Increasing Emotional Awareness through the use of Workshops and a Manual for Adults with an Acquired Brain Injury

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The procedures in this staff training manual/workshop are meant to be used by agency staff, as part of the broader services they provide, or under supervision of agency staff.
Abstract

In recent years, individuals with brain injuries are becoming more integrated into community settings. Individuals with an acquired brain injury (ABI) can often have difficulty doing the same activities and tasks that they did before they received their injury. Due to a lack of comprehensive services for those with an acquired brain injury and the emotional and cognitive limitations faced by individuals with an ABI due to their injury, survivors can become easily frustrated which often results in anger. These individuals can have difficulties in understanding emotional awareness and how to appropriately handle their emotions in a proper manner. The present study set out to create training workshops and a manual to educate adults with an ABI on how to properly handle their emotion of anger and become more emotionally aware. The workshops and manual developed during this project addresses areas such as: what anger is, what emotional awareness is, how to cope with the feeling of anger, positive coping techniques, videos, behavioural coping strategies, proper communication, and trivia quiz. The trivia quiz was done at the end of the workshops to determine the individuals understanding of all of the workshops. The clients did trivia every day at the club and enjoyed this activity. Four workshop sessions were implemented and each participant and the agency received a copy of the manual created. The data was collected using a rating-scale questionnaire at the end of each workshop. Although a limitation of this study is the deficits in cognitive abilities that individuals with a brain injury have and therefore participants may not remember what they are being told in the training workshops, the manual was developed to help this limitation and allow the individuals to read and use the manual for future reference. It is the intent that through the use of the training workshops and manual, the individuals will increase their emotional awareness and learn positive coping techniques for when they are angry. Results suggest that through the use of a manual and workshop sessions that individuals with an ABI can demonstrate a positive change in their understanding of emotional awareness and regulation.
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Chapter I: Introduction

Anger has often been perceived as behaviour in a response of an outward expression of a feeling (Christiansen, 2006). Christiansen states that this is a myth and anger is an emotion which individuals feel on a regular basis. Anger is defined as a strong feeling of annoyance, displeasure, or hostility (Cattran, Oddy, & Wood, 2011), which can be caused by almost any factor. Each individual possesses a threshold that must be exceeded to experience anger. These differences may be due to a variety of levels of understanding in how to regulate one’s emotions. According to the Canadian Mental Health Association (2014), anger is a normal reaction to some situations and is an emotion that individuals can overcome by taking the right approaches. However, for some people, taking the right approach is a very difficult process that may need work. Knowing how to properly handle a situation and the emotion of anger can be challenging for individuals with an acquired brain injury (ABI) (Christiansen, 2006).

According to the brain injury association Headway (2011), an acquired brain injury is any abrupt injury to the brain that happens during a person’s lifetime, and not as a result of a birth disturbance. Headway states that an ABI results in long term complications in areas of thinking and behaviour. According to Demark and Gemeinhardt (2002), individuals with an ABI can have trouble with self-monitoring, reasoning, attention, memory, and emotional coping, which all play an important role in regulating and coping with anger. Because of the emotional and behavioural difficulties those with an ABI may experience, it is important to provide these individuals with the skills necessary to cope with everyday anger provoking situations. It is hypothesized that through the use of a training manual and a workshop training session, those with an ABI will develop a better understanding of how to cope with anger-provoking situations, which will allow these individuals to deal with their emotions in a more appropriate and healthy manner.

The current study is a design of four training workshops and a manual. It is justified that this form of presentation is acceptable for the individuals due to their brain injury and extent of understanding and learning. Within the current project a review of selected literature regarding acquired brain injuries, emotional awareness, and anger is presented. The topics covered in the literature review include defining an acquired brain injury, anger and emotional awareness. The literature review also entails how training workshops have been successful in previous studies. A section of the literature review will provide information on the areas of the brain that are affected from an injury, and information on individuals with an ABI and anger. Chapter Three describes the method. Factors such as the setting, participants, selection/consent, the research design, materials, measures, and procedure of the project are explained. Each section provides detailed information on the areas of the study. The results chapter presents information regarding the success of the project developing a better understanding of how to cope with anger-provoking situations in a more appropriate and healthy manner. This was determined through the use of the rating scale questionnaire which was completed at the end of the training workshop sessions. The manual was created by the researcher and each participant was given a hard copy for future reference. An electronic copy of the manual was also left for the agency on the staff computer. The discussion provides the results of the proposed study, which have been analyzed, summarized, and interpreted by the researcher. The discussion also includes the limitations of the study, any challenges and ethical issues and discusses future research for this
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study. In the discussion section a summary of the manual and workshops is provided and the evaluation of the training workshops completed by the participants is summarized and explained.
Chapter II: Literature Review

Introduction

The term emotional regulation refers to an individual’s capability to express and control their direction of emotions in diverse forms of social interactions (Catran et al., 2011). Emotional regulation has been noted as a key element in social cognition. It is important for individuals to have an understanding of emotional self-regulation since behaviour that may be acceptable in one context could be considered unacceptable in another (Catran et al.). According to Demark and Gemeinhardt (2002) anger is a common emotion which can be expressed and dealt with internally or externally. Demark and Gemeinhardt also state that anger is a threatening reaction that can result in physical aggression or a verbal attack on oneself or another. Anger has also been linked to frustration, which is a common emotion for individuals to feel as well (Demark & Gemeinhardt). It is essential for an individual to understand how to cope and deal with this emotion appropriately.

Anger

According to the Mental Health Foundation (2014), anger is the preparation of the mind for the body’s reaction. Experiencing anger stimulates the body’s nervous system, which can cause sweating and an increase in heart rate, blood flow, blood pressure, and blood sugar levels (Mental Health Foundation, 2014). Anger also increases the production of adrenalin in the body which is a hormone activated during times of stress. Not only does anger affect physical changes to the human body, but it also affects cognitive changes. When an individual is feeling the emotion of anger, the way in which the individual thinks becomes altered. When an individual becomes angry, the body naturally engages in a fight or flight response (Mental Health Foundation). When an individual chooses the flight or fight responses this means that a person can act before they considered their actions and consequences. Individuals can make irrational decisions which can result in acting aggressively. Self-regulation is an important skill, which is essential in maintaining ones composure during an emotional experience (Mental Health Foundation).

Anger: Health and Relationships

According to the Mental Health Foundation (2014) anger is neither good nor bad. However, anger is seen as a problem when it can harm an individual or others. Anger has been linked to cause the most problems in areas such as, family, work, and friends (Mental Health Foundation, 2014). Not only does anger cause difficulties with relationships, it can also cause serious health problems. Long-term anger has been linked to health problems including depression, anxiety, and self-harm (Mental Health Foundation). Anger over a long period of time without treatment has also been linked to high blood pressure, frequent colds and flu, coronary heart disease, cancer, stroke, and gastro-intestinal problems (Mental Health Foundation). Anger resulting in negative health outcomes is not new. It has been linked that failing to express anger appropriately is health damaging to an individual (Davidson, MacGregor, Stuhr, Dixon, & MacLean, 2000). When individuals are able to control their anger and deal with it in an appropriate and effective way they decrease their chances of these health risks and problems and decrease issues with their personal relationships.
**Acquired Brain Injuries**

An acquired brain injury is defined as any form of brain damage that takes place after birth (Better Health Channel, 2013). Causes of an acquired brain injury may include disease, substance abuse, oxygen deprivation, or a blow to the head. A brain injury can result in long term or lifelong physical, cognitive, behavioural, and emotional consequences (Langlois, Rutland-Brown, & Wald, 2006). According to Goertz and Acton (2000), brain damage can result from changes to the brain caused by an injury or illness. Some common ways of brain damaged is through bruising, bleeding, brain swelling, fever, lack of blood or oxygen, shearing or tearing of the brain cells when the brain is rapidly moved back and forth, or pressure inside the skull (Goertz & Acton). A brain injury can be mild, moderate or severe.

**Acquired Brain Injuries: Effects and Brain Areas**

Individuals with an ABI often experience complications in personal activities of daily living (Darragh, Sample & Fisher, 1998). Physical impairments may contain paresis, spasticity, abnormal movement patterns, lack of coordination, loss of fine motor dexterity, and tremors (Darragh et al.). According to Darragh et al. these challenges are difficult to overcome and may affect an individual’s ability to perform daily tasks. Cognitive impairments are generally the most disabling consequences of a brain injury. They also state that cognition plays a crucial role in the individual’s ability to return to and maintain independent living in the community. The cognitive deficiencies that an individual with an ABI may experience include complications with memory, problem solving, abstract thinking, executive functions, language, perception, motor abilities, attention, and information processing (Darragh et al.).

Results of an acquired brain injury can include cognitive changes, such as, lack of insight, memory problems, poor planning and problem solving, and communication difficulties (Headway, 2011). The development of an ABI may also lead to many changes in behaviour such as impulsivity, irritability, inappropriate behaviour, depression, and lack of initiative (Headway). Demark and Gemeinhardt (2002) found that up to 36% of those with an ABI report feelings of anger and frustration. Significant aggression has been identified in 25 to 35% of people with a severe brain injury (Walker et al., 2010). After an ABI aggression can significantly increase because the areas of the brain that support self-regulation have been damaged. These areas include the hypothalamus, amygdala, septum, the anterior temporal lobe, and the frontal and prefrontal cortex. Medd and Tate (2000) state that the frontal lobes of the brain are involved in the self-regulation process of behaviour and emotional responses. If the frontal lobe area of the brain becomes damaged the individual with the brain injury has little control over sudden changes such as mood.

**Anger and Acquired Brain Injuries**

Anger tends be presented in irregular time periods of irritability, which has the potential to build up overtime and cause serious emotional responses (Medd & Tate, 2000). These responses are often impulsive and inappropriate. Learning how to control emotions in different situations can be difficult because individuals with an ABI can become easily frustrated with their lack of ability to function as they used to (Demark & Gemeinhardt, 2002). Demark and
Gemeinhardt state that those with damage to areas of the brain have a loss of control over anger and aggression. According to Block and West (2013) after a brain injury, the survivors’ level of awareness and insight into their own behaviour and actions can vary. Regardless of the severity of the injury it has been found that after a brain injury, survivors’ under-report cognitive, emotional, and behavioural deficits (Block & West, 2013). Block and West state that it is not uncommon for those with an ABI to be unrealistic about handling conflict and self-monitoring when they become upset and cannot control their emotions.

According to Siew Maan et al. (2005), individuals with frequent high anger experience greater stress in their environment and cope with it more poorly than others, resulting in these individuals creating more stressful situations for themselves. As well, Siew Mann et al. state that these individuals tend to use positive coping strategies less frequently. Because of various environmental triggers, it may be difficult to control all elements of an environment that may cause an individual to have an angry response. However, it is important to prompt and remind individuals how to appropriately handle these emotions in certain social situations.

**Emotional Awareness and Control**

Demark and Gemeinhardt (2002) state that emotional control is a key factor for successful integration into activities of daily living after an ABI. Being able to control one’s emotions means understanding the situation and emotion fully which can be taught to those with an ABI through the use of education, skill-development, and practice during increasingly high emotion-provoking situations (Demark & Gemeinhardt, 2002). Demark and Gemeinhardt found that it is important to focus on a client’s cognitive awareness. The use of instructional self-talks, social skills training, role-playing, problem-solving and conflict resolution skills can be presented by an instructor to focus on the participants’ cognitive awareness. The instructor teaches clients how to approach and handle stressful situations, but it is important for the client to develop the coping strategies themselves rather than the instructor simply telling them the solutions (Demark & Gemeinhardt).

**Self-Awareness**

Lundqvist, Linnros, Orlenius, and Samulesson (2010) stated that self-awareness of cognitive, behavioural, and emotional deficits has often been reported as the biggest difficulty during treatment after an ABI. Being able to compare and control the outcome of one’s own cognitive functioning with an intended result can be very challenging for those with an ABI. Impaired self-awareness is considered the inability to anticipate consequences of one’s actions.

A study was conducted with the aim of helping patients understand the consequences of their actions, improving their awareness of cognitive, behavioural and emotional impairments, developing coping strategies and attaining a balance between demands and capacity to reduce stress (Lundqvist, Linnros, Orlenius, & Samulesson, 2010). The study included a questionnaire and an interview with 21 patients. The training workshop sessions focused on cognitive awareness, coping strategies, and understanding consequences. It was reported that from the training workshops that the participants capacity of understanding their emotional awareness and coping strategies increased, affecting their life situation, work and self-confidence (Lundqvist et
As well, significant improvement was seen between pre- and post-test scoring for level of self-awareness. According to Lundqvist et al. the participants reported that they were more aware of possible strategies for self-awareness and being able to control their cognitive functioning and emotional state in situations.

**Emotional Patterns**

Understanding and being able to use self-awareness is important for individuals with an ABI during high emotion situations. But it is also important for individuals with an ABI to be able to recognize and understand emotion patterns. McDonald et al. (2013) state that damage to the bilateral frontal regions can cause problems with processing emotional patterns. According to McDonald et al. many individuals with a brain injury have impaired emotion perception and are not able to identify emotional patterns in themselves and others. A randomized controlled trial was used to examine the efficacy of a short treatment that included three, two hour sessions educating individuals on being aware of emotional patterns in themselves and others (McDonald et al., 2013). The sessions were conducted to try and improve the participants’ ability to recognize emotional patterns. Recognition was measured by the individual’s ability to identify emotional displays and labelling emotions presented to them. Overall, the results show that the individuals in the study demonstrated improvements on objective measures for emotional patterns (McDonald et al.). The study was effective in the treatment for individuals with an ABI and helping them recognize emotional patterns in short-term situations (McDonald et al.).

**Self-Report Measures**

Heiy and Cheavens (2014) describe self-report measures as useful for reporting emotional regulation because they are simple to use, which is important for an individual with an ABI. As well, self-report measures are useful because they are cost-effective. According to Christiansen (2006), it is important for an individual to find a balance on the inside when they are feeling angry. This can be done by calming themselves down in a stressful and emotional situation by performing a self-evaluation. Silver, McAllister, and Yudofsky (2011) state that effective self-regulation is the ultimate goal of behavioural interventions but may be difficult to execute due to individual impairments. Automatic thoughts can help an individual cope and handle situations and emotions more appropriately (Silver, McAllister, & Yudofsky, 2011). It is important to focus on the automatic thoughts that can be triggered inevitably in environmental events. Negative feelings are often preceded by negative thoughts. An individual’s automatic thought patterns are frequently inaccurate but believed to be true. When automatic thoughts are accepted as true negative thoughts they tend to escalate to harmful levels. According to the Counseling and Mental Health Center (2013) of the University of Texas, harmful levels can include out-of-control anger, outbursts, and potential harm to others. When an individual is capable of identify automatic thoughts and distortions a habit can be developed and can restructure thoughts into a more positive way resulting in less negative consequences.

**Psychotherapy**

Another important tool used in rehabilitation and intervention with ABI patients is psychotherapy. Psychotherapy is defined as the process of helping an individual heal and learn
more constructive ways to deal with problems and difficulties (Grohol, 2014). According to Block and West (2013), effective treatments for those with a brain injury include the use of psychotherapy. The various psychotherapies can include individual and group cognitive behavioural therapy (CBT), coping skills training, and behavioural therapy. It has been proven that early interventions including psychotherapy with survivors of a brain injury show successful outcomes and a higher potential for recovery (Block & West, 2013). Using psychotherapy with individuals who have an ABI can present many challenges and obstacles for the patient and the instructor. It is important for the instructor to be knowledgeable and understand the patients’ cognitive deficits, emotional well-being, and social environment (Block & West).

Medd and Tate (2000) presented a study which included treatment for individuals with an ABI through the use of an anger management program. The treatment included five to eight weekly individual sessions. The sessions focused on educating the individuals about the common difficulties following an ABI, anger syndromes, a simple model of anger, and how anger management difficulties can escalate over time. The sessions also included information on how trigger events can lead to an angry response depending on the individuals’ decision phase when they decide how to handle and react to a certain situation. The program was intended to increase the participants’ awareness of their anger by educating them on their cognitive, physical, and emotional changes that happen when they start to become angry. Sessions also included appropriate responses, relaxation, self-talk, distraction training and time-out methods. Results from the treatment showed an improvement in the participants’ lives in the management of anger. This was evaluated at a two month follow up. Not only were there significant changes between pre- and post- intervention but there was also a statistical trend for continued improvement at the follow up.

**Group-Based Cognitive Behavioural Therapy**

Although the above study states that there was an improvement through the use of individual sessions, Block and West (2013) describe the important of group-based Cognitive Behaviour Therapy (CBT) due to the self-reported success that those with an ABI have experienced. Individuals with an ABI have reported that they prefer group-based treatment because it allows them to connect with those who are experiencing the same problems (Block & West). It was also been proposed by Block and West that those with an ABI accept criticism and suggestions from peers more appropriately than they do from an instructor. Although this has been demonstrated to be true, it is still very important for the instructor to be present and control the group. The instructor should promote participation and rephrase some of the feedback from peers.

According to Block and West (2013), group treatment is a time and cost effective way to easily provide education, information, and social skills training which are important factors for those with an ABI. Allowing those with an ABI to gather, learn new skills, compare stories, and share mutual interests can extend an individual’s support network (Block and West). Block and West state that those with an ABI who have attended group therapy have reported decreases in the feeling of social isolation, increased validation of their own experiences, and an increase in support and their problem solving ability. Block and West also state that even though group-based CBT treatments tend to come from a CBT perspective, the main focus is to improve
problem-solving and increase coping skills. An increase in self-esteem, problem-solving skills and emotional regulation has been reported from the use of group-based treatment (Block and West).

Walker et. al (2010) developed an approach to anger management difficulties based on cognitive behavioural principles and incorporating self-instructional training. The participants were 28 individuals with an ABI who were living in the community. The treatment comprised five to eight weekly sessions which educated individuals’ about anger. The sessions provided education about an ABI and the role of thinking leading to anger, exercises to increase awareness of angry feelings, strategies to control anger, and coping skills (Walker et al., 2010). The results of the treatment were shown to be successful in decreasing the overall experience of anger and increasing anger control and awareness. Walker et al. also argued that group treatment offers advantages such as sense of feeling understood and cost-effectiveness.

Psychoeducation

A study conducted by Walker et al. (2010) showed that group psychoeducation for anger control resulted in a substantial decrease in the frequency of individuals with an ABI experiencing angry feelings, the occurrence of outward expression of anger, and an increase in controlling feelings of anger. Another study presented by Walker et al. was a treatment program implemented using psychoeducation for anger management. The treatment included weekly two hour sessions conducted over 12 weeks with a follow-up. The participants were educated on topics such as: triggers to anger, experiencing the feeling of anger, expression of anger, strategies to promote self-awareness, relaxation techniques, conflict resolution, and problem solving. The sessions also included role play exercises and feedback. According to Walker et al. results showed a reduction in anger expression and an increase in anger control. The study supported their hypothesis that by attending and completing the group sessions that there would be a decrease in the occurrence of experiencing angry feelings.

Treatment for Individuals with an Acquired Brain Injury: Workshop Training

After a brain injury, problems with learning and memory are very common (Block & West, 2013). This is a concern for treatment as it can affect the individual’s ability to take in and remember information covered in the sessions. It can also hinder the individual in remembering the previous sessions or that there is a next session involved. According to Block and West, to maximize the individuals’ full potential it is important to have the individuals in treatment to write down what they are being educated on. As well, it is significant to the individuals write down the dates of the sessions in an agenda or a notepad. It is essential to remind the individuals about the information covered in the previous session to facilitate recall. It is also important for the instructor to have a plan for the session and to follow that plan, such as, prioritizing topics and making a list to complete. Block and West also discuss how understanding the language can be difficult for those with an ABI. It is important that the instructor encourages questions and clarification and to ask very frequently if the individuals understand what is being covered. Block and West describe the importance of the instructor modifying the presentation skills in order to better suit the needs of the clients (e.g., talking slowly).
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A study was conducted to increase problem-solving skills for fifty undergraduates who expressed a need and willingness to participate in a problem-solving workshop. The workshop sessions included presentations, group discussions, and role-play scenarios of problem solving situations, and relating to others with personal relations to problem solving (Dixon, Heppner, Petersen, & Ronning, 1979). The results indicate that the workshop training was effective in increasing the participant’s problem-solving skills. The workshop training also had an effect on the extent to which the participants credited to themselves characteristics of effective problem solvers (Dixon et al., 1979). Dixon, Heppner, Petersen, and Ronning (1979) state that the results suggest the workshop training indicated an improved ability by the participants to make a variety of response alternatives for dealing with a problematic situation.

There are deficiencies of empirical literature regarding the use of a manual for those with an ABI and anger related difficulties.

Conclusion

In conclusion, anger and frustration are the most common emotions for those with an ABI. It is believed that a variety of techniques can allow individuals to gain control over how they control their anger and how they express themselves in a socially acceptable matter (Demark & Gemeinhardt, 2002). It is hypothesized that through the use of a training manual and workshop training sessions that those with an ABI will develop a better understanding of how to cope with anger-provoking situations. Learning how to properly cope with anger will allow these individuals to deal with their emotions in a more appropriate and healthy manner.

Word count: 3410
Chapter III: Method

Introduction

A handbook describing coping mechanisms and ways to more effectively control emotions was written and presented through four workshop sessions to increase emotional awareness for individuals with an ABI. These individuals attended a drop-in center day program, a location for individuals with an ABI to socialize, learn new activities, and attend community outings. The program is organized through an agency that helps individuals with an acquired brain injury, dual diagnosis, and developmental disabilities reintegrate independently into the community.

Setting

The workshop training sessions took place in a common room which is attached to the main office of the agency. The common room had a bathroom and kitchen accessible. The setting was wheelchair accessible, with an open format and a staff area included. The participants sat on the couches in front of the TV for the workshop sessions. The participants also sat at the kitchen table on chairs in the common room while completing the questionnaire at the end of the questionnaire and for completing the consent form. The setting is a very welcoming, allowing all individuals to feel at home with pictures on the walls and calendars. The setting is spacious with a computer, pool table, Xbox, big screen TV, couches and chairs, and piano.

Participants

The participants included both males and females ranging from the age of 23 to 70, and each participant attended the day program. For the workshop training session’s five males attended and one female attended. All of the participants had an acquired brain injury and show some signs of anger and frustration with everyday tasks presented to them.

Selection

The participants were chosen based on the referral of the staff. The staff of the program believed that the project was significant for all members of the club to participate in as each person needed education on appropriate ways to control their emotions. Baseline was obtained through observation by the researcher and the ABI staff members. The researcher was asked to observe the participants to determine if the individuals needed to increase their emotional regulation and ways to deal with anger. The behavioural psychologist and staff of the agency stated a concern of frequent anger-related behaviours occurring daily in the club. The student researcher looked for individuals becoming easily frustrated and angry, yelling and screaming, crying, hitting and breaking of objects, and swearing and disrespectfully talking to others or about self. From observation the researcher saw that this was something all the members of program needed to improve on and a consultation with the club staff and agency supervisor resulted in an agreement.
Consent

Although the workshop training was completely voluntary, each individual signed a consent form before the beginning of the first workshop. The consent form (Appendix A) had a clear and simple description of the methodology and research. It explained their role in the study and who would be able to access the data. It explained that codes would be used instead of names to protect the identity of the participants and that the data would be password protected. As well, it clearly stated that there would be no punishment for not wanting to participate or for wanting to leave the workshop training once it had begun. It described where the data would be stored and that it would be destroyed after 10 years. The consent form was explained in full detail by the researcher for those who had difficulty reading. Any questions from the participants were answered by the student researcher. The individuals were encouraged to join and be involved in the sessions by the student researcher and the staff of the program. This was done by stating that the sessions would be enjoyable and that they would all learn from the experience. The participants were informed that the information that they provided in the rating scale questionnaire could be presented in a public forum in reports and presentations in the future. Consent was obtained prior to the intervention.

Measures

The Rating Scale Questionnaire (Appendix B) was created by the researcher. There were a total of eight questions and each was ranked using a five point Likert scale. The rating scale questionnaire was created on a laptop using Microsoft Word. Once completed, each question was added up equaling a total per sheet. The total score would be analyzed and evaluated by the researcher to determine the effectiveness of the study. The study would be considered effective if the scores increased over the four workshop sessions. The questions reflected the individual’s learning experience and awareness of their anger after each session. Each participant had a code to identify themselves at the top of the questionnaire rather than their name for confidentiality reasons. For those who had difficulty reading, support was provided in answering the questions.

Research Design

The research design of the study was a post-test non-experimental design. The independent variables of the project were the workshops and handbook that were created and provided to each individual who attended the sessions. The dependent variable of the project was the degree to which the participants felt that they could control their anger and emotional regulation after participating in each session.

The data collected from the individuals were evaluated by the researcher. Descriptive statistics were calculated using the mean, median, and mode of each rating scale questionnaire and comparing the data to the previous questionnaire.

Materials

The materials for the project included the TV, the manual created by the researcher (Appendix C), a pen or a pencil, videos from the internet, a USB stick, the consent form, the
rating scale questionnaire for after each session, and a visual image of an angry expression (Appendix D). The videos from the internet included examples of individuals becoming angry and finding appropriate ways to calm down, the steps to take to calm down, and how being angry can cause health problems. Included in the materials was the table, chairs, and couches for seating during the workshop sessions and completing the questionnaire. The TV was used to show images and videos during the workshop training sessions as well as the PowerPoint presentation. The PowerPoint presentation was used as a visual to display the workshop session. Each question and topic that was being discussed was shown on the PowerPoint presentation to help the participants follow along and remember what was being discussed.

**Manual materials.**

The manual included website links of the videos used during the session. It also included tips on how to calm down when angry, relaxation techniques, how to approach a situation when angry, examples of anger-provoking situations with different coping skills, and links on helpful websites about emotion awareness and anger. All of the information in the manual was created by the researcher using a laptop and Microsoft Word.

**Procedure**

Four workshop sessions were implemented over the span of three weeks. Each session was 15 minutes in length and presented the clients with various information regarding emotional awareness and regulation.

**Workshop One.**

Workshop One took place in the common room of the program. Workshop One was developed in order to introduce the topic of anger to the participants. The researcher provided the participants with a brief overview of the different components that would be incorporated within the workshop and informed the participants of their involvement and roles in the workshops. It was stated that the goal of the workshops was to increase the participants emotional awareness and understanding of coping and dealing with anger. Participants were informed that there would be a designated time within the workshop for them to share stories with one another and were encouraged to leave out any identifying information of others.

Using Microsoft PowerPoint, the researcher presented the workshop. The participants were asked what they thought anger was in order to give the researcher an idea of the participants understanding of anger. This was a chance for the individuals to express how they perceived anger and what it meant to them. Each participant had a different response and tried to see the others perspective. The researcher provided the participants with the dictionary definition of anger. Once each individual understood what anger was they were asked to briefly explain what made them angry in their daily life. Each participant provided examples of anger-provoking situations in their daily life. The participants were asked to explain a situation from the past, if comfortable, that made them angry. They were asked to evaluate their management of the situation. Participants were asked to think of ways that they could have handled the situation in a more appropriate manner. Each participant gave an example of a past situation that
was anger-provoking. The participants were able to look back on the situation and see how they handled it poorly and evaluated what they could have done instead.

The researcher explained why controlling anger is important due to the negative effects it can have on physical health, mental health, and relationships. The participants discussed what anger feels like to each person, the most common signs and symptoms of anger, tips for cooling down in an angry situation, and different appropriate and healthy ways to express their anger. At the end of the workshop session, the researcher reassured the individuals that it is acceptable to feel anger and express anger but in an appropriate and healthy way that will benefit the individual and others involved. Any questions from the participants were answered by the student researcher. Some participants needed clarification with specific questions on the rating scale but each participant completed the questionnaire on their own without difficulty.

**Workshop Two.**

The second workshop took place in the common room of the club. The student researcher began the session with a review of the previous workshop session. Reminding the participants of the content in the previous session helped them remember what they were participating in. The second workshop focused on increasing emotional awareness. The session began giving a definition of what emotional awareness is and examples to help the participants understand more clearly. The researcher defined the terms self-awareness, social-awareness, self-management, and self-control. The researcher explained an example for each term, frequently making sure the individuals all understood. A diagram was presented showing different traits of an individual who has low emotional awareness and high emotional awareness. It was explained to the participants that they could have a mixture of both and to identify which traits represent them. After each individual went through the lists the researcher gave tips on how they could increase their emotional awareness. Some of these tips included paying attention to the body and how it feels in certain situations, being open minded, and focusing on areas of improvement. The second workshop session ended with a four minute video from WellCast (2012). The video presented information to the participants focusing on the appropriate steps to take when beginning to feel angry and how to properly calm down in a situation. Any questions from the participants were answered by the researcher and the rating scale questionnaire was completed at the kitchen table. Due to a participant falling asleep during the rating scale questionnaire and not remembering the workshop training session, the participants rating scale was invalid and not completed.

**Workshop Three.**

The third workshop took place in the program common room. The participants gathered around the TV sitting on the couches. The third workshop session focused on communication and body language when angry and afterwards. The student researcher began the session by reviewing the previous two workshop sessions. This allowed the participants to remember what was presented to them in the previous sessions. The researcher started the workshop by asking the participants how each of them generally communicate with others when feeling angry. Each participant then expressed examples of different techniques and habits that are shown when communicating while angry. The researcher provided the participants with tips and advices on
how to appropriately communicate when angry. These tips included using “I” statements, using a calm voice, avoiding over-generalization, talking face-to-face, and being honest.

A study was presented to the participants showing that 55% of a message is conveyed through body language. The student researcher discussed the importance of body language and how it can be conveyed and interpreted by others. Appropriate body language was listed and explained to the participants. Some examples were making eye contact, keeping a safe distance, not making rude facial expressions, and not pointing or making a fist.

Lastly, a photo was shown of a man’s face reacting to an anger-provoking situation as part of the PowerPoint presentation. It showed that his eyebrows were down and pointed together, his eyes glaring, and his lips very narrow. A second image of a facial reaction of happiness showed crow’s feet wrinkles, pushed up cheeks, and movement from muscle that orbited the eyes. A video was then shown on the steps to take to resolve and argument before it turns into a fight (HowCast, 2010). The researcher answered any questions and the participants completed the rating scale questionnaire.

Workshop Four.

Workshop four took place in the program common room. While it would have been effective to role-play scenarios to practice all the skills learned to date, participants did not feel comfortable doing role-play scenarios so the student researcher adjusted the final workshop to include a review of the information provided to date in previous sessions and also had participants participate in a trivia game. The researcher asked the participants multiple questions regarding anger and the content presented in the three previous workshops. Some examples of questions asked were name two reasons that anger can hurt a relationship with others, name four common signs/symptoms of anger, and what are three techniques that can be used to help an individual calm down in an angry situation. Similar trivia questions included what are two healthy ways an individual can express their anger, what is social awareness and self-control, and list four appropriate ways that an individual should communicate with others when feeling angry. Each participant was given a chance to answer the questions and ask for clarification if needed. Once the interactive quiz was completed, the participants completed their final questionnaire.

Rating scale questionnaire.

At the end of each workshop session, the participants completed a self-reporting rating scale. The rating scale was used to determine the participant’s knowledge of emotional regulation. The questionnaires were later compared, analyzed and interpreted by the researcher to determine if the participants’ knowledge and understanding of the material improved, decreased, or was maintained across sessions.

Manual.

The participants were provided with a copy of the training manual at the end of the final workshop session. The manual included the topics discussed in the sessions. It also included images, online resources, and links for the videos which were presented during the sessions.
INCREASING EMOTIONAL AWARENESS FOR ADULTS WITH AN ABI

Each participant was given a manual in a binder and a copy was kept at the agency for the staff. A copy was also given to the behavioural therapist at the agency to use with other clients.

Word count: 2491
Chapter IV: Results/Manual

The format of the workshop sessions and the manual were created and implemented by the student researcher. The workshop sessions and manual content were gathered from previous literature, manuals, online resources and online videos. See manual attached.

Workshop Training Sessions

The workshop sessions had a total of six participants; however not all participants attended all sessions. One participant attended all four sessions, three participants attended three, two participants attended two of the workshop sessions, and one participant attended only one. The results were incomplete for the latter participant due to the fact that the participant fell asleep during the second workshop session and did not complete the questionnaire. The participant was only able to stay awake to write his name on the top of the sheet and did not answer any of the rating scale questionnaire questions. The participant only attended the second workshop session.

Results of the Rating Scale Questionnaire

The mean, median, and mode were calculated by comparing the total scores from the rating scale questionnaire. The data results from each rating scale questionnaire were presented in a table format (Appendix E). The descriptive statistics for each participant were also presented in a table format below.

The results indicated that the total score for Participant One and Participant Two was maintained over the workshop sessions. The scores from Participants Three and Four increased overall, and Participant Five’s score slightly varied increasing during the third workshop session. These results suggested that with the use of the workshop training sessions that most of the participant’s emotional regulation and awareness regarding anger changed in a positive direction. This was determined from the results of their scores on the rating scale questionnaires across the four workshops. These results show that the use of the workshop sessions and the manual show a promise that those with an ABI can increase their understanding and management of anger.

Table 1

<table>
<thead>
<tr>
<th>Participant</th>
<th>Mean</th>
<th>Median</th>
<th>Mode</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>3.9</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>2</td>
<td>2.5</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
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<td>4,5</td>
</tr>
<tr>
<td>6</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Note. The mean, median, and mode scores are calculated across the four rating scale questionnaires. Participant six scores are zeros due to incompletion of the workshop session and rating scale questionnaire in session two.
Manual Results

The researcher, with the use of Microsoft Word, created the manual. The manual consisted of four chapters which represented the individual workshop sessions. The chapters comprised the content covered in the workshop sessions.

The manual included website links of the videos used during the sessions. The chapters consisted of tips on how to calm down when angry, relaxation techniques, and how to approach a situation when angry. The chapters also included examples of anger-provoking situations with different coping skills, and links on helpful websites about emotion awareness and anger.

The participants’ manual also incorporated images, website links, trivia, and space for personal notes. The website links were included for the participants to use on the agencies shared computer. The 19 page manual was printed in colour and single-sided. Each manual was placed in a binder and given to the participants. A binder containing a copy of the manual was placed in the agency as a reference resource for the staff. As well, a copy was given the behavioural therapist of the agency for use with current and future clients with anger and emotion difficulties.

The researcher received positive results verbally regarding the manual from the participants and the staff of the agency. The agency staff stated how impressed they were with the final result of the manual and how much of an asset it will be to the members of the day program. The manual had been frequently used as a resource after the workshop sessions had been implemented. The staff of the agency can refer to the manual in the future during times when a member is becoming visibly angry or upset. The members can refer to the section that can help them the most at the time and use the techniques listed.

Word count: 684
Chapter V: Discussion

Manual

The manual was created by the researcher using ideas from manuals that the behavioural therapist of the agency had created for previous clients that had been successful. Information was gathered from textbooks, online resources, previous PowerPoint presentations, and online videos. Images were added into the manual in hopes to improve the client’s understandings of the content presented. The student researcher used original contributions such as leaving space for notes to be written down, and including video links, and creating the trivia for the participants. The student researcher received verbal praise from the staff of the agency on the content and presentation of the participants’ manual. The agency staff reported that the manual had shown success in helping the members when they began feeling angry as it gave them a tool to use to help calm down.

Results

The results from the rating scale questionnaire show that the participants were able to learn new coping skills and techniques for the anger of emotion and that their understanding and knowledge changed in a positive direction throughout the four workshop sessions. This was shown through the participants self-reporting. For the two participants whose score maintained across the four sessions, this could be because they already knew the information being provided to them and they felt that they had a complete understanding of their emotional awareness and anger. As well, it could be because the participants forgot what they had learned in previous sessions and answered the questions the same each time because it was what they could remember.

It was hypothesized that through the use of a training manual and a workshop training session, those with an ABI would develop a better understanding of how to cope with anger-provoking situations, which would allow the individuals to deal with their emotions in a more appropriate and healthy manner. The results indicated that the training workshop sessions and the manual can change an individual’s emotional awareness and understanding of the emotion anger in a positive direction. The Rating Scale Questionnaire results justify the hypothesis from the training manual and the workshop sessions as the results show a positive growth from the first rating scale questionnaire to the fourth. However, since there was no pre-test implemented, there is not a norm to compare the results to qualify the scores. The researcher found that the results were similar to the literature on individuals with an ABI and angry emotions. Current research suggests that workshop sessions can be effective for those with an ABI and that most individuals with an ABI need to improve in areas with their emotions. The study showed that those with an ABI can change their emotional awareness and demonstrate a better understanding of how to cope with anger-provoking situations.

Strengths

The current study had some strengths related to the manual and workshop sessions, literature, setting, consistency, and success. A strength of the study was that the manual and
workshop presentations were deemed as appealing to the audience. The manual and presentations received positive verbal feedback from the participants and the staff of the agency. As well, the manual and workshop PowerPoint presentations were given to the Behavioural Therapist of the agency for future use with clients. Another strength was that the study had a strong empirical foundation. There was a significant amount of literature found related to those with an ABI and anger. Another asset was consistency throughout the workshop sessions. The student researcher was the instructor for each workshop session and the routine of the workshop sessions remained the same across all four workshop sessions. Having consistency for those with an ABI was key for focus and participation from the participants as those with an ABI can become easily confused and frustrated and lack interest. An additional strength was the use of a group setting during the workshop sessions. This allowed collaboration between the participants as they could give advice, explain previous experience, and relate to others. Lastly, a strength of the study was that the manual and workshop sessions were effective in changing the participants’ emotional awareness and understanding of anger in a positive direction from the first workshop to the fourth workshop session.

Limitations

Throughout the study there were many limitations that could have potentially altered the results of the intervention. One limitation was that the clients’ brain injury could have interfered with the degree that they remembered what was being presented to them. Due to their brain injury they could have had difficulty retaining the information being presented to them during the workshop sessions. As well, individuals with brain injuries often have trouble focusing and become distracted easily. When this happened during the workshop sessions the individuals were prompted immediately to focus on the instructor and to get back on topic. Another limitation of the study was that it was not possible to evaluate whether or not the participants used the information in real life situations in the future. It was not possible to evaluate due to the timeframe of the researchers’ placement and not being able to monitor their actions outside of the agency.

Another limitation to the study was that baseline data was collected on a one time occasion through observation. The limitation was due to the short timeframe which could have resulted in the observed data not being accurate. Having more time to collect baseline would have made it more clearly as to which parts of anger control the participants needed to increase.

A major limitation to the study was that there was no questionnaire given at the beginning of each session. By not having a rating scale questionnaire at the start of the workshop sessions it was not possible to gather information and data on each participant’s level of emotional awareness before the sessions began. An added limitation of the project was that since that agency was a drop-in center, many of the individuals did not attend the program every day. Due to this limitation some of the participants were unable to attend all four workshops which could have affected the results of the workshop sessions. To enhance the attendance of the workshop sessions, the dates of the workshops and times were posted on the monthly calendar and reminders were sent out the day before.
Another limitation to the study was that the staff of the agency was not trained on the implementation of the workshop training sessions. The content of the workshops was not transferred to the staff so that training could occur. This limitation can be eliminated by the student researcher returning to the agency and training the staff to use the workshop training sessions in the future with other participants of the agency.

One more limitation of the project was that the data was collected through self-report. The validity of the data may have been affected as the individual could have completed the rating scale inaccurately due to comprehension difficulties or lack of motivation. Individuals with an ABI have been reported to lack motivation during treatment due to their ability to appraise one’s strengths and weaknesses (Smeets et al., 2014).

Challenges

Client level.

A challenge at the client level was that individuals with an ABI may have been hesitant to participate in the workshop sessions due to stigma regarding those with an ABI. Individuals may not want to attend because they do not want to “look stupid” or talk about their feelings. As well, a lack of motivation could result in individuals with an ABI not wanting to participate in the workshop sessions.

Another challenge at the client level was the different levels of comprehension skills. Presenting the workshop sessions to the individuals with an ABI had many challenges for the researcher. As the participants had different learning techniques, levels of awareness, and understanding it was a challenge to create workshop sessions that met the needs of all of the active participants.

Program level.

At the program level a challenge was staff burnout and communication. Due to the staff at the agency working 12 hour shifts which consisted of bathing, cooking, cleaning, outings, meetings, etc., the staff showed negative comments and reactions to the clients throughout the day. This can result in the clients feeling treated unfairly and becoming angry and frustrated. Most of the individuals do not know how to handle their anger appropriately which can result in unnecessary outbursts and behaviours.

Organization level.

For the organizational level a challenge found was the difficulty in finding adequate staff at the agency to deliver the workshops in the future. It would be ideal to continue the workshop sessions with other clients of the agency; however, due to a restriction of time, cost, and resources it may not be possible within the organization.
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Society level.

A challenge of this study at a societal level is reintegration back to the community. The individuals with an ABI may have difficulty feeling welcomed into the community by others. This can cause frustration and anger for those with an ABI. Due to a negative stigma for individuals with a brain injury it can be difficult to control anger and feel accepted on the same level as others. Another challenge is the participants own behaviours. Due to the participants frequently engaging in inappropriate behaviour from their anger, when the participants were out in the community and began having an outburst towards others it sometimes resulted in problems with the police and other authorities.

Recommendations for Further Project and Research

A recommendation for the project is to increase the sample size for the results. The workshop sessions and the manual could be presented to the group homes of the agency rather than just during the ABI drop in centre. The clients at the group homes could be presented with the workshop sessions, complete the rating scale questionnaire, and use the manual in future situations to increase their emotional awareness and understanding of coping with anger. By expanding the manual and sessions into the group homes this could decrease any anger outbursts in the homes and increase the client’s emotional awareness.

The study could also be expanded to other brain injury associations in the community. The project could be presented to the staff at the agency as a tool to increase other client’s emotional awareness. Presenting these tools to the staff could result in a greater sample size to show whether or not the intervention is successful.

Another recommendation is to increase the current literature related to using manuals with individuals who have an ABI. The current literature lacks information in this area, which should be increased for successfulness in interventions. A study similar to this could be helpful to those in rehabilitation after their injury. The workshops and manual could increase their emotional awareness at an earlier stage in their treatments.

Improvements needed for further adaptations and editions of the manual could include adding more images for the participants and additional video links. Using the visuals helped the participants understand more clearly, whereas reading the content frequently resulted in the participants becoming confused and distracted. Videos and images were able to hold the participants attention for a longer duration. As well, adding more references could allow the participants and staff to have more resources to access if needed.

Improvements needed for the study itself could include the use of a rating scale that has been standardized. As well, adding more questions to the questionnaire could allow a wider range of information and data to be collected.

In conclusion, the project will contribute to the behavioural psychology field by expanding the research on those with an ABI and providing opportunities for those individuals to work to increase their emotional self-awareness and regulation. The results of the study correlate
with the literature provided by showing that workshop sessions can allow individuals to
demonstrate a better understanding of emotional awareness and regulation.

Word count: 1971
References


Appendix A: Consent Form

**Project title:** Increasing Emotional Awareness through the use of Workshops and a Manual for Adults with an Acquired Brain Injury  
**Principal Investigator:** Katie Hedger  
**Name of supervisor:** Lana Di Fazio  
**Name of Institution:** St. Lawrence College  
**Name of sponsor:** N/A  
**Name of partnering institution/agency:**  

**Invitation**

You are being invited to take part in a research study. I am a student in my 4th year of the Behavioural Psychology program at St. Lawrence College. I am currently doing my placement here at [_______] in [_______]. As a part of this placement, I am completing a research project (called an applied thesis). I would like to ask you for your help to complete this project. The information in this form will help you understand my project. Please read the information carefully and ask all the questions you might have before you decide if you want to take part.

**Why is this study being done?**

This study is being done to learn more about individuals with an ABI and how well they can manage their emotions, especially when it comes to anger. Anger is an emotion that every individual experiences and is normal, but how an individual handles this emotion is different than everyone else. This study is going to compare the different ways that individual’s cope and deal with anger on a regular basis, as well as teach new coping techniques that can be used.

**What will you need to do if you take part?**

If you chose to take part in this study you will be asked to continue coming to [_______] when you can. You will be asked to sit and be involved in a workshop presented by the student researcher. This will take place four times in one month; each workshop is 15 minutes in length. The workshop training will take place on Tuesday’s and Thursday’s around 11:00 a.m. You will be shown videos, given scenarios, and answer questions and talk about past experiences with anger to others if comfortable doing so. The student researcher will provide you with different coping styles, relaxation techniques, tips to communicate appropriately when angry, and give you a handbook to keep to refer to. At the end of each session you will be asked to complete a rating scale questionnaire created by the student researcher. The questionnaire will ask short questions on the presentation you watched and participated in and questions about your emotions. The answers you provide to the questions will be the information that the student researcher uses for the study. At the end of each workshop you will complete a rating scale questionnaire. The student researcher will compare your answers from each rating scale questionnaire. This data may be presented in a public forum in the future, however no names of individuals or the agency will be shared.
What are the potential benefits of taking part? (if applicable)

Benefits of taking part in this study may include learning different ways to deal with your emotions that you may not have known about before. As well, you will hear different stories and perspectives that you may be able to relate to in your life. You may also benefit from the handbook that will be created by the student researcher. This is a source you can refer to in the future on your own time or share with your family members and friends. Overall these benefits may help you each day in angry situations.

What are the potential benefits of this research study to others? (if applicable)

It may help others if this study shows positive results as it could potentially benefit other individuals who struggle with their emotions and anger problems.

What are the potential disadvantages or risks of taking part?

Risks from taking part in this research study are minimal but may include an increase in emotions during the workshop from talking about past situations. Should that happen the student researcher will help you manage your feelings at that time.

What happens if something goes wrong?

Although unlikely, if something goes wrong during the workshop experience the presentation will be stopped and the situation will be evaluated by the student researcher, staff, and yourself. It is important that if you feel like you are experiencing any negative consequences or feelings from this study that you consult with the student researcher or a staff member right away.

Will my information you collect from me in this project be kept private?

I will make every attempt to keep any information that identifies you strictly confidential unless required by law. The information that the student researcher collects from you will be kept private. This will be done by using codes instead of names on the rating scale questionnaire sheets. All questionnaire data sheets will be kept in a filing cabinet at ________________ in a folder. The filing cabinet will be locked and the student researcher and ABI management/staff will be the only individuals looking at this data. All data kept stored will be destroyed after seven years. Only the codes will be used in future reports and publications. When the data you provided is being used for the student researcher’s reports, all data will be saved on an USB stick which will be password protected. Only the student researcher will know the password and the student researcher will be the only individual able to access this information.

Do you have to take part?

Taking part is voluntary. It is up to you to decide whether or not you want to take part in this research project. If you do decide to take part, you will be asked to sign this consent form. If you do decide to take part in this research project, you are still free to withdraw at any time, without
giving any reason, and without incurring any penalty, or negative effects. If you decide that this workshop is not something you continue to take part in you will still be welcomed at the club and considered a member.

Contact for further information
This project has been approved by the Research Ethics Board at St. Lawrence College. The project will be developed under the supervision of Lana Di Fazio, my supervisor from St. Lawrence College and Greg Allen, my supervisor from [insert name]. I really appreciate your cooperation and if you have any additional questions or concerns, feel free to ask me, khedger03@sl.on.ca. You can also contact my College Supervisor at Lana.DiFazio@csc-scc.gc.ca or you may also contact the Research Ethics Board at reb@sl.on.ca.

Consent
If you agree to take part in this research project, please complete the following form and return it to me as soon as possible. A copy of this signed document will be given to you for your own records. An additional copy of your consent will be retained at the agency [and in a secure location at St. Lawrence College, if applicable].

By signing this form, I agree that:

✓ The study has been explained to me.
✓ All my questions were answered.
✓ Possible harm and discomforts and possible benefits (if any) of this study have been explained to me.
✓ I understand that I have the right not to participate and the right to stop at any time.
✓ I am free now, and in the future, to ask any questions I have about the study.
✓ I have been told that my personal information will be kept confidential.
✓ I understand that no information that would identify me will be released or printed without asking me first.
✓ I understand that the results and data I provide could possibly be presented in a public forum in the future, but that my name will not be shown.
✓ I understand that I will receive a signed copy of this consent form.

I hereby consent to take part.

Participant Name __________________________ Signature of Participant __________________________ Date __________

Student Printed Name __________________________ Signature of Student __________________________ Date __________
Appendix B: Rating Scale Questionnaire

**RATING SCALE QUESTIONNAIRE**

**Code:**
- Please rate the following questions on your own or with the help of staff. There is no right or wrong answer. Please rate the questions the best that you can by writing which number best fits for you. This should take about 5-10 minutes.
- Please return the questionnaire to the student researcher when completed. This questionnaire sheet will be kept locked in a filing cabinet with limited access.

**Rating Scale:**

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>(never)</td>
<td>(sometimes)</td>
<td>(depends on the situation)</td>
<td>(most of the time)</td>
<td>(always)</td>
</tr>
</tbody>
</table>

**Question 1)** How well do you feel that you can control your anger? ____

**Question 2)** Are you aware of your emotions? ____

**Question 3)** Do you pay attention to how you are feeling? ____

**Question 4)** Do you care about your feelings? ____

**Question 5)** When you are upset do you believe that your feelings are important? ____

**Question 6)** When you are angry do you think of ways to appropriately handle your anger? ____

**Question 7)** Do you admit your mistakes and apologize? ____

**Question 8)** From the coping skills taught today, do you feel that you could apply them to real life situations? ____

**Total Score:** ________
Manual: Increasing your awareness of ANGER

Created by: Katie Hedger
2014
This handbook was created by Katie Hedger for the members of [redacted] and [redacted]. The information provided in the book is the information that was covered in the anger workshop sessions. This book is intended to help you in the future and be a resource that you can refer to if needed. Together in the workshop sessions we ALL came up with the answers to the questions! Thank you for your participation.
Workshop 1: ANGER

What is anger?

Anger is a strong feeling of hostility, displeasure, or annoyance.

Anger can feel different to every person.

What makes you angry?

__________________________________________
__________________________________________
__________________________________________
__________________________________________

Why controlling your anger is important:

- Out-of-control anger hurts your physical health
- Out-of-control anger hurts your mental health
- Out-of-control anger hurts your relationships

Website: http://www.helpguide.org/articles/emotional-health/anger-management.htm
Common signs and symptoms of anger:

- Knots in your stomach
- Clenching of hands or jaw
- Breathing faster
- Headaches
- Pacing or needing to walk around
- Having trouble concentrating
- Pounding heart
- Tensing your shoulders

What does anger feel like for you?

__________________________________________
__________________________________________
__________________________________________
__________________________________________
__________________________________________

Tips for cooling down when you are angry:

- Deep breaths
- Exercise
- Count to 10
- Stretch or massage areas of tension
- Evaluate the situation/reality check
How do you calm down when you are angry?

There are many healthy ways to express your anger such as:

- Fight fairly (choose battles wisely, be willing to forgive, try to be positive, know when to let something go, focus on the present and a goal)
- Therapy
- Anger management classes
- Know when to walk away
- Don’t respond immediately (evaluate then approach)
- Be able to negotiate
- Find the lesson learned from the situation and use it in future situations

Important:

- It is important to express your anger. I am not telling you to keep it bottled inside because that
could make things worse. Express your anger in an appropriate and healthy way that will benefit you and others.


Notes:
INCREASING EMOTIONAL AWARENESS FOR ADULTS WITH AN ABI

Image used with permission from Microsoft.
Workshop 2: Emotional Awareness

What is emotional awareness?

- Also known as emotional intelligence
- Ability to monitor your own and other’s emotions
- Understand emotions and label them appropriately
- Use emotional information to guide thinking and behaviour
- To manage your emotions in a positive way

Important terms to know:

- Self-awareness: knowing your internal state, preferences, feelings, motives, and desires
- Social-awareness: being aware of the situation, the people involved, and their feelings and needs
- Self-management: taking responsibility for your own behaviour and well-being
- Self-control: the ability to control your emotions and behaviour in certain situations

Explain a time that you had to use self-control.

________________________________________________________________________
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Traits of **emotional awareness**: 

<table>
<thead>
<tr>
<th>Low Emotional Intelligence</th>
<th>High Emotional Intelligence</th>
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<tr>
<td>Aggressive</td>
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<td>Perfectionistic</td>
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How can you increase your **emotional awareness**?

- Make note of your emotional reactions
Pay attention to your body and how it feels
Avoid judging your own emotions
Notice patterns in your behaviour and emotions
Be open minded
Be aware of body language
Focus on areas of improvement

Video: Anger and emotional awareness
http://www.watchwellcast.com/search/anger

Notes:
Workshop 3: Communication

How do you usually communicate with others when you are angry?

__________________________________________
__________________________________________
__________________________________________

You should:

- Use “I” statements instead of “you”
- Try to use a calm voice
- Avoid over-generalizations (always, never)
- Talk face to face (no technology)
- Be honest

STOP, THINK, TALK, LISTEN
Here’s some proof:

- Research studies indicate that only 7% of the message is delivered through words while 93% is conveyed through body language and tone of voice. Such studies show that understanding happens:
  - 7% from the word meanings
  - 38% from the tone of voice
  - 55% from the body language

Website:

Body Language: When you are angry you should:
- Make eye contact
• Sit up straight
• Face your partner
• Avoid pointing
• Avoid making a fist
• Avoid making rude facial expressions
• Keep a distance
• Avoid laughing and sighing

Facial expression examples:

Video:
http://www.youtube.com/watch?v=5PUVizjT-Yk

Notes:
Workshop 4:  

Trivia

1) True or False: Anger can hurt you physically and mentally.
2) Name four common signs/symptoms of anger.
3) Name three techniques you can use to help you calm down in an angry/upsetting situation?
4) What are two healthy ways that you can express your anger?
5) What is emotional awareness?
6) What is social awareness?
7) What is self-control?
8) What are two ways that you can increase your emotional awareness?
9) What are four ways that you should appropriately communicate when you are
angry?

10) What are five ways that you should appropriately display your body language when feeling angry?
Trivia Answers

1) True

2) Knots in stomach, clenching jaw/fist, breathing fast, pacing, trouble concentrating, pounding heart.

3) Deep breathing, exercise, count to 10, stretch, evaluate the situation.

4) Therapy, anger management, walk away, don’t respond, negotiate, focus on the lesson learned.

5) Emotional awareness is the ability to monitor your own and other’s emotions. This includes understanding the different emotions and being able to label them appropriately. Emotional awareness helps you guide your thinking and behaviour and manage your emotions in a more positive way.
6) Social awareness is being aware of the situation you are presented with, the people involved, and their feelings and needs.

7) Self-control is the ability to control your emotions and behaviour in certain situations.

8) Open minded, aware of body language, avoid judging and pay attention to your body notice patterns.

9) Use “I” statements, calm voice, avoid over-generalization, talk face to face, be honest.

10) Eye contact, sit up, face to face, avoid pointing/making a fist, avoid facial expressions, keep a distance, avoid laughing/sighing.
Note: These are just some of the potential answers. It all depends on the person.
Thinking Scenarios

Scenario #1:
- An individual approaches you suddenly and is accusing you of stealing their $5 off the table in a rude and aggressive tone. How do you handle the situation in an appropriate way that doesn’t make the situation worse?
- The individual is yelling, pointing his/her hand in your face, blaming you, and swearing.
- What is your first reaction? What would be a better reaction to the situation?

Scenario #2:
- You are out with a group of people at a bar having a drink and watching a sports game. A very intoxicated individual will not stop yelling during the game and begins yelling and making fun of you and your friends. You kindly ask him to stop and he begins telling you to come outside and fight.
- What is your first reaction? What would be a better reaction to the situation?

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Scenario #3:
- The iPad goes missing at the club. You do not know who took the iPad but an individual blames it on you and tells the staff that you are the one who took it.
- You know deep down that this individual is not telling the truth and is lying.
- How do you handle this situation with the staff when they approach you, and the next time you see the individual who lied about you?

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Scenario #4

- You are surrounded by a group of people (ball game, grocery store, walking down the street, event) and someone says something that personally offends you.
- How do you handle the situation and comment appropriately?

________________________________________________________________________
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References


Appendix D: Anger Visual

FEELING **ANGRY**

Image used with permission from Microsoft.

Image used with permission from Microsoft.
Appendix E: Rating Scale Questionnaire Results

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