) Facilitator reviews last sessions homework assignment and clarifies any issues. Participants are reminded to keep practising so that the process becomes familiar and natural to them. Control plans are collected for review and comment if they were not completed and returned at previous session.

ii) Facilitator solicits from participants answers for the question of "where does aggression come from?" Ideas are recorded on the flipchart. Aggression as a learned behavior is discussed, incorporating the two most powerful influences for aggressive behavior - socialization and family of origin. Facilitator reminds participants of the comments made in the film, "Why are you so angry?", where a multitude of sources that influence anger were sighted - religion, culture, etc.

iii) Facilitator solicits from participants their views as to "what contributes to socialization?" A non-exhaustive list of answers is constructed. Facilitator refers to manual if key areas are missed. Socialization is linked to influencing our belief and value systems. Participants are advised that despite this, we have independent thought which allows us to test and changes values/beliefs as the need arises. Thus, learned behavior like aggression can be changed.

iv) The facilitator solicits from the participants male and female heroes and has the participants indicate the characteristics the heroes posses. Then, these characteristics are analyzed as realistic or unrealistic. The concepts of heroes, values, beliefs and behaviors is explored (E.g. John Wayne -aggressive behavior, abusive behavior, solves problems with intimidation and violence yet he

was idolized by millions).

v) Facilitator introduces the concept of the challenge involved in change and reminds the participants why they may have chosen to attend this program.

vi) Facilitator discusses what some obstacles to change might be. As each obstacle is reviewed the participants are asked if they have ever experienced similar obstacles and are asked to share what their comment, view, or belief was that demonstrates the obstacle (e.g. Externalizing Responsibility - "If people would leave me alone, I wouldn't get angry").

SESSION 13

TIME: 2.5 hours

TOPICS: Family-of-Origin

ACTIVITIES: Lecture, Film, Discussion, Exercise.

RESOURCES: Facilitator Manual, 2 flipcharts (prepared notes, blank paper), VCR/TV, Video: "The Crown Prince" (From: National Film Board of Canada, 40 minutes), Relaxation audio tape of facilitator's choice, audio cassette player.

INSTRUCTIONS:

i) Facilitator introduces Family- of-Origin and the video, "Crown Prince". Participants are warned that the video could bring back bad memories and stir emotions. They are advised that the exercise of watching the video is to put them in touch with understanding more about their coping skills and improve upon them. After the video, the participants are asked for general feedback about the video. Family of Origin questions are explored in the group. Linking between family of origin and current behaviors, belief, and values is pursued.

ii) A relaxation exercise is done at the end of the session and participants are reminded to use their time-out techniques and coping skills as required. It is suggested that an appropriate amount of time is given due to the likelihood of high stress levels occurring from the Family of Origin Exercise.

THE CHALLENGE OF CHANGE
EXPLORE YOUR BELIEF & VALUE SYSTEMS
(SOCIALIZATION & FAMILY-OF-ORIGIN)

Change is a reality in everybody's life. It is something we all strive towards. It is what some would call a basic human need. The need to improve the quality of one's life. It can take many forms. It can be the pursuit of better health, more wealth, knowledge, wisdom, happiness, power, freedom, better skills and so forth. They all add up to the same desired goal: improving the quality of our life styles.

The initial reason people agree to enter this program is based on a desire to improve some aspect of life style.

- improve our coping skills
- improve our relationships with others
- gain a feeling of inner peace or of self-worth
- avoid the use of aggression and/or becoming overly passive
- learn how to manage our anger & other powerful emotions
- obtain freedom and remain free

Whatever our personal goals may be, it comes with a struggle. Change is very challenging. It is also a process. It does not happen by itself or by coincidence. It involves awareness, courage, and determination. This component will provide information to further increase self-awareness. The courage and determination is our own personal responsibility. We can judge for ourselves whether or not we have made the efforts to produce real change in our lives since our involvement in the program. Time will tell the final story.

In the what follows, we are guided through a number of realities that help shape our belief and value systems. There is also information provided which will address certain realities related to the struggle of change.

I AGGRESSION CAN BE A LEARNED BEHAVIOR

If anger and aggression have been a problem in our lives, chances are we did not learn proper coping skills while growing up. We may have picked up poor habits along the way. Difficult situations are part of everybody's life. There are good ways and poor ways to deal with them. As we know, belief and value systems determine the quality of our coping skills. In this section, we will examine how aggression can be a learned behavior. In other words, how some people learn to believe that aggression can be a desired way to deal with conflicts. They may believe that the use of aggression is acceptable as long as they feel justified using

it. That is an irrational belief. Aggression does not solve problems, it makes matters worse.

Most experts tend to agree that people who experience problems with anger and aggression as adults never learned proper coping skills while growing up. Childhood is an important time in life. Children are dependent upon their parents, or adults in their lives to teach them how to survive. They are vulnerable. It is a time when they are searching for an identity while trying to be accepted by the people in their family and community.

It is a well known fact that children are in a developmental stage in life. They are starting to form their own opinions, developing morals and ideas. In other words, developing their own belief and value systems. They are searching for an identity. They want to be accepted by their parents, so they as the adults do. This is a very difficult and confusing time in life.

Children develop role models. They look up to adults and try to imitate them. They believe it is the right thing to do. They believe what the adult is doing is right, or at least the parent is doing it for the right reason. Children rarely stop to consider that maybe the adult is just as confused as they are. The child does not realize that some adults never learned how to cope with conflicts in life. The adults may be using aggression to handle the rough times in their lives. This is a time when a child may learn to use aggression.

Most parents want the best for their children and love them very much. Although they may do what they believe is best, unfortunately it turns out to be the wrong thing to do for the child. The parents themselves may be struggling with confused thoughts and feelings. Some parents believe the best way to teach a child a lesson for doing something wrong is to use verbal or physical force. They believe that the use of force is the right way to correct undesirable behaviors. After all, that is how they learned their lesson and why shouldn't it work for their children. In some of those cases, the message the child receives is that it is okay to use force against other people as long as you believe you are doing it for the right reasons. The child may be learning that "might is right".

If using verbal and/or physical force to correct undesirable behaviors is the method most often used, the child is likely to use the same method against other people when he feels justified to do so. This is when the pattern of aggression may start for the child. He may carry it through his teens and adult years. This, in part, is also how the cycle of family violence is carried from generation to generation. People must learn more acceptable and effective ways to cope with their frustration and anger other than the use of aggression.

In more extreme cases, the adults could have very serious problems with alcohol

or drugs. They could feel trapped in a relationship gone bad. A lot of yelling, fighting or neglect could be happening at the home. The children end up being scattered about the community living with friends, relatives or placed in foster homes. This sort of situation could have very damaging effects on the child. He could feel unwanted and unloved. He may believe nobody cares how he feels. Feelings of bitterness, hatred, anger, resentment or worthlessness may grow inside the child.

If the child cannot find meaningful help or support when having those thoughts and feelings, the following types of behaviors may occur. He may begin to yell or fight at home or with people in the neighborhood. He may start to rebel against his parents, teachers,or almost anybody in the community. As he grows older, he may resent any figure of authority such as employers or police. He may turn to drugs, alcohol, suicide or other forms of aggression to relieve the pressure that built up inside.

Children cannot choose the family or environment they grow up in. They are not responsible for the way they are treated while growing up. Nor are they held accountable for their behaviors. As adults however, we are responsible and accountable for our choice of thoughts, feelings and actions. If we did not learn proper coping skills earlier in life, we now have the opportunity to set things right. A close examination of our belief and value systems is a meaningful step towards real change.

Real change occurs when we are fully aware of our improved abilities to cope with arousal and to handle difficult situations. In the past some of our actions may have got us in trouble. They do not have to be like that now. Those aggressive and overly passive actions were governed by irrational beliefs and/or values. Increase our awareness of our belief and value systems and we will improve the quality of our coping skills. Don't think it is too late to do anything about it now. If we were to believe that, we would prevent ourselves from changing. That would be an irrational belief.

II BELIEF AND VALUE SYSTEMS

A belief is accepting something as being true without any measure of truth being necessary.

A value is attaching an importance or worth in a person, object or concept.

People have many beliefs and values. They number in the millions. At birth however, we had none at all. We developed and acquired them throughout our life times. We will continue to develop them as we go along. New ones will

surface, old ones have changed or will remain with us forever. Some will even conflict with one another. All of them will govern our behaviors. They can be of two orders: rational or irrational. In essence, they determine the quality of our life style.

Types and Sources

There are two major sources that help shape our belief and value systems: internal and external sources. Our ability to have independent thought and the influences from the environment help shape our personal belief and value systems. Those are two basic realities of the human condition.

As we know, the environment cannot control the way we think. That is our responsibility. The environment however, can and does influence our thinking processes. Those external influences start the moment we are born. The process by which the environment influences us is called socialization.

Socialization

Socialization is the process by which a person learns the morals, values and norms of his society, culture, community and family. It is where he learns the difference between right and wrong, good or bad, acceptable and unacceptable behaviors. It is where we learn to adapt and conform to our environment.

As children we were in a developmental stage in life. At that time, we were searching for our own identity and trying to be accepted by other people. Those influences came from a variety of sources and were very powerful. They lead to the development of pro-social and/or antisocial belief systems. In turn, those belief and value systems lead to pro-social or antisocial behaviors.

It is said that a person adopts pro-social behaviors when he conforms to the norms and values of his society. Antisocial behaviors go against the norms and values of society.

At an early age we were not responsible for the influences that helped shape our belief and value systems. We were too young and too inexperienced to fully understand the difference between right and wrong. As an adult however, we are expected to live up to our social responsibilities.

Sources of External Influences

There are countless people and objects that influence our belief and value systems. The sources listed below are just a fraction of those influences. They serve as a starting point to heighten our awareness of all the possible types and sources of beliefs and value systems.

Sources:

1) Home - parents
- brothers
- sisters
- relatives

2) Neighborhood - friends
- acquaintances
- strangers
- enemies

3) School - classmates
- friends
- teachers
- counsellors
- advisors
- other parents

4) Religion - scriptures
- figures
- elders
- counsellors
- people of faith

5) Community/Street
- all the people we meet, hear, read about.

6) Work - co-workers
- employers
- professional ethics
- codes of conduct
- regulations
- customers

7) Media - radio
- television
- books
- magazines
- newspapers

8) Teams or Associations
- team mates
- opponents
- group members

9) Prison/Jail/Parole/Probation
- inmates
- staff needs,

10) Yourself
- thoughts, wants, aspirations, desires.....
- inmate code

Types of Belief and Value Systems:

1) Personal
- friendship
- objects
- ideas
- situations
- health/fitness
- work
- recreation/hobbies
- excitement
- relaxation
- education/ knowledge/skills
- money
- sharing
- attitudes
- appearance
- artistic
- personal safety

2) Family
- activities
- support for one another
- spending time together
- relatives
- keeping in touch
- special moments
- respect/ considerations
- children
- gatherings
- security/health

3) Cultural
- language
- customs
- rituals
- religion
- foods
- clothing
- activities
- songs
- literature

4) Religious
- faith
- rituals
- prayer
- symbols
- gestures
- activities
- morals
- objects
- moments/times

5) Social
- freedom
- education
- class values
- medical issues
- sports/recreation
- economy
- political/social issues
- communication
- private property
- law and order
- individual rights

6) Antisocial
- might is right
- OK if you don't get caught
- intimidate others
- if you can't protect it, I can take it
- don't get mad, get even
- if she wears those clothes, she wants sex
- eye for an eye

- racism
- sexism
- double standard
- prejudice
- exploitation

Obstacles to Change

Even though we may want to change or improve the quality of our life style, it is not always easy. There are a number of obstacles that get in the way. Those obstacles cannot be seen with the eye. They are too well hidden for that. They can however, be seen with the mind's eye. They exist in our thoughts and feelings.

i) Denial

Denial can take many forms. The most common ones are denying that a problem exists and/or denying our true feelings. Chances are we denied our anger problem for a long time. Since then we have admitted to it, become aware of it and did something to address it. Only then did real change occur to improve the quality of our lives.

We may have also learned to deny our feelings. By doing so we probably built a rather sophisticated wall around our feelings. It was probably necessary at the time because those feelings were to intense and hurt a lot. We probably did not have the proper coping skills to deal with them. By building a wall around our feelings we thought people in our environment would not or could not hurt our feelings any more. Chances are the wall did not prevent things from coming in, it achieved the opposite. The wall prevented our emotions from coming out. Now that we have improved our coping skills, be honest and use those skills to manage rather than deny feelings.

ii) Rationalization

Rationalization is trying to provide a rational explanation for an irrational thought or behavior. It cannot be done. It is only a "headgame" we play on ourselves. It prevents change from occurring.

iii) Externalizing responsibility

This occurs when we blame other people for our actions. People are not puppets. They do not have strings attached to their arms and legs. Other people may influence our actions, but we are responsible for the actions we take. Some people are very skilled at blaming other people for their own actions or predicaments. They may fool some people sometimes, but they reduce the quality of their own life style most of the time.

iv) Automatic Thinking

How many times have we said to ourselves, " that's just the way I think"? We think a certain way because we have always thought that way. In certain situations we may always have the same thought. In reality, there is no such thing as automatic thinking. Automatic thoughts are just a belief we developed early in life and still believe to this day. We were not born with that thought. We developed it at some point in our lives. We merely got into the habit of thinking that way because we accepted it as truth. That thought became like a "reflex". We can change any thought we have at any time if we really want to. And that is a good thing too, because it means we control all of our thoughts. Some beliefs we will want to change, others we will not. Increase the awareness of our belief systems to better understand how they work for or against our best interest. Let's not fool ourselves into believing that our beliefs cannot change.

The Challenge of Change

Change begins when a person strives towards something he believes is better. In basic terms, it is a change in the person's belief and value systems that leads to a change of behavior. That hopefully will improve the quality of his life style.

It is rather simple to change the quality of our lifestyle. Change our outlook and that will change the outcome. The process involved in making those changes occur is not easy however. It is full of ups and downs. It requires awareness, courage and determination over a long period of time. The Serenity Prayer contains an outlook (or philosophy) that helps a person understand and overcome the obstacles that get in the way of change. We need not believe in the power of G-d to believe in the power of the Serenity Prayer. It basically involves a positive outlook towards real change.

The Serenity Prayer

God grant me the serenity to accept the things I cannot change. The courage to change the things I can. And the wisdom to know the difference.

Final Considerations

As we are well aware, change is an ongoing and challenging process. Let me share with the group some of my experience in dealing with people who have experienced problems with anger and aggression. There are three common and very normal emotions that surface in people when they take on the challenge of dealing with their feelings of anger: frustration, embarrassment, and fear. Some

in the group may have recognized them in themselves already.

FRUSTRATION may have occurred because:

- learning may not have occurred easily.
- we were pressed and urged to consider things we thought had nothing to do with anger management.
- we find ourselves having to accept external factors that bother us very much, but that are beyond our control.

EMBARRASSMENT may have occurred because:

- we realized how we complicated simple matters.
- we now understand we were blaming other people or things that we are responsible for.
- we now realize that we got ourselves into serious trouble when we know how simple it could have been to resolve matters in the first place.

FEAR may have occurred because:

- we know that change also involves giving up something we valued and believed even if it was unreasonable or antisocial.
- there is the fear of the unknown. If we are giving up one life style for a better one, who is going to accept us? Are we properly prepared or equipped for all those changes in our lives? What will people think?

If anyone has experienced one or more of these feelings rest assured of these facts:

- we are not alone in feeling those ways. Most everyone has made good of this program has had to deal with those obstacles.
- it is normal and even to be expected that change usually only occurs with a struggle. The struggle, however, yields its own rewards. Although there are no guarantees, some day something very pleasant will occur when we least expect it. That will probably have occurred as a direct result from the changes we produced in our own lives.
- finally, it is an encouraging indication that real change has occurred.

FAMILY OF ORIGIN

Discussion Questions on the film:

1. What part of the film did you find hardest to watch?

2. How do you feel about Billy at the end?

3. How do you feel about the father?

4. Why does Billy talk to the Police at the beginning? Why is he nervous when Wendy talks back to the boys in the car?
   -rigid social roles
   -fears
   -feelings of powerlessness

5. Why doesn't the mother do anything about the violence?
   -women judge themselves in terms of the success of a relationship.
   -isolated, no perspective

6. What are (Father's, Mother's, Billy's, Freddy's, Wendy's) responses to violence?

7. What messages do you think are in this film?

8. Who are you closest to in this film? How?

Note. Adapted from The Crown Prince Study Guide, National Film Board of Canada, 1986.

Suggested Questions for Group Discussion:

Adapted from Ending Men's Violence Against Their Partners by R.A. Stordeur & R. Stille, (1989) New bury Park: Sage Publications, pp. 240-241. Copyright 1989 by Sage Publications.

SESSION 14

TIME: 2.5 hours

TOPICS: Alcohol, Drugs & Anger Management.

ACTIVITIES: Lecture, Discussion.

RESOURCES: Facilitator Manual, 2 flipcharts (prepared notes & blank paper), felt marker.

INSTRUCTIONS:

i) Facilitator introduces topic of alcohol/drugs as a factor in managing our anger. Solicits participants as to why alcohol or drugs would be discussed in an Anger Management Group. Answers are recorded on flipchart.

ii) Facilitator presents general stages of alcohol abuse.

iii) Facilitator reminds participants of the cycle of anger and asks where on the cycle might alcohol/drug abuse occur. Answers are recorded on flipchart. Participants are asked to give reasons behind their answers.

ALCOHOL, DRUGS AND ANGER MANAGEMENT

WHERE ARE WE IN TERMS OF OUR ALCOHOL AND DRUG USE?

There are various signs of addiction or abuse:

- escape from problems
- sneaking or gulping drinks
- guilt about our drinking
- avoiding talking about drinking
- blackouts
- preoccupation with substances

EARLY STAGE

i) Loss of control - can't quit once started
ii) Rationalization - makes excuses
iii) Aggression - throws weight around
iv) Tolerance to substances - need more to get a buzz
v) Change of patterns - drinks on weekends instead of daily in an effort to be in control

MIDDLE STAGE

i) Goes on the wagon - to prove not addicted
ii) "Pick me up" - morning after
iii) Protects supply - hides liquor/drugs
iv) Behavior change - look for quarrels
v) Geographic change - change jobs, cities

LATE STAGE

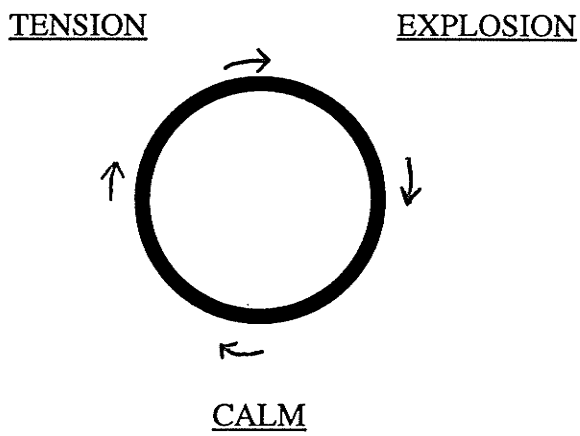
i) Drunk most of time
ii) Impaired thinking - even when sober
iii) Vague fears/dread
iv) Tremors/shakes - seizures if he quits
v) Loss of tolerance - gets drunk on a small amount
vi) Religious feelings - looking for help
vii) Alibi system breaks down - hits bottom

WHY DO PEOPLE PROBLEM DRINK OR DO DRUGS?

i) Makes a person feel good immediately
ii) Removal of negative feelings for awhile

Primary feelings such as fear, hurt, irritation are part of the tension building phase in the cycle of violence. "Drinking or drugging it back" is just the same as stuffing or bottling up our anger. The feelings are not gone. They are just temporarily avoided.

DRINKING/DRUGS funnel overflow



(hung over, empty promises, guilt/shame, helplessness)

HOW TO STOP THE CYCLE

i) awareness of warning signs
ii) use control plan - relaxation, think, communication

1. STOP. THINK - DON'T DRINK/DRUGS
2. CALL AFM/NAC/SPONSOR
3. ATTEND AA, NA
4. STRESS MANAGEMENT = CONTROL PLAN FOR ANGER MANAGEMENT

SESSION 15

TIME: 2.5 hours

TOPICS: Final Revision of Control Plan/Time Out, Relapse Prevention and Anger Management, Community Resources.

ACTIVITIES: Discussion, Imagery Rehearsal Exercise, Re-write of Control plans.

RESOURCES: Facilitator Manual, Imagery Rehearsal Script, blank Control Plan Forms, pens/pencils, relaxation audio tape or script, Community Resource List (handout), Cognitive Behavioral Model of Relapse Prevention (handout).

INSTRUCTIONS:

i) Facilitator introduces task of revising control plan/time-out/coping repertoire.

ii) Facilitator introduces Imagery Rehearsal Exercise as a tool to aid participants in reviewing an anger/aggression scenario and aiding in making a comparison between what they did not do in the past and what they can and should do in the present/future based on their new skills.

iii) Facilitator may conduct an additional relaxation exercise so that the group members are keen on both mental and physical requirements of the time-out. A reminder to practice time-out and relaxation as a daily routine or aid in coping.

iv) Facilitator presents the Relapse Prevention Model, providing the examples of "thinking" that may occur and allow for relapse into aggressive behavior. Facilitator expresses that the participants have been provided with a package of information and techniques with proven effectiveness. Facilitator elaborates that only life long practice and review will maintain these new found skills. Further, the expectation for mistakes is necessary and participants should not fall into the trap of failure on one occasion meaning that the program does not work or that they are incapable of managing their anger and aggression.

v) Participants are asked to create a list of personal resources that they consider beneficial to anger management. In addition, the

facilitator distributes a list of professional and lay community resources to the participants to attach to their list.

vi) Participants are provided with a blank control plan form. They are asked to make a final review and revision of their control plans. The final control plans should have incorporated cognitive preparation (self-talk), problem-solving steps, and communication skills along with relaxation.

vii) Upon completion of post-test, final questions and group closure are done. Facilitator confirms two week follow-up appointments which were scheduled with clients at the intake interview.

DEEP BREATHING RELAXATION EXERCISE SCRIPT

Goals:

1. To be able to relax and reduce tension when alone.
2. To learn how it feels to be relaxed so that the feelings of relaxation can be recalled anytime during stressful situations that occur in the day.
3. To have a simple and portable, "do anywhere" method of relaxing.

To feel significant levels of relaxation requires practice. The technique should be practised daily. After three or four weeks, notable changes in the ability to relax and recall feelings of relaxation should be present. For those who are extremely tense, a period of six to ten weeks may be required for best results.

Technique:

Practice in a relatively quiet place if possible. Sit or lie down comfortably and close your eyes. Then slowly take a deep breath so that you can feel the pressure of your fully expanding lungs down in your stomach. Inhaling should take five to seven seconds or so. Hold the breath for a few seconds, whatever feels comfortable to you. Then slowly exhale, taking five to seven seconds or so. Pause a few seconds and repeat the procedure.

Continue the cycle. Let yourself develop a slow rhythm that is comfortable for you. To enhance your feelings of relaxation, try and visualize yourself in a pleasant place such as a deserted beach, forest, etc.

To end the exercise, say to yourself, "I will count backwards from five to one. When I get to one, I will open my eyes and I will feel relaxed and alert". Then count from five to one and open your eyes.

From: Texas Youth Commission Aggression Control Skills Workbook

IMAGERY REHEARSAL EXERCISE SCRIPT

(This is a lengthy exercise. It is suggested that the participants do a relaxation technique such as a breathing exercise. Refer to the Breathing Exercise Script which follows the Imagery Rehearsal Script).

Now that the mind is calm and clear and the body is heavy, warm, and relaxed we can begin to run a movie in our minds to help us handle anger provoking situations that press our anger buttons (triggers). (Pause). Leaving the body completely relaxed, let your mind become a TV screen. Let a part of your mind be the "director" of the movie, detached enough so that you can "stop the action" or "change the script" when instructed. (Pause). Now allow pictures to come to mind of a situation that has caused you to feel very hurt and angry in the past. (Pause). See very clearly the physical surroundings (pause), who's there (pause), and what's going on as the scene unfolds. (Pause). Hear the words that hurt that are said to you and what you said back (pause). Feel the tension increasing in your body, scan from head to toe to feel the tightness. (Pause). Remember that the part of the mind that is the "director" will keep you in control. Continue to run this mental movie letting the anger build. Now put the scene in "slow motion". Stop the action. (Pause). Take a slow, deep breath, and let go of the scene. (Pause). Fast forward the movie to the aftermath of the violence. Feel the sadness and remorse for having lost control. You were pushed, but why did you have to lose control? (Pause). Remember the negative consequences of what happened. (Pause). Stop the action. Take another slow, deep breath, let go of the scene completely. Let the TV screen go blank and just relax. (Pause for 30 to 60 seconds). Do the Breathing Relaxation Exercise.

Now it's time for a "retake"; again let's run the mental movie except that this time the part of your mind which is the "director" will stop the action and "change the script" so that the angry scene gets resolved constructively, without violence or aggression. (Pause). Once again now let the scene unfold as before. See the situation clearly, hear the voices that begin to hurt and anger, and feel the tension in your body begin to rise. STOP THE ACTION! (Pause). Change the script so that you feel a calm, quiet strength in your body and a confident presence of mind. Take a slow, deep breath, feel the relaxation flow throughout the body: "I can handle this (pause). What do I have to prove? Let me tune in closely to how the other person is feeling. What can I do to ease the tension? (Pause). Personal "put downs" and "shoulds" won't help. Let's see if we can reason about one issue at a time. I can always leave the scene if it gets too hot. (Pause). It's getting better. One step at a time. The tension is easing more and more. I can express myself without threats and get the job done pretty well. I feel good about my self-control! (Pause). It gets a little better each time I practice the anger control techniques I've learned." (Pause).

Stop the action. Take another slow, deep breath, and let go of the scene completely. Let the TV screen go blank and just relax. (Pause). The "movie" is going to be a success, thanks to the "director". Enough for now until it's time for the next practice. Count slowly from one to five, feeling more and more alert and refreshed with each count: 1-2-3-4-5, eyes open, wide awake, feeling alert, refreshed, confident and in control.

FROM: Texas Youth Commission Aggression Control Skills Workbook

DEVELOP A NETWORK OF RESOURCES

Congratulations! You have completed the Anger Management Program. By putting genuine effort into it, you produced real change in your life. It took awareness, courage and determination. If you can feel it and other people notice it too, then real change did occur. Reward yourself for a job well done. By addressing your concerns with anger and aggression, the quality of your life did improve.

Now pass the test of time. It took many years to develop a problem with anger and aggression. It took only a few months to get back on track and begin to set things right. It will take the rest of our lives to improve upon the growth that occurred. The potential for human growth is unlimited. External factors cannot prevent growth from occurring. We set our own limits. We are responsible for the quality of our own lives.

Throughout the program we have become aware of many basic human realities. The first to keep in mind is the difference between self and the environment. Neither one controls the other. They do however, influence each other. The environment can be the source of many anger provoking situations. It is our personal responsibility to seek out those resources that help improve the quality of our lives. That is the essence of resource networking.

Resource Networking

Resource networking is the building of a network of resources that can help us cope with life's difficult moments and anyone or anything that will generally improve the quality of our lives. There are two basic types of resources available to help improve the quality of life: internal and external.

i) Internal Resources

An internal resource is anything within ourselves. Examples include intelligence, courage, beliefs, values, abilities, strengths, wisdom, imagination, talents.....

ii) External Resources

An external resource is anyone and anything that exists outside of us that can help improve the quality of our lives. Examples include certain people that we know and care about, people we look up to, even if we don't know them; books, programs, objects of any description.

Trust and Respect

Trust and respect can pave the way or get in the way of healthy relationships. They are not givens. Trust and respect do not just happen on their own. People must earn them from one another, by being open, honest and reasonable. To make a friend, first we must be a friend.

Real change will occur in our lives if we make it happen. Other people will notice it. Not only will we have improved the quality of our own lives, we will have a positive influence on other people too. We can be a valuable resource for others.

Anger is energy that needs direction. Throughout the program we have learned how to identify when the energy within us is activated. We also know how to channel it in better, more constructive ways. We have the rest of our lives to live. We are more aware of the realities that shape our daily lives. Good luck to everyone!

COGNITIVE-BEHAVIORAL MODEL OF RELAPSE

ABSTINENCE <----------
Sense of Control
(Expectation of Continued Success) ^

APPARENTLY
IRRELEVANT
DECISION No---------->
(AID)
? Yes

HIGH RISK
SITUATION
(Sense of control threatened)

ADEQUATE ^
COPING Yes---------->
RESPONSE
? No

LAPSE

ABSTINENCE
VIOLATION
EFFECT
(AVE)

ADEQUATE ^
COPING Yes--------->
RESPONSE
? No

RELAPSE
(Reoffense)

QUESTIONS (Handout)

1. Identify your internal resources. Be specific.

---

2. Identify your external resources. Be specific.

APPENDIX 2

POST-GROUP INTERVIEW RESPONSES

1. What are your comments about the program in general (What do you think about the program in general)?

RESPONDENT #1 "I did learn new coping skills or what to do when the situation arises". "It went really well - got people to open up no matter who they were or what they were dealing with" "I don't think it (group size) should be any bigger". "Eight is okay".

RESPONDENT #2 "It was okay".

RESPONDENT #3 "It made me aware of some things I wasn't aware of before, like the cycle".

RESPONDENT #4 "Overall it was good".

RESPONDENT #5 "It was actually a valuable learning experience". "I learned a lot about anger and coping".

RESPONDENT #6 "I think its done a lot for me. I believe it has changed me a lot. They don't touch on it in treatment centres I've been in". "It got me thinking about what's going on with me a lot more".

2. What were the most helpful aspects of this anger management program?

RESPONDENT #1 "Helped me deal with the future and forget about (let go) of the past". "Sessions 3 and 4 were the best ones" "Once I talked about the charge, it relieved a lot of pressure". "Found out I wasn't the only one with that type of problem". "All the sessions were repetitive but joined together".

RESPONDENT #2 "Developing the control plan".

RESPONDENT #3 "...taught me how to be assertive instead of aggressive". "The warning signs".

RESPONDENT #4 "The whole program itself". "It not only helped me deal with my anger, but with all my emotions".

RESPONDENT #5 "Learning time-outs and the different coping skills. I've already had a chance to use a number of them".

RESPONDENT #6 "How my anger affected so many other people. How destructive it is". "That I'm capable of changing the behavior - that's a big one". "By concentrating on it (anger management) so much (course duration), it made it sink in. "Just the right

amount of time".

3. What were the least helpful aspects of this anger management program?

RESPONDENT #1 "Some sessions could have been shorter"

RESPONDENT #2 "The tests (multiple choice questions)".

RESPONDENT #3 (See Question 5)

RESPONDENT #4 "It was really repetitive the first couple of sessions".

RESPONDENT #5 "I don't know. Everything went back and forth so often, it was combined. It was all useful. I don't think any parts were poor".

RESPONDENT #6 "The abuse in the family disturbed me because I had done a lot of work on this area before. I didn't want to bring this up, but I can see how it has to be there (in the program)".

4. Were there any things that you would like to get out of this group, but did not?

RESPONDENT #1 "No. I got out pretty much what I wanted out".

RESPONDENT #2 "A diploma. Something to show everyone".

RESPONDENT #3 "No, not really".

RESPONDENT #4 "A support group afterwards".

RESPONDENT #5 "Perhaps a little more focus on the key point of the individual's anger". "More interaction in group".

RESPONDENT #6 "I expected it would be more like group therapy where the focus wold be only on our problems. At first I thought this was negative (not focusing just on individuals), now that it's over it's a positive.

5. What changes would you suggest that would make this program more effective?

RESPONDENT #1 "Keep the size 6 to 8. It drew the group closer". "The videos were rather aged". "Even the worst person with the worst problem could understand the

program. You've come up with a good program. I'll give you that. It's something I didn't mind going to".

RESPONDENT #2 "I'm not really sure".

RESPONDENT #3 "Cover the notes quicker and talk more about personal situations". "Do some stuff in group and have one to one (counseling) for some meetings. People would open up more".

RESPONDENT #4 "Support group", "Show one or two videos earlier". "Do relaxation exercises sooner".

RESPONDENT #5 (Same as question 4).

RESPONDENT #6 "I can't think of anything. It ran as smooth as it could".

6. If you have had individual counselling, how would you say the group experience differed?

RESPONDENT #1 (Indicated not applicable)

RESPONDENT #2 "No" (not applicable).

RESPONDENT #3 " I can open up more with one to one instead of ten ears listening". "I did learn about other peoples' situations. If you ever come into that, you know how to handle it". "I'm not alone and some have it worse".

RESPONDENT #4 "Felt more comfortable in group". "I didn't feel like I was being judged. I didn't have somebody writing constantly as I spoke". "Felt I had more answers in group. The group gave the 'how to' while one to one counseling just told me what I had to do".

RESPONDENT #5 "(Group) is very different. I don't find myself sitting around talking about anger with a bunch of guys. It (group process) was a well thought out idea".

RESPONDENT #6 "It's not as much pressure on you. I felt a camaraderie with the guys. That was helpful. I realized I'm not the only one with problems of anger". "I don't think you'd get this much educational part one on one. I don't think I'd think about it (anger management) as much". It would take longer to get through to a person one on one".

7. Would you prefer more or less direction from the facilitators?

RESPONDENT #1 "Facilitators were great. They dealt with all of us".

RESPONDENT #2 "It was pretty good at the level it was"

RESPONDENT #3 "It was good".

RESPONDENT #4 "I think there was the right combination".

RESPONDENT #5 "Direction was adequate. Any less and they'd be confused. Any more and you'd be making our minds up for us".

RESPONDENT #6 "You guys were always available to talk". "There was enough (direction)". "I think we should of had more homework. We could've been forced to do a little more".

8. Did you feel the topics discussed were generally related to your own anger management issues? Which ones related most? Which ones related least?

RESPONDENT #1 "Some were relevant". Least: "Alcoholism, I dealt with in my younger years". Most: "Sessions 3 and 4".

RESPONDENT #2 "Yes". Most: "The cycle". Least: "All the theories were pretty good".

RESPONDENT #3 "Yeah, pretty well". Most: "Flying of the handle -how to deal with it and that", "cycle". "It all helped".

RESPONDENT #4 "Yes. Everything except the alcohol and drugs portion of it". "I feel the family issue section should be longer. It's a touchy issue but is a problem for a lot of people".

Most: Family of Origin. Least: Alcohol and Drugs.

RESPONDENT #5 "Yes" Most: Alcohol and drugs, "Now and then criminal aspect of feeling our anger". "Family life (Family of Origin) was helpful in relating to my problems". Least: "I don't think there really was a least. I don't think any session was less relevant".

RESPONDENT #6 "Yes, they all were". Most: cycle, first several sessions. "Situations/Thoughts/Feelings/Behavior really hit me right off the bat". Least: "addictions because I've been through it".

9. Did the group you attended help you develop the skills you needed to achieve your goal. How?

RESPONDENT #1 "Yes. It taught me to take a different look at things. "Don't make judgements. Think it through". "Learned more about alcohol, physical and verbal abuse".

RESPONDENT #2 "Yes. It made me more aware of the cycle of anger and developing a control plan for it".

RESPONDENT #3 "I think so, yeah" "...talked with other guys in and after group about situations they had". "...asked them what they did. Got advice".

RESPONDENT #4 "Yes. I'm not arguing with people any more". "My relationships and home life are in full bloom. It's helped me sit down and talk instead of exploding".

RESPONDENT #5 "Like I said, I've had a few chances to use the skills. Its helped quite a bit in fact".

RESPONDENT #6 "Yes, I'm still working on it". "By getting the tools to change my behavior". "Learned some valuable tools there".

10. What other comments would you like to make that will help us develop this program further?

RESPONDENT #1 "I really enjoyed going to the course. I don't think it should be limited to people just forced to go." "I'd go again". "I learned a lot about stress and it helps with that too, especially dealing with my boss".

RESPONDENT #2 "It needs a larger budget; different location, couches, coffee machine".

RESPONDENT #3 "To go over homework more".

RESPONDENT #4 "Bring past members into the program. It may help the group along with feeling more comfortable faster". "(Group) helped me a lot".

RESPONDENT #5 " A little more interaction on the individual problems". "I don't think any lesser amount of time would be beneficial. I've been hearing about short (term) anger management groups. We had time to think about it (between sessions) and digest the information".

RESPONDENT #6 "I think the length (of the program) was just right".