ANGER MANAGEMENT GROUPS

FOR

ADOLESCENT MALES

BY

JUDITH NICHOL

A Practicum Report

Submitted to the Faculty of Graduate Studies

in Partial Fulfilment of the Requirements

for the Degree of

MASTER OF SOCIAL WORK

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ANGER MANAGEMENT GROUPS FOR ADOLESCENT MALES

BY

JUDITH NICHOL

A Thesis/Practicum submitted to the Faculty of Graduate Studies of the University of Manitoba in partial fulfillment of the requirements for the degree of

MASTER OF SOCIAL WORK

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DEDICATION

This work is dedicated to my parents, Christine and the late James Nichol, for instilling a love of learning and providing us with unlimited support and encouragement in many ways, including the pursuit of an education.

and

To my nephews, Mark and James Nichol, and to my nieces, Jillian and Lauren Teterenko, so they will know that anything is possible and in the hope that they, too, will come to appreciate the joy of learning.

ABSTRACT

Twelve adolescent males, ages 13 and 14 years, were involved in this practicum where a model of group work was developed for clinical practice with this population. Seven boys participated in a group that operated for eight consecutive weeks in the Spring of 1995. Five boys took part in a second group that ran intermittently from November 1995 to February 1996. The focus of both groups related to the aggressive expression of anger and how this had impacted on the lives of these adolescents; as well as on developing alternative, more positive responses to anger provoking situations. Clinical work completed with parents or guardians included education and support.

This practicum intervention occurred at the Manitoba Adolescent Treatment Centre, a free-standing psychiatric hospital in Winnipeg, Manitoba for adolescents ages 12 to 17 years who experience psychiatric or emotional difficulties. This Agency also provides counselling services to adolescents and their families in the context of Outpatient Services and a Community Services Program.

The clinical work generated by this practicum was evaluated through the use of two pre-and-post measurement instruments: The State-Trait Anger Expression Inventory (STAXI) and The Index of Self-Esteem (ISE). Verbal feedback was also obtained from group members and their parents.

Conclusions reached as a result of this practicum intervention, suggest that this type of group work may have been more successful if the groups were extended in length and occurred in conjunction with or subsequent to individual counselling with the various group participants. It is further recommended that a group for parents, psychoeducational and supportive in nature, be facilitated concurrently.

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In undertaking this practicum, I have benefited from the support and professional expertise of a number of people. Specifically I would like to acknowledge my practicum committee, Dr. Don Fuchs, Dean of the Faculty of Social Work as my advisor, Dr. Denis Bracken, Associate Dean of the Faculty of Social Work, and Dr. Jim Skinner, Director of Youth Forensic Services at the Manitoba Adolescent Treatment Centre (MATC).

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CHAPTER 1

INTRODUCTION

One has only to watch television or read a newspaper to be impressed by what appears to be the rising number of angry, aggressive adolescents committing an increasing number of violent acts. It is this writer's perception that television shows, movies, music, and other forms of media directed to this particular population, condone, if not advocate, the aggressive expression of anger as a means of coping with angry feelings. It is also this writer's perception that the roots of this anger and violence lie in other social problems, and that adolescents who express anger through violence are not taught more effective means by parents or other adults with which to express anger.

Adolescence has been cited in the literature as a potentially difficult or stressful developmental stage for the individual, his/her family, and the community at large. Some researchers (Mishne, 1986; Rachman and Raubolt, 1984) suggest that the majority of adolescents will experience some emotional difficulties. According to Fishman (1988), adolescence is characterized by instability, psychic storm, and stress, despite any extraneous factors. Tramontana and Sherretts (1984) define adolescence as involving frequent mood swings, a propensity for acting out, a tendency to use distortions, delusions and fantasy, a preoccupation with self, sexuality and hedonism, and an increased intensity of feelings. If these perceptions are correct, it seems a logical conclusion that even "normal adolescents" are periodically disturbed. This situation may

be further complicated for those adolescents who have difficulty expressing anger in healthy ways. "Like adults, adolescents experience pain, frustration, disappointments and other anger provoking situations. A challenge for most teens is to learn how to manage anger in acceptable ways" (Jones and Peacock, 1992, p.11).

Increasingly, mental health services are called upon to offer solutions to the serious social problems of adolescent anger and violence.

This writer had the opportunity to act as Intake Coordinator at the Manitoba Adolescent Treatment Centre (MATC) for a six month period ending in January of 1995. During that time, numerous referrals were received requesting anger management courses or groups for adolescents, especially boys.

In exploring available services, this writer became aware that few resources existed at the time in the community to meet what appeared to be a significant need for anger management training for adolescents. It was in this context that this writer became interested in this practicum topic.

OBJECTIVES OF THE PRACTICUM

The purpose of the practicum was for this writer to develop a greater understanding of group dynamics in relation to the stage of development known as adolescence. Specifically, the identified learning goals were:

1. To increase this writer's theoretical base in relation to group work.
2. To expand this writer's knowledge regarding facilitating groups within the context of a co-therapy relationship.

3. To develop this writer's assessment and clinical skills in the area of group work with adolescents.
4. To strengthen this writer's ecological systems approach to practice utilizing group work.

The intervention objectives included:

1. The utilization of group work interventions in the planning and implementation of an anger control group for latency-age adolescent males.
2. The evaluation of the effectiveness of this modality through the use of appropriate evaluation measures.

Clinical consultation of this practicum experience at the MATC was available through Ms Joan-Dianne Smith, Group Consultant. In addition to clinical consultation, this writer had access to an advisory group chaired by Ms Smith, that offered peer feedback about group process and the therapists' interventions. Dr. Don Fuchs, Dean of the Faculty of Social Work, University of Manitoba, acting as the practicum advisor, also provided supervision. Supervision also included review of video-taped sessions and ongoing feedback in the context of the co-therapy relationship.

THEORETICAL PERSPECTIVES

While various explanations and theoretical perspectives regarding adolescents who express anger aggressively are considered in the literature review, the salient

analytical framework utilized throughout the clinical work of the practicum evolves from Ecological Systems Theory.

This particular theory places an emphasis on environmental factors and the ways in which people interact with their environments.

> Ecological Systems Theory posits that individuals are engaged in constant transactions with other human beings and with other systems involved in the environment and that various persons and systems reciprocally influence each other. Further, each system is unique, varying in characteristics and ways of interacting... . (Hepworth and Larsen, 1993, p.16)

Two relevant concepts of this theory (Hepworth and Larsen, 1993, p.16) are **HABITAT**, referring to physical and social settings within a particular cultural context, and **NICHE**, referring to statuses or roles occupied by members of the community.

People have the opportunity to succeed in well-resourced habitats because growth and development are supported. However, in environments where resources are inadequate or lacking, ongoing development and functioning may be impaired. Some theorists offer one explanation for why some adolescents express anger in unhealthy ways, hypothesizing that these adolescents have deficient social networks, and that they respond to life stressors by expressing anger aggressively and engaging in violence. According to Feindler (1990, p.12) ". . . persistently aggressive children and adolescents

are biased toward interpreting events as proof that their peers are provocative, hostile, and do not like them". She adds that further research suggests that these deviant information processing mechanisms and hostile biases may be the result of early socialization and conditioning experiences. There is increasing agreement that these adolescents have parents with poor family management skills who may have engaged in the extensive early use of physical punishment or inconsistent disciplinary practices, thereby failing to teach reasonable levels of compliance.

Finding a place for oneself in the context of a larger society is critical in the attainment of self respect and a stable sense of identity (Hepworth & Larsen, 1993). This concept, however, pre-supposes that opportunities for growth-enhancing experiences exist in society for everyone. This may not be the case for all individuals due to race, ethnicity, age, poverty, and other factors. Angry adolescents who may not have had the opportunity to learn to express anger in healthy ways and who subsequently resort to violence, are increasingly at risk for social rejection, making it difficult to fit into society in such a way that a positive sense of self-worth can be fostered. "Gaps in the environmental resources, deficiencies in individuals who need or utilize these resources, or dysfunctional transactions between individuals and environmental systems block the fulfilment of human needs and lead to stress or impaired functioning" (Hepworth and Larsen, 1993, p.17).

Adolescents who express anger inappropriately may have skill deficits (Feindler, Ecton, Kingsley, and Dubey, 1986), lack appropriate role models for the healthy expression of anger or may have attributional biases that hinder the healthy expression of

anger (Lochman, 1987). These adolescents influence their environment in a negative way by aggressive expressions of anger, and therefore experience peer rejection and social isolation which reinforces this transactional pattern.

This writer prefers this theoretical framework because it is broad in scope and most difficulties faced by people in the context of daily living can be assessed within the parameters of this model.

Systems Theory emphasizes the idea that in working with individuals one must examine the larger context, usually the family system. Ecological Theory moves beyond this and looks at those systems that reside within the ecological boundaries of the client's problem, specifically the environmental factors. Systems in which individuals commonly transact include family and extended family, social networks, public institutions, and personal service providers (Hepworth & Larsen, 1993, p.17). Therefore, the emphasis in working with this population is not only on the individual but on the transactions that occur between that individual and the other systems he or she interacts with in his/her environment. The key to the transactional nature of these relationships is their ability to mutually influence each other.

Part of the challenge of this practicum was to incorporate the idea of an ecological systems perspective as well as to demonstrate a sensitivity to adolescent issues when working with adolescents who express anger in unhealthy ways. It was necessary for this writer to be aware of her own values regarding the expression of anger and how these could be understood within an ecological framework. Otherwise, unconscious biases could occur in assessing and planning for interventions. As this writer has examined her

own attitudes and beliefs about the expression of anger, different messages about this have been communicated in the context of therapeutic relationships. For example, it was made clear to the adolescents and family members involved in this practicum experience that violence is not an acceptable expression of anger and cannot be tolerated in any relationship.

THE PRACTICUM REPORT

This practicum highlights issues and interventions in adolescent anger management. This practicum was completed at the Manitoba Adolescent Treatment Centre (MATC), a free-standing psychiatric hospital for adolescents. Chapter 1 has offered a brief introduction to the practicum.

Chapter 2 involves a review of relevant literature, including the developmental stage of adolescence, adolescent anger, group therapy and co-facilitated groups with adolescents. A reference list of all literature reviewed is attached at the conclusion of the practicum report.

Chapter 3 describes the procedures involved in operationalizing the practicum. Included in this chapter is information regarding the practicum setting, referral base, agency involvement, group goals, structure and format, selection criteria and evaluation. Two measurement instruments, The State-Trait Anger Expression Inventory (STAXI) and The Index of Self-Esteem (ISE) were applied as pre- and post-measures. A copy of these scales may be found in Appendices 2 and 3 respectively. As well, verbal feedback was obtained from group participants and their parents.

Chapters 4 and 5 describe the clinical group work with the adolescent males who participated in this practicum. Family involvement, where applicable, is also discussed. The emphasis in these chapters is on group development and how each individual adolescent responded to the group work. A discussion of findings and results is also included.

Chapter 6 offers an analysis of the data collected and provides results and explanations of the evaluative component of this practicum.

Chapter 7 compares the common findings and differences between the two groups. It also includes a discussion of these results and potential implications.

Chapter 8 offers this writer's conclusions and observations as a result of having completed this practicum, including suggestions for future group work in this area. The recommendations reflect this writer's experiences in the development of this model for intervening with adolescent males and from perceived outcomes. This chapter also summarizes how treatment goals were realized, and offers a commentary on this writer's skill development.

CHAPTER 2

LITERATURE REVIEW

ADOLESCENCE

Adolescence is a time of transition from childhood to adulthood characterized by a number of cognitive, emotional, and behavioural changes.

> Adolescence is a defined period in the developmental progression from childhood to adulthood which begins with the biological changes leading to physical maturity, and is accompanied by changes in emotional and social development. Often seen as a transitional period, adolescence is normally characterized by turmoil and confusion as the adolescent struggles to synchronize physical and psycho-sexual changes, with a shifting role in relation to the family system and the community. (Berliner, 1982)

Blos (1963) defines adolescence as being comprised of six stages: latency period or introduction; pre-adolescence; early adolescence; adolescence proper; late adolescence; and post-adolescence. The third stage known as early adolescence (12 to 14 year olds) involves ". . . the disengagement from parents which causes the young person to search, at times, frantically, for new attachments and love objects" (Mishne, 1986, p.12). As well, biological and psycho-social changes are impacting greatly upon the developing adolescent during this time. As such, this period of development is

characterized by great stress. Attempts at separating from parents are taking place at a time when coping skills have diminished and vulnerability has increased. "Early adolescence is an important period in psychological development, ushering in new stages in self-definition, peer and family relationships, and cognitive abilities" (Whitesell, Robinson and Harter, 1993, p.522). Adolescents are seen to be ego-centric, pre-occupied with bodily changes, and concerned with what others think of their appearance. According to Mishne (1986) rebellious and acting out behaviour is common with this age group. Experimentation with drugs and alcohol occurs concurrently as adolescents ". . . struggle to try things, defy adults, and comply with peer groups and social mores" (Mishne, 1986, p.15). This focus in early adolescence on increasing emotional stress arising from the difficulties encountered in adapting to the changing self, as well as from the re-exploration of previous problems unresolved in early childhood, is also supported by Kraft (1961).

Mishne (1986, p.15) describes a number of role changes that occur in early adolescence. She defines the entrance into Junior High School as ". . . the identifiable departure from childhood necessitating the development of a new set of reference persons, values, and behaviours." The young adolescent is described as feeling driven to exaggerate his/her independence which may result in rebellious attitudes towards adults, especially parents. At the same time, there are expectations placed upon the adolescent to engage in the psycho-social and cognitive processes of learning how to make decisions, with failure the inevitable result. Parents are thus faced with the difficult balancing act of both supporting their children emotionally, at the same time as helping them achieve their

developmental tasks of separation and individuation. In terms of the educational system, this age group is often viewed as the most challenging to work with as early adolescence is believed to involve the highest degree of turbulence, belligerence, unruliness, and defiance (Mishne, 1986). In addition, young adolescents also face the struggle of coming to terms with their changing bodies, which appears to provoke a variety of reactions. Tramontana and Sherretts (1984) suggest young adolescents are more likely to be impulsive, action oriented, less thoughtful, less purposeful, and more likely to act-out.

However it is defined, adolescence is a developmental stage characterized by rapid physical change, striving for independence, exploration and implementation of new behaviours, strengthening of peer relationships, sexual awakening and experimentation, and seeking clarity relating to self and one's place in the larger society (Rencken, 1989, p.80). In reviewing the literature, the tasks of adolescence may be generally defined as:

1. Separation and individuation.
2. Integration of the self in terms of the development of a stable identity.
3. Achieving independence/integrating decision-making processes.
4. Forming significant peer relationships.
5. Coping with sexuality.
6. Clarifying goals and values.

The goal of adolescence is the successful completion of these tasks. "In a rapidly changing society, the adolescent is faced with many developmental tasks and decisions, and it is the challenge that these represent which defines the transition to adulthood" (Harper and Marshall, 1991, p.799).

Some researchers have attempted to differentiate between those adolescents who complete these developmental tasks relatively smoothly and adolescents who struggle. According to Rencken (1989) research suggests that there are numerous complex social and psychological factors that influence an adolescent's transition through this developmental stage. These range from social problems including physical, sexual and emotional abuse, family violence, alcoholism, substance abuse and chronic poverty in addition to family histories of mental illness, emotional disturbance, and the arrested psychological development of either parent. Rencken further hypothesizes that the choices the individual makes in attempting to address these challenges, as well as the circumstances surrounding them, contribute to symptomatic behaviour and the risk of being labelled problematic. This creates a context of circular causality in which angry and aggressive behaviours become normalized. If, for example, an adolescent is raised in a homeostatic environment of aggression, he/she will learn to be aggressive.

ADOLESCENT ANGER

"Anger is an unavoidable part of living, usually triggered by interpersonal interactions" (Kollar, Groer, Thomas & Cunningham, 1991, p.9). Anger is an especially important emotion, not just in adolescence, but across all stages of the life cycle. "In early adolescence new causes of anger surface related to the growing importance of friendships and the need to manage conflicts with peers" (Whitesell et al., 1993, p.522). Anger is a normal part of adolescence. A review of the literature indicates both psychological and environmental antecedents for adolescent anger.

> Increased manifestations and verbal aggressiveness during adolescence are often thought to be related to hormonal changes, the developmental task of adjustment to puberty, and the efforts of adolescents to separate more clearly from their families and to develop their own identity. (Kubany, Richard, Bauer, & Muraoka, 1992, p.505)

As well, Feindler (1990, p.39) describes anger as a highly interpersonal emotion that cannot be fully understood apart from the social context in which it occurs. Personal beliefs, attitudes and interpretations are salient factors necessary to fully comprehend the experience of anger.

It is well known that children from abusive backgrounds have learned to express anger violently and destructively. According to Lochman (1987) research has begun to address the social cognitive dysfunctions that aggressive children display. Dodge and Frame (1982) compiled data from three studies they conducted that examined the relationship between social cognitive biases and deficits in boys' aggressive behaviour. This data supported the contention that ". . . following an ambiguous provocation by a peer, aggressive boys are more likely than non-aggressive boys to attribute the provocation to the hostile, rather than accidental, behaviour of the peer" (Dodge & Frame, 1982, p.633). In aggressive adolescents, biological, social and personality variables may contribute to skewed perceptions of situations that result in anti-social behaviour.

As noted previously, anger is expected during adolescence. Feindler (1990, p.12) suggests that ". . . only in a few areas, for example, crime and delinquency, do adolescents engage in problem behaviours more frequently than other age groups".

It is important to distinguish between healthy and appropriate expressions of anger in reaction to developmental issues as distinct from the aggressive expression of anger in response to attributional biases. According to Freeberg (1982, p.29) "If anger is understood as a necessary component of individuation in adolescence, a possible relationship between anger and feelings of low self-esteem, self-worth, unstable home and school environments, feelings of loss and frustration, and generalized problems in achieving independence may be inferred". She adds that, "Although every developmental stage in childhood is important in the process of learning how to express anger, none seem as important as the toddler and adolescent periods when identity, independence and integration are foremost" (Freeberg, 1982, p.29). According to Dunne, Hoar, Taeschler and West (1985) the appropriateness of an individual's anger must be viewed within a developmental context:

> For example, adolescents may express vivid outbursts of anger in response to lack of privacy, lack of recognition, loss of control, or unmet expectations. This kind of response may seem unreasonable to adults, but in fact is normal and appropriate for a teenager, who struggles to develop an identity and independence. To achieve a sense of self-worth, self-esteem and sexual self, the adolescent must separate from family

and community, a process that provokes anger. (Dunne et al., 1985, p.317)

Feindler, Marriott and Iwata (1984) and Rule and Nesdale (1976) maintain that anger arousal acts as a cognitive mediator of aggressive behaviour. Feindler et al. (1984) further maintain that deficits in verbal skills, weaknesses in cognitive processing, a lack of problem-solving skills (Compas, Malcarne, and Fondacaro, 1988) and impulsivity (Carlson, Marcus-Newhall, and Miller, 1990) may lead to angry and aggressive behaviour.

In reviewing pertinent literature Kollar et al. (1991, p.10) make note of the conceptual ambiguity and confusion that exists regarding anger, aggression and hostility. They further note that anger has been conceptualized as:

1. An innate basic emotional state consisting of feelings that range in intensity from mild irritation to fury and rage
2. A transitory state of instigation
3. Frustration due to strong unmet needs or desires

They note that hostility has been defined as:

1. A longer lasting trait or predisposition to intrinsic instigation
2. Repeated and prolonged frustration of unmet needs or desires

Finally they note that aggression may be motivated by anger and directed to other people and objects in the environment. Jones and Peacock (1992, p.12) state that "Adolescent anger is more often provoked by persons than by things".

It is important to identify that segment of the adolescent population that is at risk for high anger arousal which may be associated with explosive and emotional behaviour. "It is critical to attempt to intervene with these adolescents as they are more likely to experience peer rejection, academic failure, lowered self-esteem, as well as behavioural difficulties, substance abuse and health problems" (Feindler, 1990, p.13). According to Jones and Peacock (1992) uncontrolled anger may impact negatively on the adolescent through verbal and physical aggression and the disruption of relationships. Freeberg (1982) proposes that although the healthy expression of anger is not thought to be realistic by some people, it is required in order to ". . . define disagreement, relieve frustration, and bring about possible changes in others, the situation, and/or themselves" (1982, p.29).

Jones and Peacock (1992) report on research indicating that males more often express anger aggressively whereas females cry. Kollar et al. (1991) cite other literature to support this contention and describe studies where parents were found to be more accepting of anger in boys than in girls. "Within American culture, anger generally is viewed as more appropriate for males than females" (Kollar et al., 1991, p.11).

Feindler et al. (1984, p.300) believe that the maintenance and transfer of behaviourial changes are critical considerations in treatment designs as they view adolescent aggression as a non-situation specific phenomenon. They further suggest that aggression in adolescence ". . . usually lacks instrumentality existing often as a rapid, unplanned impulsive reaction to provocation, supporting the development of self-control

training programs" (1984, p.300). Given these factors, it is suggested that effective intervention (Feindler, 1990) should include the following components:

1. Anger Management
2. Cognitive restructuring
3. Pro-social skills

A number of researchers (Farmer Corder, 1994; Whitesell et al. 1993; Peacock and Jones, 1992; Wilcox and Dowrick, 1992; and Feindler, 1990) identify stress management techniques, the use of role play, relaxation training, cognitive and social skills training, and problem-solving skills (Tisdelle and Lawrence, 1988) as effective methods to assist adolescents in recognizing and expressing anger in socially acceptable ways.

LeCroy (1988) states that as a model of treatment, anger management strategies ". . . emphasize two aspects, learning about the consequences of anger and learning new ways of behaving - assertively instead of aggressively" (1988, p.31). He suggests that the underlying theory of anger management techniques is based on a cognitive behavioural perspective which equates aggressive behaviours with interpersonal skills deficits or an inadequate repertoire of responses that lacks assertive or other non-aggressive skills.

> The therapeutic process occurs primarily through modelling and role playing new responses to situations likely to elicit angry responses. Many programs emphasize a "stress inoculation" approach which teaches a self-instructional sequence of coping statements designed to help a person deal with stressful situations. (LeCroy, 1988, p.31)

GROUP THERAPY WITH ADOLESCENTS

> Group therapy is a common form of treatment for adolescents today. While some authors argue this to be the best adolescent treatment modality because of the therapeutic value of a peer group, others see its value as being able to deal more successfully with issues of resistance, still others find its importance in regards to issues of transference. It is argued that adolescents find it easier to develop positive and independent transference relationships with a group of peers than with an individual adult therapist. (Hurst and Gladieux, 1980, p.151)

Berkovitz (1984, p.2) outlines several reasons for the usefulness of providing group therapy for adolescents:

1. To support assistance and confrontation from peers.
2. To provide miniature real-life situations for the study and challenge of behaviour.
3. To stimulate new ways of dealing with new situations and developing new skills of human relations.
4. To stimulate new concepts of self and new models of identification.
5. To feel less isolated.
6. To provide a feeling of protection from the adult while undergoing changes.
7. As a bind to therapy to help maintain continued self-examination.
8. To allow swings of rebellion or submission which will encourage independence and identification with the leader.

9. To uncover relationship problems not evident in individual therapy. Weisberg (1979, p.173) suggests ". . . that the areas of skill formation, confidence in authority relations, heterosexual relations, peer relations of all sorts, job approach and coalescing of aims for adulthood are all developed in a group setting in ways that are difficult to emulate in individual therapy". He further suggests that group psychotherapy is useful to the adolescent in ". . . reconstructing a reliable, consistent, restorative family-replicated environment in which early deprivations can be modified and subsequent patterns of detached behaviour can be minimized" (p.173).

Berkovitz (1984) reviews literature that advocates group treatment for adolescents reasoning that one of the psychosocial conflicts of adolescence is the need to develop a sense of group identity; a meaningful, positive and emotional connection with a peer group. He suggests that in group therapy, adolescents would be able to gain a greater sense of independence, feelings for their own ego strength, and a sense of mastery by meaningful confrontation with an adult authority figure. "The special advantages of group therapy for adolescents, either alone or as a multi-model approach, appear rooted in the relationship of group functions to the typically described tasks of adolescence" (Farmer Corder, 1994, p.1). Farmer Corder offers further support for Berkovitz's argument stating that groups afford the opportunity for building peer relationships and empathy with others. They also provide perceived protection by the group from the therapists' adult domination as the adolescent struggles to achieve independence from parental authority. As well, groups offer a safe environment within which adolescents

may give and receive peer feedback regarding identity issues, future goals and relationships with others (Farmer Corder, 1994, p.1).

According to Kraft (1961, p.202), the technique of adolescent group therapy is geared to the patient's needs of ego-support, reality orientation, and emotional catharsis. He adds that these criteria determine the depth sought by the therapist in the immediate sense that therapy helps children handle school, social, peer, and family problems, and in doing so they are able to discover better ways to handle their strong feelings. The hypothesis is that there will be an alteration of character structure coinciding with healthy growing indigenous to this population. Kraft (1961) outlines the following advantages of group psychotherapy with adolescents:

> The adolescent is primarily peer-oriented and adjustments emphasize peer problems. Group therapy with his peers is often the device by which problems can be elucidated and worked out. The adolescent needs to let out the explosive feelings that beset him. This is often difficult to do in individual therapy with it's threatening adolescent-adult configuration, whereas in a group situation it is quite feasible and acceptable. (1961, p.198)

Kraft (1961) further suggests that the therapist must have a thorough understanding of his/her own adolescence, as there is a strong impulse to act out parental authority conflicts through the group.

Berkovitz (1984, p.5) states that, in spite of difficulties, groups with young adolescents are particularly significant, necessary and useful. He reasons that as the

young teenager goes through a period of diminished inner controls, empathetic experiences in groups provide positive models of peer-adult relationships and perhaps decrease the number of rebellious, alienated years which many disturbed adolescents often experience. He further notes that while ongoing groups with this population have been advocated, several types of time-limited experiences have been designed to teach skills which enhance coping and adaptive abilities. "These may be seen as improving ego capacities and positive sense of self, and indeed may have long lasting effects" (1984, p.5).

Several researchers (Farmer Corder, 1994; Whitesell et. al. 1993; Feindler, 1990; and Barfield and Hutchinson, 1989) advocate conducting anger control training in a group format, enabling, as Feindler (1990, p.12) suggests, ". . . the direct prompting of alternative thinking perspective taking as the adolescents practice their newly acquired skills together."

According to Farmer Corder (1994, p.47) "Group work appears to be the treatment of choice as either a basic or an adjunct intervention, for the majority of adolescents. It is highly effective in providing opportunities to deal with the basic tasks of adolescence". Other researchers including Hurst and Gladieux (1980) and Weisberg (1979) concur that group therapy is a preferred modality of treatment in working with adolescents.

CO-THERAPY IN ADOLESCENT GROUP WORK

The issue of effective co-therapy in adolescent group work is complicated for a number of reasons. There is no general consensus supporting the use of co-therapy in adolescent groups as a therapeutic tool, and adolescents as a population remain a challenge to treat. Although more recent literature (Farmer Corder, 1994) has emphasized co-therapy techniques with adolescent groups, little has been written on the subject. Regardless, the utilization of a co-therapy model with adolescent therapy groups continues. Even effective co-therapy teams are severely tested in adolescent groups where anxiety levels escalate, resistances are intense, and where co-therapists are expected to model adult problem-solving and relationship skills.

Toseland and Rivas (1995, p.136) outline the most frequently cited benefits of co-leadership:

1. Leaders have a source of support.
2. Leaders have a source of feedback and an opportunity for professional development.
3. Leaders' objectivity is increased through alternative frames of reference.
4. Inexperienced leaders can receive training.
5. Group members are provided with models for appropriate communication, interaction and resolution of disputes.
6. Leaders have assistance during therapeutic interventions, particularly during role-plays, simulations and program activities.
7. Leaders have help setting limits and structuring the group experience.

Yalom (1985, p.481) believes the advantage of co-therapy is that co-therapists compliment and support one another and together their cognitive and observational range is greater. In addition, together co-therapists broaden the possible range of transferential reactions. Yalom (1985, p.419) notes that the nature and degree of the transference based distortions become more evident because patients differ among themselves in their reactions to each of the co-therapists and to the co-therapists' relationship. Farmer Corder (1994, p.18) is also supportive of the use of co-therapy in facilitating adolescent groups. She believes that having male and female co-therapists in adolescent groups offers opportunities for role-modelling for both sexes. In addition to opportunities for role modelling, male-female co-therapy also provides a context within which the adolescent may experience a positive emotional connection with an adult of the same or opposite gender. In addition, Farmer Corder (1994, p.18) describes co-therapy as providing a forum for modelling shared problem-solving, alternative leadership during the absence of one therapist, and as offering a mutual support system for the therapists when the group process becomes difficult or frustrating.

Rutan and Stone (1993) support the above-noted advantages of using a co-therapy model. They suggest there is value to having a male/female co-therapy team that simulates parental transference (p.161). They indicate that the co-therapists' ability to handle conflict appropriately, communicate acceptance and competence, and their ability to relate to each other, may offer other advantages of co-therapy.

Farmer Corder (1994, p.18) does acknowledge that co-therapy may complicate the already complex personal relationship between two therapists who may have struggled

with dominance, differing theoretical orientations, and perceived ownership of the group. She advocates strongly the development of a non-sexist, shared orientation toward group leadership and problem-solving and offers a number of suggestions when attempting to select a co-therapist. Specifically she recommends that potential co-therapists undertake a comparative discussion of behaviours and personality patterns including: dominance, competitiveness, support-nurturance, critical confronting, cognitive and emotional functioning, passivity-activity, flexibility-rigidity, openness-masking and comfort with gender roles.

Salient issues in the functioning of therapists in adolescent and adults groups have been summarized by Masterson (1968). According to Farmer Corder (1994, p.13) these differences in group process and therapists' techniques have included:

1. Higher levels of anxiety and difficulty in dealing with interpretation and behaviour in adolescent groups.
2. The necessity for focus on the specific tasks of adolescence in their group.
3. Lower expectations for self-analysis by adolescents.
4. Typical adolescent focus on conflict with authority figures.
5. Adolescents greater tendency to utilize activity and acting-out behaviours to handle anxiety generated within the group.

Farmer Corder (1994) also makes reference to her previous research (Farmer Corder, Cornwall and Whiteside, 1984), where an attempt was made to isolate therapists' behaviours that were unique to their work with adolescents. This research indicated that experienced group therapists described their functioning (p.14) in adolescent groups as:

1. Showing more verbal activity.
2. More openness in describing personal experiences.
3. Lowered expectations for any member's self-analysis or group initiated attempts to structure group process.
4. More frequent and direct verbal output characterized by focus on clarification of members' verbalizations rather than on analysis of content.

This research also indicated that inexperienced therapists felt adolescents' limited social skills and abilities to tolerate anxiety required additional selection criteria for group membership. Difficulties in establishing effective treatment contracts that focused on developmentally related themes were also noted, as well as the possible benefits of pairing inexperienced therapists with experienced co-therapists (Farmer Corder et al., 1984, p.14).

Some of the literature reviewed indicates that co-therapy relationships evolve over time and that mutual regard and respect are essential in addition to similar philosophies of what is important. Other literature accepts the institution of co-therapy teams complete with controversies and focuses on issues of selection, training, supervision, and prediction of efficiency (Farmer Corder et al., 1984).

In conclusion, co-facilitated group therapy is a preferred treatment modality in working with adolescents, for several reasons. Given the developmental issues facing this particular client population, group treatment provides a safe, therapeutic context within which the adolescent may:

1. Develop appropriate social skills (interpersonal relationships).

2. Reduce feelings of self-loathing and self-doubt.
3. Address behavioural concerns related to aggressive behaviour and social isolation in a context that is appropriate to this developmental stage.
4. Potentially preclude an arrest in development during this particular life stage.

Given the intense nature of this particular work, co-facilitated group therapy may provide the best opportunity for therapists to address both the content and process issues that are part of any group process, and that are specific to aggressive adolescent males who express anger in unhealthy ways.

CHAPTER 3

PROCEDURES

THE SETTING

The setting for this practicum was the Manitoba Adolescent Treatment Centre (MATC), based in the Assessment/Outpatient Services Program. The MATC has two locations with this practicum based initially at the 228 Maryland Street, Winnipeg, MB. site and subsequently at the 120 Tecumseh Street, Winnipeg, MB. site. As stated earlier, the MATC is an independent free-standing psychiatric hospital for adolescents. It offers comprehensive assessment and treatment services for adolescents ages 12 to 17 years, experiencing psychiatric and/or emotional difficulties. The following range of services are available through the MATC:

1. **Assessment/Outpatient Program**
   - Inpatient assessment which may range from 3 to 6 weeks
   - Community assessment including both psychiatry and social work
   - Community consultation
   - Outpatient Services including individual, family and group therapy
   - Short-term treatment
2. **Intensive Long Term Treatment Program**
   - Residential treatment (24 hours)
   - Milieu therapy
   - Individual therapy

- Group therapy
- Family therapy
- Specialized educational component
- Day programming for adolescents who live at home but attend programming during the day, evenings or weekends
- Follow-up services including individual, family and group therapy

3. **Community Services Program**
   - Services for children and adolescents including individual, family, group and play therapy
   - Community consultation and education
   - Acute Treatment and Consultation Team (Crisis Intervention)
   - Psychiatric component of the Child Guidance Clinic
   - Youth Forensic Services

The MATC utilizes a multidisciplinary approach in providing the treatment modalities indicated below:

1. Individual therapy - allows the adolescent to express his/her feelings or fears.
2. Family therapy - strengthens family relationships to support the adolescent's recovery and can include working to improve the adolescent's functioning in the community.
3. Group therapy - this utilizes the group process in resolving problems and developing skills.

Principles guiding care and treatment at the MATC include:

- identification of the issues and the expeditious development of treatment plans to minimize the length of hospital stay.
- a comprehensive approach to assessment and treatment in the context of a nurturing environment.
- an emphasis on informed choice and independent decision-making by adolescents.
- assisting adolescents in generalizing therapeutic gains to situations they encounter in daily living.

The ultimate goal of treatment is the adolescent's successful re-integration into family, school and community.

This writer chose the MATC as the site for this practicum for the following reasons:

1. The multidisciplinary approach to the treatment of emotionally disturbed and psychiatrically ill adolescents is congruent with this writer's personal and professional philosophy of a systemic approach to treatment.
2. Group therapy is an integral component of the MATC's treatment philosophy. As such, the development and facilitation of therapy groups is encouraged by the clinical leadership.
3. The MATC is a community-based organization mandated to provide quality mental health services to adolescents and their families. As such, the MATC's services have been expanding to meet identified needs in the community. In this writer's temporary capacity as Intake Coordinator, it

became evident that a priority community request involved treatment groups that addressed anger management issues for adolescents, particularly males. As a unique facility dedicated to meeting the needs of adolescents, the MATC has been and continues to be, readily accessed by professionals and families, thus allowing this writer access to a broad referral base.

REFERRAL BASE

As stated previously, at the time this practicum was being developed, few other resources existed in the community that provided anger management groups for adolescents. Therefore, the clinical work undertaken as part of this practicum offered a much needed resource in the community of Winnipeg.

Referrals for the clinical component of this practicum were obtained from a number of community agencies including Winnipeg Child and Family Services Agencies, Mediation Services: A Community Resource for Conflict Resolution, New Directions for Children, Youth and Families (formerly known as Children's Home of Winnipeg), and The Child Guidance Clinic of Greater Winnipeg; as well as from parents and other MATC employees. Several staff of the MATC viewed this practicum as supporting their work with families and they provided referrals to the groups from their case loads when appropriate.

It was not necessary for this writer to solicit potential referrals from pertinent community agencies. This writer acted as Intake Coordinator from June 1994 to January 1995. In that capacity, this writer received telephone calls and written referrals from the

community requesting anger management groups for adolescent males. As such, it was not difficult to establish a population for the first anger management group that ran from May 11 to June 28, 1995. It proved to be more challenging to develop a population base for the second group that ran intermittently from November 23, 1995 to February 12, 1996. The reasons for this are unclear.

AGENCY INVOLVEMENT

Prior to beginning this practicum a meeting was held between the Clinical Director of the MATC, Dr. Keith Hildahl, and this writer. The purpose of this meeting was to provide information regarding this writer's practicum proposal and to obtain support for the directions of the clinical interventions of this practicum. The Clinical Director fully endorsed the completion of this practicum within the MATC.

Subsequently, this writer met with her immediate supervisor, Ms Marg Synyshyn, in April, 1995 to obtain approval to conduct the first anger management group under the auspices of the Assessment/Outpatient Services Program. This writer met with her new supervisor, Mr. Ian Hughes, in September, 1995 to obtain approval to facilitate the second group within the context of the Assessment/Outpatient Services Program. Written requests for permission to facilitate the two groups, and approvals received, are contained in Appendix 1.

This writer subsequently approached Dr. Jim Skinner, the psychiatrist who worked within the Assessment/Outpatient Services Program, to request that he co-

facilitate the anger management groups with this writer. He fully supported the concept and made his time available to co-facilitate both groups.

Support for this practicum was provided by the Agency in other ways as well. The Agency provided meeting space for the group sessions and the individual and/or family interviews conducted as part of this practicum. Also, supplies such as pencils and paper were made available as needed.

THE GROUP

The clinical work in this practicum involved thirteen adolescent males. There were seven adolescents at the beginning of Group One. Five attended at least 75% of the sessions. Four completed the pre-and-post measures used to evaluate this group. Six adolescents agreed to attend Group Two with three completing those eight group sessions. This will be discussed further in subsequent chapters.

Toseland and Rivas (1995) define a group as treatment based if "the roles of the group members are developed through the group members' interactions with each other, the communication patterns are open and the composition of the group is based on common concerns" (p.16). Within the group work initiated in this practicum, the boys were encouraged to talk with and listen to each other with the goal of developing relationships to help them cope with issues pertaining to anger management. As well, the composition of the group was based on common concerns, i.e. having difficulties in expressing anger in healthy ways. Therefore, as defined by Toseland and Rivas (1995), the group designed for this practicum could be viewed as a treatment group.

The goals of both anger management groups for adolescent males included:

1. The provision of re-educative learning experiences.
2. The creation of a "holding environment" in which the expression of negative emotions could be contained.
3. Reinforcement of acceptable behaviours.
4. The provision of training in verbalization of feelings in an acceptable manner.
5. The provision of training and opportunities for peer feedback about behaviour.
6. The arrangement of practice opportunities for the development of appropriate peer relationships and interactions.

According to Feindler (1990, p.14), in keeping with the developmental striving for autonomy and the need for increasing self control of emotions, logical therapeutic goals for an adolescent anger control group include the appropriate regulation of the anger arousal that often accompanies aggressive behaviour and the development of alternative pro-social experiences to interpersonal provocation. A review of the literature (Feindler, 1990; Feindler and Ecton, 1986; Feindler et al., 1984) indicates that as well as education and cognitive restructuring components, this type of group should include ". . . the development of self-observation and self-management skills, discreet problem-solving skills, assertiveness, and pro-social responses to provocation" (Feindler, 1990, p.15).

According to Farmer Corder (1994, p.5) one of the goals of conducting time-limited structured anger management groups for adolescents is to help group members gain insight into their behaviour as well as to afford opportunities for teaching and modelling effective problem-solving skills. She suggests some techniques to be used in these group as including " . . . negotiation and positive assertive exercises, biofeedback and relaxation exercises, self-concept improvement exercises" (1994, p.5).

GROUP STRUCTURE

Group One operated for eight consecutive weeks, from May 11, 1995 to June 28, 1995. Each session was 1½ hours in length with a short break mid-way through each session. Group Two was operated intermittently from November 23, 1995 to February 12, 1996 for a total of eight sessions. These session were one hour in length, with no break midway through the sessions.

Both groups were closed and structured. Farmer Corder (1994, p.4) states that there is "a need for techniques that structure group interaction to ensure optimum participation and opportunities for peer feedback" in time-limited groups which focus on specific skills development training.

Topics for the eight group sessions included: identifying and quantifying anger, triggers of anger, inappropriate versus appropriate expressions of anger, coping strategies, self-esteem, family of origin issues (i.e. how anger was learned), and anger in the media. Format and content of both sets of group sessions may be found in Appendices 4 and 5. Some of the material discussed and utilized in these sessions was adapted from Farmer

Corder (1994), Feindler (1990), Barfield and Hutchinson (1989) and the work of Ms Linda Croll and Mr. Bruce Somers (1994) through the Family Centre of Winnipeg in Winnipeg, Manitoba.

GROUP CRITERIA

The target population for both groups was adolescent males ages 13 to 14 years for whom anger had been identified as a significant therapeutic issue and where experiencing it had impeded the achievement of personal goals. Exclusionary criteria included:

1. Gender - the participants had to be male.
2. Age - the participants had to be 13 to 14 years old.
3. Intellectual capacity - the participants were required to have the cognitive ability to benefit from this type of group experience.
4. Involvement with the law - group members were not to have been charged with weapons related offences.

Farmer Corder (1994, p.46) states that "In formulating selection criteria, it is perhaps most important to place an emphasis on the present social functioning and verbal assertiveness level of an adolescent". One rationale for this is that chronological age may fail to differentiate social functioning levels.

SELECTION OF GROUP MEMBERS

Hurst and Gladieux (1980) describe two key considerations designed to define the group's boundaries and to facilitate the development of an atmosphere of trust and safety. These include confidentiality and a commitment to regular attendance in a peer group where the membership is closed. "Confidentiality allows the freedom to disclose and explore feelings without interference or reprisal from friends, teachers or parents. To enhance the level of trust and openness, adolescent groups should be of a fixed membership where regularity of attendance is expected" (Hurst & Gladieux, 1980, p.154).

Although little is written about the selection of group members (Kraft, 1961), several researchers emphasize group composition when selecting potential group members.

Weisberg (1979, p.179) states "Groups do best if they are homogeneous for a stage of adolescence". Farmer Corder (1994) and Kraft (1961) focus on the importance of "group mix" suggesting ". . . a need for balance between withdrawn, acting-out, and verbally passive or verbally active group participants" (Farmer Corder, 1994, p.17).

For the anger management groups conducted as part of this practicum experience, potential group members had pre-screening interviews with the co-therapists. Parents or guardians were asked to attend part of these interviews. The purpose and goals of the groups were discussed as well as confidentiality, structure, format, and non-negotiable group rules. Pertinent social histories were also obtained.

Each group member was asked to discuss how anger had been problematic for him, if he would like to learn how to express it in more appropriate ways, and if he was willing to commit to the group for the eight week time period. Although all potential group members stated that they were willing to attend the group and understood that it was voluntary, it was this writer's impression that the majority of participants in both the first and second group felt coerced into attending by significant adults in their lives.

Written permission was obtained from parents and guardians allowing member participation in group. Consent was also obtained to video-tape or view individual group sessions. Please see Appendix 6 for a copy of the consent form used for these purposes.

This writer's educational goals as a practicum student were also explained and any questions or concerns were addressed.

Parents and guardians were offered an opportunity to meet as a group with the co-therapists on at least one occasion. At this time they had the opportunity to discuss concerns, seek advice, and to be informed in a general way as to how the group sessions were progressing. Both co-therapists were available to meet individually with families and were receptive to ongoing telephone contact when requested.

EVALUATION

As discussed previously, two evaluation instruments were administered as pre- and post-test measures to the adolescents who took part in this practicum. These measures were the STAXI and the ISE. In addition, the groups were evaluated by obtaining verbal feedback from group members and their parents.

THE STATE-TRAIT ANGER EXPRESSION INVENTORY (STAXI)

The **STAXI** is a 44 item scale measuring anger developed by Dr. Charles D. Spielberger (1991) in the mid-1980's. It is comprised of six scales and two sub-scales, providing a measure of Anger Expression, State - Anger, and Trait - Anger.

Anger Expression is a measure of how often anger is experienced, irrespective of the direction of expression. State - Anger measures the intensity of subjective emotional feelings of anger at a particular time. Trait - Anger reflects how often angry feelings are experienced. Sub-scales of the STAXI offer additional information regarding anger control, the direction of expressed anger, and the types of Trait - Anger. Spielberger (1991) provides a detailed description of the scale's components:

> **State - Anger** (S-Anger): a 10 item scale which measures the intensity of angry feelings at a particular time.
>
> **Trait - Anger** (T-Anger): a 10 item scale which measures individual differences in the disposition to experience anger. The T-Anger Scale has 2 sub-scales:
>
> **Angry Temperament** (T-Anger/T): a 4 item T-Anger sub-scale which measures a general propensity to experience and express anger without specific provocation.
>
> **Angry Reaction** (T-Anger/R): a 4 item T-Anger sub-scale which measures individual differences in the disposition to express anger when criticized or treated unfairly by other individuals.

> **Anger-In** (AX/IN): an 8 item anger expression scale which measures the frequency with which angry feelings are held in or suppressed.
>
> **Anger-Out** (AX/OUT): an 8 item anger expression scale which measures how often an individual expresses anger toward other people or objects in the environment.
>
> **Anger Control** (AX/CON): an 8 item scale which measures the frequency with which an individual attempts to control the expression of anger. Finally,
>
> **Anger Expression** (AX/EX): a research scale based on the responses to the 24 items of AX/IN, AX/OUT, and AX/CON scales, which provides a general index of the frequency that anger is expressed, regardless of the direction of expression. (p.1)

According to Feindler (1990, p.18) the use of the STAXI with adolescent clinical populations is recommended due to the methodological rigour of the development of the scale and its intrinsic use in clinical research on anger and health. In addition, it is easy to administer, easy to score, and easy to incorporate when evaluating anger control training. "In responding to each of the 44 STAXI items, individuals rate themselves on 4-point scales that assess either the intensity of their angry feelings or the frequency that anger is experienced, expressed, suppressed or controlled" (Spielberger, 1991, p.1). A copy of this scale may be found in Appendix 2.

Spielberger (1991, p.13) provides evidence for the convergent validity of this scale in a series of tables where the scales and sub-scales of the STAXI are correlated with other measures of anger and personality.

In terms of convergent validity, correlations of the T-Anger scale with the Buss-Durkee Hostility Inventory over several populations (N=560) divided by gender, ranged from .66 to .73 (P < .0001) Correlations of the T-Anger and S-Anger scales with the Eysenck Personality Questionnaire in the sample (N=879) divided by gender, ranged from .26 to .50 (P < .0001) (Spielberger, 1991).

According to Spielberger (1991, p.11) the internal consistency of the total scale and the eight item AX/IN and AX/OUT was evaluated by computing alpha co-efficients and item-remainder correlations. All but one of the item-remainder correlations for the AX/IN and AX/OUT scales were .37 or greater. All but two of the AX/IN remainders were .50 or higher. The item remainders of the total scale ranged from .14 to .56, with a median of .3. This is not surprising, according to Spielberger (1991, p.11) as the scale is comprised of two relatively independent sub-scales. The alphas ranged from .73 to .84 and were highest for the AX/IN scale.

Dr. Spielberger sold the copyright for this measurement instrument to Psychological Assessment Resources, Inc. (PAR) in Odessa, Florida. This writer contacted PAR and purchased copies of the STAXI and the accompanying manual. This writer further obtained written permission to use the STAXI in her practicum provided it was not altered or reproduced in any way. The letter of permission to use this scale is found in Appendix 9.

INDEX OF SELF-ESTEEM (ISE)

It is this writer's contention that adolescents experiencing difficulty in expressing anger in healthy ways, also have low self-esteem. According to Harper and Marshall (1991, p.801) the concept of self-esteem has been widely researched in relation to a number of variables including age. They state that adolescents are likely more concerned with their self-image and what others think of them, than are other groups, and review literature that concludes that adolescents who admit to experiencing more serious problems seem to have poor self-esteem. According to Freeberg (1982) "If one views anger as a necessary component of individuation in adolescence, then one can see how anger can be tied in with feelings of low self-worth, self-esteem, . . ." (p.29). It may be that adolescents who experience problems in relation to anger have never learned to express it appropriately, and that anger for them is connected to feelings of frustration, disappointment and depression. Feindler (1990) states that in addition to the adolescent's self-report of anger, for example as identified through the use of the STAXI, ". . . clinicians and researchers may be interested in the assessment of corollary content areas" (p.20). She continues by stating that this may include self-esteem measures, and that effective anger control treatment may reflect a positive change in an adolescent's sense of self-esteem.

However, self-esteem is difficult to quantify and therefore measure. As such, it is not clear if this measure would provide any real understanding of whether treatment goals were met within this practicum. For example, any positive effects of the group process might only be manifested in future actions of the adolescents, i.e. an increased sense of

self-esteem might contribute to more positive expressions of anger in future social interactions. Despite this, this writer felt it was important to include a self-esteem measure as part of this practicum. The second instrument used to evaluate clients' perceptions of this model of intervention, was the Index of Self-Esteem (ISE) developed by Dr. Walter Hudson (1982). It was administered as a pre-test and post-test measure at the first and final session of each group. A copy of this scale may be found in Appendix 3. Bloom and Fischer (1982) state that Dr. Hudson has given permission to reproduce and use this scale " . . . in any quantity needed provided that the following three conditions are met: the format and wording of each scale must not be altered, the copyright notation at the bottom of each scale must be retained, and none of the scales may be reproduced for commercial purposes" (p.162). In an attempt to reflect any changes in self-esteem over the duration of the group, the ISE was utilized. This scale ". . . measures the degree or magnitude of a problem a client has with his/her self-esteem" (Bloom and Fischer, 1982, p.148). It was designed specifically for single-system research to monitor and evaluate the intensity of a client's problem through the administration of this same instrument to the client (Bloom and Fischer, 1982, p.148).

This measure is reported to have a reliability of at least .90 and appears to have good discriminant, content, factorial and construct validity (Hudson, 1982). Research findings indicate that the scale has sufficient reliability and validity to warrant its use in clinical practice, research, training programs and consultation (Hudson, 1982, p.232).

This is a 25 item scale that contains both positively and negatively worded items to control for the effect of response-set bias. In scoring, the positively worded items are

reverse scored. After this is completed, all 25 item responses are summed. Each item is given a numerical score ranging from 1 to 6. The final step involves subtracting a constant with the numerical value of 25 (Hudson, 1982). In interpreting this scale, it should be noted that clients who obtain a score above 30 are said to have a clinically significant problem in the area of self-esteem, while those who score below 30 are not seen as having significant difficulties with this issue. The highest possible score is 100. Hudson (1982) cautions that this scale should not be used to determine the sources of clients' problems.

Seven of the twelve adolescents who took part in these groups completed the ISE as a pre-and-post-test measure. The ISE was administered during the first session of each of the two groups, and again during the last session of each group. Any questions or concerns the group members had regarding the meaning of certain scale items were discussed at the time the scales were being completed.

As noted previously, scores are out of a possible 100, with any over 30 being a cause for concern. According to Hudson (1982) ". . . the scale provides both a diagnostic benchmark and a criterion against which to judge the effectiveness of treatment" (p.234).

VERBAL FEEDBACK

Originally, this writer had thought to include a third measure as part of the evaluation of this practicum. This measure was a 'Client Feedback Form' adapted from an anger management program for adolescent boys, co-facilitated by Ms Linda Croll and Mr. Bruce Somers through the Family Centre of Winnipeg, Winnipeg, Manitoba, in 1994.

However, it became increasingly obvious throughout each group's last session that the boys were increasingly impatient and restless, having to complete the paper and pencil evaluation forms. Therefore, this writer thought it would be more prudent to ask for verbal feedback from group members, as opposed to requesting that they complete the 'Client Feedback Form'.

As a developing practitioner in the area of group work with adolescents, this writer believes that group participants' feedback is an important part of evaluation. Group members' opinions, as direct participants in the group, provide a valuable source of data about their experiences with this treatment modality. Not withstanding this, it is important to remember that this type of evaluation provides information that must be taken at face value, i.e. as the participants' perceptions of service.

CHAPTER 4

GROUP ONE

GROUP PROCESS

Seven adolescents were involved in Group One which operated from May 11, 1995 to June 28, 1995. Table 1 provides a summary of the profiles of these group participants. For more detailed information regarding each group member please see Appendix 7. For detailed information regarding the format and exercises utilized in each of the eight group sessions, please see Appendix 4.

Table 1 - Profiles of Group One Participants

(* - Number of Group Sessions Attended [out of 8 sessions])

NAME	AGE	GRADE	*	PRESENTING PROFILES
Brad	14	9	7	- ward of Winnipeg Child and Family Services - grief and abuse issues - very bright cognitively - group leader - few age-peers - numerous suspensions due to physically aggressive behaviour directed towards peers - verbally aggressive - anger described as "explosive"
Brian	13	7 modified program	8	- lived with maternal relatives - abuse issues - average cognitive abilities. Some difficulties with expressive language - group scapegoat - no age-peers. Friends were younger by several years - described as immature - numerous suspension due to physically aggressive behaviour directed towards peers - temper described as explosive

NAME	AGE	GRADE	*	PRESENTING PROFILES
David	13	7	6	- lived with parents and siblings - trouble with concentration, disorganized, impatient, easily distracted - very low self-esteem - average cognitive abilities - suspended numerous times for fighting with peers - engaged in power struggles with adults - physically lashed out at family - emotionally reactive - few friends due to bad temper - reluctant to attend group - felt singled out as "bad child" in his family
Peter	13	Suspended due to assaulting a teacher	6	- permanent ward of Winnipeg Child and Family Services - average cognitive abilities - removed from family due to long history of aggressive behaviour - some experimentation with drugs (marijuana) - outstanding theft charge - incurred another assault charge while group was in operation - felt unwanted and unaccepted - very angry and volatile temper - disruptive in group
Paul	14	9	7	- lived with father and siblings - conflictual family relationships - average cognitive ability - assaulted a peer ("Sam") - charges laid - suspended several times due to disruptive and physically aggressive behaviour directed towards peers. Some recent improvement in this area - several age-appropriate peers - easily frustrated and self-critical - motivated to attend group
Tom	14	9	2	- lived with mother and sibling - physical abuse history - in and out of Winnipeg Child and Family Services care - average cognitive abilities - provoked verbal and physical confrontations with peers - impulsive - very angry - previous history of suicidal ideation - guarded in group - group interfered with part-time job

NAME	AGE	GRADE	*	PRESENTING PROFILES
Sam	14	9	2	- lived with mother, stepfather, and siblings and half-siblings - average cognitive abilities - moody - anger described as out of control - outbursts took place primarily at school - suspended many times for verbal and physical aggression - assault charge (assaulted group member "Paul") - one theft charge - non-participatory in group

Session One

The objectives of this session were for group members to begin to feel comfortable in a group setting. "An important objective for the worker during the beginning stage is to help a diverse collection of individuals, who may be apprehensive and ambivalent, begin to identify themselves as a collectivity . . .." (Toseland & Rivas, 1995, p.184). The co-facilitators attempted to achieve this aim by helping group members feel safe and comfortable within the group and by trying to develop cohesion while respecting the individuality of the participants. The group leaders introduced themselves and asked the group members to introduce themselves, to the extent that they felt comfortable. As this was the first time the group met as a whole, the purpose of the group was discussed. All group members attended this session, with the exception of Sam. An emphasis was placed on what group members had in common. For example, difficulties expressing anger in healthy ways. The goals and format of the group were outlined. Group rules were discussed with an emphasis on group members feeling safe physically and emotionally, as well as in terms of confidentiality. These were extremely important concerns for this population in particular. A discussion took place focussing

on anger as a secondary feeling masking primary feelings like fear or frustration. This led to further discussion of feelings versus behaviour, emphasizing violence as a behavioural choice, and not a feeling. This session ended with group members completing evaluation pre-test measures.

This session was characterized by ambivalence and anxiety on the part of group members. Much distracting behaviour was evident (Peter and David) and some concern was voiced by Brad that the group leaders would not be able to remain in control of the session. Peter attempted to engage David negatively throughout the session, but David tried to ignore Peter, for the most part. The group leaders attempted to support David in his attempts to ignore Peter and to intervene on several occasions to redirect Peter to more relevant group discussion. This was met with little success. Brad was the most vocal group member and began to emerge as the group leader. He was cognitively brighter than the other group participants and attempted to engage the others, both negatively and positively, on several occasions. Again, the group leaders tried to intervene and reinforce the more positive aspects of his behaviour. Brian presented as slower and more immature than other group members, and was beginning to be scapegoated in the first session, especially by Brad and Peter. All group members, except Brian, and possibly Paul, appeared ambivalent at best about attending the group. Most of the boys expressed their resentment at being "forced" to attend the group by the adults in their lives. Most indicated that they did not need to participate in this type of group as they did not have difficulty in expressing anger. Although the leaders attempted to explore these issues with individual group members, and to help them understand how

their behaviour impacted on themselves and on others, they were unwilling or unable to examine this further at the time. It is likely that they did not feel safe with the group leaders or each other during this initial group session. During Session One, the group leaders did most of the talking. Peter attempted on several occasions to gain control of the group by trying to involve the co-facilitators in power struggles and by engaging in disruptive behaviour. Much silence was evident in this group, which may have conveyed ambivalence, lack of interest, boredom, anger, or all of the above. The most prevalent interaction pattern was "the Maypole" (Toseland & Rivas, 1995, p.73) where the co-facilitators were more central and communication took place from group leaders to group members, and from group members to group leaders. This type of interaction pattern would seem appropriate during the first session where members were meeting for the first time.

Group cohesion as defined by Toseland and Rivas (1995, p.78), is ". . . the result of all forces acting on members to remain in a group". As noted previously, these group members described feeling compelled to attend the group and did not perceive a need to be affiliated with other group members. There was little evidence of group cohesion during this session, which again, this writer feels was to be expected.

Some beginning group norms were established during this session, including individual group members' rights to feel safe and to express their feelings without fear of being attacked physically or verbally, or having their confidentiality violated. Given the nature of this type of group, and the population involved, strong social controls needed to be applied. The co-facilitators attempted to provide clear guidelines for acceptable and

unacceptable behaviour in the group through the provision of information regarding non-negotiable rules and through the generation of negotiable rules with the group members.

Group culture, according to Toseland and Rivas (1995, p.84) refers to "values, beliefs, customs, and traditions held in common by group members". Group culture developed quickly within this group. This group was comprised of a homogeneous membership where the members had similar values and life experiences related to aggressive expressions of anger. At this stage the group culture appeared to emphasize the values of self-determination and unanimity of opinion. In this writer's view, the group members were not supported by each other in any attempts to engage in the group's work.

Prior to Session 2, the co-facilitators met to discuss Peter's continued involvement in the group. He appeared angry and hostile, and not only unmotivated to attend but actively engaged in discouraging the appropriate participation of other group members. The co-facilitators decided to meet with Peter and his group home worker to discuss his continued involvement. This meeting occurred just prior to Session 2. Peter appeared very distressed at the prospect of being asked to leave the group. In this writer's opinion, this would have reinforced for him the fact that he was not accepted or liked by people in general, and by the other group members specifically. He was adamant that he would attempt to engage more positively in the group process, and reaffirmed his commitment to attend the group to work on issues related to his expressions of anger. Although the group leaders had reservations, they allowed his continued participation in the group.

Session Two

Session Two focussed on continuing to help group members to feel comfortable within the group. This occurred through a review of the last session and through a discussion of the group members' previous weeks activities and occurrences in their lives. A more extensive discussion about what causes behaviour took place, with a preliminary discussion by members about what types of situations made them angry and likely to act-out aggressively. The objective here was for the adolescents to begin to be aware of what triggered their anger and when and how they expressed it.

The group leaders continued to reinforce group rules in an attempt to foster positive norms and group culture. This session went well. Everyone attended except for Sam. The boys, for the most part, were prepared to engage appropriately in the work of the group. Although he had difficulty, Peter attempted to refrain from engaging in distracting behaviour and to take part in the group, although he was guarded and unable to discuss his feelings openly. He attempted to involve David negatively, and scapegoated Brian on several occasions. Paul presented as guarded but receptive to taking part in the group process. Brad did well overall and was clearly established as a group leader by the second session. He had answers to the questions posed through discussion and because of his considerable cognitive ability, was able to offer insights or comments on issues raised within the group. Tom was guarded during this session as well. He appeared to be hesitant to engage in the group process because he was not sure if it was safe for him to do so. He had some minimal interaction with Brian and Brad, and withdrew when Peter attempted to engage him negatively. David appeared restless, but

attempted to take part in the session with the other group members. Minimal scapegoating of Brian occurred in this session. At this time, the group leaders attempted to intervene to encourage more positive communication and interaction patterns. What emerged during this session were feelings related to struggles with self-esteem. Co-leaders attempted to be supportive in individual attempts to engage appropriately in the group activities and to reinforce positive interactions. By this session group culture, norms and roles had been fairly well established. The group appeared to be somewhat cohesive as well.

In this writer's opinion, these two sessions constitute the beginning stages of the group, in addition to any pre-planning work that had occurred. Some of the group members were resisting pressure from the group, evidenced by their approach avoidant interactions. A sense of "groupness" was beginning to emerge, but not without a struggle which, according to Toseland and Rivas is a "normal" part of group development. Norms and roles were beginning to be differentiated.

Session Three

> "Group dynamics have developed before the middle stage of a treatment group's development. The worker's task in the middle stages is to maintain and enhance dynamics that are contributing to the group's success and intervene to change those dynamics that are interfering with the group's development" (Toseland & Rivas, 1995, p.283).

One of the objectives of this session was to help group members become aware of what their anger looked like for them physically, as well as emotionally. The idea behind this was to help them become aware of when they were becoming angry. In addition, another objective was to foster group development by supporting and encouraging members in their continued involvement in the group. This occurred through a leader initiated discussion about how participants felt about attending the group thus far.

This session was characterized by some jockeying for control of the group by group members, as well as by an escalation in the anxiety of the adolescents related to feeling unsafe in talking openly. David expressed frustration that the group did not remain on the topic of "dealing with anger". He was able to express frustration that Peter criticized him frequently and attempted to engage him in negative interactions. The group leaders helped David to confront Peter on his negative behaviour, but Peter was only able to change this pattern for a short period of time. Peter was distracting and very much engaged in scapegoating Brian. He tried to engage the group in that process as well. He was confronted by the leaders, and after a brief disclosure of some "real feelings" about how he felt disliked and unaccepted by others, he remained quiet for the remainder of the session. As Brian attempted to respond to discussion questions, it became increasingly evident that he was immature in comparison to the other group members. His responses were met with sarcasm and ridicule, and were generally ignored. The group leaders intervened as much as possible, being mindful not to rescue Brian from interaction with the other group members. Although many attempts were made to redirect group interactions and communication patterns in more positive ways, this was

met with little success. Brad, as a group leader, was unable to respond to the leader's requests regarding compliance with group rules and involvement in the work of the session. Paul was absent for this session.

Much distracting behaviour occurred during this session with verbal put-downs directed to each other. The leaders reinforced group rules and norms that members had a right to express their feelings and thoughts without fear of reprisal and consequences for violating this rule were discussed. Again, the group leaders initiated the discussion with participants about how to make the group more relevant for them.

In a post-group discussion, the co-facilitators reached the conclusion that the group's activities needed to be more structured, as members' anxiety levels appeared to escalate when asked to discuss feelings directly or in more open-ended ways. Conformity and compliance, i.e. social controls, were minimal during this session and it was difficult for the group to function effectively. Social interactions were somewhat chaotic and this impeded the ongoing development of positive group culture. The group members appeared to function as one organism rather than as individuals. Given this stage of adolescent development, individuality did not appear to be sanctioned by group members despite the efforts of group leaders to encourage this. As such, openness and diversity of opinion were not values held by the participants in this group. Again, this was perhaps a function of their developmental stage, in addition to the difficulties encountered in group work with this population.

Session Four

The goals of this session were to review the group to date including purpose, rules and so on, primarily for the benefit of Sam who attended the group for the first time during this session. Another objective was to help the group members identify what triggered their anger and how they responded to these triggers. This led to another discussion of separating feelings from behaviour. In response to the last session, the activity of this group was structured and involved the group members playing "The Anger Control Board Game".

In this writer's opinion, this session was much more successful than the previous ones. David, Brad, Brian and Paul participated well. Sam functioned more as the group isolate, possibly because he was new to the group. He was respectful throughout the session but did not participate in the activity or interact with the other group members unless questioned directly. Tom was absent, as was Peter who had been detained in the Manitoba Youth Centre that week for assaulting a peer. Overall, the level of anxiety exhibited by the group members appeared to have decreased. Those who played the board game appeared to take it seriously. They discussed their feelings more indirectly and therefore it seemed they felt safer in offering comments and suggestions in response to the game's questions. This session was described in positive terms by all the group members except Sam, who offered no comment.

Session Five

The objective of this session was to continue to foster group cohesion by supporting members' ongoing attendance of the group. This also occurred through the evaluation of the group to date. This session focused on feelings of self-esteem and self-image. Members were asked to search through magazines for pictures that they felt represented themselves. They later shared these pictures with other group members and discussed why the pictures were representative of them. The group members were able to work well for the first half of this session involving the magazine activity. They were thoughtful, for the most part, in their choice of pictures, and took some small risks in terms of self-disclosure when elaborating on their choice of pictures for the other group members. For example, David chose a picture of a red sports car to represent himself. He explained that he was strong and fast like the car but got into trouble when he impulsive, just as someone driving that car too quickly might get into trouble. He further offered that the car was very popular, something he wished to be. All group members attended this session except for Tom. After the break, it was difficult to keep the group members on task. This part of the group was less structured and it appeared more difficult for them to work. Peter again targeted Brian negatively and interrupted David when he was talking. David confronted Peter on his behaviour and was supported by Paul. In this writer's opinion, this would have represented reinforcement of the group norm that members have the right to express themselves without fear of reprisals. As a result of this, Peter moved to sit in the corner of the room away from the rest of the group and would not participate for the rest of the session. Paul attempted to remain on task, as

did Brian and David, but with less success. Both were unable to concentrate and appeared restless by the end of this session. The group appeared to have cohesed by this session and had engaged in the work of the group appropriately during this middle stage of group development.

In a post-session discussion, the group leaders decided to restructure the group to one hour with no break, as one-and-a-half hours appeared too long for the group members to remain on task. Most were able to do well during the first part of the group, but had trouble working after the break.

Parents' Session

The group leaders extended an invitation to all group members' parents and guardians to attend a group meeting. This meeting was held the same week as the fifth session of Group One. Brian's aunt and uncle, Brad's foster parents, and Paul's father attended. The progress of the group to date was discussed in a general way.

Very little interaction occurred between the parents and guardians with all communication directed toward the group leaders. All who attended were concerned about what alternative resources existed for their adolescents once this group ended. All wanted to know how to manage their adolescent's anger at home and in the community. There was some receptivity to family work. All requested individual work for their children once this group was completed. Brian's aunt and uncle observed that Brian appeared less angry towards them at home since attending the group. Paul's father stated that Paul had been less angry at home for approximately 6 months, as he was consciously

attempting to control his anger. Brad's foster parents had not noticed an increase or a decrease in Brad's displays of anger.

Session Six

The focus of this session was to help group members distinguish between aggressive, assertive, and non-assertive behaviour. Scenarios were described for the group participants and they had to decide if what was being described represented aggressive, assertive, or non-assertive behaviour. This was followed up with pencil and paper exercises from "The Anger Control Workbook". Sam and Tom did not attend this session. There was an increase in attempts to distract by group members. Attempts by group leaders to engage the group members in the group process were, at times, deflected and blocked. For example, group members, especially Brad and Peter, attempted to engage this writer in a discussion about her using the group members as "guinea pigs" in order to meet the requirements for her MSW practicum. The group leaders viewed this as an attempt to divert the group from the task at hand. Any attempts by the group leaders to engage in discussions of feelings directly were blocked. Brad attempted to stop any discussion of feelings. He became increasingly hostile and impatient during the session, and scapegoated Brian. Peter attempted to disclose his feelings on two occasions. He was criticized both times by group members, and despite encouragement from the leaders, he became increasingly angry, refused to speak further, and at one point, hit David. At attempt was made by the group leaders to process this event with the group.

Brian attempted several interactions with the other group members, but they were not receptive to him. David became increasingly frustrated and did not want to continue working. Paul attempted to remain on task. It appeared that significant amounts of energy were exerted by group members in keeping interactions on a surface level. In a post-session discussion, group leaders again decided to try to structure group sessions more tightly in an attempt to facilitate a discussion of feelings more indirectly.

Session Seven

This session was terminated by the group leaders after approximately twenty minutes. Upon arrival, all group members presented as agitated, with elevated levels of energy. They were unable to settle or engage in the work of the group, and the leaders were unsuccessful in attempts to facilitate the same. Peter was disruptive and hostile towards Brian. Brian attempted to engage with the other group members by buying them all treats. The other group members readily accepted these but ridiculed and rejected Brian once the treats were finished. David expressed frustration at having to attend the group at all since he was scheduled for some individual therapy immediately following this session and felt that he was singled out in his family to receive treatment. Brad described himself as "hyper" and unable to participate in the group on that particular occasion. He engaged Peter negatively and scapegoated Brian. Any attempts by the group leaders to engage in the group work were met by sexualized comments from Brad in an attempt to block the group process. After becoming involved in several minor power struggles with group members, and being unable to focus their attention on the

work of the group, the group leaders decided to terminate the session. Brad was the one group member who remained after this session to apologize for his behaviour and his inability to remain focused on the discussion and activities in place for that session.

Group leaders had a lengthy post-session discussion about what they might have tried differently. For example, this writer engaged in a power struggle with Peter as a result of being frustrated by his behaviour. The co-therapist was able to comment upon this so that the writer could be aware of this dynamic in another session. The co-leaders again discussed the need for increasing controls and structure in this type of group setting with this population.

Session Eight

The objective of this session included processing what had occurred during last week's session and reviewing the group purpose and goals, to emphasize separating feelings from behaviour. Another objective was to obtain verbal feedback, positive and negative, from group members regarding their participation in the group. Post-test evaluation measures were completed. "The ending of the group is characterized by the completion and evaluation of the group's efforts" (Toseland and Rivas, 1995, p.89).

Brad, Brian and Paul attended this session. Peter stated the week previously that he would not be returning to the group. Feedback was obtained at a later time from David, at which time he completed the post-test evaluation measures.

The group members were subdued during this session and made an attempt to remain on task. Minimal scapegoating of Brian occurred by Brad. He did not receive

any support for this behaviour from Paul or the group leaders and this behaviour diminished quickly. At one point Brad appeared to form a coalition with Paul when discussing what did and did not work in this group, from his point of view. There was more member-to-member communication evident in this session than in previous sessions. Norms appeared to have been well established and the effectiveness of social control evident with Brad's negative behaviour towards Brian terminating with no support from the other group members. The group leaders helped members examine and evaluate their work together. A discussion of what had been successful and areas needing further work also took place.

DATA AND RESULTS

THE STATE-TRAIT ANGER EXPRESSION INVENTORY (STAXI)

In Table 2, the pre-test percentile ranks for the STAXI scales and sub-scales are compiled for the adolescents involved in Group One.

Table 2 - Percentile Ranks (Pre-Test Results) of the STAXI Scales and Sub-scales for Group One

		STATE ANGER	TRAIT ANGER	TRAIT-ANGER TEMPERAMENT	TRAIT ANGER REACTION	ANGER-IN	ANGER-OUT	ANGER CONTROL	ANGER EXPRESSION
GROUP ONE	Brad	64	19	38	24	12	43	84	11
	Brian	68	39	10	84	35	33	57	36
	David	35	33	63	35	79	95	81	86
	Paul	35	93	80	97	66	78	84	57
	Peter	80	99+	99	99	69	97	84	79
	Tom	99+	98	99	97	94	99+	99	89
	Sam	Did not complete any of the measures							

Normal range: 25th - 75th percentile.

The percentile rank that corresponds with a STAXI scale score determines how an individual compares with other individuals of the same age and gender. Scale scores within the 25th and 75th percentile are described as being within the normal range (Spielberger, 1991). "Individuals with anger scores above the 75th percentile are likely to experience and/or express angry feelings to a degree that may interfere with optimal functioning" (Spielberger and Sydeman, 1994, p.311). This may contribute to difficulties in interpersonal relationships for these individuals. Although adolescents scored highest as a group (Spielberger, 1991, p.3) it is evident from the data compiled in Table 3 that a number of the adolescents who participated in Group One experienced considerable difficulties with anger expression.

Individuals with high S-Anger scores are described as experiencing relatively intense angry feelings. This would appear consistent with Peter and Tom's presentations in group. Both obtained very high scores on most of the STAXI scales and sub-scales.

People with high Trait-Anger scores are described as often experiencing angry feelings and a sense of being treated unfairly by others, hence they are likely to feel frustrated much of the time. Three of the six adolescents who completed this pre-test measure had unusually high scores along this scale. Again, this would be consistent with their presentations in group.

People with high Trait-Anger Temperament scores are described as quick-tempered and easily expressing their angry feelings with little or no provocation. Again, of the six adolescents who participated in Group One, four had very high scores for this

particular sub-scale, which in this writer's opinion is consistent not only with their individual presentations, but explains why they were referred to this type of a group.

Individuals with high Trait-Anger Reaction scores are said to be very sensitive to criticism, perceived slights, and negative evaluations by others. They are described as experiencing intense feelings of anger under such circumstances (Spielberger, 1991, p.5). Four of the six adolescents completing this measure scored above the 75th percentile. It is this writer's perception that David, who scored within the normal range on this particular sub-scale was, in fact, highly sensitive to criticism from other people and reacted with intense anger in these situations. It may be that he was uninterested in completing the questionnaire with any degree of thoroughness. For example, at one point he was seen to circle the number "3" for the answer to every question. When asked, he stated he did not feel like thinking about the questions extensively

Persons with high AX/IN scores are described as experiencing intense angry feelings that they suppress rather than express physically or verbally. David and Tom had very high scores along this scale. Both described themselves as holding their anger in until someone pushed them too far, at which time they exploded.

In addition, both had high scores along the AX/OUT scale which indicates that, in some situations they expressed their anger, while in others they suppressed it. In terms of the AX/OUT scale, four of the six adolescents scored above the 75th percentile. This would be consistent with what would be expected from participants in this type of group as people with high scores along this scale are described as engaging in aggressive behaviour directed towards other people or objects when they experience anger.

AX/OUT expressions of anger are thought to include both physical and verbal aggression.

Five of the six adolescents involved in Group One had scores above the 75th percentile on the Anger Control scale. This would indicate that they expended much energy in attempting to monitor and prevent the experience and expression of anger. It would seem logical to this writer that fewer of the group participants would have high scores along this scale. From their individual presentations in group, Tom and Paul both appeared to attempt to control themselves in terms of expressing anger, and both stated this was something that they had tried to do. In this writer's opinion, the high score along this scale for Peter was not consistent with his presentation as he seemed to be proud of the fact that he made little attempt to contain himself when angry.

Three of the adolescents had very high scores along the Anger Expression scale, which indicates they experienced intense angry feelings, which may have been expressed in aggressive behaviour. Such individuals are described as " . . . likely to experience extreme difficulty in interpersonal relationships and are also at risk for the development of medical disorders" (Spielberger, 1991, p.5). This writer would have thought that all six group participants would have high scores along this particular scale, with the possible exception of Paul, who apparently had been working at controlling his anger. It is this writer's perception that Brad may have intentionally answered scale questions inaccurately in order to hide his true feelings. It may be that Brian was not completely clear in how to answer the questions, hence the low scores. He may also have employed

excessive use of denial and repression as a primary means for managing or avoiding anger.

Brad and Brian had relatively low scores on the Trait - Anger, AX/IN and AX/OUT scales. An individual with such a profile is described as relying heavily upon the defences of denial and repression to protect themselves from experiencing unacceptable angry feelings. This may be true in the case of Brian. However, this writer's contention remains that Brad was protective of his true thoughts and feelings when completing this measure, and that his scores were not consistent with his presentation or the referral information provided about him (please see Appendix 7).

THE INDEX OF SELF-ESTEEM (ISE)

Table 13 summarizes the pre-test and post-test scores from the ISE for Group One participants.

Table 13 - Group One Pre-Test and Post-Test Scores Using the ISE

		PRE-SCORES	POST-SCORES	CHANGE
GROUP ONE	Brad	24	20	-4
	Brian	65	67	+2
	David	60	58	-2
	Paul	46	41	-5
	Peter	53	Not completed	-
	Tom	38	Not completed	-
	Sam	Not completed	Not completed	-
				Average change -2.25

The results indicate that the majority of the adolescents who completed this measure scored above 30 in both their pre- and post-test scores. This would suggest they experience problems in the area of self-esteem in terms of severity, magnitude and intensity. The results would further indicate that Brad did not have self-esteem issues. This writer would suggest otherwise. Brad was a very bright, guarded adolescent. He may have responded to the items on the ISE in the manner he did in order to hide his true feelings.

As discussed previously, the literature supports the contention that adolescents who experience difficulties in the healthy expression of anger may also have low self-esteem. Freeberg (1982) argues that anger can be connected to feelings of low self-esteem, especially in adolescence where anger may be viewed as a necessary component of individuation. The scores reflected in Table 13 would further support this view, as the majority of these adolescents' scores were greater than 30.

According to Hudson (1982), the degree of measurement error is generally about plus or minus 5 points in either direction. Thus, a change of 5 points or less in either direction, over repeated administrations, can generally be regarded as "noise" or measurement error that is inherent in this scale (p.234). As there were no changes in pre-test and post-test scores greater than 5 points in either direction, this data is not statistically significant. One way of interpreting this is to assume that the group activities with these adolescents did not place enough emphasis on self-esteem building exercises, hence the limited change in pre-test and post-test scores. This writer would suggest that future group work emphasize the issue of self-esteem with appropriate discussion and

activities. It may be that admitting to problems with self-esteem places one in a position of vulnerability, which may be too great a risk for this particular population. Hence, this issue is denied or defended against, or these feelings are kept hidden. This writer believes this to be the case with Brad.

The post-test scores, with the exception of Brad, remained greater than 30. As such, it is likely that self-esteem issues remain for these boys and should be addressed in any further treatment that is undertaken.

VERBAL FEEDBACK

The most feedback was obtained from Brad at the conclusion of Group One. He said he did not find the group particularly useful, especially since he denied significant difficulties with anger, and felt he had little in common with the other group members. Although he understood that the group was voluntary, he felt compelled to attend. He did not like the weekly check-in exercise as it was "boring" and did not find useful open-ended discussions of feelings, as they were "too corny". He suggested bringing in a guest speaker, i.e. a young adult who had been seriously involved with the law as a consequence of how he dealt with anger. He thought that this might be more relevant for the group members.

Other group participants in Group One did not offer additional feedback other than to agree with what Brad had said. It appeared they concurred with his comments regarding weekly check-ins and unstructured discussions about anger and feelings in general.

PARENTS' INVOLVEMENT

A group session for parents and guardians was held mid-way through Group One.

Three sets of parents and guardians from Group One attended the parents' session. All were respectful of their adolescents' rights to privacy and therefore did not ask for specifics regarding participation in the group. All were concerned with potential anger management services available after the termination of this group, as none felt confident that their childrens' anger would be reduced significantly, or that they as parents would be able to cope with it successfully. Some preliminary discussions took place which focussed on self-esteem issues, triggers of anger, responses of their adolescents, and the context within which these behaviours occurred. Although there were no requests from parents for further groups or individual sessions, this writer would strongly recommend a parent's educational group, supportive in nature, to run concurrently with the adolescent anger management group. After meeting with the parents, it was this writer's perception that more time was required to explore the issue of anger and how it had impacted on these adolescents and their families and community. Such a model would be more conducive to an ecological approach to practice where the adolescents' behaviours are explored in a broader context. As well, the adolescents might not perceive themselves as singled out for treatment if their parents were also participating in a group program. Parents could be supported in attempts at examining the reciprocal interactions that occur between themselves and their children, and how this influences the behaviours of all concerned. In future group work, this writer would design a group program where this type of concurrent parents' group is mandatory.

Individual follow-up interviews were offered to all group participants and their families to discuss the group in general and the results obtained from the individual adolescent's completion of the evaluation measures. Of the four adolescents who completed the pre-test and post-test measures, none requested further involvement with this writer regarding their participation in the group. This writer had a follow-up interview with two sets of parents or guardians, and telephone contact with the rest. Parents and guardians' concerns focused primarily on the availability of future potential anger management treatment services. Although only Brian's guardians reported a change (positive) in their child's expression of anger, all the caregivers were in favour of their children attending the group and wanted their adolescents to attend any subsequent groups that might be developed. In this writer's opinion, this may be related, in part, to parents' feelings of exhaustion in attempting to cope with their adolescents' anger and their perceptions of larger social systems as unresponsive in this regard. Therefore, the anger management group, though brief and not conclusively successful, might have been experienced by parents and guardians as supportive.

GROUP SUMMARY

Group One functioned as a group with cohesion, norms, social controls and a group culture evident.

However, the group members were ambivalent, at best, about attending this group. This could be due to the fact that some of them did not believe there was anything

wrong with the way they expressed anger and they came to the group at someone else's insistence.

Another prevalent emotion expressed by group members was anxiety. This may have been because of concerns about trust, safety, and confidentiality within the group. As a result, group members presented as guarded at times and engaged in deflecting or distracting behaviours. Although the boys were guarded with each other and at times would be verbally aggressive with each other, they tended to present a united front in engaging with the group co-leaders.

This group was most successful when the activities utilized were structured, allowing for a more indirect expression of feelings that may have been less threatening for group members.

Most of the adolescents' scores were very high for the STAXI scales and sub-scales. These scores would suggest these adolescents tend to be quick-tempered, feel intensely angry, are sensitive to criticism from others, and tend to express anger aggressively and to direct it towards other people or objects.

In this writer's opinion, this profile characterizes most of the adolescents who attended Group One. Results obtained through the use of the ISE would suggest that most of these adolescents also experience difficulties with self-esteem.

Administration of the STAXI and the ISE was somewhat difficult. Some group members had attentional difficulties as well as a lack of motivation to complete these measures. Some appeared to have difficulty reading and understanding the questions and were not receptive to individual assistance from the group leaders.

CHAPTER 5

GROUP TWO

GROUP PROCESS

Although six adolescent males were interviewed and had agreed to be involved in the second anger management group, only three attended with any regularity. It was not clear why this was the case. This may have occurred for several reasons. Group Two operated intermittently from late November 1995 to February 1996. For one potential group member, it conflicted with his hockey schedule so he declined to attend. In this writer's opinion, two group members who lived at home with single parents, were very much in control of their home situations and it may have been difficult for their parents to enforce expectations with regard to group attendance. After each participating in one group session, they did not return to the group, and the parents were unable to convince them to do otherwise. The parents of the adolescents who did attend this group felt the timing of it, i.e. originally scheduled from 5:00 p.m. to 6:00 p.m. was not convenient for them. In response, the group leaders rescheduled the group to run from 6:00 p.m. to 7:00 p.m. As well, for several weeks, the group did not take place due to prior commitments of group members related to the Christmas season, and on one occasion due to inclement weather. In retrospect, the timing of this group, i.e. over the Christmas season, was not the most appropriate. Although the group leaders had tried to begin the group earlier in November 1995, it was delayed due to non-attendance by group members. This writer

would have preferred to have cancelled this group until the Spring of 1996 in the hopes of establishing a stable, larger group population. However, as there was no way of predicting that this would have occurred, and due to time constraints related to the completion of this practicum, Group Two began in late November 1995.

Table 4 provides a summary of the group participants from Group Two. For more detailed information regarding each group member, please see Appendix 8. For more detailed information regarding the format and exercises structured for each of the group sessions, please see Appendix 5.

Table 4 - Profiles of Group Two Participants

(* - Number of Group Sessions Attended [out of 8 sessions])

NAME	AGE	GRADE	*	PRESENTING PROFILES
Michael	14	7	6	- lived with mother and siblings - history of physical abuse - physically abusive to mother and young sibling - very low self-esteem - previous suicidal ideation and attempts - explosive temper - numerous suspensions from school due to behaviour - some difficulties with concentration - few age-peers - very distressed by his aggressive expressions of anger - motivated to attend the group
Mark	13	8	7	- lived with mother and stepfather and siblings and step-siblings - one sibling recently diagnosed with serious physical illness - very explosive temper - physical aggression directed primarily at objects - also aggressive with teachers and peers - no age-peers due to temper - difficulty expressing emotions - previous suicidal ideation - reluctant to attend group

NAME	AGE	GRADE	*	PRESENTING PROFILES
Craig	13	6	7	- lived in a group home - long history of increasingly violent behaviour - very physically abusive towards parents and siblings leading to placement with Winnipeg Child and Family Services - no known triggers for his anger - no age-peers due to violent outbursts - previous physical injury of peer when he was angry - aggressive with peers and teachers - previous suicidal ideation - reluctant to attend group
Jeff	14	8	1	- lived with father - conflictual relationship with siblings who lived with mother - difficulties with peer relationships - physical altercations with peers - somewhat withdrawn and socially isolated - very ambivalent about attending group
Ken	13	7	1	- lived with mother and maternal grandmother. No siblings - long history of violent outbursts, usually displayed at home - physical abuse of mother - potential placement with Winnipeg Child and Family Services due to violent behaviour - no age-peers due to presentation - unwilling to attend group after first session

As stated previously, the number of adolescents who attended Group Two was three. On any given week, if one of the adolescents was absent, the session was cancelled. As such, it was difficult to develop any group cohesion with the group taking place intermittently over approximately two and a half months. In addition, few norms or roles emerged, and communication and interaction patterns were limited. Almost all communication within the group was initiated by the group leaders and went from leaders to members and members to leaders. This may be related to difficulties group members had in expressing their feelings or, again, due to the small group size where the group members may have felt overwhelmed by the almost one-on-one adult attention. Given

the above, it is difficult to describe group process on a session-by-session basis for Group Two.

The objectives of the initial group sessions were for group members to begin to feel comfortable in the group setting. "Beginning sessions of many adolescent groups are characterized by fairly high anxiety levels . . . . In the early sessions, patients are self-focused and tend to have less skill at responding to the needs of others, or in responding to topics that are initiated by others" (Farmer Corder, 1994, p.75). The co-leaders attempted to help group members feel safe and at ease within the group setting by introducing themselves to the group members and having group members introduce themselves to each other. During the first session, the purpose and goals of the group were discussed as were the rules and expectations. Pre-test evaluation measures were completed as well. As may be expected, the group participants were shy and anxious during these sessions. Only one expressed any motivation to attend group, and one appeared bored. Very little interaction occurred between the group members which was expected for the beginning stages of the group. As mentioned previously, communication flowed from leader to member and member to leader. In this writer's view, these sessions as well as most of the others, were dynamically "flat" due to the very small group size and the limited opportunities for member to member interaction.

There were two sessions in the middle stage of this group that were fairly successful. During these two sessions, the activities were structured. It would appear that the group participants felt more comfortable in expressing their feelings and concerns more indirectly through a structured group activity. In both of these sessions, the

participants played "The Anger Management Board Game". All three were responsive to it. Mark, who had previously appeared at times hostile and disengaged from the group process, responded with enthusiasm. His answers were very thoughtful, he made more eye contact, and was able to communicate directly with both Michael and Craig. Michael participated well also and he was able to direct some of his comments to the other group members. Although Craig did participate in this group activity, it was more difficult for him to respond to questions. It would appear that his level of thinking was somewhat concrete. It should be noted that Craig had some difficulty in reading the questions and it may be that he also experienced comprehension difficulties. He tended to repeat the responses of the other two group members, although, on the one or two occasions where he answered the questions first, he was able to offer an opinion.

DATA AND RESULTS

THE STATE-TRAIT ANGER EXPRESSION INVENTORY (STAXI)

Table 5 summarizes the percentile ranks (pre-test results) for the adolescents who participated in Group Two.

Table 5 - Percentile Ranks (Pre-Test Results) of the STAXI Scales and Sub-scales for Group Two

		STATE ANGER	TRAIT ANGER	TRAIT-ANGER TEMPERAMENT	TRAIT ANGER REACTION	ANGER-IN	ANGER-OUT	ANGER CONTROL	ANGER EXPRESSION
GROUP TWO	Michael	35	81	93	48	66	97	48	89
	Mark	92	76	80	73	50	95	30	88
	Craig	80	19	23	60	43	9	9	18
	Ken	56	98	93	97	18	99+	9	93
	Jeff	64	99+	99	99	96	99+	63	99+

Normal range: 25th - 75th percentile.

It is evident from the data tabulated in Table 5 that Group Two participants had unusually high scores on some of the STAXI scales and sub-scales.

A person with a high State-Anger score is said to experience relatively intense angry feelings. Mark and Craig scored above the 75th percentile on this scale which is consistent with the background information provided about them. Mark obtained high scores on most of the STAXI scales and sub-scales.

High Trait-Anger scores are said to indicate the frequent experience of angry feelings and a sense of being treated unjustly by others, leading to feelings of frustration. Of the five adolescents who completed this scale as a pre-test measure, four had very high scores. This is again consistent with their presentations in group.

A high Trait Anger-Temperament score would describe a quick-tempered person who readily expresses anger with little or no provocation. Four of the five adolescents who completed this sub-scale of the STAXI in the second group session scored above the 75th percentile. Not only is this consistent with their individual presentations but may explain why they were referred to the anger management group.

Sensitivity to criticism or perceived slights by others resulting in intense feelings of anger is thought to be reflected by high Trait Anger-Reaction scores. Three of the five adolescents had high scores on this sub-scale. Although Michael and Craig scored within the normal range, it is this writer's belief that they were highly sensitive to criticism by other people and reacted with extreme anger in those situations. It may be that these scores reflect a lack of understanding related to the questions and instructions for their

completion. For example, Michael had learning difficulties related to reading. Craig's learning difficulties appeared more global and he had failed several grades.

Jeff had a very high score on the Anger-In scale which would suggest that he suppressed intense angry feelings rather than expressing them physically or verbally. Jeff described himself as holding his anger in until pushed to the limit, at which time he exploded uncontrollably.

As well, Jeff had a high score on the Anger-Out scale which would suggest that he expressed his anger in some situations and suppressed it in others. Four of the five adolescents completing this scale had scores above the 95th percentile. This would be consistent with the background information provided about them. People with high scores on this scale are thought to express anger in aggressive ways and to direct it towards other people or objects.

None of the five adolescents completing the Anger Control scale scored above the 75th percentile.

Given the background information provided about Craig, and the way that he expressed anger, a very low score in this area seemed inconsistent with his presentation. Craig appeared to experience some difficulty when completing this measure and was uncomfortable with individual attention directed his way in attempts to clarify the questions for him. It may be that this reflected a lack of understanding regarding the questions or directions. Mark had a low score along this scale as well. In this writer's opinion this is consistent with his profile, as his temper was described as explosive,

leading quickly to uncontrollable rage. Therefore, it would appear that he expended little energy in attempting to contain or suppress his anger.

Four of the five adolescents had high scores on the Anger Expression Scale. This would indicate that they experienced intense angry feelings, which may have been expressed in aggressive behaviours, thereby hindering the development of healthy interpersonal relationships. Craig had a low score on this scale. This may have been due to comprehension difficulties or the excessive use of denial and repression as the primary means of managing or avoiding anger.

Craig also had relatively low scores on the Trait-Anger, Anger-In and Anger-Out scales which would support the heavy use of the defences of denial and repression to protect himself from experiencing unacceptable angry feelings.

Craig's relatively low scores across most of the scales and sub-scales again may indicate a lack of understanding about the questions on the measure and how to respond to them. It should be noted that the co-facilitators offered to read the questions out loud and to provide individual help, but this was usually declined. There may be a general problem of literacy with this group.

Table 6 - Group Two Pre-Test and Post-Test Scores Using the ISE

		PRE-SCORES	POST-SCORES	CHANGE
GROUP TWO	Michael	19	19	0
	Mark	33	31	-2
	Craig	52	48	-4
	Ken	37	Not completed	-
	Jeff	41	Not completed	-
				Average change -2.0

Table 6 summarizes the pre-test and post-test results from the ISE for Group Two participants. As discussed previously, scores above 30 on this measure would indicate difficulty in the area of self-esteem. All of the adolescents in Group Two had scores above 30 except for Michael. In this writer's opinion, Michael suffered from very low self-esteem, but masked this through an excessive use of denial, hence his low scores. Again, there were no changes in pre-test and post-test scores greater that 5 points in either direction, suggesting this data is not statistically significant. It may be that not enough emphasis was placed on self-esteem building exercises in the group activities and in future group work, this writer would utilize more appropriate activities and discussion in this area.

As in Group One, it may be that in admitting to having low self-esteem, one feels vulnerable; an admission too difficult for this population to make. Therefore, as with Michael, this issue is denied or defended against, and these feelings are kept hidden.

VERBAL FEEDBACK

Little feedback was provided by the members of Group Two. When asked, group participants were able to say that structured activities, for example "The Anger Management Board Game" were "better". It may be that these adolescents were more comfortable in addressing feelings less directly through playing the above-noted game, and therefore experienced those group sessions as "better".

PARENTS' INVOLVEMENT

No session was held for parents in connection with Group Two. There were only three adolescents who attended Group Two consistently. One of these adolescents lived in a group facility where the staff changed on a regular basis. The group co-facilitators had ongoing contact with one of the two parents as a result of previous involvement with the Manitoba Adolescent Treatment Centre. They had regular contact with the other parent either in person or via the telephone

GROUP SUMMARY

By the completion of Group Two, the group members made more eye contact with each other and with the group leaders, and the level of communication and

interaction was somewhat improved from the first sessions. However, it appeared evident, as in Group One that this population had difficulty with an open-ended and direct discussion of feelings. The sessions where the activities were structured and more indirectly focused on feelings, were much more successful. All three of the group participants in Group Two displayed some features of Attention Deficit Hyperactivity Disorder, and it was difficult for them to concentrate for long periods of time. Only one of the three group members was motivated to attend this group, the other two felt coerced into doing so. During the last sessions, when the group leaders requested feedback in terms of how to improve the group, none of the group members were able to offer any suggestions.

Overall, Michael participated well in the sessions. He was very distressed by the manner in which he expressed anger and generally wanted to work on this problem. He was able to identify what made him angry, and even how this impacted on other people. He could not, however, identify why he responded the way that he did when upset. Mark as well, although initially hostile and somewhat passive-aggressive, was genuinely engaged in the structured group sessions. At those times, his responses to questions or to activities were very thoughtful and insightful. He was able to connect more with the other group members, as opposed to just the group leaders. He, as well, had difficulty identifying why he became angry in the way that he did. Craig appeared somewhat concrete in his way of thinking. He presented as more guarded than the other two group participants when asked for open expressions of feelings. He tended to pick up cues from the others and his responses usually were a repetition of what the other two boys had said.

As stated previously, in this writer's opinion, this group did not function as a group in the sense of having predictable stages of development characterized by specific patterns of communication and interaction, group cohesion, social controls and group culture. In conducting such a group again, this writer would recruit more group members, allowing more opportunities for member to member interactions and for group dynamics to develop.

CHAPTER 6

ANALYSIS OF THE DATA

Table 7 compiles pre and post-test data from both groups for the STAXI scales and sub-scales. Tables 8 through 15 compare the distributions of the pre-test and post-test scores of the adolescents involved in this practicum, for each of the STAXI's six scales and two sub-scales.

Table 7 - State Trait Anger Expression Inventory (STAXI)

Cumulative T-Scores for Groups One and Two for the STAXI Scales and Sub-scales.

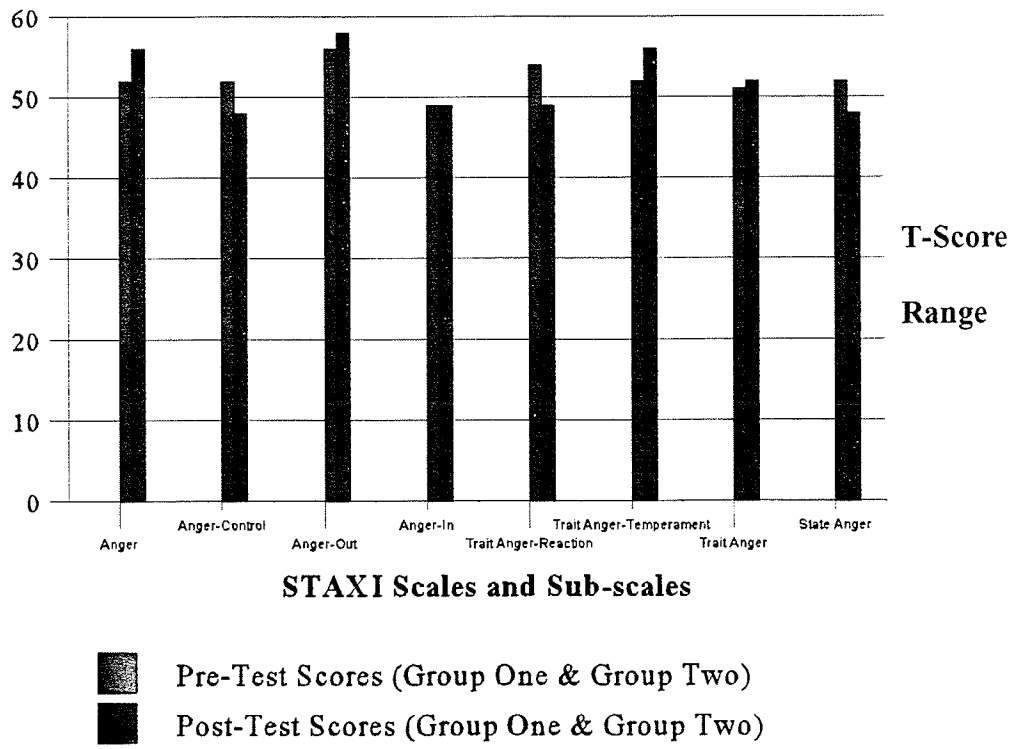

Table 8

STAXI Scale: State Anger

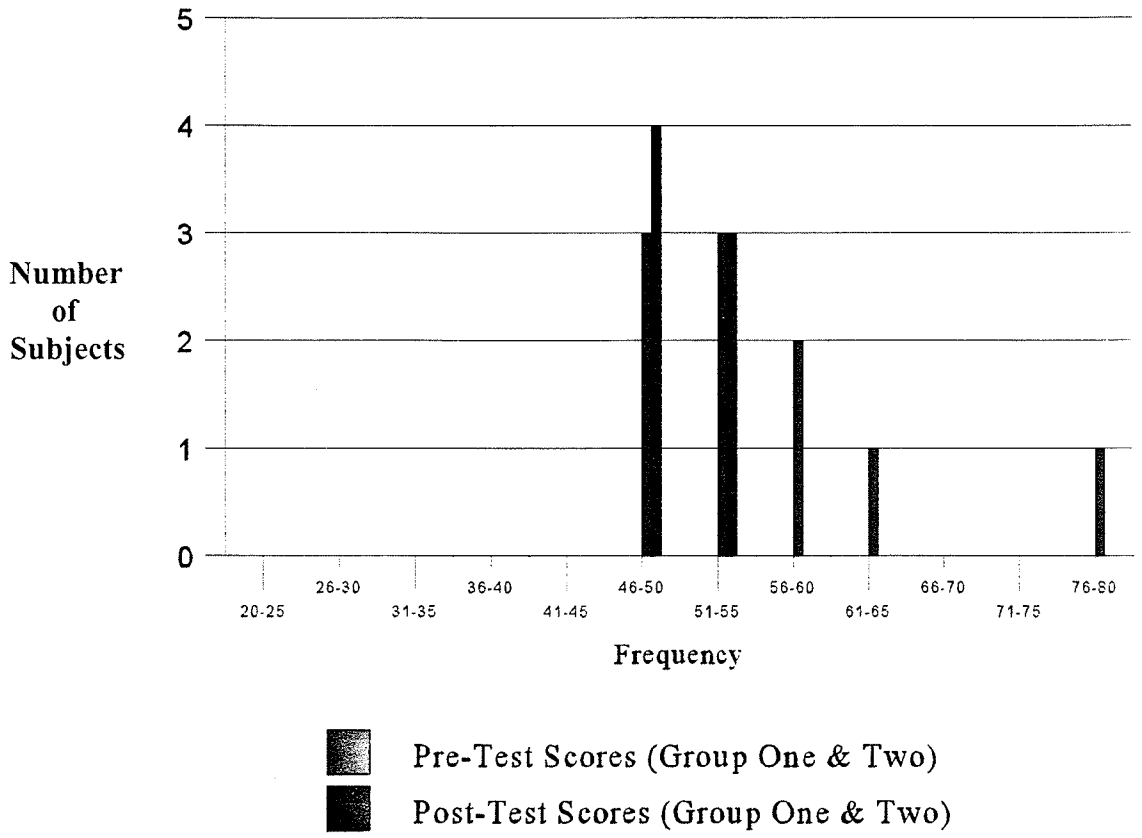

Table 9

STAXI Scale: Trait Anger

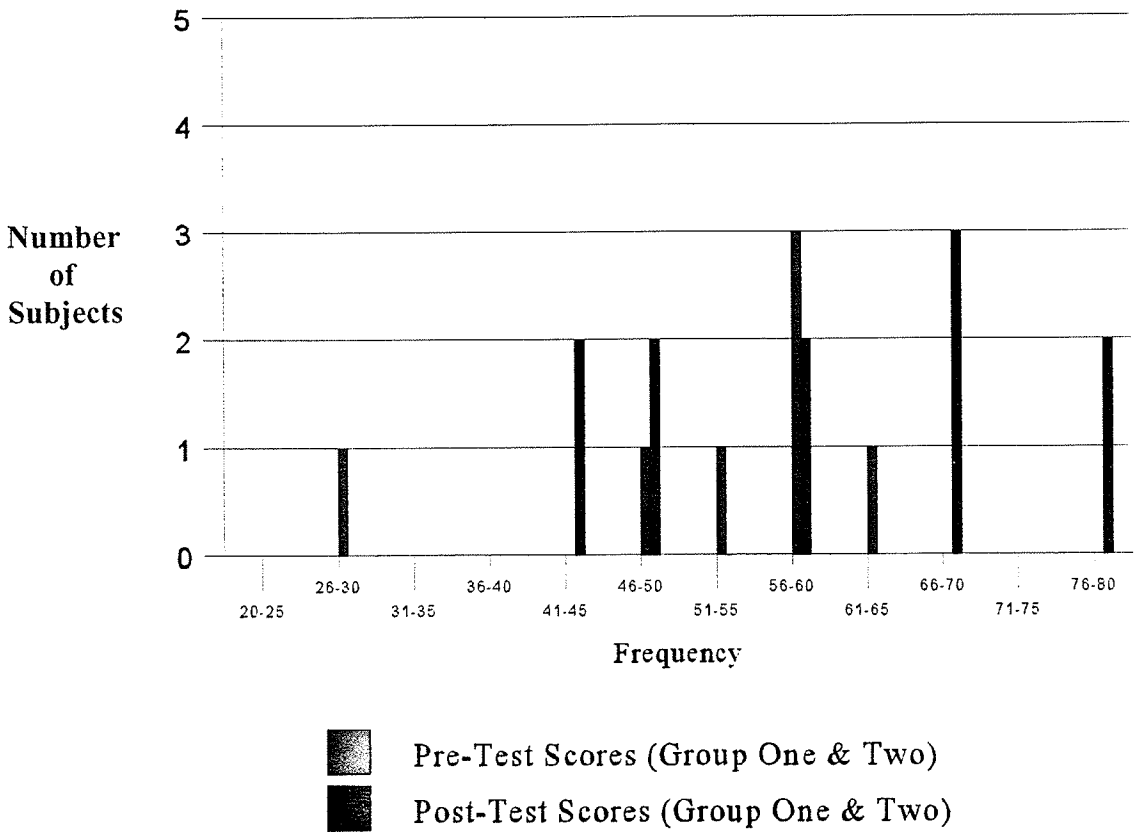

Table 10

STAXI Sub-scale: Trait Anger - Temperament

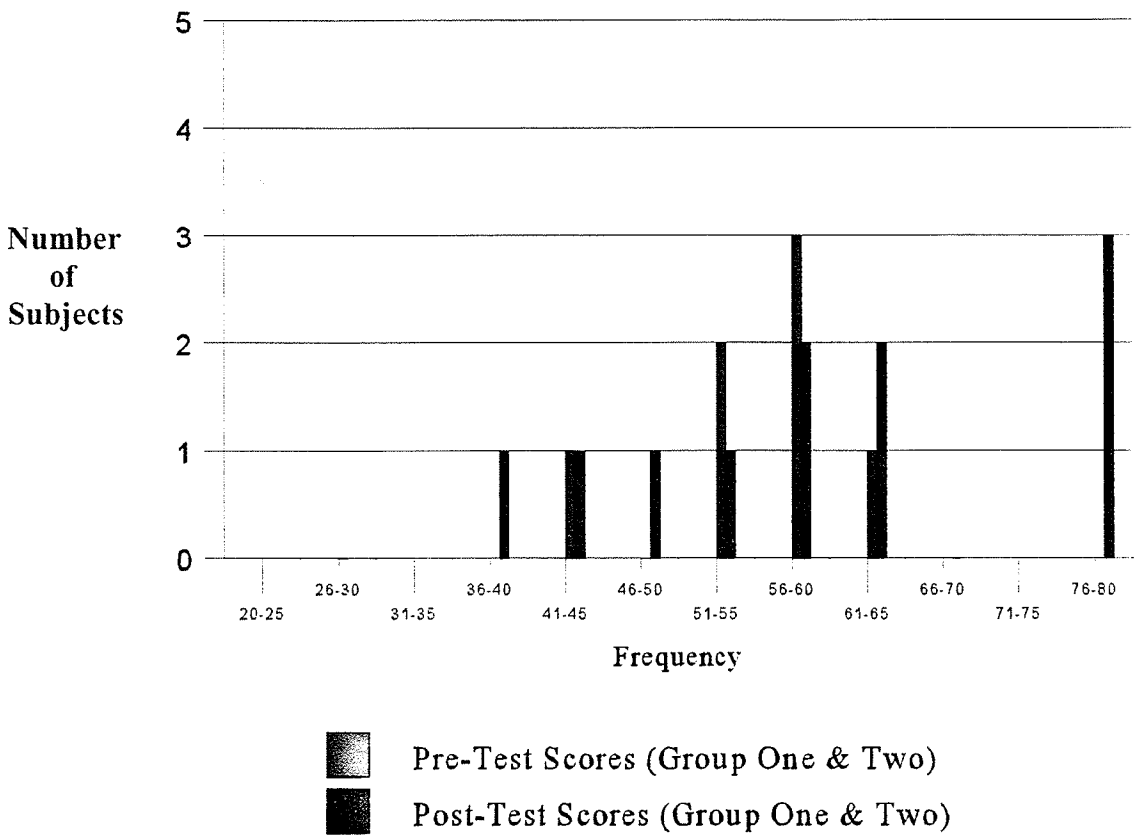

Table 11

STAXI Sub-scale Trait Anger- Reaction

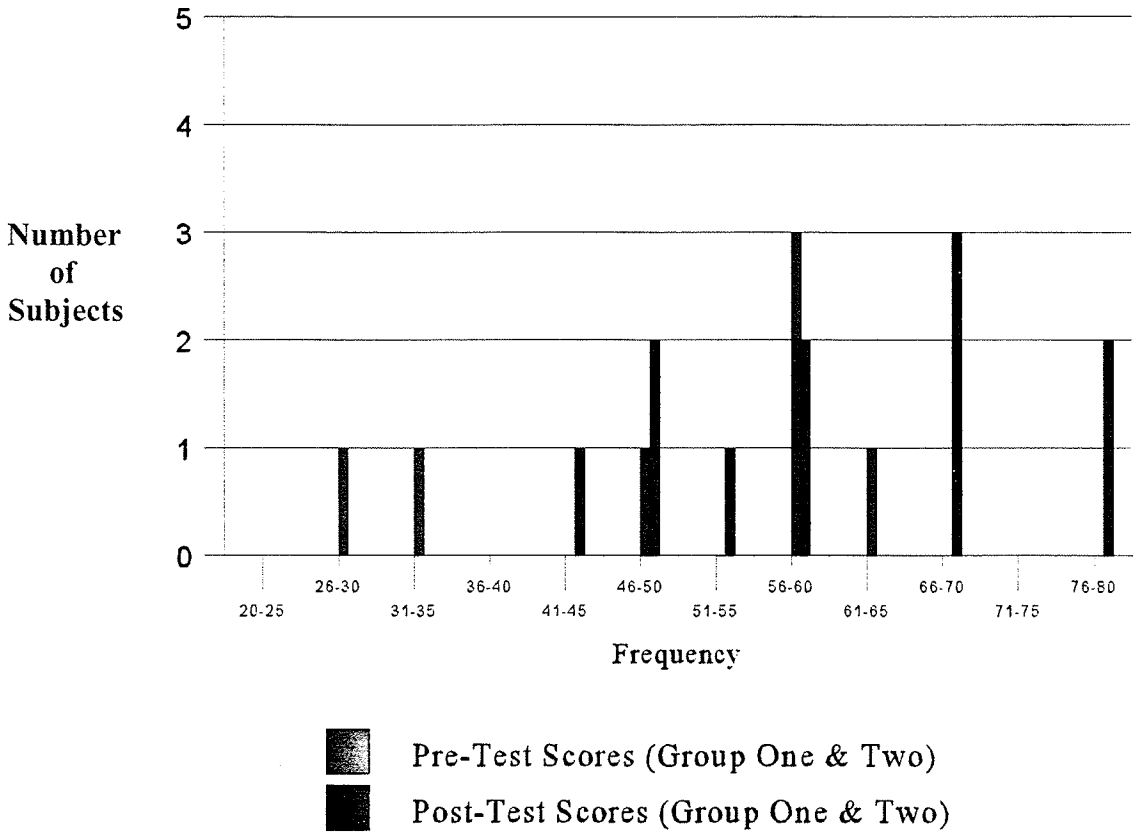

Table 12

STAXI Scale: Trait Anger-In

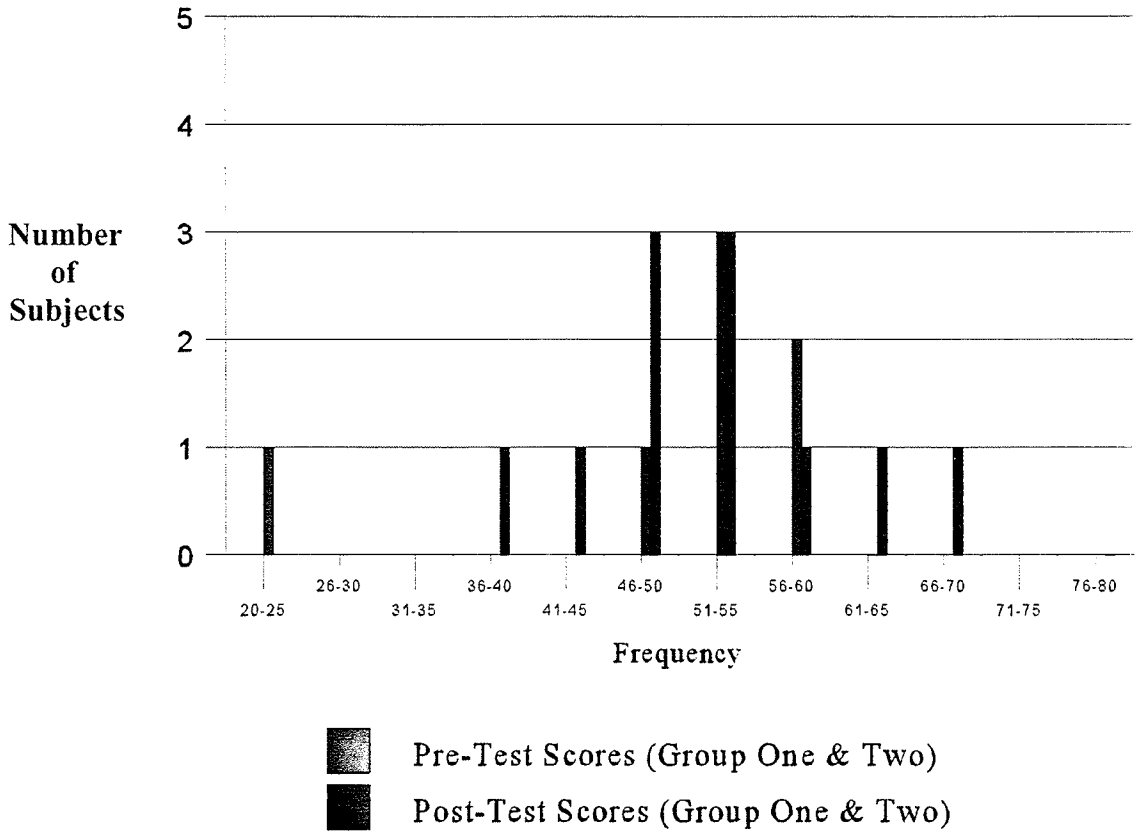

Table 13

STAXI Scale: Anger - Out

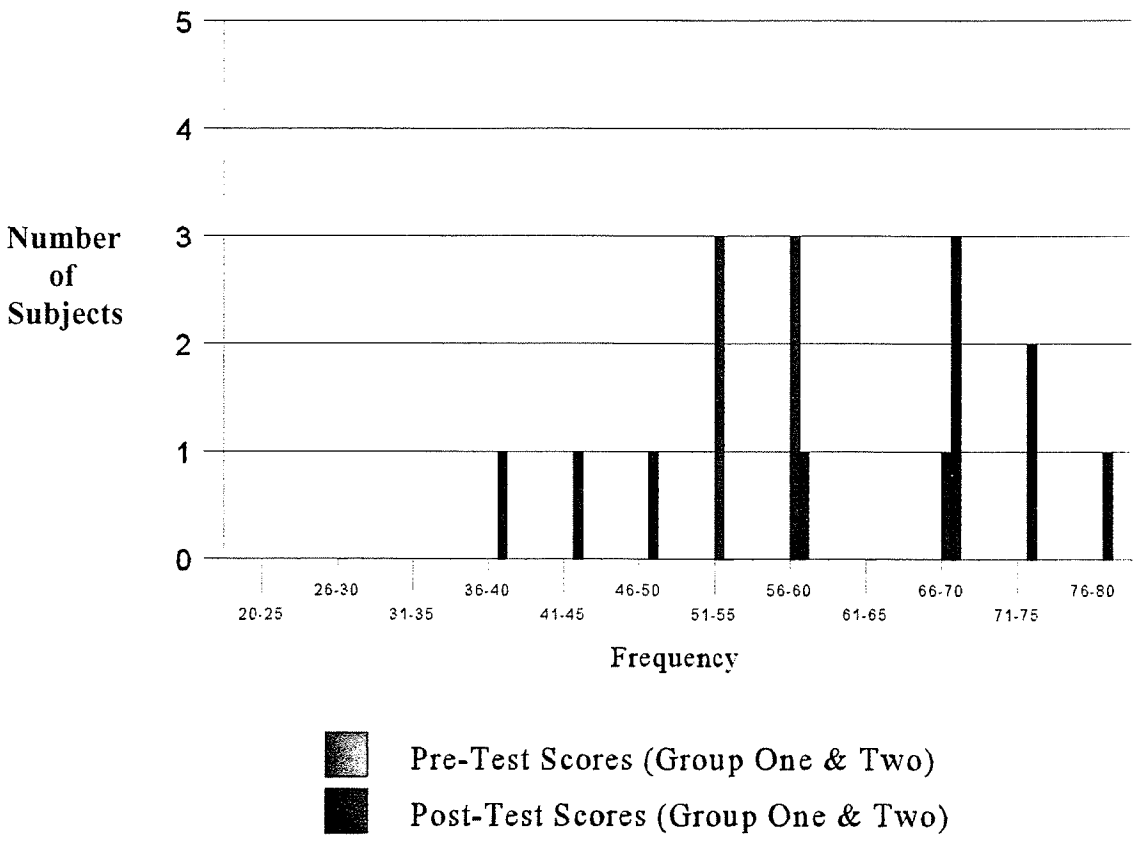

Table 14

STAXI Scale: Anger Control

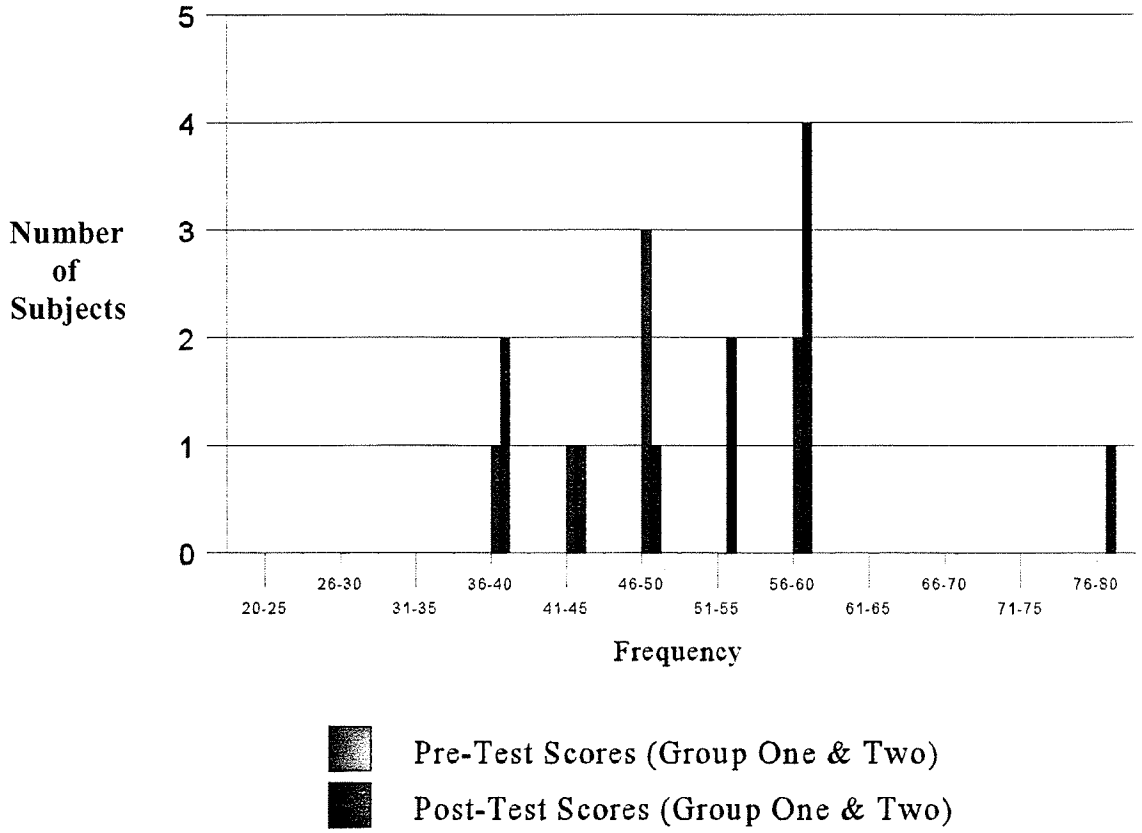

Table 15

STAXI Scale: Anger Expression

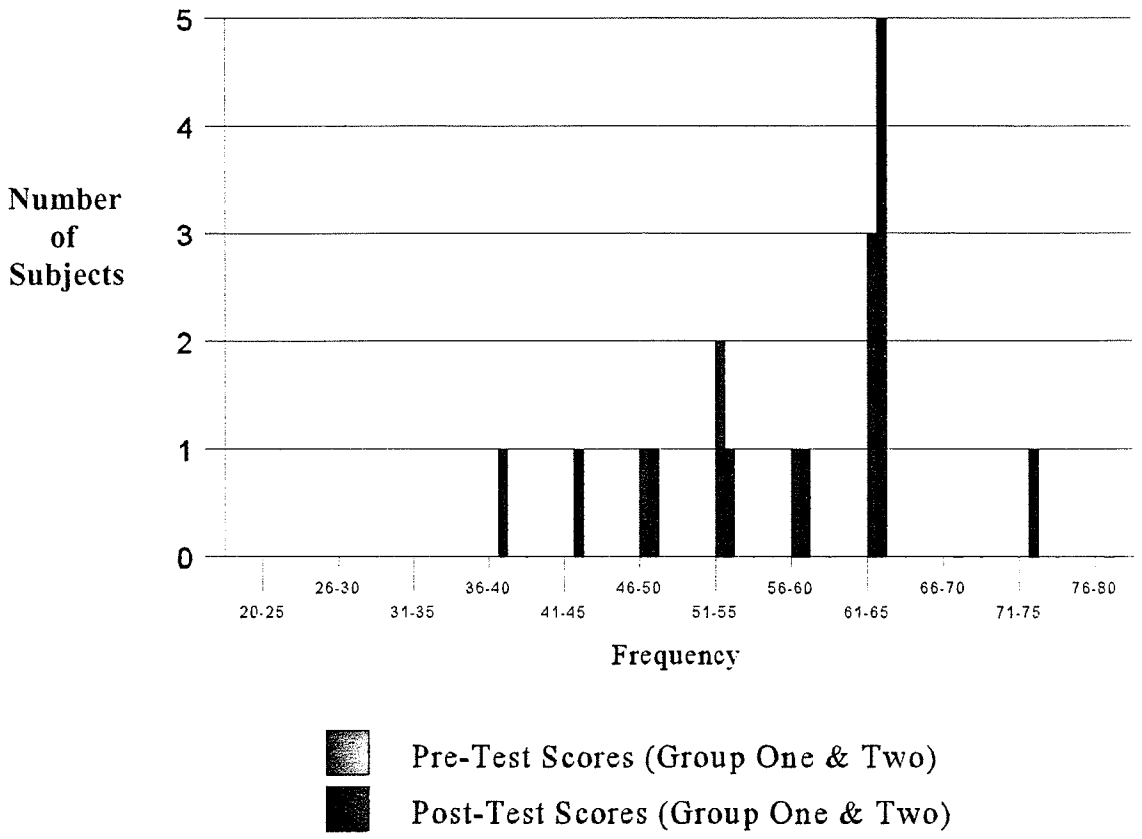

Table 16 - Analysis of the Pre-Test and Post-Test Data obtained from Groups One and Two using a t-Test for Paired Samples

Variable		# of Cases	Mean	Standard Deviation	Standard Error	(Difference) Mean	Standard Deviation	Standard Error	2-tail Corr. Prob.		t Value	Degrees of Freedom	2-tail Prob.
STATE ANGER	Pre-Scores (Grps 1 & 2)	7	52.4286	6.973	2.635	3.7143	5.851	2.635	.586	.167	1.68	6	.144
	Post-Scores (Grps 1 & 2)		48.7143	2.563	.969								
TRAIT ANGER	Pre-Scores (Grps 1 & 2) Trait Anger	7	51.0000	8.981	3.395	-1.5714	11.844	4.477	.359	.429	-.35	6	.738
	Post-Scores (Grps 1 & 2) Trait Anger		52.5714	11.588	4.380								

Continued on next page

Variable		# of Cases	Mean	Standard Deviation	Standard Error	(Difference) Mean	Standard Deviation	Standard Error	2-tail Corr. Prob.		t Value	Degrees of Freedom	2-tail Prob.
TRAIT ANGER-TEMPER-MENT	**Pre-Scores** (Grps 1 & 2)	7	51.7143	9.995	3.778	-4.0000	9.469	3.579	.406	.366	-1.12	6	.306
	Post-Scores (Grps 1 & 2)		55.7143	6.550	2.476								
TRAIT ANGER-Reaction	**Pre-Scores** (Grps 1 & 2)	7	53.7143	8.845	3.343	4.7143	17.027	6.435	-.115	.806	.73	6	.491
	Post-Scores (Grps 1 & 2)		49.0000	13.565	5.127								
ANGER-IN	**Pre-Scores** (Grps 1 & 2)	7	49.7143	6.576	2.485	.5714	9.778	3.696	.633	.127	.15	6	.882
	Post-Scores (Grps 1 & 2)		49.1429	12.509	4.728								

($p < .05$)

Continued on the next page

Variable		# of Cases	Mean	Standard Deviation	Standard Error	(Difference) Mean	Standard Deviation	Standard Error	2-tail Corr.	Prob.	t Value	Degrees of Freedom	2-tail Prob.
ANGER-OUT	**Pre-Scores** (Grps 1 & 2)	7	55.4286	12.191	4.608	-2.2857	17.414	6.582	-.778	.040	-.35	6	.740
	Post-Scores (Grps 1 & 2)		57.7143	6.157	2.327								
ANGER CONTROL	**Pre-Scores** (Grps 1 & 2)	7	51.7143	8.845	3.343	3.0000	12.949	4.894	-.367	.418	.61	6	.562
	Post-Scores (Grps 1 & 2)		48.7143	6.751	2.552								
ANGER EXPRESSION	**Pre-Scores** (Grps 1 & 2)	7	51.7143	10.420	3.343	-4.7143	10.766	4.069	.223	.632	-1.16	6	.291
	Post-Scores (Grps 1 & 2)		56.4286	6.751	2.552								

A statistical analysis of the data obtained from utilizing the STAXI as a pre-test and post-test measure was undertaken using a t-Test for paired samples. The results of this analysis are contained in Table 16.

A t-Test is generally described as a parametric statistic, i.e. it is at an integral or ratio level of measurement, there is homogeneity of variance (all groups are similarly distributed), and as a general rule, the sample size (N) is larger than 30. A correlated, or paired t-Test is utilized to analyse data when using the same subjects to complete the pre- and post-test measures. Although the t-Test is described as a parametric statistic, i.e. the sample size should be greater than 30, it was used in this situation where the sample size is very small (N= 7) because in addition to being a very powerful statistic, a t-Test is described as "robust" which means that the assumptions required for parametric statistics can be violated and the results of the analysis are still considered valid. In examining the t-values ($p < .05$), it would appear that the data are not statistically significant. "Statistical significance implies that the size of a difference is larger than would be expected from the 'chance' or random fluctuations of these particular data" (Smith, 1983, p.16). The statistical procedures of a t-Test take into account the amount of difference of the criterion measures (for example, State-Anxiety or Trait-Anxiety), that occurs between the pre-test scores and the post-test scores. This variation is then compared to the variation inherent in the groups (for example, the degree of difference of State-Anxiety scores around the mean in each group). "If this difference in the variation between groups, the 'treatment effect', is substantially greater than the random variation within each group, the 'error variation', then the difference may be large enough to be declared 'significantly

different'" (Smith, 1983, p.316). In examining the results obtained in Table 16, it would appear that the pre-test scores and post-test scores do not vary in a manner significantly different than what might be expected by chance. " . . . it has become traditional to accept as 'significant' differences among the groups that can be expected to occur less than 1 out of 20 times by chance. That 'level of significance' is called alpha . . ." (Smith, 1983, p.316). The level of alpha is usually set as 1 out of 20 and is written as $P<.05$. As noted previously, an analysis of the pre-test and post-test scores would indicate that this data is not statistically significant. It was this writer's hypothesis, based primarily on a review of relevant literature, that anger management training in a co-facilitated group format focussing on anger management, cognitive restructuring, and pro-social skills; would be an effective treatment modality for use with young adolescent males. However, no conclusions could be inferred regarding this assumption based on the statistical analysis of the pre-test and post-test STAXI scores presented in Table 16.

There are several explanations to account for this. It may be that the small sample size (N=7) could not accurately reflect what happened in the groups. Although written at a Grade 5 reading level, it may be that group participants did not understand the instructions and answered the scale items incorrectly. Given that many of the group participants had academic difficulties or had missed significant amounts of school due to suspensions, it could be that they were unable to read even at a Grade 5 level. Perhaps the writer was not clear in her instructions to the group members regarding completion of these instruments. It was this writer's perception that group members were not always

invested in completing the post-test measures in particular, as they had done so previously and were restless and in a hurry to finish or to leave the group.

The group may have been subject to a number of biases as well, including selection bias, response set bias or interviewer effects. It may be that the groups were too brief and the exercises used in the groups did not specifically target anger management skills.

In undertaking future anger management groups with this population, this writer would spend more time in pre-group work with potential group members, would extend the length of the group to allow the initial sessions to focus on establishing group norms and helping participants to develop as a group. Group activities would be more structured and would emphasize the skills stated previously.

This writer would feel comfortable in utilizing the STAXI again for the reasons discussed previously. However, she would read aloud the questions and instructions in case group members have reading difficulties or are functionally illiterate. A larger group membership, perhaps eight participants per group, and an increased number of groups, would be considered as a way of obtaining more accurate data.

CHAPTER 7

FINDINGS AND IMPLICATIONS

Both Anger Management groups shared some features in common. The adolescents who attended both these groups appeared ambivalent at best about participating in the groups. Most stated they felt compelled to attend by others, usually their parents. As well, most did not appear to believe that anger was a problem for them, but believed instead that other people, again usually their parents, were the ones who had the problem with how their adolescents expressed anger. According to Mishne (1986) early adolescence is the most turbulent developmental stage, characterized by belligerence, unruliness and defiance. She further states that the young adolescent feels driven to exaggerate his or her independence resulting in rebellious attitudes towards adults, especially parents. Tramontana and Sherretts (1984) suggest that young adolescents are more likely to be impulsive, action-oriented and to act out. Rencken (1989) emphasises the stress that occurs for these adolescents and their families as the adolescents strive for independence, struggling to figure out who they are and where they fit in the larger society. Whitesell et al (1993) view young adolescents as egocentric, where rebellious and acting-out behaviour is common. Therefore, it seems logical to this writer, given the group participants' stage of development, that they might have difficulty accepting responsibility for their behaviour. However, one boy in Group One (Paul) and another in Group Two (Michael) were distressed by the ways in which they expressed anger and wanted to learn healthier ways of doing this. As well, in doing more work in

the pre-planning stages of the group, it may have been possible to address issues of group mix (Wiseberg, 1979 and Farmer Corder (1994) to establish a balance between withdrawn, acting-out, and verbally passive and verbally aggressive group participants.

After having co-facilitated the two anger management groups, this writer found that more work should have taken place in the pre-planning stages of the groups. In meeting with them more extensively, it may have been possible to suggest alternatives to the adolescents other than the group. For example, it may have been possible to contract with them to attend perhaps three groups sessions from which they could leave if they did not believe that their needs were being met. In this way it might have been possible to develop a stable group population where the participants were motivated to attend the group and to make some positive changes in the ways in which they expressed anger. In future group work this writer would utilize written contracts with group members outlining goals and expectations regarding participation.

It is now this writer's belief that individual counselling should have taken place with each group participant for both Groups One and Two prior to commencing the group experience. As such, it may have been possible for the co-facilitators to develop relationships with each group member, which could be beneficial in facilitating the group process. Farmer Corder (1994) advocates the use of individual counselling in conjunction with group therapy for adolescents.

In both anger management groups, the individual sessions that were most successful utilized structured exercises where feelings could be expressed more indirectly. In both groups anxiety levels appeared to escalate at the times that direct and

open expressions of feelings and opinions were requested. This might have been due, in part, to serious concerns regarding trust, safety, and confidentiality with this age group.

Hurst and Gladieux (1980, p.154) indicate that confidentiality gives the adolescent the freedom to express and explore feelings without interference or reprisal from friends, teachers, or parents. They suggest that adolescent groups should have a closed membership, where regular attendance is expected in order to enhance levels of trust and openness.

Both groups shared methodological limitations including the length and size of each group. This writer found that eight sessions were not sufficient time to allow the groups to cohese and develop in order to facilitate the work of the groups. The very small group sizes, especially in Group Two, hindered group dynamics and functioning.

If more groups had been co-facilitated, it would have been possible to collect more data that might have more accurately reflected the adolescents' perceptions of themselves in terms of self-esteem and anger management issues. The scope of data collection might have been broadened with the inclusion of a parents' group and parents' observations regarding changes in their children's behaviour related to their participation in the group. Feindler et al (1986, p.11) have observed methodological difficulties in anger control groups ". . . such as inadequate control groups, no baseline data collection, sole reliance on cognitive paper and pencil evaluation tasks, limited follow-up, lack of data on the continuous direct observation of aggressive behaviour, . . .".

As a result of this practicum experience this writer found that more follow-up, or longer term follow-up, with the adolescents and their families should occur to address

potential ongoing treatment needs, as well as to obtain more reliable data in order to determine whether this model of practice is useful in working with this population. The evaluation instruments could be re-administered at 3 month intervals, for a period of a year after the termination of the group. In this way, it might be possible to determine whether any of the skills learned in the groups were maintained and transferred across settings. Feindler (1990, p.15) notes that generalization and maintenance of treatment components have yet to be demonstrated.

This writer found with both groups the need for more parental involvement. In future group work this writer would suggest co-facilitating a concurrent parents' group that was educational and supportive in nature. In keeping with ecological systems theory, this might place the adolescents' behaviour clearly within the context of family and community. Most of the adolescents who attended these groups expressed feeling "singled-out" by family members, due to their behaviour and subsequently "punished" by having to attend the anger management groups. This would be contrary to the constructs of ecological systems theory (Hepworth and Larsen, 1993) that emphasizes a context of mutuality. Such a group for parents might help them to understand their own behaviours and those of their adolescents in terms of circular causality. Support might also offer alternative ways of coping with negative behaviours and of interacting with their adolescents. According to Farmer Corder (1994, p.59) most parents want as much direct feedback about their adolescent's group participation as possible. Such feedback helps to avoid misunderstanding and unrealistic expectations for the treatment program. She advocates a parent therapy group. In keeping with an ecological model of practice, this

writer would recommend such a group for teachers who interact with angry, aggressive adolescents on a daily basis. This group could be situated within the school setting.

This writer also found a general problem of literacy in both groups in administering the pencil-and-paper evaluation tools. Although the STAXI is written at a Grade 5 reading level (Spielberger, 1991), it was difficult for a number of the adolescents in these groups to complete. This seems logical to this writer as a number of these boys had been suspended throughout their school history due to aggressive behaviour and may have had gaps in their learning, including reading. Learning difficulties were identified for a number of the group participants in both groups and all members of Group Two had some traits of Attention Deficit Hyperactivity Disorder, which may also have interfered with their ability to read. It is possible that some group members were functionally illiterate. In conducting a group like this again, this writer would attempt to compensate for possible reading difficulties by reading directions and asking questions out loud. An alternative might be to complete this measure with each individual group member in a pre-group meeting in order to avoid the potential embarrassment of having other group members realize that they have reading difficulties.

In this writer's opinion, the primary difference between Group One and Group Two was that Group One functioned as a group, whereas Group Two did not. Group Two was much less dynamic than Group One. This was complicated by the fact that all three of the adolescents in Group Two were not spontaneous in their interactions with each other or the group leaders. Group One had well-defined norms, a group culture, utilized social controls and had clearly defined communication and interaction patterns

(Toseland & Rivas, 1995). Member to member as well as leader to member communication took place within this group. The group members were able, to some degree, to take on the tasks of the group. In implementing this type of treatment group again, this writer would start with more group members, possibly eight to ten, anticipating that several members would drop out, leaving an eventual group size of six to seven members.

This writer hypothesized that co-facilitated anger management groups with young adolescent males would offer an effective treatment modality. In implementing two anger management groups over the course of this practicum, two measurement instruments, the STAXI and the ISE, were utilized to quantify respectively any reduction in negative expressions of anger or any increases in self-esteem. These instruments were administered as pre- and post-tests. The data collected in this practicum was not considered to be statistically significant and therefore no conclusions could be drawn about this writer's original hypothesis. Despite the inconclusive nature of the data, this writer maintains that group treatment with this population is effective, and that if some of the methodological problems were addressed, this could have been shown through the collection of statistically significant data. She further believes that both the STAXI and the ISE are valid and reliable measurement instruments and would utilize them again with other anger management groups.

CHAPTER 8

CONCLUSIONS

It was out of this writer's growing awareness of increasing public concern regarding the issue of adolescent aggression and violence that this practicum topic was initiated. A model for group work with young adolescent males who experienced difficulties in the healthy expression of anger was designed. Proposed interventions, and personal learning and treatment goals provided a framework within which this group work model was implemented. Intervention goals included the planning and implementation of anger management groups for latency-aged males and an evaluation of this model of practice using appropriate evaluation measures. Personal learning goals focused on improving assessment and clinical skills in the area of group work with this population, expanding this writer's theoretical base in relation to group work and co-therapy, developing a better understanding of group dynamics regarding group work with adolescents, and strengthening this writer's ecological approach to practice. Treatment goals centred on the provision of re-educative learning experiences, the creation of a safe environment in which the expression of negative emotions could be contained, the reinforcement of acceptable behaviours, the provision of training in verbalization of feelings in an acceptable manner, the provision of training and opportunities for peer feedback about behaviour, and facilitating practice opportunities for the development of appropriate peer relationships and interactions.

Some of these objectives were realized due to the research and experiential components inherent in this practicum. Much was learned that this writer believes could be of value in attempting future group work with this population.

To meet the requirements of this practicum, this writer planned and implemented two, eight-session anger management groups for young adolescent males, utilizing a co-therapy model of practice. Both groups were evaluated through the use of measurement instruments, the STAXI and the ISE, as well as through verbal feedback obtained from the group participants and their parents.

This writer made a number of observations resulting from the implementation of this practicum that relate to recommendations for future group work in this area.

More time should have been spent in the pre-planning stages of the groups' development. It was this writer's perception that most of the group members felt compelled to take part in the groups by significant adults in their lives. Although all verbally acknowledged that they understood the voluntary nature of the group, most were ambivalent at best, about attending. It was this writer's contention that the majority believed that others, specifically parents, were concerned about the adolescents' anger, not the adolescents themselves. From this writer's point of view, this impacted greatly on members' participation in the groups.

If more work took place in the pre-planning stages, it may have been possible to propose alternatives to the adolescents. For example, individual counselling or contracting with them to attend perhaps three sessions, from which they could leave, if they felt the group was not meeting their individual needs. In this manner it may have

been possible to establish a group population where the members were motivated to be there for themselves, and to make some changes for themselves, in the way they expressed anger. In facilitating this type of group again, this writer would utilize written contracts with group participants that would delineate goals and expectations regarding participation.

As a result of having conducted these groups, it is this writer's belief that individual counselling should occur with each group participant prior to commencing the group experience. In this way, the co-facilitators might have the opportunity to begin to develop a relationship with each group member, which could be helpful in facilitating the group process. This writer found it difficult to maintain control, at times, during some of the first group sessions in Group One. She believes this might have been alleviated if she had established prior relationships with group participants.

By placing more of an emphasis on this stage of group development, it may have been possible to create a positive change in the group mix, in each group. For example, the co-facilitators did not learn until mid-way through the first group that Paul and Sam had been charged with assaulting each other. If this had been known beforehand, the co-facilitators would have ensured that they participated in different groups. The fact that they were together in the same group may have contributed to Sam's decision not to complete the eight sessions or to his apparent uneasiness when he did attend the group. Furthermore, the co-facilitators were not aware until the last session of Group One that David was uncomfortable talking in front of Paul because Paul attended school with David's older sibling. David was concerned that what was discussed in group would be

repeated to his sibling by Paul. More pre-group work with the individual adolescents involved might have prevented these types of occurrences.

In developing this practicum, this writer reasoned that smaller groups (N=6) might be more successful, given the explosive natures of some of these adolescents and the difficulties they had in expressing anger in healthy ways. In Group One, five adolescents attended at least 75% of the sessions. In Group Two, only three attended with any regularity. Group Two did not function as a group in any true sense as there were fewer opportunities for interaction and for the group process to develop. This group was much less dynamic than Group One. This was further complicated by the fact that all three of these adolescents were not spontaneous in their interactions with each other or the group leaders. Although six adolescents originally were referred to Group Two and had agreed to participate, the actual group size was reduced by 50%. In implementing this type of treatment model again, this writer would have more group members initially, for example, eight to ten, in anticipation that several members would drop out leaving an eventual group size of six members.

This writer found that the length of each group (eight sessions) was insufficient. In her opinion, the group could be extended to twelve weeks. In this way, more time could be focused on the development of group rules, norms and culture to facilitate the participants' sense of belonging in the group. Having experienced these groups, it is this writer's impression that safety and trust are critical issues in successful facilitation and in the attainment of treatment goals. If these adolescent males were made to feel safer in the

context of the group, they might have been more receptive to undertaking the work of the group.

It is this writer's further contention that the exercises utilized to achieve the goals of this type of group should be structured. The adolescents in both groups appeared far more comfortable in discussing feelings indirectly through structured activities as opposed to through the use of direct questioning. It may be that this stage of adolescent development is not conducive to a more open exploration of thoughts and feelings.

Another conclusion this writer has made as a result of this practicum experience is that more follow-up or longer term follow-up, with these adolescents and their families would be beneficial in meeting potential ongoing treatment needs, as well as in obtaining more reliable data in order to determine whether this model of practice is effective with this population. The evaluation instruments could be completed again, for example, at three months or six months after the termination of the group. This could potentially offer greater insight into whether any skills learned in group were maintained and transferable across settings.

As a result of this practicum experience, this writer views her work increasingly within an ecological framework. In undertaking this type of group again, and in keeping with an ecological model of practice, this writer would spend more time with group members' families. Needs in terms of family therapy could be identified and the reciprocal nature of relationships could be emphasized. In this way, group members might not feel targeted as the identified source of difficulty within their families. These adolescents function within a family context. If poor anger expression is learned in that

system, changes must occur there to support potential changes the adolescents may make in their behaviour as a result of attending group. As with the adolescents, this writer would suggest contracting with parents to attend an educational group, supportive in nature, that would run concurrently with the adolescents' anger management group.

It was this writer's perception that most of the parents and guardians felt frustrated by their adolescents' long-term aggressive expressions of anger, and were not hopeful that these would change in positive ways or that they, as parents, would be able to manage these expressions of anger more successfully. An educational parents' group that also provided support would aid parents in understanding their own behaviours and those of their adolescents in terms of mutuality. In addition, support could offer new ways of coping with negative behaviours and of interacting with their adolescents. It was further this writer's contention that some parents believed that their child needed to be "fixed" for family relations to improve. A concurrent parents' group, that emphasized the constructs of ecological systems theory, could perhaps mitigate against this. As well, this writer thought that some families felt overwhelmed in attempts to cope with their childrens' behaviour and did not feel supported by larger community systems, i.e. social services or mental health services. Again, a parents' group could address this issue.

By extension, an ecological model of practice might incorporate a group for teachers, who interact with angry, aggressive adolescents on a regular basis. Such a group could be situated in a school setting where the teachers could be encouraged to become co-facilitators for future groups.

It was this writer's hypothesis that co-facilitated anger management groups with this population would provide an effective modality of treatment. To that end, two measurement instruments, the STAXI and the ISE, were employed to measure respectively any reduction in the negative expression of anger or any increase in self-esteem. Although clinically significant, the data collected in this practicum from the use of these instruments as pre-and-post measures was not considered to be statistically significant, and therefore nothing conclusive could be surmised in terms of this writer's original hypothesis. Some reasons as to why the data was not statistically significant have been discussed previously.

One of this writer's personal goals was to become more comfortable with the use of evaluation tools in clinical practice. This objective was only partially achieved given the small number of group participants. However, this writer supports the use of such instruments in evaluating practice outcomes and anticipates utilizing such tools in future group work.

This writer found this practicum experience to be positive for a number of reasons. She attained her personal learning goals, both theoretical, through researching this population in this area of practice, and experientially, through the development and implementation of these two groups. Her appreciation of an ecological approach to practice grew through an increased understanding of how these adolescents impact upon, and are impacted by, their environments as exemplified behaviourally in their aggressive expressions of anger.

Despite the inconclusive nature of the data, this writer maintains that group treatment with this population is an effective means of providing service, and that if more time were spent in pre-planning the group and in helping participants to cohese as a group, this could have been demonstrated through the collection of statistically significant data. She further believes that both the STAXI and the ISE are clinically useful and appropriate measurement instruments.

This writer strongly advocates that group therapy with this population be provided within the context of a co-therapy relationship. This writer found this population to be challenging, both in terms of her previous clinical work and within the framework of this practicum. It was, at times, difficult for this writer not to engage in power struggles with group members. It was necessary for her to monitor her own responses in terms of anger. She found it essential to debrief each group session with her co-therapist who was also able to suggest potential anger triggers resulting from each session. In this writer's opinion, it is important that a well established level of trust exist between the co-therapists in addition to similar philosophies of treatment. This was the case in this writer's experience as she had the opportunity previously, to co-facilitate groups with the same person who took part in this practicum experience with her. Delivering service using a co-therapy model was a rewarding experience for this writer. She was able to undertake the clinical work as defined by the parameters of this practicum, in part, due to the positive relationship she had with her co-therapist. Knowing her own strengths and limitations, and the strengths of her co-therapist, she felt confident in attempting group work with this population. Co-therapy additionally provided appropriate role modelling

for the group members in terms of gender conflict resolution and problem-solving skills, and afforded the opportunity for the establishment of healthy relationships with adults of the same or opposite gender.

In conclusion, this practicum experience was both rewarding and challenging. This writer continues to believe that adolescent aggressive expressions of anger and youth violence remain rooted in a wider social context and are condoned on some level, if not actively encouraged, by our larger society. This writer is concerned that an increasing number of youth appear to be disaffected and disconnected from a sense of purpose in life. On a daily basis they are barraged with massive amounts of information through sophisticated technologies readily available and accessible to us all. Movies, video games, music videos and so on seem to suggest hostile and angry responses as a first course of action. It is this writer's strong belief that this will continue to pose difficulties in a broader social sense, especially for adolescents whose environments or personalities pre-dispose them to express anger in unhealthy ways.

Although this writer perceives a growing sense of concern about adolescent aggression, few resources exist within this community at present to address this issue. Much work remains to be done in this field. This writer sees much potential in the development and implementation of anger management groups with an emphasis on the development of anger management skills, cognitive restructuring and the development of pro-social skills, as a benefit to adolescents of all ages.

APPENDIX 1

Written Requests for Permission to Conduct the Anger Management Groups at MATC and Approvals Received

interoffice
MEMORANDUM

to: Marg Synyshyn
from: Judy Nichol
subject: Anger Management Group
date: April 11, 1995

In order to complete the requirements for my MSW practicum, I would like to develop an Anger Management Group for adolescent males (ages 13 & 14 years). At this time, I am requesting your approval and permission to operate this group under the auspices of the Assessment/OPS program.

Dr. Skinner has agreed to co-facilitate the group. It will take place over 8 consecutive weeks, one day per week, from 5:00 - 6:00 pm. It is tentatively scheduled to run from May 3 - June 21, 1995 at the 228 Maryland Street site.

Referrals have been received from the community via the intake process as well as through internal requests for OPS services.

I have attached a copy of my practicum proposal for your perusal.

I would be pleased to provide further information if required.

Judy Nichol, BSW
Assessment/Outpatient Services Program

interoffice
MEMORANDUM

to: Judy Nichol
from: Marg Synyshyn
subject: ANGER MANAGEMENT GROUP
date: April 11, 1995

Your request to develop and implement an Anger Management Group for adolescent boys through the Outpatient Services Program has been approved.

I hope you find it a rewarding experience.

Marg Synyshyn, RPN
Manager, Assessment/Outpatient Services Program

interoffice
MEMORANDUM

to: Ian Hughes
from: Judy Nichol
subject: Anger Management Group
date: September 22, 1995

In order to complete the requirements for my MSW practicum, my advisor has requested I co-facilitate another Anger Management Group for adolescent boys (ages 13 & 14).

Dr. Skinner and myself co-facilitated such a group that ran for 8 weeks in May and June, 1995 at the 228 Maryland site. Group members were referred through OPS - via the Intake Coordinator and contact I had in the community.

I would like, with your approval, to co-facilitate this same type of group at 120 Tecumseh, to run for 8 weeks from the 3rd week in October to mid-December, 1995. The group would be held one day per week, either from 5:00 - 6:00 p.m. or 4:30 - 5:30 p.m. Referrals again would come through OPS.

My understanding at this time is the CSP program is proposing to run several anger management groups for clients already in treatment with them. I further understand that Cheryl Chorneyko is potentially interested in facilitating an anger management group for inpatient clients.

I have attached a copy of my practicum proposal for your perusal.

I hope I have provided enough information. If not, please do not hesitate to contact me.

Thank you.

Judy Nichol, BSW
Assessment/Outpatient Services Program

interoffice
MEMORANDUM

to: Judy Nichol
from: Ian Hughes
subject: Anger Management Group
date: September 29, 1995

Your request to co-facilitate an Anger Management Group for 13 & 14 boys, in order to fulfill the requirements for your MSW practicum was approved.

I wish you luck in the completion of your Master's program.

Ian Hughes
Manager, Assessment/Outpatient Services

APPENDIX 2

The State-Trait Anger Expression Inventory

(STAXI)

Self-Rating Questionnaire

STAXI Item Booklet (Form HS)

Name _____ Sex _____ Age _____ Date _____

Education _____ Occupation _____ Marital Status _____

Instructions

In addition to this Item Booklet you should have a STAXI Rating Sheet. Before beginning, enter your name, sex, age, the date, your education and occupation, and your marital status in the spaces provided on this booklet and at the top of the Rating Sheet.

This booklet is divided into three Parts. Each Part contains a number of statements that people use to describe their feelings and behavior. Please note that each Part has *different* directions. Carefully read the directions for each Part before recording your responses on the Rating Sheet.

There are no right or wrong answers. In responding to each statement, give the answer that describes you best. DO NOT ERASE! If you need to change your answer, make an "X" through the incorrect response and then fill in the correct one.

Examples

1.	①	~~●~~	●	④
2.	①	●	③	④

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Part 1 Directions

A number of statements that people use to describe themselves are given below. Read each statement and then fill in the circle with the number which indicates how you feel *right now*. Remember that there are no right or wrong answers. Do not spend too much time on any one statement, but give the answer which seems to *best* describe your *present feelings*.

Fill in ① for *Not at all*	Fill in ③ for *Moderately so*
Fill in ② for *Somewhat*	Fill in ④ for *Very much so*

How I Feel Right Now

1. I am furious.
2. I feel irritated.
3. I feel angry.
4. I feel like yelling at somebody.
5. I feel like breaking things.
6. I am mad.
7. I feel like banging on the table.
8. I feel like hitting someone.
9. I am burned up.
10. I feel like swearing.

Part 2 Directions

A number of statements that people use to describe themselves are given below. Read each statement and then fill in the circle with the number which indicates how you *generally* feel. Remember that there are no right or wrong answers. Do not spend too much time on any one statement, but give the answer which seems to *best* describe how you *generally* feel.

Fill in ① for *Almost never*	Fill in ③ for *Often*
Fill in ② for *Sometimes*	Fill in ④ for *Almost always*

How I Generally Feel

11. I am quick tempered.
12. I have a fiery temper.
13. I am a hotheaded person.
14. I get angry when I'm slowed down by others' mistakes.
15. I feel annoyed when I am not given recognition for doing good work.
16. I fly off the handle.
17. When I get mad, I say nasty things.
18. It makes me furious when I am criticized in front of others.
19. When I get frustrated, I feel like hitting someone.
20. I feel infuriated when I do a good job and get a poor evaluation.

Continued ▶

Part 3 Directions

Everyone feels angry or furious from time to time, but people differ in the ways that they react when they are angry. A number of statements are listed below which people use to describe their reactions when they feel *angry* or *furious*. Read each statement and then fill in the circle with the number which indicates how *often* you *generally* react or behave in the manner described when you are feeling angry or furious. Remember that there are no right or wrong answers. Do not spend too much time on any one statement.

Fill in ① for *Almost never*	Fill in ③ for *Often*
Fill in ② for *Sometimes*	Fill in ④ for *Almost always*

When Angry or Furious...

21. I control my temper.
22. I express my anger.
23. I keep things in.
24. I am patient with others.
25. I pout or sulk.
26. I withdraw from people.
27. I make sarcastic remarks to others.
28. I keep my cool.
29. I do things like slam doors.
30. I boil inside, but I don't show it.
31. I control my behavior.
32. I argue with others.
33. I tend to harbor grudges that I don't tell anyone about.
34. I strike out at whatever infuriates me.
35. I can stop myself from losing my temper.
36. I am secretly quite critical of others.
37. I am angrier than I am willing to admit.
38. I calm down faster than most other people.
39. I say nasty things.
40. I try to be tolerant and understanding.
41. I'm irritated a great deal more than people are aware of.
42. I lose my temper.
43. If someone annoys me, I'm apt to tell him or her how I feel.
44. I control my angry feelings.

Profile Chart

Scoring Grid				
Norms Used	Scale	Raw Score	Percentile	*T* Score
High School ____	S-Ang	_____	_____	_____
	T-Ang	_____	_____	_____
College ____	T-Ang/T	_____	_____	_____
	T-Ang/R	_____	_____	_____
Adult ____	AX/In	_____	_____	_____
	AX/Out	_____	_____	_____
Other ____	AX/Con	_____	_____	_____
	AX/EX	_____	_____	_____

Additional copies available from:
PAR Psychological Assessment Resources, Inc.
P.O. Box 998/Odessa, Florida 33556/Toll-Free 1-800-331-TEST

APPENDIX 3

The Index of Self-Esteem

(ISE)

INDEX OF SELF-ESTEEM (ISE) TODAY'S DATE

NAME:

This questionnaire is designed to measure how you see yourself. It is not a test, so there are no right or wrong answers. Please answer each item as carefully and accurately as you can by placing a number by each one as follows:

1. Rarely or none of the time
2. A little of the time
3. Some of the time
4. A good part of the time
5. Most or all of the time

Please begin:

1. I feel that people would not like me if they really knew me well
2. I feel that others get along much better than I do
3. I feel that I am a beautiful person
4. When I am with other people I feel they are glad I am with them
5. I feel people really like to talk with me
6. I feel that I am a very competent person
7. I think I make a good impression on others
8. I feel that I need more self-confidence
9. When I am with strangers I am very nervous
10. I think I am a dull person
11. I feel ugly
12. I feel that others have more fun than I do
13. I feel that I bore people
14. I think my friends find me interesting
15. I think I have a good sense of humour
16. I feel very self-conscious when I am with strangers
17. I feel that if I could be more like other people I would have it made
18. I feel that people have a good time when they are with me
19. I feel like a wallflower when I go out
20. I feel I get pushed around more than others
21. I think I am a rather nice person
22. I feel that people really like me very much
23. I feel that I am a likable person
24. I am afraid I will appear foolish to others
25. My friends think very highly of me

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3,4,5,6,7,14,15,18,21,22,23,25

APPENDIX 4
Exercises - Group One

ADOLESCENT MALE ANGER MANAGEMENT GROUP
GROUP #1 (May 11 - June 28, 1995)
The exercises utilized in these sessions were adapted from an Anger Control Group for Adolescent Boys co-facilitated by Ms Linda Croll and Mr. Bruce Somers at The Family Centre of Winnipeg, Winnipeg, Manitoba, (1994) and from the work of Farmer Corder (1994), Feindler (1990), and Barfield and Hutchinson (1989).

SESSION ONE

I. Introductions:

a. Facilitators introduced themselves. Comments were shared regarding the purpose of the group. The focus was on how group members handle anger in such a way that it impacts negatively in other areas of their lives.

b. Group members introduced themselves to the extent they felt comfortable. Minimally, name and age were provided.

c. General housekeeping items were discussed including: facility washrooms, smoking, group times, breaks.

II. Group Rules:

a. A discussion about "rules" was generated.

b. Non-negotiable rules included: confidentiality, safety (no physical aggression, no weapons, no threats, putdowns) and why.

Negotiable rules included: smoke breaks, swearing, showing respect, talking in group, interrupting. Rules regarding these concerns were reached through consensus.

III. Group Focus and Format:

a. Purpose for the eight sessions was discussed. The focus was on ANGER including awareness, feelings, triggers and choices.

b. Format included: information, discussion, and activities.

IV. Discussion:

Session One Focus: ANGER

a. Anger is a FEELING
Basic feelings include: Mad, Sad, Glad, Hurt, Scared
Anger is a SECONDARY FEELING that may mask a primary feeling including: fear, hurt and frustration.

b. Anger VS. Violence
Feelings vs. Behaviour
Feelings are acceptable.
Behaviour comes from choices. Violence is a behaviour.

V. Evaluation Measures

a. The STAXI and Index of Self-Esteem
These were completed and returned to facilitators prior to end of session.

VI. Check-out.

GROUP RULES ACTIVITY
Group One - Session One

OBJECT: To develop the parameters of the group.

RATIONALE:

1. To develop and promote safety and increase comfort level of participants.
2. To reduce ambiguity about group process.
3. To encourage group discussion.

PROCEDURE: **Non-Negotiable Rules (Facilitators)**

1. No fighting or provoking other group members. Participants were allowed to leave the room if necessary to regain composure.
2. No smoking in group.
3. Listening to one anothers' opinions was encouraged.
4. Participants were expected to attend all group sessions and if unable to do so were asked to telephone facilitators in advance to notify them of their absence.
5. Confidentiality - It was explained to group members that what was said in group was to remain within the group. It was further explained that the group would be discussed with parents in general terms. Any concerns about the safety of identified individuals or group members would be discussed by the facilitators with the individual concerned and if necessary any concerns would be reported to the appropriate authorities.
6. Group started at 5:00 p.m. and ended at 6:30 p.m.

Negotiable Rules (Participants)

Members were asked for input on what they wanted for any additional structure.

SESSION TWO

I. Review:

a. Group members were asked to review rules discussed during Session One.

b. Group focus and format was reviewed briefly.

II. Check-in:

a. Group members were asked to comment upon their previous week in terms of their moods and scenarios that provoked anger.
Questions:
- Was it easier for you to come here this week than it was last week?
- How did it feel to come here tonight?
- What have you decided to tell others about where you are tonight?
(Group participants found it easier to tell friends they were doing something else than to say they were attending group.)

III. Discussion:

Focus: What causes Behaviour?

a. The differences between the cause and effect of behaviour and triggers, choices and decision making were discussed.

BREAK

b. The group volunteered areas described as problematic for them:
- being labelled in school and treated as labelled
- adults/teachers who made assumptions about them and stopped listening to them
- rules that don't always make sense
- some of them had been labelled for years as "troubled children".

IV. Check-out.

SESSION THREE

I. Check-in:

a. Facilitators provided support for group members who attended the group.

b. Weekly review: How was your week?

c. Questions or comments from last week were reviewed.

II. Discussion:
General conversation with the group was initiated.
Questions:

- who likes sports?
- why is it that some athletes have to yell and scream to get "fired up" while others meditate and tend to be by themselves?
- Does yelling calm people down?
- Does deep breathing help people relax?
- Some of you have mentioned that this group is a "last chance" for you. What does this mean?
- Do you see coming to this group as embarrassing? What did you tell your friends about it?
  (Objective was to encourage the group members to talk)

BREAK

III. Focus: What Does Your Anger Look Like?

a. Review: What does Anger look like for you?

b. Discussion:

Questions: How would other people know that you were angry?
What would justify hurting someone?
Does "being drunk/stoned" excuse hurting someone?
Do you know what it means to "see red"?
What stops you from hurting someone? Is it "consequences" or thinking of the pain you would cause the other?
(note: consequences will reflect low self-esteem)

IV. Check-out.

SESSION FOUR

I. Check-in:

a. Introductions were reviewed to include a new group member.

b. Weekly review.

c. Questions and comments from the last session were discussed.

d. Brief reminder of group purpose and rules.

II. Activity: Anger Triggers

Questions: What are the kinds of things that get you into trouble? (trigger point)

What do you do when you get to this point?

The following information was recorded on a flipchart:

What are the TRIGGERS?	***What do YOU DO as a result?***
1.	***1.***
2.	***2.***
3.	***3.***

III. Discussion:

1. Feelings were separated from behaviour. The idea was introduced that:IT IS ACCEPTABLE TO BE MAD - NOT BAD.

2. Questions:
   a. Do you think you have a problem with anger?
   b. Why do you think that you have a problem with anger, while others don't?

3. Questions:
   a. Do any of you think that you have more of a problem with your anger than your parents' do? Why do you think that might be so?
   b. Who do you blame for your anger?
   c. Does your anger ever scare you?
   d. Who has the worst temper at home? At school?

e. Who understands you the most? The least?

IV. Activity: The Anger Control Board Game

The purpose of this board game is to teach the skills necessary for effective anger control. The game format is designed to maximize interest and commitment to treatment. The focus of the game is on 6 cognitive-behavioural deficits that have generally been identified in the literature including: ability to empathize with victims' feelings, ability to distinguish between aggressive and non-aggressive acts, ability to use self-statements to diffuse anger, ability to generate and evaluate alternatives to aggression, ability to identify feelings underlying anger, and the ability to evaluate the opinions of others regarding aggression.

The facilitators played the game with the group members. The object of the game is to collect as many tokens as possible by responding to questions on cards that are selected as a result of rolling dice and landing on specific squares. The person who lands on the square answers the question first. If his/her answer is a good one, he/she receives 2 tokens. Other group members are encouraged to offer alternative answers and may be awarded 1 token. Additional tokens may be handed out or removed depending on the roll of the die.

V. Check-out.

SESSION FIVE

I. Check-in:

a. Group participants ability to continue to attend the sessions was supported.

b. Weekly review.

c. Questions and comments from the last week's session were discussed.

d. An evaluation of the group to date was discussed.

II. Activity: Self-Image

a. Group members found pictures in a magazine that they felt best represented them as a person.

BREAK

b. Group members shared their pictures with the other group participants and explained why these pictures were representative of them.

III. Focus: Anger Triggers

a. Last session's discussion was reviewed.

b. Responding to Anger Triggers

Questions: How do you stop yourself from losing control when you are angry?
What else can you do if your anger is triggered?

Specific triggers for each participant were referred to and what they were willing or able to do to hold back their anger responses

Discussion:

Question: What does it mean if someone says, "Sometimes I have to lose control to gain control?"

IV. Check-out.

SESSION SIX

I. Check-in:

a. Weekly review.

b. Questions or comments from the last session was discussed.

II. Focus: Distinguishing between aggressive, assertive and non-assertive behaviour.

Discussion:

Definitions were generated and outlined on the blackboard. Scenarios were given to group participants from which they had to decide if the person described in each situation was being aggressive, assertive or non-assertive, and provide an explanation.

BREAK

III. Activity: Feelings Related to Anger

Participants performed several pencil and paper tasks from The Anger Control Workbook: Exercises to Develop Anger Control Skills regarding the recognition of feelings related to anger.

IV. Check-out.

SESSION SEVEN

I. Check-in:

a. Weekly review.

d. Questions or comments from the last session were discussed.

The group terminated after 20 minutes as participants were unable to settle and to engage in the structured group work planned for that session.

SESSION EIGHT

I. Check-in:

a Weekly review.

b. Discussion of last week's early dismissal of group occured.

c The purpose of the group, i.e. to increase their behavioural choices, was reviewed.

d. Methods utilized were reviewed.

II. Discussion: Group Evaluation

Verbal feedback (positive and negative) was obtained from group members about how the group impacted upon them.

III. Evaluation Measures

a. The STAXI and Index of Self-Esteem were completed and returned to facilitators prior to the end of session.

IV. Termination issues regarding the groups were discussed.

APPENDIX 5
Exercises - Group Two

ADOLESCENT MALE ANGER MANAGEMENT GROUP
GROUP #2 (November 23, 1995 - February 12, 1996)
The exercises utilized in these sessions were adapted from an Anger Control Group for Adolescent Boys co-facilitated by Ms Linda Croll and Mr. Bruce Somers at The Family Centre of Winnipeg, Winnipeg, Manitoba, (1994) and from the work of Farmer Corder (1994), Feindler (1990), and Barfield and Hutchinson (1989).

SESSION ONE

I. Introductions:

a. Facilitators introduced themselves. Comments were shared about the purpose of the group. The focus was on how group members handle anger in such a way that it impacts negatively in other areas of their lives.

b. Group members introduced themselves to the extent they felt comfortable. Minimumally, name and age were provided.

c. General housekeeping items were discussed including: facility washrooms, smoking, group times.

II. Group Rules:

a. A discussion about "rules" was generated.

b. Non-negotiable rules included: confidentiality, safety (no physical aggression, no weapons, no threats, or verbal insults) and why.

Negotiable rules included: breaks, swearing, showing respect, talking in group, interrupting. Rules regarding these concerns were reached through consensus.

III. Group Focus and Format:

a. Purpose for the eight sessions was discussed. The focus was on ANGER including: awareness, feelings, triggers, and choices

b. Format included information, discussion, and activities.

IV. Discussion:

Session One Focus: ANGER

a. Anger is a FEELING
Basic feelings include: Mad, Sad, Glad, Hurt, Scared
Anger is a SECONDARY FEELING that may be masking a PRIMARY FEELING including fear, hurt or frustration.

b. Anger VS. Violence
Feelings vs. Behaviour
Feelings are acceptable.
Behaviour comes from choices. Violence is a behaviour.

V. Evaluation Measures

a. The STAXI and Index of Self-Esteem
These were completed and returned to facilitators prior to end of session.

VI. Check-out.

GROUP RULES ACTIVITY
(Group Two - Session One)

OBJECT: To develop the parameters of the group.

RATIONALE:

1. To develop and promote safety and increase the comfort level of participants.
2. To reduce ambiguity about group process.
3. To encourage group discussion.

TIMING: Session One

PROCEDURE: **Non-Negotiable Rules (Facilitators)**

1. No fighting or provoking other group members. Participants were allowed to leave the room if necessary to regain composure.
2. No smoking in group.
3. Listening to one anothers' opinions was encouraged.
4. Participants were expected to attend all group sessions and if unable to do so were asked to telephone facilitators in advance to notify them of their absence.
5. Confidentiality - It was explained to group members that what was said in group was to remain within the group. It was further explained that the group would be discussed with parents in general terms. Any concerns about the safety of individuals or other group members would be discussed by the facilitators with the individuals concerned and if necessary any concerns would be reported to the appropriate authorities.
6. Group started at 5:00 p.m. and ended at 6:00 p.m.

Negotiable Rules (Participants)

Members were asked for input on whether they wanted any additional structure.

SESSION TWO

I. Review:

a. Introductions were repeated to include 3 new group members.

b. Group members were asked to review rules and give reasons for the rules.

c. Group focus and format was reviewed briefly.

II. Check-in:

a. Weekly review.

b. Questions: Was it easier for the group members who attended the first night to come here this week than it was on the first night?
How did it feel to come here tonight?
What have you decided to tell others about where you are tonight?
(It was easier for members to tell friends they were doing something else than to say they were attending the group).

III. First group discussion on ANGER was reviewed.

IV. Evaluation Measures

a. The STAXI and Index of Self-Esteem were completed and returned to facilitators prior to end of session.

V. Check-out.

SESSION THREE

I. Check-in:

a. Weekly review.

b. Questions and comments from the last session were discussed.

II. Discussion:

Group members were offered support to continue to attend group sessions.

General discussion with the group was initiated.
Questions:

- who likes sports?
- why is it that some athletes have to yell and scream to get "fired up" while others meditate and tend to be by themselves?
- Does yelling calm people down?
- Does deep breathing help people relax?
- Some of you have mentioned that this group is a "last chance" for you. What does this mean?
- Do you see coming to this group as embarrassing? What did you tell your friends about it?
  (The objective of this discussion was to encourage the group members to talk)

III. Check-out.

SESSION FOUR

I. Check-in:

a. Weekly review.

b. Questions and comments from the last session were discussed.

c. Group purpose and rules were reviewed briefly.

II. Activity: Anger Triggers

Questions: What are the kinds of things that get you into trouble? (trigger point)

What do you do when you get to this point?

The following information was recorded on a flipchart:

What are the TRIGGERS?	***What do YOU DO as a result?***
1.	***1.***
2.	***2.***
3.	***3.***

III. Discussion

1. Feelings were separated from behaviour. The idea that IT IS ACCEPTABLE TO BE MAD - NOT BAD was discussed.

2. Questions:
   a. Do you think you have a problem with anger?
   b. Why do you think that you have a problem with anger, while others don't?

3. Questions:
   a. Do any of you think that you have more of a problem with your anger than your parents' do? Why do you think that might be so?
   b. Who do you blame for your anger?
   c. Does your anger ever scare you?
   d. Who has the worst temper at home? At school?
   e. Who understands you the most? The least?

IV. Activity: The Anger Control Board Game

The purpose of this board game is to teach the skills necessary for effective anger control. The game format is designed to maximize interest and commitment to treatment. The focus of the game is on 6 cognitive-behavioural deficits that have generally been identified in the literature including: ability to empathize with victims' feelings, ability to distinguish between aggressive and non-aggressive acts, ability to use self-statements to diffuse anger, ability to generate and evaluate alternatives to aggression, ability to identify feelings underlying anger, and the ability to evaluate the opinions of others regarding aggression.

The facilitators played the game with the group members. The object of the game is to collect as many tokens as possible by responding to questions on cards that are selected as a result of rolling die and landing on specific squares. The person who lands on the square answers the question first. If his/her answer is a good one, he/she receives 2 tokens. Other group members are encouraged to offer alternative answers and may be awarded 1 token. Additional tokens may be handed out or removed depending on the roll of the die.

V. Check-out.

SESSION FIVE

I. Check-in:

a. Group participants ability to continue to attend these sessions was supported.

b. Weekly review.

c. Questions and comments from the last session were discussed.

d. Questions: Is this group helpful to you?
Why? Why not?

II. Focus: What Causes Behaviour?

a. The difference between the cause and effect of behaviour was discussed in addition to triggers, choices and decision-making.

b. Group members volunteered areas that were problematic for them:
- being labelled in school and treated as labelled
- adults/teachers who made assumptions about them and stopped listening to them
- rules that don't always make sense
- having worn the label of "troubled child" for years

II. Focus: Anger Triggers

a. Last week's discussion was reviewed briefly.

b. Response to Anger Triggers

Questions: How do you stop yourself from losing control when you are angry?
What else can you do if your anger is triggered?

Specific triggers for each participant were identified and what participants were willing or able to do to hold back their anger responses.

IV. Check-out.

SESSION SIX

I. Check-in.

a. Weekly review.

b. Questions and comments from the last session were discussed.

II. Focus: Distinguishing between aggressive, assertive and non-assertive behaviour.

Discussion:

Definitions were generated and outlined on the blackboard. Scenarios were given to group participants where they had to decide if the person described in each situation was being aggressive, assertive or non-assertive, and give an explanation.

III. Activity: Feelings Related to Anger

Participants did several pencil and paper exercises from The Anger Control Workbook: Exercises to Develop Anger Control Skills regarding recognition of feelings related to anger.

IV. Check-out.

SESSION SEVEN

I. Check-in:

a. Weekly review.

d. Questions and comments from the last session were discussed.

II. Activity: The "Anger Management Board Game" was utilized again in this session as group participants responded well to its use.

III. Check-out.

SESSION EIGHT

I. Check-in:

a Weekly review.

b. The purpose of the group, i.e. to increase choices, was reviewed.

c. Methods utilized were discussed.

II. Discussion: Group Evaluation

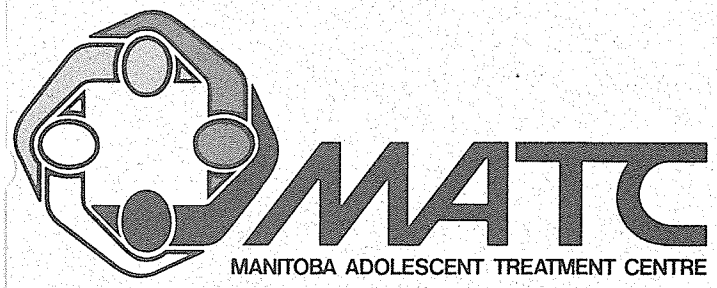
Verbal feedback (positive and negative) was obtained from group members about how the group impacted upon them.

III. Evaluation Measures

a. The STAXI and Index of Self-Esteem were completed and returned to the facilitators prior to the end of the session.

IV. Termination issues regarding the group were discussed.

APPENDIX 6
Consent Form utilized to obtain Parental Permission for Group members to attend the Anger Management Group



DMINISTRATIVE OFFICES

120 Tecumseh Street
Winnipeg, Manitoba
R3E 2A9
Phone: 477-6391 Fax: 783-8948

228 Maryland Street
Winnipeg, Manitoba
R3G 1L6
Phone: 958-9600 Fax: 958-9618

ROGRAMS

Intensive Long Term Treatment Program
120 Tecumseh Street
Winnipeg, Manitoba
R3E 2A9
Phone: 477-6391 Fax: 783-8948

Assessment/Outpatient Services Program
120 Tecumseh Street
Winnipeg, Manitoba
R3E 2A9
Phone: 477-6391 Fax: 783-8948

Community Services Program

❑Acute Treatment & Consultation Team
228 Maryland Street
Winnipeg, Manitoba
R3G 1L6
Phone: 958-9624 Fax: 958-9618

❑Community Child & Adolescent Treatment Services
228 Maryland Street
Winnipeg, Manitoba
R3G 1L6
Phone: 958-9634 Fax: 958-9618

❑Educational Psychiatric Services
700 Elgin Avenue
Winnipeg, Manitoba
R3E 1B2
Phone: 786-7841 Fax: 783-6068

❑Children's Forensic Services
170 Doncaster Street
Winnipeg, Manitoba
R3N 1X9
Phones: 945-8180 Fax: 945-3112

CONSENT FOR ADMISSION/ASSESSMENT/TREATMENT

RE: NAME: _____ DOB: _____

ADDRESS: _____

_____

MH#: 6 DIGIT: _____ 9 DIGIT: _____

As the legal guardian of _____ I hereby give my permission for _____ to be admitted to the Manitoba Adolescent Treatment Centre, and I also authorize MATC and its delegated staff, including Montcalm School staff, to effect therapeutic assessments, treatments, or interventions according to the commonly accepted professional standards, deemed to assist in the health care of the above-named.

This may include: **ASSESSMENTS**

- Community Assessments
- individual
- couple
- family
- group
- medical
- educational
- pharmacological
- psychological
- social
- occupational therapy
- nursing & residential

TREATMENT

- individual
- family
- group
- medical & psychiatric
- pharmacological
- social
- psychological

SUPERVISION & STAFF EDUCATION

- audio taping
- video taping
- direct observation

* I explicitly restrict the use of taped materials as follows: (Please specify restrictions.)

EMERGENCY INTERVENTIONS

The audio and/or video taping may be part of the ongoing confidential professional education.

Guardian: NAME:_____ RELATIONSHIP:_____

ADDRESS: _____

SIGNATURE: _____ DATE: _____

Witness: NAME:_____

SIGNATURE: _____ DATE: _____

H:\FORMS\CHART\TREAT.

APPENDIX 7
Profiles of Group Members
Group One

"Brad"

Brad was a 14 year old adolescent referred to the Anger Management Group by his foster parents. He was an only child who had been a ward of Winnipeg Child and Family Services for two years following the death of his mother in an automobile accident. His father was incarcerated at the time the group took place due to sexual abuse of a young female relative. He had not been involved in Brad's life for approximately five years prior to this and it was reported that he had been physically abusive towards Brad, when Brad was a young child. There were also unsubstantiated concerns he may have sexually abused Brad as well. Just prior to the commencement of this group, Brad had been involved in some sexual offending behaviour. Winnipeg Child and Family Services had intervened and no charges were laid. Brad had no other history of involvement with the law and there were no concerns regarding drug or alcohol abuse.

Brad was a Grade 9 student described as very bright and capable. He was suspended several times however, due to physically aggressive behaviour towards peers. He had also been verbally aggressive towards peers and teachers on occasion, and he was described as having difficulties with people in authority.

Brad" was referred to the Anger Management Group due to unresolved abuse and grief issues, and, according to his foster parents, because of the severe difficulties he had managing and appropriately expressing his anger.

Brad had few age-peers in part due to numerous moves. He had been in several placements prior to his current foster placement where he had been for 6 months. He was described as guarded when first in his current foster placement, but had begun to develop

a relationship with his foster parents, especially his foster mother. There were no other children in this foster home and the plan was for this to be a long-term foster placement.

The foster father described Brad's anger as explosive and stated he had not been involved in the legal system as he was very smart and able to manipulate circumstances to his advantage to avoid legal repercussions for his behaviour. Brad attended seven of the eight group sessions. He was ambivalent about attending this group but agreed to do so at the foster parents' insistence, and because they paid him $5.00 a session to do so. At times he engaged in distracting behaviours and was rude and provocative towards one other group members in particular, Brian. At other times he was very insightful, genuinely engaged in the group process and made valuable contributions to the group. Brad was the one adolescent who returned after the 7th group session, which was prematurely terminated due to members' behaviour, to apologize for his part in the early dismissal of that group.

"Brian"

Brian was a 13 year old adolescent referred to the group by a social worker from the Child Guidance Clinic of Greater Winnipeg. Brian lived in Winnipeg with a maternal aunt and uncle who were his legal guardians. He had always lived with them except for a period of two years, from age nine to eleven, when he lived with his mother and stepfather outside of Manitoba. His mother was very young when he was born and his father had never been identified. Brian was placed with his maternal aunt and uncle at birth and had little contact with his mother who left the province shortly thereafter. His mother married his stepfather and had two children from this relationship. This family unit travelled the world in connection with the stepfather's career. Brian came to live with the family four years after his mother and stepfather married. It was stated that the stepfather physically abused Brian and he returned to live with his maternal aunt and uncle approximately two years ago. There are no other children in this family.

Brian had few or no same age peers. He had been described as immature and preferring the company of younger children. He was often scapegoated by peers due to his immature presentation and beaten up by them. There were no concerns regarding drug or alcohol abuse and there was no involvement with the law.

Brian was a Grade 7 student in a modified program. Although he was of average cognitive ability, he was described as disorganized and having some difficulties with expressive language. He was suspended on numerous occasions due to physically aggressive behaviour directed primarily towards peers. He was described as easily frustrated, teased frequently by peers, and as "lashing out" when backed into a corner.

His temper was said to be explosive where he would throw things and be physically and verbally aggressive.

Brian attended all eight group sessions. Although fully compliant with his guardians' expectations regarding attendance, it did not appear Brian was fully cognizant of the need for him to engage in a course of anger management therapy. For the most part, Brian attempted to undertake the group activities and to engage in the group process. As stated earlier, he was more immature than the other group members, and was often scapegoated by them, especially by Brad. It may be that Brian did not feel safe enough within the group to risk a more in-depth involvement.

"David"

David was a 13 year old adolescent referred to the Anger Management Group internally through the Assessment/Outpatient Services Program of the MATC. David was the youngest in a sib-ship of three. His siblings were fraternal twins, a boy and a girl, aged 15 years. He lived at home with his siblings in a two-parent family. David's parents described a three year history of difficulties with David's behaviour, with anger management difficulties being most prevalent within the previous year. He was described as exhibiting some of the features of Attention Deficit Disorder with Hyperactivity (ADHD) in that he was impulsive, had difficulty concentrating, was impatient, disorganized, and easily distractible. There were no concerns regarding drug or alcohol use and there was no formal involvement with the law. However, it was believed that David frequently stole money from his parents to buy junk food and he had gained a significant amount of weight over the previous year leading to a decreased sense of self-esteem.

At the time this anger management group took place David was a Grade 7 student. He was described as being of average cognitive ability. He had been suspended numerous times for fighting with peers and engaging in power struggles with teachers.

David was referred to the Anger Management Group because of his explosive temper. When angry he was described as acting-out verbally and physically with peers, and verbally with teachers. He was engaged in a conflictual relationship with his brother as well. If not given his own way at home, he was described as "flying into a rage" where he would throw things, bang his head, and lash out physically at the rest of his family.

He was described as loving sports but had been asked to leave numerous teams due to rough play, arguing, swearing, and when playing hockey, had the most number of penalties. He was described as misperceiving people's thoughts, feelings and motives in social interactions with others, and when threatened or challenged, reacted in emotionally intense ways, often with extreme anger. He was described as having few friends due to his reputation for having a bad temper. There was no known history of abuse. David was described as being jealous of his older brother who was physically attractive, very athletic, and popular with peers.

David attended six of the eight group sessions. He was reluctant to attend the group and felt pressured into doing so by his parents. He described feeling resentful in that he received individual therapy just prior to the group sessions and felt that he was being singled out in terms of his family to receive these different therapies. He also resented the fact that the running of this particular group interfered with opportunities for him to play soccer. He was further reluctant to talk in group because one other group member went to school with David's older brother, and David was afraid that whatever he talked about in group would be passed on to his older brother through the other group member. David would, on occasion, attempt to engage in the work of the group, but for the most part was distracted, bored and not invested in the group process.

"Peter"

Peter was a 13 year old adolescent referred to the Anger Management Group by Mediation Services, subsequent to an assault on a teacher. He had been a permanent ward of Winnipeg Child and Family Services for approximately three years , and lived in a group facility. Peter had been removed from his family due to a lengthy history of aggressive behaviour. His mother was relocated to another province and he had contact with her approximately twice a year. His father lived outside of Winnipeg and he saw him briefly, every second week. He had one sibling, an older sister who lived on her own. Peter had minimally experimented with drugs (marijuana) and alcohol. He had two outstanding assault charges and one theft charge under a thousand dollars. He had a history of having been physically abused as a young child. He was described as angry, feeling unwanted and unaccepted.

At the time this anger management group was in operation, Peter was not in school. He was referred to the group because of the assault on a teacher and subsequently suspended because of this. Peter attended six of the eight group sessions. He missed one session because he assaulted someone and was placed in the Manitoba Youth Centre. Peter was very distracting and verbally provocative with other group members, especially Brian and David. He was not invested in attending the group or participating. The co-facilitators met with Peter after the first group session with the intention of asking him to leave the group. Peter was very upset at the prospect of this and stated that he wanted to attend for the duration of the group. He was more attentive the next session, but only

minimally. For the most part he was restless and irritable and interrupted when other group members were speaking. He was anxious and distractible as well.

"Paul"

Paul was a 14 year old adolescent referred to the Anger Management Group by Mediation Services on the recommendations of the Court. He was charged with assaulting another boy (Sam) who was also charged and referred to the group as the assault was seen to be mutual. Paul's parents were divorced and he had no contact with his mother by her choice. He lived at home with his father and older brother and sister. He was described as having a conflictual relationship with his father and his siblings. At the time of the referral he was a Grade 9 student in Winnipeg. He had been suspended several times due to disruptive and physically aggressive behaviour directed towards peers, but this had been described as improving over the previous six months. There was no known history of physical or sexual abuse, and no concerns regarding drug or alcohol abuse. He was described as being easily frustrated and as self-critical when others were upset with him. Paul was described as being able to maintain several appropriate peer relationships.

Paul attended seven of the eight group sessions. He was courteous, respectful and made positive contributions to the group. He was one of the adolescents who did appear to have some motivation to address his anger issues and to learn to express his anger more appropriately. In fact, he came to group one day and said with some pride, that he had not lost his temper for "123 days".

"Tom"

Tom was a 14 year old adolescent referred to the Anger Management Group by his mother via the Child Guidance Clinic of Greater Winnipeg. He had changed schools three times over the 1994/95 academic year due to provoking fights, being verbally inappropriate and harbouring significant anger that he directed primarily towards peers. He had an early history of fire-setting and impulsive behaviour.

Tom lived at home with his mother and an older brother, 16. His father committed suicide when Tom was a very young child. He was described as having a good relationship with his mother but an extremely conflictual relationship with his older brother that was often expressed through physical violence. Both Tom and his older brother had been in and out of the care of Winnipeg Child and Family Services on several occasions due to physical and emotional abuse by one of their mother's former common-law partners. When he would engage in physical fighting with his brother, Tom's mother would intervene, and it was her request that Tom learn some alternative ways of expressing himself. He had a previous history of suicidal ideation, and at the time the group took place he was a Grade 9 student in Winnipeg.

Tom was referred to the group because he was described as very angry and would provoke or become involved in fights. He was also verbally aggressive at times. There was some experimentation with alcohol, and, although no charges had been laid, he had been involved in the theft of an automobile.

Tom attended two of the eight groups sessions. It was his mother's request that he attend the group but she herself appeared ambivalent about Tom's attendance as it

interfered with his after-school employment. Although he expressed an interest in being there, and took part in the sessions he did attend, he was guarded in his responses with the other group members and anxious to leave group to return to his part-time job.

"Sam"

Sam was a 14 year old adolescent referred to the Anger Management Group by Mediation Services after being involved in the assault of a peer (Paul).

His parents were divorced and his mother was involved in a new relationship. Sam lived at home with his mother and stepfather, an older brother, aged 16 and two younger half-brothers, ages 6 and 4. Although he had not had any contact with his father, he had been recently reunited with him, within the last year, and was beginning to spend some time with him.

Sam was described by his mother as moody. She described his anger as out of control with no known triggers. His anger seemed to surface most often at school and although he was a Grade 9 student at the time of the group, he had been suspended on numerous occasions for verbal and physical aggression directed primarily towards peers. There were no concerns regarding drug or alcohol abuse. There was no known history of physical or sexual abuse. Sam was described as having a negative peer group. In addition to the assault charge, he had an outstanding theft charge.

Sam attended two of the eight group sessions. He was not motivated to attend the group and only agreed to do so at his mother's insistence. During the two sessions that he did attend, he did not participate and was guarded, but respectful.

APPENDIX 8

Profiles of Group Members

Group Two

"Michael"

Michael was a 14 year old adolescent referred to the Anger Management Group internally through the Assessment/Outpatient Services Program of the MATC. He was the middle child in a sib-ship of three, and had an older sister aged16, and a younger brother aged 8. His parents were divorced and he lived at home with his mother and siblings. His father was remarried and lived out of the province and he had occasional contact with him. Michael's father left the family when Michael was 9 years old. Prior to that time he had allegedly physically abused all three children, but most specifically Michael.

Michael had a long history of difficulties with temper outbursts. He had expressed suicidal ideation and had attempted to kill himself on several occasions. He was increasingly disruptive at school, increasingly agitated and had recently threatened his mother with physical violence. He suffered from low self-esteem, exhibited some of the symptoms of ADHD, and presented as anxious and sad. He had an extremely conflictual relationship with his younger brother and was physically abusive towards him on many occasions.

Michael was a Grade 7 student of average cognitive ability, with numerous learning disabilities. He had many behaviour problems in school, including physically and verbally acting out and was suspended on many occasions because of his behaviour. Michael was very distressed by his anger and genuinely wanted to work on healthier ways of expressing it.

Michael attended six of the eight group sessions. He was highly motivated to attend the group as noted previously, as he was truly concerned about his aggressive behaviour that was directed primarily towards his younger brother and mother, and wanted to learn new, more adaptive, coping skills. He was anxious and distractible in group at times, but attempted to engage in the group process and made some appropriate contributions. Like Mark, Michael was most comfortable when the group activities were structured. He made a genuine effort to respond to the tasks and questions of the "Anger Management Board Game" and the "Anger Control Workbook". He was more anxious and distractible when the group was unstructured and he was asked to comment upon his feelings or motivations for his behaviour.

"Mark"

Mark was a 13 year old adolescent referred to the Anger Management Group by his mother via the family doctor. Mark was the third in a sib-ship of four and lived at home with his parents, an older sister, aged 19, an older brother, aged 15, and a younger sister, aged 10. His younger sister had recently being diagnosed with a life-threatening illness and much of the family's energies were focused around the medical treatment needs of this child.

Mark was a Grade 8 student at the time this anger management group took place. He had been suspended on numerous occasions because of his behaviour and had been physically aggressive with teachers primarily and verbally aggressive with peers and teachers. He was described as being of average cognitive ability. There were no concerns regarding drug or alcohol abuse, no known history of physical or sexual abuse, and no involvement with the law.

Mark was described as having few friends, as being unable to connect with peers and as having little tolerance for conflict with them. His anger was described as quickly escalating to full-blown rage that he would direct primarily towards objects as opposed to people. He was often ostracized due to his behaviour. The family was fearful of Mark's uncontrollable anger. He had had some involvement with the Child Guidance Clinic and in a recent assessment through that agency, had described himself as upset most of the time, worried regarding school, and pessimistic regarding things improving. It was also thought to be hard for him to appreciate the feelings of others and the impact of his behaviour on others. He was described as having difficulty with emotional expression.

Mark attended seven of the eight group sessions. He did not want to attend group, but did so at the insistence of his mother. Although initially reluctant and resistant, he was able to engage in the group process and make some significant contributions when taking part in structured activities such as the "Anger Management Board Game" or exercises from the "Anger Control Workbook". It was more difficult and anxiety-provoking for him when the group was unstructured and group members were asked to comment about their feelings, specifically related to anger and self-esteem.

"Craig"

Craig was a 13 year old adolescent referred to the Anger Management Group by his mother. At the time this anger management group took place Craig was living in a group home under a Voluntary Placement Agreement his parents entered into with Winnipeg Child and Family Services. He was the middle in a sib-ship of three, and prior to his placement had lived at home with his parents and two siblings, ages 16 and 7. There was a history of physical and sexual abuse by a male relative when Craig was 4 years old. There were no concerns regarding drug or alcohol use and no involvement with the law.

Craig was referred due to a long history of increasingly violent behaviour. His family was described as terrified of his temper, which they stated moved quickly to uncontrollable rage. He had previously attacked both his siblings and his parents with objects like scissors and knives. When angry he would throw and break things. His temper was described as unpredictable with no known triggers.

He was a Grade 6 student and had been suspended on numerous occasions because of his behaviour. He was described as easily frustrated and would explode in class and become physically aggressive with peers and verbally aggressive with peers and teachers. When not angry he was generally described as cooperative at school. He did not have any peers due to his violent temper. He had been known to kick peers, hit them with objects, and had recently sprained the ankle of a female classmate when he threw her to the ground. He had previously expressed suicidal ideation, but there was no known history of attempts. He had been physically violent with both his siblings and his mother previously.

Craig attended seven of the eight group sessions. He was ambivalent about attending the group but did so at the request of his parents and Winnipeg Child and Family Services. In general, he was guarded in his responses and his answers appeared to reflect a concrete way of thinking. The group experience appeared to be more tolerable for him when the group activities were structured, as in the "Anger Control Workbook" and the "Anger Management Board Game". He tended to repeat the responses of the other group members when asked to offer comments about his feelings, specifically related to anger or self-esteem.

"Jeff"

Jeff was a 14 year old adolescent referred to the Anger Management Group internally through the Assessment/Outpatient Services Program of the MATC. His parents were divorced and he lived at home with his father. He was the youngest in a sib-ship of three and his older brother and sister lived with his mother. Jeff saw his mother approximately once a week and it was his choice to live with his father. He had a conflictual relationship with his siblings and thus was separated from them. His parents had separated approximately five years earlier, and his father was alleged to have been physically abusive towards Jeff's mother.

Jeff was described as having school difficulties, specifically with peers. He would become involved in physical altercations with them where he would provoke them or respond to provocations from them, and eventually he was suspended. He had not attended school over the most of the previous year but prior to that had been a Grade 8 student. Because of his behaviour, he did not have any peer relationships. There were no concerns regarding drug or alcohol abuse and no outstanding charges. There was no previous or current suicidal ideation.

He presented as somewhat withdrawn and socially isolated. Jeff was very ambivalent about attending the group, but did so at his father's insistence. He took part in one group session only. During that session he was not motivated to participate in group tasks and made little effort to engage in the group process. Although he stated from week to week that he would return to the group, he did not.

"Ken"

Ken was a 13 year old adolescent referred to the Anger Management Group by his mother. He was an only child who lived at home with his mother and his maternal grandmother. His father had never been involved in his life in a consistent way and was, at the time, incarcerated outside of Manitoba. Ken had a long history of involvement with Social Services, dating back to the age of two years, due to what was described as aggressive behaviour that was usually displayed at home. Ken was described as very angry, with his behaviour increasingly out of control and he had recently become involved in a physical altercation with his mother where he gave her a "black eye". At the time that this group commenced, there was a possibility he was going to be placed in care through Winnipeg Child and Family Services due to his aggressive behaviour. He was a Grade 7 student in Winnipeg and did not have any peers due to his violent outbursts. There were no known concerns regarding drug or alcohol use, no known history of physical or sexual abuse, and no legal involvement.

Ken attended one out of the eight group sessions. He did not wish to attend the Anger Management Group but did so for the initial session because of his mother's insistence. At that time he made a minimal effort to engage in the group process.

"Wayne"

Wayne was a 14 year old adolescent referred to the Anger Management Group internally through the Assessment/Outpatient Services Program of the MATC. He was the youngest in a sib-ship of two and had an older sister, aged 17. He and his sister lived at home with his mother. Their father had died four years previously due to kidney failure. Wayne was described as having a very close relationship with his father and his behavioural difficulties intensified subsequent to his father's death, although it was stated he had a long history of anger difficulties. He was described as acting-out aggressively with peers. He ignored teachers' directions or would become angry when asked to do something. He had frequent temper tantrums. He was known to have a very low frustration tolerance level. He had been physical with peers, verbally aggressive with teachers, and was described as, on occasion, demonstrating uncontrollable rage. He had low-average to average cognitive ability and repeated Grade 2. He was a Grade 7 student in a modified program at the time this group took place. There were no known concerns regarding drug or alcohol abuse, and there was no involvement with the law. He had an early history of physical abuse by a male relative.

Although Wayne agreed to attend the anger management group at the insistence of his mother, he did not attend any of the group sessions. When questioned by the co-facilitators, he stated that the group conflicted with his hockey schedule and he therefore would be unable to attend.

APPENDIX 9

Letter of Permission

to use the STAXI in this practicum

PAR Psychological Assessment Resources, Inc.

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

Telephone (813) 968-3003
Telefax (813) 968-2598

April 13, 1995

Judith Nichol
608 - 21 Roslyn Road
Winnipeg, Manitoba
CANADA R3L 2S8

Dear Ms. Nichol:

I am responding to your recent request for permission to use the State-Trait Anger Expression Inventory in your research project entitled "Anger Control Group for Adolescent Males".

I have no objections to your using the published form of the STAXI for this project.

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

Sincerely,

R. BOB SMITH III, Ph.D.
President

RBS/bv

Enclosure

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