Stress Inoculation Training for Anger Management with an Offender Residing in a Maximum Security Prison

Stacey Lariviere

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St. Lawrence College, Kingston, Ontario

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Abstract

The intervention outlined in this thesis attempted to utilize Stress Inoculation Training (SIT) to treat the anger management issues of an adult male residing in a maximum security correctional facility. As a result of the client choosing to withdraw from treatment, the intervention could not be completed; therefore, the results of this thesis outline the perceived effectiveness, as evaluated by an experienced Offender Counsellor, of the program manuals that would have been used to facilitate this intervention.
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Chapter I: Introduction

Anger management (AM) can be the difference between life and death for incarcerated individuals. For an inmate, the inability to manage one’s anger can lead to deadly arguments, fights, and attacks; therefore, teaching inmates the skills needed to manage their anger should lead to a safer environment for both staff and offenders (Orozco, 2005). AM deficits have also been demonstrated to be an important contributing factor to violent offences, as is the case of the participant of this case study.

This is important to know because federal offenders with a history of violent offences are significantly more likely to recidivate violently upon release, and to be returned to federal custody, than non-violent offenders (Motiuk & Belcourt, 1997). This finding indicates an imperative need to address the issues contributing to the inmate’s violent behaviour prior to their release; however, there are few treatment programs available that focus on rehabilitating violent offenders (Smiley, Mulloy, & Brown, 1997). AM programs are widely prescribed for violent offenders because of the underlying belief that feelings of anger, hostility and aggression are responsible for their antisocial and criminal behaviour, and are important precursors to violent acts (Smiley, Mulloy, & Brown).

The AM programs offered by the Correctional Services of Canada (CSC) to incarcerated individuals have been shown to be effective in reducing recidivism (Dowden, Blanchette, & Serin, 1999); however, group interventions are not appropriate for all offenders. Some offenders are unable to function successfully in a treatment group due to learning disabilities, cognitive impairments, or conflicts with other inmates and staff. Therefore, it is important to develop an individual counselling program that can be used to rehabilitate offenders with AM deficits that cannot function in a group so they do not return to the community without treatment.

It is hypothesized that the use of Stress Inoculation Training (SIT), applied through individual counselling, will enable the inmate to use anger in a way that maximizes its adaptive functions, and minimizes its maladaptive functions (Novaco, 1976), which will be demonstrated through a decrease in the client’s state anger as measured on the STAXI.

Overview

The objective of this intervention is to increase the inmate’s repertoire of coping strategies so he will be able to use anger in a way that maximizes its adaptive functions and minimizes the maladaptive functions (Novaco, 1976). The adaptive functions of anger are its energizing effects, the sense of control it creates, and its value as a cue to cope with a problem situation (Novaco). This intervention is expected to enable the offender to recognize anger and its source in the environment, and to communicate that anger in a non-hostile form. It is anticipated that the inmate will obtain a lower State Anger score on the post-intervention assessment using the STAXI than on the initial assessment, which would demonstrate that the above changes have been achieved. In addition, it is anticipated that the inmate will report lower levels of anger management achieved on the Likert scale in the initial session than he will in subsequent sessions.

For the purpose of this thesis, anger will be defined as:
An affective state experienced as the motivation to act in ways that warn, intimidate, or attack those who are perceived as challenging or threatening. Anger is coupled to and is inseparable from sensitivity to the perception of challenges or a
heightened awareness of threats (irritability). This affective motivation and sensitivity can be experienced even if no external action occurs (Kennedy, 1992).

It is proposed that the use of Stress Inoculation Training (SIT) will enable the inmate to use anger in a way that maximizes its adaptive functions, and minimizes its maladaptive functions (Novaco, 1976), which will be demonstrated through a decrease in the client’s state anger as measured on the STAXI.

This thesis includes an extensive literature review which consists of a summarization and evaluation of prior research studies, theoretical articles, books, and theses. Second, the Method section in which the details of the current case study, including participants, design, setting, measures and procedures are described in detail. Third, the results chapter details the findings of this case study. The final chapter is a conclusion and a discussion chapter in which the results are discussed and analysed in detail, including the limitations of this study, final conclusions, and ideas for future research will be proposed.
Chapter II: Literature Review

Despite being a significant problem in both the community and prison settings, anger management is still vastly understudied (O'Donohue, Fisher, & Hayes, 2003). This is especially true in the prison settings. The research that does exist, however, indicates that in the last two decades, Cognitive-Behavioural Therapy (CBT) has become one of the most efficacious treatments for anger management (Beck & Fernandez, 1998; Orozco, 2005).

That is, CBT techniques have been shown to be more effective for the treatment of anger management issues than Cognitive Therapies or Behavioural therapies alone (Beck, & Fernandez). The reason for this finding could be that Cognitive therapies only provide the client with techniques they can apply to change their thoughts or perceptions of the anger provoking situation, but do not give the client techniques to change their behaviour. Similarly, Behavioural therapies strictly address the client’s behavioural issues without addressing the cognitive aspects of their anger. Since CBT addresses both of the cognitive and behavioural aspects of the client’s anger, it is more likely to be effective in solving all troublesome symptoms of the client’s anger management issues.

Due to the empirical support for the use of CBT with individuals with anger management, several different Cognitive Behavioural methods have been developed including relaxation techniques, thought stopping, problem-solving skills training, and urge control (O’Donohue, Fisher, & Hayes). It has also become the most widely used form of treatment in the correctional system.

In the Canadian correctional system, most group interventions or treatment programs (85%) are created using the CBT model (Serin & Brown, 1997). This includes the use of several different forms of CBT including behavioural contracting, cognitive restructuring, and social skills training. Despite the routine use of CBT, the correctional system has yet to develop a standardized group or individual intervention specifically for anger management. Previously there was a program offered at many institutions called the Anger and Emotions Program, however, it is no longer offered as it was believed that the information could be covered in the Violence Prevention program, while saving the cost of a second program since it is generally agreed that it is the offender’s anger management issues that cause them to become violent (Correctional Service of Canada, 2008). However, this has lead to individuals who suffer from anger management issues, but who do not meet the criteria for the Violence Prevention program having difficulty obtaining treatment. Also, since the Anger and Emotions program is no longer available, those individuals with anger management issues who do not qualify for other programs, are not likely to be required to complete any form of treatment prior to release. The criteria an offender must fit to qualify for the Violence Prevention Program include a criminal history of at least two violent offences, and he must be considered at high risk to commit violent crimes (based on the Statistical Information on Recidivism scale [SIR]) (Correctional Service of Canada, 2008); however, if the client has difficulty controlling his anger, but does not fit the criteria for the Violence Prevention Program he can request individual counselling. Therefore, it is important to have an individual counselling program that has demonstrated effectiveness in treating inmates with anger management issues. Since CBT has been demonstrated to be effective in the treatment of offenders in a prison environment, the individual counselling program should be designed using the CBT framework.

Stress Inoculation training (SIT) is a form of Cognitive Behaviour Therapy in which the client is taught various skills for managing stress and anger, such as relaxation, thought stopping, and guided self-dialogue (Zayfert & Black-Becker, 2007). SIT is designed to impart skills to
enhance resistance to stress; it is not designed to decrease the stress response (Driskall, Johnston, & Salas, 1996). This is important as stress is a natural safety response produced by the body to warn of danger (McKay, Davis, & Fanning, 1997). Teaching incarcerated clients to actively ignore, rather than cope with this response would be unethical as it may leave him less able to react to dangerous situations within the institution. By training effective coping skills before stress exposure, the objective of stress inoculation training is to prepare the individual to respond more constructively to negative stress events (Sauders, Driskall, Johnston, & Salas, 1996), this includes the anger response. The goal of SIT is to teach the individual to use his anger in a way that maximizes the adaptive functions, and minimizes the maladaptive functions of anger (Novaco, 1976). This is important as anger can be a healthy response in some situation; however, if the client cannot express this anger appropriately the helpfulness of the response will be lost and the outcome will likely be negative.

The application of SIT to anger management is relatively new (Beck, & Fernandez); however, the research that is available has demonstrated significant success relative to other forms of CBT (Beck & Fernandez; Novaco, 1976; Novaco, 1977). A metaanalysis conducted using available research on anger management techniques for adults found that SIT yielded a greater effect size than behavioural skills training or biofeedback in the treatment of anger management (DiGiuseppe & Tafrate, 2006). Although, the application of these techniques with prison inmates has been severely limited; Mohino, Kirchner, and Forns (2004) found that male offenders serving time in federal prisons often deal with stressful situations by using similar patterns of behaviour as civilians living in the community. This suggests that studies conducted with civilian men who have anger management issues will be applicable to the treatment of incarcerated men with anger management issues.

SIT has been employed on both a preventative and treatment basis with a broad array of individuals who have experienced stress responses (Sauders, Driskall, Johnston, & Salas, 1996), including those with anxiety, depression, chronic pain, and PTSD (Novaco, 1977). Due to the combination of relaxation techniques and cognitive coping strategies, SIT has been demonstrated to be more effective in these populations than other forms of CBT, Cognitive therapies, or Behavioural therapies used in the past (Novaco, 1977). Since each of the populations of clients mentioned above have physiological symptoms that accompany their cognitive symptoms, SIT is more likely to be effective as it targets their physiological stress as well as their cognitive stress through the use of relaxation techniques. When mastered, these relaxation techniques allow the client to induce a state of relaxation, rather than stress, when faced with an anger or stress provoking situation; therefore, when you pair the relaxed state with the cognitive coping strategies the client is better able to deal with the stress or anger in an appropriate way. Another reason SIT training better prepares clients with depression, PTSD, chronic pain, or anger management issues to deal with these problems in everyday situations is that the client is given the opportunity to work through their hierarchy of stress producing situations. That is, they are given the time to practice, in a safe place, working through situations that are familiar to them that would normally produce the negative response. Without this practice, the client would not be as prepared to apply the new skills they have learned to everyday situations.

The stress inoculation approach includes three important phases or steps: (a) cognitive preparation, (b) skill acquisition and rehearsal, and (c) application/practice. This approach to stress inoculation for anger problems was first developed by Raymond W. Novaco with regard to the training of police officers, and was further developed through its application to the anger problems of a depressed patient on an acute psychiatric ward (Novaco, 1977).
During the Cognitive preparation phase, the client is taught about the functions of anger, their personal anger patterns, and the therapist introduces the rationale of the treatment approach (Novaco, 1977). This cognitive preparation phase is facilitated through an instruction manual which includes psychoeducational readings. Crucial to the success of SIT is the inclusion a psychoeducation component in which the client is taught about common stress and anger reactions and the connection between thoughts, mood, and behaviour (Meichenbaum, 1993). Also included in the psychoeducation component of SIT specifically for Anger Management is the creation of the client’s own “anger profile”. Through this “anger profile” the client can learn to determine the triggers and causes of their anger, the behavioural and somatic symptoms, and the distorted thinking that contributes to their anger response (Novaco, 1977). The objectives for the client in the cognitive rehearsal phase are: (a) to identify the people and situations that trigger anger; (b) to gain an understanding of the cognitive, somatic, and behavioral determinants of anger; (c) to learn and understand the difference between anger and aggression; (d) to learn to discriminate between justified and unnecessary anger; (e) to learn to recognize the signs of tension and arousal early in a provocation sequence; and (f) to introduce the anger management coping strategies (Novaco, 1977).

During the skill acquisition and rehearsal phase, the client will become familiar with three sets of coping techniques. These techniques will be modeled by the therapist, and then rehearsed by the client during the sessions, and on his own time (Novaco, 1977). “At the cognitive level, the client is taught how to alternatively view situations of provocation by changing personal constructs” (Kelly, 1955) and “by modifying the exaggerated importance often attached to events” (Ellis, 1973). That is, the therapist will use cognitive restructuring to challenge the clients irrational interpretations of anger provoking situations, and help the client to see situations from other people’s point of view. Cognitive restructuring is the disputing or challenging of irrational beliefs (O’Donohue, Fisher, & Hayes). This will be especially important as aggressive responses to anger are often the result of the perceptions the client has of the situation (Gottlieb, 1999). That is, if another inmate bumped into the client in the hallway when they are getting their lunch trays, the client could perceive the situation in one of two ways: (a) as an accident, in which case he is not likely to become overly angry and respond with aggression, or (b) as an intentional attempt to knock his food out of his hands (which may be true), in which case the client may become overly aroused and respond with aggression (Gottlieb). Therefore, helping the client to restructure the automatic thoughts that usually lead them to jump to conclusions and act irrationally, will help them consider both sides of a situation and the consequences before acting and help them to manage their anger more effectively (O’Donohue, Fisher, & Hayes).

Also during the skill acquisition and rehearsal phase, the client will learn several relaxation techniques, including Breath Retraining and Progressive Muscle Relaxation (PMR). These techniques are the building blocks of SIT as they are the skills that make it possible for the client to manage their anger when they encounter a stressful situation (McKay, Davis, & Fanning, 1997). Through the mastery of Breathing Retraining and PMR the client can learn to produce a state of relaxation, rather than arousal when an anger reaction is provoked (Novaco, 1977).

Both Abdominal Breathing and PMR techniques have demonstrated effectiveness in producing a relaxation response in a wide range of individuals including individuals with chronic pain, Post-traumatic Stress Disorder, anxiety, and anger problems (Matsumoto, & Smith). Several studies have been conducted using these techniques, with success, with a wide range of populations, some of which were outlines in an article by Matsumoto & Smith, including studies with anxiety, fear/phobias, chronic pain, and anger management issues (2001). One study
comparing the effectiveness of Breathing Training and PMR in producing a relaxation state in college students with Anger Management Issues found that both techniques were effective; however, PMR had a slightly higher success rate (Matsumoto & Smith). Even though PMR was demonstrated to have a slightly higher success rate, it is still important to teach Breath Retraining skills, as these skills must be mastered before PMR can be taught to avoid hyperventilation during the PMR cycle. That is, even though they were treated as separate skills in this study, and Breath Retraining can be taught without teaching PMR, PMR cannot be taught without first teaching Breath Retraining.

In the final phase, application and practice, the client learns to apply the relaxation techniques and other coping strategies to imaginary situations. That is, the client will develop an anger provoking hierarchy in which he will rank his anger provoking situations from least anger provoking to most anger provoking, and then he will work through the hierarchy (from least to most) while using the coping strategies to remain calm. The client will also be asked to record examples of anger provoking situations that occurred between sessions. Then the client and therapist will discuss how he responded to the situation, how he could have responded, and which skills he could have applied to manage his anger response. The therapist and client will also role-play these situations which will serve as a means to practice the skills he is learning in a mock situation that is meaningful to him.

In summary, the intervention outlined in this thesis will utilize Stress Inoculation Training to treat the anger management issues of the client. Despite being a new application for this specific intervention, studies have already been conducted that demonstrate the effectiveness of this treatment. It is thought that SIT training will be especially effective when applied with prison inmates as it will allow them the opportunity to learn coping strategies that they can apply not only to their anger management issues, but also to the everyday challenges that accompany life in the prison environment.
Chapter III- Method

Participant

This intervention included one participant, who is a 27 year old adult male offender residing in a maximum security institution. The criteria for inclusion in this intervention included: known anger management difficulties based on institutional behaviour; must be within one year of their release date; and finally he must be living in population at the time of selection. Inmates with mental health or substance abuse issues were excluded from the selection process. The participant was selected for this intervention as a result of a referral submitted to the institutional psychologist indicating a need for individual anger management counselling due to the participant’s negative institutional behaviour. During the initial interview, informed consent was reviewed with the client, including his right to withdraw from treatment at any time, the limits to confidentiality, and information about the thesis process.

Reason for Referral

Mr. Smith was referred for individual counselling for AM as a result of his request to the psychology department to receive counselling.

Background Information

Mr. Smith was a 27 year-old man serving a 26 month sentence for Extortion and Robbery. He has an extensive criminal history beginning when he was just 12 years of age. His Young Offender record includes drug related convictions, assaults, breaches of conditions, mischief, and weapons charges. Mr. Smith has served a previous adult sentence of 3 years for Attempted Murder and Uttering Threats to Cause Death or Harm. According to his Community Assessment, Mr. Smith also has a history of emotional processing difficulties and angry outbursts. This history continued into the prison environment where he incurred more than twenty institutional charges, including several assaults on guards, and uttering threats. Mr. Smith also admitted that anger and violence were an integral component in the commission of his offences. Therefore, it is apparent that in order to reduce the probability that Mr. Smith will recidivate violently upon release, his anger management issues must be addressed.

At the time of this report, Mr. Smith had not yet participated in the Anger Management program while incarcerated; however, participation was recommended in his Correctional Plan. Mr. Smith seemed to realize that his anger management issues were affecting him negatively as he has requested to receive individual counselling to combat them. Mr. Smith reported that he felt he would not be able to function successfully in the community if his AM deficits were not addressed before his release.

According to his community assessment, nearly all of Mr. Smith’s associations in the community are negative influences on his behaviour. File information indicates that while in the community, he has become deeply entrenched in the drug subculture both as a “user” and a “dealer”. This has leaded him to numerous associations with criminal individuals and friends. At the time of this report, Mr. Smith had no support in the community from family or prosocial friends. Previously his mother had acted as his community support contact; however, due to his repeated negative institutional performance, she has withdrawn her support.
While incarcerated, Mr. Smith’s anger has repeatedly caused him trouble. This is evident in his numerous charges, all of which appear to be related to his inability to manage his anger and frustration effectively. If he does not learn to properly control his anger, this could potentially progress to more serious charges and an even longer sentence. It is imperative that Mr. Smith’s AM issues are addressed successfully prior to his release in order to reduce the probability of recidivation upon release. This was especially important as Mr. Smith was being released within the next year following this report and if these issues are not addressed successfully, it would be likely that he would fall back into the same violent pattern of offending and be returned to custody.

Design

The design of this intervention is an individual counselling program consisting of 12, one-hour sessions. The counselling will be implemented by the author, under the supervision of an institutional psychologist. The client’s progress will be measured pre- and post-intervention using the State-Trait Anger Expression Inventory (STAXI). The additional pre-intervention measure is the Anger Disorders Scale (ADS). His ongoing progress will be measured by self-report using a Likert scale (Appendix A).

The client is having a difficult time managing his anger and expressing it without the use of verbal or physical aggression or violence. Although the client feels that he is currently controlling his anger well, he is fearful that he may not be able to in the near future. The specific target behaviours were aggressive behaviours which include yelling at staff or inmates, name calling, swearing, verbally threatening to harm others, and hitting, kicking, or spitting on other people. These behaviours were measured using a self-rating Likert scale.

The data collected using the standardized tests, such as the ADS, STAXI, and PDS, would have been analyzed using the scoring system provided and the standardized norms that best suit the client which are provided in the test manuals. The Likert scale data would have been analyzed by creating a graph including the responses given each session, and following the completion of treatment, a visual analysis of the graph would have been completed.

Setting and Apparatus

All sessions will take place in the therapist’s office in the Psychology Department of the institution, or in common areas near the client’s range. Since it is a maximum security setting, the client will only be seen in secure areas where security staff can be reached quickly if the therapist’s safety is in jeopardy. If the 12 sessions of this program had been completed, several materials would have been needed during each session. These materials include: the treatment manual, which included the psychoeducational readings, work sheets, and instructions for the therapist (Appendix D); client copies of the required readings for each session; a pen for the client to take notes; and copies of the thought records, hierarchy, or other work sheets (depending on what was to be covered in each session).

Measures

Prior to the selection of the intervention procedures chosen for this client, an extensive file review and functional assessment was conducted to determine the client’s needs, educational
level, and treatment goals. The file review included a review of his Community Assessment, Criminal History, Treatment History, and Program Participation reports. The functional assessment included an interview with the client and the completion of the pre-intervention measures described below.

As in other self-control therapies, the use of self-monitoring of anger reactions by the client is integral to the success of the treatment procedure (Mahoney & Thoresen, 1974). This is due to the fact that the success of treatment is based on the client’s ability to manage his own anger reactions; therefore, self-monitoring measures will be employed exclusively to measure the results of this intervention. In addition, all self-monitoring measures will be validated using the Paulhaus Deception Scales (PDS) (Paulhus, 1998).

The dependent measures will be used to assess the inmate’s pre, post, and ongoing progress throughout the therapy process. The pre-intervention measures will include: the PDS, which assesses the predisposition toward engaging in impression management when completing self-monitoring instruments; the STAXI (Spielberger, 2005), which measures the experience, expression, and control of anger; and the ADS (DiGiuseppe & Tafrate, 2004), which measures clinically dysfunctional anger in adults. The ongoing assessment measure is a self-rating scale which asks the client to rate the degree of anger arousal experienced, and the degree of anger management achieved on one 7-point Likert scale (Novaco, 1977). The client will be asked to complete the Likert scale at the beginning of each session, including the initial and final meeting. The STAXI will be used to evaluate the client’s progress in the post-intervention assessment.

**Procedure**

During the initial session, the therapist will review all components of informed consent, including limits to confidentiality, description of the therapy process, and the risks and benefits of therapy. The client will then be asked to sign the standard consent form used by the psychology department (Appendix B), and the thesis consent form used by St. Lawrence College (Appendix C).

The therapy process will be facilitated through the use of an instructional manual which will include psychoeducational readings, work sheets, and instructions (Appendix D). It is hoped that this manual will be used as a reference which could aid the client in the process of generalization and maintenance. The 12 sessions will be divided into three phases: Cognitive Preparation, Skill Acquisition, and Cognitive Rehearsal. Each phase will consist of 4 sessions. The Cognitive Preparation phase will consist of a psychoeducation component in which the client will learn the cognitive, somatic, and behavioural determinants of anger, and to discriminate between justified and unjustified anger. During this phase the client will create his personal anger “profile”, which identifies the people and situations that trigger his anger, and the signs of arousal. This phase will also involve cognitive restructuring to reframe anger provoking situations, and foster healthy responses (Beck & Fernandez). The Skill Acquisition phase will be designed to teach the inmate the skills needed to cope with anger, including progressive muscle relaxation and breathing techniques. In the Cognitive Rehearsal phase, the inmate and therapist will collaboratively create an anger provoking hierarchy, and apply the skills acquired to progress through the hierarchy while remaining calm and coping. At the end of each session, the client will be asked to complete the self-rating Likert Scale, which will be used as the ongoing assessment measure. In addition, during the final session, the post-therapy assessments will be completed through the administration of the STAXI, PDS, and the self-rating Likert scale.
Chapter IV- Results

Following the second session with Mr. Smith, he chose to terminate counselling for personal reasons; therefore, the ongoing and final assessment procedures could not be completed. Despite Mr. Smith’s failure to complete the program, the instructional manual was completed, and feedback about the program content was received by one institutional Offender Counsellor (OC). The feedback included information about the perceived effectiveness and helpfulness of the content.

Overall the feedback was positive and included comments about the organization of the manual, including the session schedule at the beginning. A noted strength of the manual [that was mentioned in the feedback] was that there was an effective combination of cognitive with behavioural measures to assist/facilitate the cognitive exercises. Also, the OC stated that the manual included a good explanation of the theory of anger which balanced the view of advantages/disadvantages and justified/unjustified anger. The OC stated that this is important as it “helps the inmate not feel so badly about having an anger problem”. Finally the OC stated that it was a good idea to have a review/question session before the session in which the client begins to work through their anger hierarchy. In addition she thought it was good that the manual stated that the client should not be working through their hierarchy alone as this can lead to inmates making themselves angry and not being able to calm themselves down.

The Offender Counsellor also offered a few suggestions to improve the manual, which included simplifying the language in the client manual to no more than an 6th grade level as many of the inmates in this correctional institution cannot read above that level. This change was made to the final draft of the client manual. Another suggestion was to give more instruction in the client manual about how to fill out the forms; however, when we discussed this suggestion it was decided that as long as the process of filling out these forms is practiced in session, the minimal instruction given should be sufficient. Finally, the OC suggested that explanations of the terms “coping thoughts” and “hot thoughts” be given in simple words in the client manual as most inmates are not familiar with these concepts. This change was also implemented into the final copy of the client manual.

Overall the Offender Counsellor thought this manual would be very helpful for use with many of the inmates in this correctional facility. She reported that with minor adaptations, including session length or number, for individual client learning styles and cognitive abilities this program could be applied to most of the offenders with anger management issues.
Chapter V: Discussion

The design of this intervention was an individual counselling program which consisted of 12, one-hour sessions facilitated through the use of the treatment manual. Unfortunately, due to the client’s choice to withdraw from the treatment process after the second session, this intervention could not be completed. Since the program was not completed, the results of the intervention could not be determined; however, the treatment manual was still completed. In order to evaluate the effectiveness of the intervention feedback on the treatment manual was given by an Offender Counsellor.

Strengths and Limitations

The appropriateness of this program for use of offenders with different target issues is a strength. By simply switching the psychoeducational readings and hierarchy with readings of your choice, this program can be adapted to help inmates with anxiety, PTSD, or phobias. Another strength is that this program can be adapted to meet the needs of individual clients. That is, the number of sessions can be increased or decreased based on the client’s ability to understand the material, and the facilitator can adjust the oral language level used [to suit] the client’s cognitive abilities.

The most prominent limitation of this program manual is that it has not been tested with a client; therefore, there is no data regarding the effectiveness of this program for use with federal offenders.

Multilevel Challenges

Client Level

A significant implementation issue is the resistance and lack of motivation presented by many offenders towards the treatment process. When inmates are resistant to the treatment process, the counsellor must spend a significant amount of time building a trusting relationship and attempting to motivate them to begin and to continue through the entire program. This is time that is taken away from the treatment process. In the case of this thesis, it is believed the client could have been convinced to return to the treatment process using motivational interviewing techniques; however, due to the time constraints of the college-mandated 14 week placement, there was not enough time to do so.

Program Level

Conducting Cognitive Behaviour Therapy in a maximum security correctional institution is accompanied by many implementation issues. Due to security restrictions, the inmates can only be interviewed in the psychology department during the morning hours when an officer is present; therefore, psychology staff is limited in the amount of time and the number of days they can obtain access to the offender for a counselling session. That is, staff can only conduct sessions with clients when correctional officers are available to supervise the session to ensure staff safety.

Organization Level

The lack of funding available for rehabilitating offenders is a significant limitation in treatment implementation as there is simply not enough resources to give each offender all of
the support needed to be rehabilitated. Currently, psychological services within the federal correctional system operate mostly on a crisis basis. That is, the services that are available are allocated based on immediate need due to crises rather than on a preventative basis. Therefore, there are simply not enough psychologists and offender counsellors available to provide each client with regular counselling to work on the issues that need to be resolved prior to their release in order to ensure their success in the community.

**Societal Level**

One significant limitation at the societal level is the negative connotation associated with offenders and the popular belief that government money should not be “wasted” on treating them, but instead should be put towards crime prevention or victim services. This belief contributes to the lack of support offered to inmates by people in the community when they are released. This can lead to the offender recidivating in order to return to prison where they know they are comfortable and respected.

**Implications for the Behavioural Psychology Field**

Since the offender chose not to complete this program it was not possible to measure the behavioural change in the inmate after completion; therefore, this thesis is not able to contribute to the research base in the Behavioural Psychology Field. It is hoped that the program manual can be used to help other inmates with anger management issues; a copy will be left with the psychology staff at the correctional institution. Adequate instructions are detailed in the manual so this intervention could be easily applied to another inmate by any Offender Counsellor in the institution. In addition, this program could be adapted and applied to inmates with other issues including anxiety and PTSD. Stress Inoculation training follows the same steps no matter what the target issue is. The manual can be adapted for use with many other populations of people by simply exchanging the psychoeducational readings on anger management for readings on the new target issue by to fit the client’s experience.

**Recommendations for future research**

Since this intervention was not completed with the target client, there was no improvement in the client’s anger management difficulties that can be attributed to this program. Although one cannot predict which client’s will drop out of treatment, it is recommended that during the selection process the therapist should assess potential client’s readiness for change using the stages of change model. It is believed that the inmate in this intervention was at the pre-contemplative stage, meaning he was able to see there was a problem, but was not ready to work to fix it. If an assessment had been completed that directly measured his readiness for change, he would not have been selected for this intervention. In order to be successful, this intervention requires a high level of commitment and open-mindedness on the part of the client; therefore, a client that is ready to work towards change would likely be more successful.

Another recommendation would include conducting a larger scale research project in which several inmates are counselled using this program. Since the results would include more than one participant, they could be interpreted with less caution than would be needed if only one client is used. This would also decrease the likelihood of the researchers having to restart the project as with multiple participants it is unlikely they would all withdraw from treatment; therefore, researchers would have data to report following the treatment process.
References


Appendix A
Appendix A

Anger Management Scale

Briefly describe a situation that occurred since our last session that caused you to become angry.

Rate the degree of anger you feel you experienced during this situation. (circle the number that corresponds with the answer that best describes your experience)

1………………2………………3………………4………………5………………6………………7
Not at all     A little angry         pretty angry       angry           very angry          furious          angriest I’ve ever been
Angry

Rate the degree to which you were able to manage your anger in this situation.

1………………2………………3………………4………………5………………6………………7
I wasn’t able not well fairly well well very well extremely The best I have ever done
To manage my Anger well
Appendix B
Appendix B

Correctional Facility

PSYCHOLOGICAL SERVICES LIMITS TO CONFIDENTIALITY AND CONSENT FORM

NAME: ___________________  FPS # ___________________

This form outlines the limits of confidentiality that all Psychology staff are subject to when undertaking inmates for supportive counselling. It also obtains your informed consent to supportive counselling with the Psychology Department at the Correctional Facility.

Psychology staff are required by law to report information to appropriate institutional staff and authorities in the following situations, including: 1) If there is reason to believe an offender is at risk to harm himself or others 2) if he gives information about situations that may jeopardize the security of the institution 3) if an offenders gives information about a child that is currently at risk of abuse.

These limits of confidentiality apply to all meetings with Psychology staff, except risk assessments for the NPB (the limits are explained separately at the time of the assessment). Psychology staff must document all contact with inmates on a nation-wide electronic system (OMS-Offender Management System) and a copy is placed on your Psychology file. Staff involved in your case are permitted to access your Psychology file and OMS.

You have the right to refuse to consent to supportive counselling. Once interviewed, you do not have the right to withhold distribution of information. You can access the notes that are written about you via the “Access to Information Act”. You can also ask to see Dr. Jones, Chief of the Psychology Department, who supervises all staff in the Psychology Department.

You can ask to speak with Psychology staff by submitting a request form through institutional mail. In the case of an emergency, speak with your Parole Officer, Correctional Supervisor, or Unit Manager who can refer you to this department if deemed necessary.

This acknowledgement was read and/or discussed and signed in my presence.

_________________    _________________
Signature                        Date

_________________    _________________
Witness                          Date

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Dear Mr. Smith,

I am a student in the Bachelor’s Degree in Behavioural Psychology program at St. Lawrence College. This four-year degree program is based on a behavioural framework, which has been demonstrated to be effective in developing positive skills with a wide range of individuals. Currently, I am completing an Applied Thesis that involves an intervention or project that I will summarize in a written report.

My intervention, Stress Inoculation Training for Anger Management with an Offender Residing in a Maximum Security Prison, will include 12 one-hour sessions. The sessions will include lessons about the physiological and cognitive symptoms of anger and the anger sequence, relaxation techniques, and learning to remain calm in anger provoking situations. My data will be collected using self-report measures. This client-focused intervention/project will be developed in collaboration with you, the agency’s staff, and team members.

The benefit of participating in this project is an opportunity to learn to manage your anger. The risks of participating in this project are minimal and may include becoming anxious or upset during or after therapy sessions.

This project has been approved by the Psychology Department and by Dr. Willis Lozam, Supervising Clinical Psychologist and by the Research Ethics Board at St. Lawrence College. The intervention/project will be developed under the supervision of Diane Nicholson, my supervisor from St. Lawrence College and in collaboration with Katrina Lemoine of the Psychology Department.

I would like your permission to implement the intervention/procedures described above. All information collected will be kept strictly confidential. The information will be coded and stored in a locked cabinet. Upon request, we will gladly share a copy of a brief report of the intervention. Participation in this project is voluntary and you may withdraw at anytime without incurring undue biases to current or future treatment.

If you agree to participate in the project, please complete the form at the bottom of this letter and return it to me as soon as possible. A copy of this signed document will be given to you for your own records.

I sincerely appreciate your cooperation. If you would like to receive more information about the project or have additional questions or concerns, please contact me or Katrina directly.

Sincerely,

Stacey Lariviere
St. Lawrence College Student
I, __________________________, being the legally authorized consent giver for ________,
understand and consent to the following.

I, __________________________, understand and consent to the following.

**NOTE:** all information identifying you, Mr. Smith, will be removed from any reports to protect confidentiality

____ I consent to participate in the intervention/project conducted by Stacey Lariviere.

____ I consent for the data collected as part of this intervention/project to be put in a report in
the college library.

____ I consent for the data collected as part of this intervention/project to be presented at a
conference.

____ I consent for the data collected as part of this intervention/project to be published in a peer
reviewed journal or professional publication.

Client/Guardian Signature: __________________________
Date: __________________________

Printed Name: __________________________

Witness Signature: __________________________
Date: __________________________

Printed Name: __________________________

SLC Student Signature: __________________________
Date: __________________________

Printed Name: __________________________
Appendix D
Appendix D

Stress Inoculation Training for Anger Management

Instructional Manual for Counselors

Edited and Assembled by Stacey Lariviere & Diane Nicholson

March 13, 2009

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Introduction

The purpose of this manual is to facilitate the treatment process by providing a guide for the therapist to follow. This manual includes all the topics that should be covered in each session, and appropriate instructions for the teaching of each skill. This program should only be applied by therapists with counselling experience, and at least basic knowledge of Stress Inoculation Training (SIT). The information covered in this book will provide the therapist with at least a basic understanding of SIT; however, if you wish to learn more prior to applying this program it is recommended that you read the following books:


Any therapist that wants to learn more about Stress Inoculation Training, or any person with Anger Management issues can benefit from the educational content in this manual. Prior to ending each section, ensure that you take the time to debrief with the client. Please remember that just because the client is not showing visible signs of being upset does not mean they have not been affected by the material covered in the session. Never let a client leave the session upset or angry.

Informed Consent

During the initial session, the therapist should review all components of informed consent, including limits to confidentiality, description of the therapy process, and the risks and benefits of therapy. The limits of confidentiality include the responsibility of the therapist to report what was said if the client is a risk to harm themselves or others, they give information about a child who is being abused or is at risk of being abused, or if they provide specific information about a crime that has not been reported. The risks of therapy can include the risk of becoming upset during or after the session. The benefits of therapy could include an improvement in the client’s ability to manage their anger.

How to use this manual

This manual should be used as a guide to facilitate sessions for inmates with anger management issues. The session outlines are only a guide and can be adapted to meet the needs of the client. That is the number of sessions can be increased or reduced if needed, depending on the educational and emotional needs of the client.

A session by session outline is provided at the front of this manual. This outline should be used as a quick reference, and to determine homework requirements for each session.

There is an accompanying client manual that should be photocopied for the client prior to beginning this intervention. The Anger Management Scales found in the text of the manual should be used as a reminder only; please photocopy extra forms for use with the client.

The information in this manual was adapted from the following sources:


*Following the completion of your intervention using this manual, please fill out the manual feedback survey which can be found on the last page of this manual.
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<td>- Psychoeducation: discuss the cognitive, somatic, and behavioural determinants of anger, and discriminate between justified and unjustified anger.</td>
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<td>- Begin to create client’s personal anger “profile”, which identifies the people and situations that trigger his anger, and the signs of arousal.</td>
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<td>- Homework: complete Anger management Likert scale.</td>
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<td>- Discuss the readings assigned for homework.</td>
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<td>- Complete client’s anger profile.</td>
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<td>- Introduce though records</td>
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<tr>
<td>Homework: Anger management Likert scale and try to complete a thought record.</td>
</tr>
<tr>
<td><strong>3</strong></td>
</tr>
<tr>
<td>- Review Homework</td>
</tr>
<tr>
<td>- Begin Cognitive restructuring to reframe anger provoking situations and foster healthy responses.</td>
</tr>
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<td>- Fill out thought record together, and challenge anger provoking thoughts.</td>
</tr>
<tr>
<td>- Homework: Anger management Likert scale and thought records.</td>
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<tr>
<td><strong>4</strong></td>
</tr>
<tr>
<td>- Review Homework</td>
</tr>
<tr>
<td>- Continue Cognitive restructuring.</td>
</tr>
<tr>
<td>- Begin to have client challenge his own anger provoking thoughts by examining the evidence for and against them.</td>
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<td>- Homework: Anger management Likert scale, thought records, evidence recording sheet.</td>
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<td><strong>5</strong></td>
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<td>- Review Homework</td>
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<td>- Introduce Breathing techniques.</td>
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- Discuss benefits and risks of these techniques and proper application.
- Homework: Breathing practice, Anger management Likert scale.

### 6
- Discuss homework and readings
- Introduce Progressive Muscle Relaxation.
- Practice PMR during the session.
- Homework: Breathing practice, PMR practice, PMR readings, and Anger management Likert scale.

### 7
- Discuss homework and readings
- Practice PMR
- Introduce Cue-Controlled relaxation
- Homework: Breathing practice, PMR, Cue-Controlled relaxation readings, and Anger management Likert scale.

### 8
- Discuss homework and readings.
- Review and practice cue-controlled relaxation.
- Introduce Coping Thoughts
- Homework: Practice breathing, PMR, and Cue-controlled relaxation, and complete Anger management Likert scale.

### 9
- Discuss how homework went.
- Create client’s anger hierarchy
- If time, begin to work through the first stage of the anger hierarchy while remaining calm.
- Debrief with client.
- Homework: Practice relaxation and breathing techniques and complete Anger management Likert scale.

### 10
- Continue to work through the client’s anger hierarchy while remaining calm.
- Debrief with client.
- Homework: Practice relaxation and breathing techniques and complete Anger management Likert scale.

### 11
- Continue to work through the client’s anger hierarchy while remaining calm.
- Debrief with client.
| 12 | - Discuss how the client can apply the skills learned to real life situations.  
    - Debrief about the therapy process and allow the client time to express likes and dislikes.  
    - Complete final assessments. |
Session 1

Brief overview of Stress Inoculation Training

Stress Inoculation Training (SIT) teaches you to relax away your physical tension, and to replace your trigger thoughts with coping thoughts. This will help make the anger response less automatic, and will give you time to manage your feeling before spinning out of control.

Over the next several weeks you will learn various relaxation techniques, how to create coping thoughts, how to use coping thoughts, and how to relax away your anger.

How much time and effort you invest in this program is what will make all the difference! I will give you the information and skills needed to be successful, but what you choose to do with it is up to you.

If you have any questions or concerns, feel free to ask. If any questions or concerns arise during your homework time, please write them down and we will address them during our next meeting.

Understanding Anger

Anger is a feeling, like happiness or sadness. When something bothers us we can ignore it or we can become angry. Everyone has angry feelings from time to time; it is how we choose to deal with these feelings that make the difference!

Although anger is usually perceived as a negative emotion, there are some good points about anger, including:

- anger gives us energy - if we are in danger, anger, or specifically the adrenaline released into our bloodstream, gives us the extra energy the body needs to engage in the fight or flight response.
- anger helps us talk with others - anger helps us talk about our bad feelings. This can help tension from building up.
- anger gives us information - anger is a cue to cope with the situation.
- anger gives us a sense of control.

Just as there are some good aspects of anger, there are definitely some negative points as well, including:

- anger stops us from thinking, feeling, and acting clearly.
- we become angry much more often than we need to.
- anger and aggression have a lot to do with each other (one leads to the other and people can get hurt).
- when we become angry people think about us differently.

Notice that the emotion of anger can range from irritation to rage. How angry we become in a given situation (social environment) is influenced by our interpretation of the meaning of the event. For example, if Vic’s wife, Judy, grew silent in a conversation and he interpreted her reaction as fatigue, Vic might be mildly irritated. However, if Vic thought Judy’s silence meant that she didn’t care for him or was belittling his concerns, Vic would feel much angrier.
There is great individual variation in the type of event that elicits anger. One person may get angry standing in line and yet listen calmly to criticisms of job performance. A different person may be perfectly content to stand in line and yet quickly attacks anyone who points out work flaws.

**Anger and Aggression**

What do you think is the difference between anger and aggression?

Anger and aggression are often confused as they are so closely related. Anger is a feeling, but it can lead to aggression, which is a behaviour. An act of aggression can be anything from throwing things, hitting someone, or yelling at someone. Since most people would argue that you would have to be angry to do these sorts of things, it is not surprising that people often confuse the two.

**Cognitive Aspects of Anger**

Anger is linked to a perception of damage or hurt and to a belief that important rules have been violated. (Think about how this is true in your living environment). We become angry if we think we have been treated unfairly, hurt unnecessarily, or prevented from obtaining something we expected to achieve.

For example, imagine a man that loses his job. Does he feel angry? It depends. If the job loss is considered a fair decision, he is unlikely to feel angry. However, if the man feels that he was treated unfairly, then he probably feels angry.

**Is Anger Justified?**

Can anger ever be justified? What is the difference between justified and unjustified anger? Of course anger can be justified. There are many situations in which most people would agree that becoming angry is a normal response; however, it is what we do with that anger that makes the difference. Examples?

**Creating Your Anger Profile**

Creating an anger profile is an important step in learning to manage your anger as it will help you to become aware of the people, places, and things that are likely to trigger your anger. Also, it will help you to recognize the cognitive aspects of your anger.

Think of past situations that made you angry to answer the following questions. Please use examples if it helps you to be specific.

1. Who makes you angry?

2. What do they do that makes you angry?
3. What situations make you angry?

4. When you are angry, what do you think?

5. When you get angry, how do you behave? What do you do?

6. How do you know you are becoming angry? What are your signs?

6. Now think of situations in the community. How are they different? How are they the same?

**Home Work**

1. Complete Anger Management Rating Scale
## Anger Management Scale

Briefly describe a situation that occurred since our last session that caused you to become angry.

Rate the degree of anger you feel you experienced during this situation. (circle the number that corresponds with the answer that best describes your experience)

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>A little angry</td>
<td>pretty angry</td>
<td>angry</td>
<td>very angry</td>
<td>furious</td>
<td>angriest I’ve ever been</td>
</tr>
</tbody>
</table>

Rate the degree to which you were able to manage your anger in this situation.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>I wasn’t able to manage my anger</td>
<td>not well</td>
<td>fairly well</td>
<td>well</td>
<td>very well</td>
<td>extremely well</td>
<td>The best I have ever done</td>
</tr>
</tbody>
</table>

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Session 2
Automatic Thoughts

Although we may not always realize it, there is a real connection between our thoughts, moods, and behaviours. When an anger provoking situation occurs, our mind automatically begins to work and produces automatic thoughts. These thoughts then affect our mood by helping to define the mood. Once a mood is present, it is accompanied by additional thoughts that support and strengthen the mood. The stronger the mood, the more extreme our thinking tends to be. This does not mean that our thinking is wrong when we experience an intense mood, but when we feel intense moods we are more likely to distort, discount, or disregard information that contradicts our mood. Even though we may not always notice it, our behaviours are very closely related to our thoughts.

Automatic thoughts are the first thoughts that pop into our head when we are confronted with a situation. They are often very believable, and until you are aware of the effect they are having on you, they are very hard to change. For example, after a guard denies you a smoke break, you may have an automatic thought that a guard is always picking on you; therefore, you may be more hostile towards that particular guard or change your behaviour in some other way when he/she is around. Since you believe that he/she is picking on you, you may not see the other factors that may have contributed to his decision.

Another example could be when request a transfer to another institution and you don’t receive an answer to your request right away. You may think “I’m never going to be moved” or “why have other inmates been transferred before me”. Either of these thoughts could cause you to become very upset and angry or frustrated, which may influence your behaviour. Again this thought may cause you to ignore the other factors that may be influencing the institutions ability to take you sooner, such as bed space.

At times we all engage in patterns of thinking that cause us to feel worse, or behave badly in response to our automatic thoughts. That is why it is important to identify the patterns of thinking we tend to use when faced with a challenging situation. The different types of thought patterns are described below.

Thought Patterns:

1. **Filtering** - this pattern is characterized by a sort of “tunnel vision” - which is looking at only one element of a situation and excluding everything else. One detail is picked out of the whole event or situation is coloured by this detail. For example, a man working in a grocery store is praised for all of the good work he has been doing around the store, and asked that he arrive a little earlier the next day so that he can start his shift on time. The man went home depressed, having decided that the manager thought he was always late. He filtered out the praise, and only concentrated on the criticism.

2. **Polarized thinking** - things are black and white, good or bad. You have to be perfect or a failure, there is not middle ground. Insist on “either/or” choices. Since your interpretations are extreme, your emotional reactions are also extreme, changing from sadness to happiness, to rage, to terror. The greatest danger in polarized thinking is the impact it can have on how you judge yourself. You could believe that since you are not
perfect or brilliant, you are a failure or stupid. There is no room for mistakes. For example, a man was driving in a new city that he was not familiar with. He took one wrong turn and headed down the wrong street. Since he made this one mistake he told himself that he was a loser and completely incompetent.

100 **Overgeneralization**- you reach a general conclusion based on a single incident or piece of evidence. You exaggerate the frequency of problems and use negative global labels. This pattern of thinking can lead to an increasingly restricted life, as it can cause you to avoid people or places with which you have had a negative experience. For example, one time you had a fight with your girlfriend, so you decided that there is no point in dating any more as you “always” fight. The cue words to look for that are hallmarks of overgeneralization are: never, always, everybody, and nobody. For example, you are overgeneralizing when you say “nobody loves me”, I’ll never be able to trust any one again”, “I will always be sad”.

4. **Mind reading**- When you mind read, you make snap judgements about others. You assume you know how others are feeling and what motivates them. For example, “he’s just acting like that because he is jealous”, “he is just using you for your money”. In particular, you have certain knowledge of how people think and feel about you. Eg. “He thinks I am really immature”, “She thinks I’m not very smart”. Mind reading makes one conclusion seem so obviously correct that you assume it’s true, act on it in some inappropriate way, and get into trouble.

5. **Catastrophizing**- you expect, even visualize disaster. You notice or hear about a problem and start asking “what if”. What if tragedy strikes? What if it happens to you? For example, you have a small headache and immediately wonder “what if it is brain cancer”; or you hear about something bad happening to a friend or acquaintance and think “what if it happens to me”.

6. **Magnifying**- you exaggerate the degree or intensity of a problem. You turn up the volume on anything bad, making it loud, large and overwhelming. Small mistakes become tragic failures; minor suggestions become scathing criticism. A slight back ache becomes a ruptured disk. Words like “huge”, “impossible”, and “overwhelming” are magnifying terms. The flip side of this is minimizing in which you minimize everything that is positive; for example, your ability to cope.

7. **Personalization**- you assume that everything people do or say is some kind of reaction to you. You also compare yourself to others, trying to determine who is smarter, more competent, better looking, and so on. For example, “I am not smart enough to go with this crowd”, “I’m better looking than him”.

8. **Shoulds**- in this pattern, you operate from a list of inflexible rules about how you and other people should act. The rules are right and indisputable. Any deviation from your particular values and standards is bad. As a result you are often judging other and finding fault. People irritate you. They don’t act correctly and they don’t think correctly. They have unacceptable traits, habits, and opinions that make them hard to tolerate. They should know the rules and they should follow them. Cue words include “should”, “ought”, or “must”. Your shoulds are just as hard on you as they are on other people. You are compelled to act in a certain way without asking objectively if it really makes sense. For example, “I should be the perfect friend, parent, teacher, student, or
spouse”; “I should be able to find a quick solution to any problem”; “I should never feel hurt or angry”; “I should know, understand, and foresee everything”.

**Exercises:**

Read the examples of one of the 8 thinking patterns and identify which thinking pattern it is:

1. Ever since Lisa, I’ve never trusted a redhead.
2. Quite a few people here seem smarter than me.
3. You’re either for me or against me.
4. I could have enjoyed the picnic, but the chicken was burnt.
5. He’s always smiling, but I know he doesn’t like me.
6. I’m afraid the relationship’s over because he hasn’t called for 2 days.
7. You should never ask people personal questions.
8. These tax forms are impossible- I’ll never get finished!

**Situations:**

100 Bob is a 24 year old man. He is in prison for his first time, and he just met with his parole officer. The PO told him that upon his statutory release he is going to be sent to the Keele Community Centre for his parole. Bob has heard a lot of bad things about Keele, and has a few friends that did not do well on their Parole there and had to come back to prison. Bob says: “I will fail if I go to Keele, everyone does!”

100 Jason is a 40 year old man serving his second sentence in prison. He recently finished the substance abuse program and had a meeting with the program officer to discuss his progress and the areas he could still use some work in. During the meeting the CPO told him that he did very well in the program as he always arrived prepared and on time and participated in the group discussion. She also mentioned that he could work on his concentration as he sometimes would talk to another group member while someone else was talking. Jason left the meeting feeling depressed as he decided that the CPO thought he wasn’t listening or paying attention in the group.

**Homework**

1. Complete Anger Management Rating Scale
2. Attempt a thought record
**Anger Management Scale**

Briefly describe a situation that occurred since our last session that caused you to become angry.

Rate the degree of anger you feel you experienced during this situation. (circle the number that corresponds with the answer that best describes your experience)

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>A little angry</td>
<td>pretty angry</td>
<td>angry</td>
<td>very angry</td>
<td>furious</td>
<td>I’ve ever been the angriest I’ve ever been</td>
</tr>
</tbody>
</table>

Rate the degree to which you were able to manage your anger in this situation.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
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<th>4</th>
<th>5</th>
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<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>I wasn’t able</td>
<td>not well</td>
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<td>well</td>
<td>very well</td>
<td>extremely</td>
<td>The best To manage my Anger ever done</td>
</tr>
</tbody>
</table>
Session 3
Thought Records

Thought records are a tool used to help us look at a situation more objectively. They help us to see the situation, our moods, and automatic thoughts laid out in front of us so we can step back and determine alternative, or balanced, thoughts. Thought records are an easy and effective tool that helps us to change or thinking patterns and begin to cope more efficiently in anger provoking situations.

Thought Record Instructions

Column 1: Situation
Describe the situation by answering the following questions: Who, What, When, Where. Please be as specific as possible, and describe the situation that is happening around you. Limit the situation section to a specific time frame that does exceed 30 min.

Column 2: Moods
List the moods you were experiencing in the situation you described. In addition to listing the moods, rate their intensity on a scale of 0-100.

Column 3: Thoughts
Identify anything that went though your mind during the situation you described. Only those thoughts actually present in that situation should be recorded.

**Photocopy Thought records from Page 81 in Mind Over Mood and discuss with client at this point in the session. Include one that is filled out as an example and lots of blank ones to work through during the sessions. Use 3 first three columns only at this point. Further columns will be worked on in later sessions. The goal of this session is simply to introduce thought records so the client will understand the concept.

Homework
1. Complete Anger Management Scale
2. Complete Thought record using real or fictitious situation
**Anger Management Scale**

Briefly describe a situation that occurred since our last session that caused you to become angry.

Rate the degree of anger you feel you experienced during this situation. (circle the number that corresponds with the answer that best describes your experience)

<table>
<thead>
<tr>
<th>1</th>
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<td>well</td>
<td>very well</td>
<td>extremely</td>
</tr>
</tbody>
</table>
Session 4

Thought Records Continued

Continue to work through the Thought records together. Review the thought record completed for homework and determine the client’s level of understanding. If it is evident he does not have a sound understanding of how to complete the thought record, do some examples together in session and have him complete another one for homework.

Have the client use real situations (past or present), and begin to have the client weigh the evidence for and against his automatic thoughts. Use the Evidence columns on the thought record to help the client create alternative/balanced thoughts.

Thought Record Instructions Continued

Column 4 & 5: These columns are designed to help you gather information that supports and does not support the hot thoughts you identified in the “Automatic Thoughts” column. The information presented in these columns can provide a basis for evaluating your hot thoughts.

Homework
1. Anger management Likert scale
2. Thought records
3. Evidence recording sheet
## Evidence Recording Sheet

<table>
<thead>
<tr>
<th>Situation</th>
<th>Automatic Thought</th>
<th>Evidence For Automatic Thought</th>
<th>Evidence Against Automatic Thought</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>
Anger Management Scale

Briefly describe a situation that occurred since our last session that caused you to become angry.

Rate the degree of anger you feel you experienced during this situation. (circle the number that corresponds with the answer that best describes your experience)

1 ……………… 2 ……………… 3 ……………… 4 ……………… 5 ……………… 6 ……………… 7
Not at all        A little angry        pretty angry        angry        very angry        furious        angrier
Angry

Rate the degree to which you were able to manage your anger in this situation.

1 ……………… 2 ……………… 3 ……………… 4 ……………… 5 ……………… 6 ……………… 7
I wasn't able        not well        fairly well        well        very well        extremely        The best To
manage my
Anger

I've ever been
Session 5

Abdominal Breathing

One group of muscles that commonly tense in response to stress are those located in the wall of your abdomen. When your abdominal muscles are tight, they push against your diaphragm as it extends downward to initiate each breath. This pushing action restricts the amount of air you take in and forces the air you do inhale to remain high in the top part of your lungs.

When breathing is high and shallow, you will probably feel as though you aren’t getting enough oxygen. This is stressful and sets off mental alarm bells that you are in danger. To make up for the lack of air, instead of relaxing your abdominal muscles and taking deeper breaths you make actually take quick shallow breaths. This shallow, rapid breathing can lead you to hyperventilate—one of the prime causes of panic.

Abdominal breathing reverses this process by relaxing the muscles that press against your diaphragm and slowing your breathing rate. Three or four deep abdominal breaths can be an almost instant relaxer.

Practice the following exercise for about 3 minutes:

1. Lie down and close your eyes. Take a moment to notice the sensation in your body, particularly where you body is holding any tension. Take several breaths and see what you notice about the quality of your breathing. Where is your breath centered? Are your lungs filling all the way up? Does your chest move in and out when you breathe? Does your abdomen? Do both?
2. Place one hand on your chest and the other one on your abdomen, right below your waist. As you breathe in, imagine you are sending your breath as far down into your body as it will go. Feel your lungs expand as they fill with air. As you do this, the hand on your chest should remain fairly still, but the hand on your abdomen should rise and fall with each breath.
3. Continue to gently breathe in and out. Let your breath find its own pace. If your breathing feels unnatural or forced in any way, just maintain your awareness of that sensation as you breathe in and out. Eventually any straining or unnaturalness should ease up by itself. If you have trouble getting the hand on your abdomen to move, or if both hands are moving, try pressing down the hand on your abdomen. As you breathe, direct the air so that it pushes the pressure of your hand, forcing it to rise.
4. After breathing deeply for several breaths, begin to count each time you exhale. After ten exhalations, start the count over with one. When thoughts intrude and you lose track of the number you are on, simply return your attention to the exercise and start counting again from number one. Continue counting your breaths for ten minutes, making certain that the hand on your abdomen continues to rise with each breath.
Home Work
  1. Breathing Practice
  2. Anger Management Scale
Anger Management Scale

Briefly describe a situation that occurred since our last session that caused you to become angry.

Rate the degree of anger you feel you experienced during this situation. (circle the number that corresponds with the answer that best describes your experience)


Rate the degree to which you were able to manage your anger in this situation.

Session 6

Progressive Muscle Relaxation

Progressive Muscle Relaxation, or PMR, is a relaxation technique that involves tensing and relaxing all the various muscle groups in your body in a specific sequence while attending to the feelings associated with it. It helps you distinguish between muscle groups and identify tense muscles. This is especially important as many of us walk around every day carrying tension in our neck, shoulders, back, etc, that we do not notice. With regular practice, PMR helps us to distinguish between tense and relaxed muscles so we are able to pinpoint the initial signs of tension in our bodies.

PMR was developed by Dr. Edmund Jacobson in 1929. Realizing that the body responded to anxious and fearful thoughts by storing tension in the muscles, Jacobson found that this tension could be released by consciously tightening the muscles beyond their normal tension point and then suddenly relaxing them. He discovered that repeating this procedure with every muscle group in the body could induce a state of relaxation.

Jacobson’s original instructions were complex, involving more than 200 different relaxation exercises. Since then researchers have found that a daily regimen of sixteen exercises can be equally effective. These exercises divide the body into four major muscle groups: the arms, the head, the midsection, and the legs. PMR is now a skill that needs to be practiced regularly in order to be mastered. The more practice one puts into it, the more they will benefit from it.

There are many benefits associated with using PMR, including:
- the feeling of relaxation cannot exist in your body at the same time as tension; therefore, inducing a state of relaxation will inevitably extinguish any tension.
- PMR reduces pulse rate and blood pressure as well as decreased perspiration and respiration rates.
- Deep muscle relaxation, when mastered, can be used as an anxiety pill.
- As your skills in PMR develops, the number of muscle groups can be reduced while still achieving the same effect (Shorthand procedure can be used).

**No one can help you master this skill. We can teach you the skills, but it is up to you to make it work for you! Mastering PMR can take weeks or months, and requires hard work and patience…but once mastered, the benefits are worth the effort!**

PMR Instructions

- Can be practiced laying down or sitting in a chair
- Each muscle group is tensed for about 7 seconds, and then is relaxed for 20 – 30 seconds
- The procedure is repeated at least once (therefore you should go through each cycle at least 2 times in each practice session).
- Use the following cycle as a guide. With practice the muscle groups and their sequence should be committed to memory; however, do not panic if you miss a muscle group by mistake. Simply ensure you remember it on the next cycle.
### PMR Cycle

1. **Dominant hand and forearm**
   Make a tight fist and pull wrist back

2. **Dominant biceps**
   Make a loose fist and bring your fist up towards your shoulders and tighten the biceps

3. **Non-dominant hand and forearm**
   Make a tight fist

4. **Non-dominant biceps**
   Make a loose fist and bring your fist up towards your shoulders and tighten the biceps

5. **Forehead**
   Furrow or raise your eyebrows

6. **Upper cheeks, eyes, and nose**
   Squeeze eyes closed and wrinkle nose

7. **Lower face and jaw**
   Open mouth wide or push jaw out.
   Push tongue against roof of mouth

8. **Neck and throat**
   Roll your head on your neck.
   Shrug your shoulders

9. **Chest, shoulders, and back**
   Fill your lungs completely with air
   Arch your back

10. **Abdominal or stomach region**
    Tighten your stomach muscles

11. **Dominant thigh**
    Tighten buttocks and thigh

12. **Dominant Calf**
    Straighten and tighten leg

13. **Dominant foot**
    Curl toes downwards

14. **Non-dominant thigh**
    Tighten buttocks and thigh

15. **Non-dominant calf**
    Straighten and tighten leg

16. **Non-dominant foot**
    Curl toes downwards
Home Work

1. Breathing practice
2. PMR practice
3. Anger management scale
Anger Management Scale

Briefly describe a situation that occurred since our last session that caused you to become angry.

Rate the degree of anger you feel you experienced during this situation. (circle the number that corresponds with the answer that best describes your experience)


Rate the degree to which you were able to manage your anger in this situation.

1. I wasn't able  2. Not well  3. Fairly well  4. Well  5. Very well  6. Extremely well  7. The best I have ever managed to
Session 7

Relaxation without Tension

Scan your body for any tension by running your attention through the sequence of four muscle groups (arms, legs, head, midsection). If you find any tension, simply let go of it just as you did after each contraction in the PMR cycle. If you encounter a muscle that feels tight but won’t let go, contract it and let go just as you did during the PMR cycle.

Cue-Controlled Relaxation

In cue-controlled relaxation, you learn to relax your muscles whenever you want by combining a verbal suggestion with abdominal breathing. The cue-controlled method teaches your body to associate the work “relax” with the feeling of relaxation. After you have practiced this technique for a while and the association is strong, you’ll be able to relax your muscles anytime, anywhere, just by mentally repeating, “Breathe in…..relax”, and by releasing any feelings of tightness throughout your body. Cue-controlled relaxation can give you stress relief in less than a minute, and is a major component of anxiety and anger management protocols.

First, take a comfortable position, and then release as much tension as you can use the relaxation without tension method (described above). Focus on your belly as it moves in and out with each breath. Make breaths slow and rhythmic. With each breath let yourself become more and more relaxed. Now, on every inhalation say to yourself, “Breathe in….relax, breathe in…..relax”, while letting go of the tension throughout your body. Continue this practice for five minutes, repeating the key phrases with each breath.

Home Work
1. Breathing practice
2. PMR practice
3. Anger management scale.
Anger Management Scale
Briefly describe a situation that occurred since our last session that caused you to become angry.

Rate the degree of anger you feel you experienced during this situation. (circle the the number that corresponds with the answer that best describes your experience)

1………………2………………3………………4………………5………………6………………7
Not at all               A little angry               pretty angry               angry               very angry               furious               angriest
Angry                   I’ve ever been

Rate the degree to which you were able to manage your anger in this situation.

1………………2………………3………………4………………5………………6………………7
I wasn’t able               not well               fairly well               well               very well               extremely               The best To
manage my               well               I have ever done
Session 8

Coping Thoughts

You should develop 2 or more coping thoughts to use as you progress through your visual hierarchy in later sessions. They can be any thoughts that help you to remain calm. Some are as simple as “relax”, or “there’s no point in becoming angry”. It doesn’t matter what they are as long we they work for you.

Try out a few different coping thoughts when using your relaxation skills to determine which work for you.

Review Session

This session is to review the skills already learned over the past several sessions. Discuss how the client is progressing with the relaxation skills already learned. Determine the areas the client still needs to work on, and discuss how to improve them. If the client seems to be progressing well, practicing a PMR cycle is a great way to determine if he is mastering these skills.

This session is very important as it allows you the chance to help the client with any skills he is finding challenging before he attempts to apply these skills in the next sessions when working through his anger hierarchy.

If this does not occupy the entire session, and the client appears to have a good understanding of the relaxation skills, you can begin to work with the client on creating his Anger Hierarchy (which can be found in the session 9 section).

Home Work

1. Practice breathing
2. PMR Practice
3. Cue-controlled relaxation practice
4. Complete Anger management scale
Anger Management Scale

Briefly describe a situation that occurred since our last session that caused you to become angry.

Rate the degree of anger you feel you experienced during this situation. (circle the number that corresponds with the answer that best describes your experience)

1………………2………………3………………4………………5………………6………………7
Not at all    A little angry    pretty angry    angry    very angry    furious    angriest
Angry

I’ve ever been

Rate the degree to which you were able to manage your anger in this situation.

1………………2………………3………………4………………5………………6………………7
I wasn’t able    not well    fairly well    well    very well    extremely    The best
manage my
Anger

I have ever done
Session 9

Anger Hierarchy

An anger hierarchy is basically a ranked list of anger provoking situations. Each person’s hierarchy will look very different as we all have different situations that anger us. In addition, some situations have a stronger effect on some people than on others. Therefore, it is very important to develop a hierarchy that is personal to you. After creating your hierarchy, you and your counsellor will work through the hierarchy while remaining calm at each stage by applying the relaxation skills you have learned. The idea is to fully imagine each situation while remaining calm, then when you are faced with a similar situation in the future you will be more likely to be able to induce a state of relaxation rather than anger.

Steps for developing an anger hierarchy:

1. get a blank piece of paper and write down as many specific anger provoking situations as you can think of, from minor irritations to things that make you blow up. The list should include at least 25 or 30 situations. If you cannot think of that many, try to break down some of your anger episodes into steps-how things escalate between you and the other participant(s).
2. Once your list is complete, on the chart provided write the item that makes you the least angry at the top of the page, and the situation that makes you the most angry in the last spot at the bottom of the page.
3. Then fill in the rest of the items by ranking the remaining situations from # 2 (less anger provoking) to #17 (more anger provoking).
4. Record the coping thoughts you plan to employ to each situation in the “coping thoughts” column. Each thought does not need to be different, but there must be one per situation.

*** If at any time while working through your hierarchy or afterwards you feel angry or upset, please discuss this with your counsellor prior to leaving the session. If done correctly, you should feel relaxed at the end of each session; therefore, if you do not, please discuss it with your counsellor so you do not leave in that state of mind.
## Hierarchy Worksheets

<table>
<thead>
<tr>
<th>Anger Provoking Ranking (1=least anger provoking)</th>
<th>Situation</th>
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</thead>
<tbody>
<tr>
<td>10</td>
<td></td>
</tr>
<tr>
<td>9</td>
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</tr>
</tbody>
</table>
Home Work

1. Practice relaxation and breathing techniques
2. Complete Anger management scale
**Anger Management Scale**

Briefly describe a situation that occurred since our last session that caused you to become angry.

Rate the degree of anger you feel you experienced during this situation. (circle the number that corresponds with the answer that best describes your experience)

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</table>

Rate the degree to which you were able to manage your anger in this situation.

<table>
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</tr>
</tbody>
</table>
Sessions 10, 11, & 12

Stress Inoculation for Anger Control

Below is the sequence for using stress inoculation for anger control. Please follow the sequence as written during counselling sessions only. For the client’s safety they should not be practicing this on their own until they are able to remain fully calm while visualizing each situation on their hierarchy. Have the client describe each situation out loud so you can monitor their reactions and ensure the client is fully visualizing the situation. If the client is not attending to enough detail, ask him for more details such as “what do you hear, or smell”.

**Always ensure you debrief with your client before they leave the session to ensure they are not angry or upset. If they are angry or upset, have them work through it using their relaxation techniques before leaving the session.

1. **Take 10-15 minutes to get relaxed.** Go through progressive muscle relaxation, and cue-controlled relaxation (which includes deep breathing).

2. **Visualize the first (or next) item of your hierarchy.** Try to bring the scene alive. See the situation, hear what’s going on, feel the growing tension on a physical level. Remember your trigger thoughts. Remind yourself of the unfairness, the wrongness, the outrageousness of the offence. When you feel really angry go to step C.

3. **Start to cope.** Once the visualized scene is clear in your mind, immediately begin relaxing and using coping thoughts. It’s recommended that you use cue-controlled relaxation during hierarchy scenes because it is the quickest stress-reduction strategy. As you cope physically using cue-controlled relaxation, try to recall your coping thoughts. Say them to yourself while continuing to visualize the situation. Keep coping and visualizing for about 60-seconds.

4. **Rate your anger.** On a 10-point scale ranging from 0 (no anger) to 10 (the worst rage you have ever felt), rate the anger you experienced in the scene just before you began to relax. If your anger is rated 1 or 0, you can relax and move on to the next scene. If it is 2 or higher revisit the same scene again.

5. **Always do deep relaxation between scenes.** Typically you might use cue-controlled relaxation, but feel free to use whatever works for you. Do not begin working on another hierarchy item until you feel completely relaxed and ready.

6. **Continue these steps until you complete each item in the hierarchy.**

**Home Work**

1. Practice relaxation and breathing techniques
2. Complete Anger management scale
3. Have the client review the session 12 section in the client manual and prepare questions and solutions.
### Anger Management Scale

Briefly describe a situation that occurred since our last session that caused you to become angry.

Rate the degree of anger you feel you experienced during this situation. (circle the number that corresponds with the answer that best describes your experience)

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<tr>
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<td>very angry</td>
<td>furious</td>
<td>angriest I’ve ever been</td>
</tr>
</tbody>
</table>

Rate the degree to which you were able to manage your anger in this situation.

<table>
<thead>
<tr>
<th>1</th>
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<tr>
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<td>well</td>
<td>very well</td>
<td>extremely well</td>
<td>The best To manage my anger ever done</td>
</tr>
</tbody>
</table>
Session 12 Continued  
Treatment Termination and Relapse Prevention

Approximately 30 minutes (minimum) at the end of this final session should be saved in order to allow ample time to discuss treatment termination and relapse prevention with the client. The therapist should begin this discussion by having the client recall all of the new skills he has learned over the past 12 sessions. The therapist should then comment on the progress the client has made and the differences (positive) they have noticed in the client thus far. The therapist and client should then brainstorm various ways the client has already used these skills in their daily life, and ways they can expand on this and apply them further in their daily life. Then, the therapist and client should discuss possible obstacles to implementing the new skills learned during treatment and brainstorm possible solutions to these obstacles. Also, the therapist should inform the client that they can request a booster session in the future (while still incarcerated) if they feel their problems have returned, or are at risk of returning. Finally, the therapist should ask the client to discuss their feelings about therapy ending. If the client has negative feelings, the therapist should reassure them they are ready, and they can apply what they have learned. Again, point out the success they have already experienced to help them focus on the positive, not the negative.

Following the completion of this discussion an Anger Management Scale should be completed.

** This is merely a guide to conducting the final session. It is the responsibility of the therapist to determine the needs of their client as some individuals will need a longer discussion and more follow up, and others may require less.
Anger Management Scale

Briefly describe a situation that occurred since our last session that caused you to become angry.

Rate the degree of anger you feel you experienced during this situation. (circle the number that corresponds with the answer that best describes your experience)


Rate the degree to which you were able to manage your anger in this situation.

Manual Feedback Survey

*Please complete the following short survey after completing a SIT program using this manual. The information gathered from this survey will be used to help make improvements to the manual in the future.

1. How helpful did you find this manual?
   
   1………………2………………3………………4………………5
   Not at all helpful  fairly helpful  neutral  helpful  very helpful

2. Would you use this manual again in the future with another client? Yes / No

3. Were you able to see a positive change in your client following the completion of this program? Yes / No

4. What did you like about this manual?

   ________________________________________________________
   ________________________________________________________
   ________________________________________________________

5. How could this manual be improved?

   ________________________________________________________
   ________________________________________________________
   ________________________________________________________

Please Return this Survey by mail to:
Stacey Lariviere
c/o B.A.A. Psychology Program
St. Lawrence College
100 Portsmouth St.
Kingston, ON
K7L 5A6
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Introduction

The purpose of this manual is to guide the treatment process by providing the readings and activity instructions for the client. This manual includes all the topics that should be covered in each session, and instructions for each new skill.

If you are feeling angry or upset at the end of any session, please tell your therapist. Please do not leave a session angry or upset. The therapist will take the time to talk with you and ensure you feel better prior to leaving; however, they cannot read your mind so you must make them aware of your feelings.

Informed Consent

During the initial session, the therapist should review all components of informed consent, including limits to confidentiality, description of the therapy process, and the risks and benefits of therapy with you. The limits of confidentiality include the responsibility of the therapist to report what was said if the client is a risk to harm themselves or others, they give information about a child who is being abused or is at risk of being abused, or if they provide specific information about a crime that has not been reported. The risks of therapy can include the risk of becoming upset during or after the session. The benefits of therapy could include an improvement in the client’s ability to manage their anger.

How to use this manual

This manual should be used as instructed by your therapist. This manual includes the readings and activities that will be covered in each session. Please read only what is assigned by your therapist, and try not to work ahead as the therapists instructions are crucial to the success of this program. Also, completing your homework, as assigned by the therapist, is necessary to keep the program on track and to achieve the benefits of participating.

The information in this manual was adapted from the following sources:


*Following the completion of your intervention using this manual, please fill out the manual feedback survey which can be found on the last page of this manual.
Session 1

Brief overview of Stress Inoculation Training

Stress Inoculation Training (SIT) teaches you to relax away your physical tension, and to replace your unwanted thoughts with coping thoughts. This will help you manage your anger response before spinning out of control.

Over the next several weeks you will learn various relaxation techniques, how to create coping thoughts, how to use coping thoughts, and how to relax away your anger.

How much time and effort you invest in this program is what will make all the difference! I will give you the information and skills needed to be successful, but what you choose to do with it is up to you.

If you have any questions or concerns, feel free to ask. If any questions or concerns arise during your homework time, please write them down and we will address them during our next meeting.

Understanding Anger

Anger is a feeling, like happiness or sadness. When something bothers us we can ignore it or we can become angry. Everyone has angry feelings from time to time; it is how we choose to deal with these feelings that make the difference!

Although anger is usually thought of as a negative emotion, there are some good points about anger, including:

- anger gives us energy- if we are in danger, anger, or specifically the adrenaline released into our bloodstream, gives us the extra energy the body needs to engage in the fight or flight response.
- anger helps us talk with others- anger helps us talk about our bad feelings. This can help tension from building up.
- anger gives us information- anger is a cue to cope with the situation.
- anger gives us a sense of control.

Just as there are some good aspects of anger, there are definitely some negative points as well, including:

- anger stops us from thinking, feeling, and acting clearly.
- we become angry much more often than we need to.
- anger and aggression have a lot to do with each other (one leads to the other and people can get hurt).
- when we become angry people think about us differently.

Notice that the emotion of anger can range from irritation to rage. How angry we become in a given situation (social environment) is influenced by our interpretation of the meaning of the event. For example, if Vic’s wife, Judy, grew silent in a conversation and he interpreted her reaction as fatigue, Vic might be mildly irritated. However, if Vic thought Judy’s silence meant that she didn’t care for him or was belittling his concerns, Vic would feel much angrier.
There is great individual variation in the type of event that elicits anger. One person may get angry standing in line and yet listen calmly to criticisms of job performance. A different person may be perfectly content to stand in line and yet quickly attacks anyone who points out work flaws.

**Anger and Aggression**

What do you think is the difference between anger and aggression?

Anger and aggression are often confused as they are so closely related. Anger is a feeling, but it can lead to aggression, which is a behaviour. An act of aggression can be anything from throwing things, hitting someone, or yelling at someone. Since most people would argue that you would have to be angry to do these sorts of things, it is not surprising that people often confuse the two.

**Cognitive Aspects of Anger**

Anger is linked to a perception of damage or hurt and to a belief that important rules have been violated. (Think about how this is true in your living environment). We become angry if we think we have been treated unfairly, hurt unnecessarily, or prevented from obtaining something we expected to achieve.

For example, imagine a man that loses his job. Does he feel angry? It depends. If the job loss is considered a fair decision, he is unlikely to feel angry. However, if the man feels that he was treated unfairly, then he probably feels angry.

**Is Anger Justified?**

Can anger ever be justified? What is the difference between justified and unjustified anger? Of course anger can be justified. There are many situations in which most people would agree that becoming angry is a normal response; however, it is what we do with that anger that makes the difference. Examples?

**Creating Your Anger Profile**

Creating an anger profile is an important step in learning to manage your anger as it will help you to become aware of the people places and things that are likely to trigger your anger. Also, it will help you to recognize the cognitive aspects of you anger. Think of past situations that made you angry to answer the following questions. Please use examples if it helps you to be specific.

1. Who makes you angry?
2. What do they do that makes you angry?

3. What situations make you angry?

4. When you are angry, what do you think?

5. When you get angry, how do you behave? What do you do?

6. How do you know you are becoming angry? What are your signs?

7. Now think of situations in the community. How are they different? How are they the same?

**Home Work**

2. Complete Anger Management Rating Scale
Anger Management Scale

Briefly describe a situation that occurred since our last session that caused you to become angry.

Rate the degree of anger you feel you experienced during this situation. (circle the number that corresponds with the answer that best describes your experience)

1. Not at all  
2. A little angry  
3. Pretty angry  
4. Angry  
5. Very angry  
6. Furious  
7. Angriest I've ever been

Rate the degree to which you were able to manage your anger in this situation.

1. I wasn't able to manage my anger well  
2. Not well  
3. Fairly well  
4. Well  
5. Very well  
6. Extremely well  
7. The best I have ever done
Session 2
Automatic Thoughts

Although we may not always realize it, there is a real connection between our thoughts, moods, and behaviours. When an anger provoking situation occurs, our mind automatically begins to work and produces automatic thoughts. These thoughts then affect our mood by helping to define the mood. Once a mood is present, it is accompanied by additional thoughts that support and strengthen the mood. The stronger the mood, the more extreme our thinking tends to be. This does not mean that our thinking is wrong when we experience an intense mood, but when we feel intense moods we are more likely to distort, discount, or disregard information that contradicts our mood. Even though we may not always notice it, our behaviours are very closely related to our thoughts.

Automatic thoughts are the first thoughts that pop into our head when we are confronted with a situation. They are often very believable, and until you are aware of the effect they are having on you, they are very hard to change. For example, after a guard denies you a smoke break, you may have an automatic thought that a guard is always picking on you; therefore, you may be more hostile towards that particular guard or change your behaviour in some other way when he/she is around. Since you believe that he/she is picking on you, you may not see the other factors that may have contributed to his decision.

Another example could be when you request a transfer to another institution and you don’t receive an answer to your request right away. You may think “I’m never going to be moved” or “why have other inmates been transferred before me”. Either of these thoughts could cause you to become very upset and angry or frustrated, which may influence your behaviour. Again this thought may cause you to ignore the other factors that may be influencing the institutions ability to take you sooner, such as bed space.

At times we all engage in patterns of thinking that cause us to feel worse, or behave badly in response to our automatic thoughts. That is why it is important to identify the patterns of thinking we tend to use when faced with a challenging situation. The different types of thought patterns are described below.

Thought Patterns:

1. **Filtering** - this pattern is characterized by a sort of “tunnel vision”- which is looking at only one element of a situation and excluding everything else. One detail is picked out of the whole event or situation is coloured by this detail. For example, a man working in a grocery store is praised for all of the good work he has been doing around the store, and asked that he arrive a little earlier the next day so that he can start his shift on time. The man went home depressed, having decided that the manager thought he was always late. He filtered out the praise, and only concentrated on the criticism.

2. **Polarized thinking** - things are black and white, good or bad. You have to be perfect or a failure, there is not middle ground. Insist on “either/or” choices. Since your interpretations are extreme, your emotional reactions are also extreme, changing from sadness to happiness, to rage, to terror. The greatest danger in polarized thinking is the impact it can have on how you judge yourself. You could believe that since you are not perfect or brilliant, you are a failure or stupid. There is no room for mistakes. For example, a man was driving in a new city that he was not
familiar with. He took one wrong turn and headed down the wrong street. Since he made this one mistake he told himself that he was a loser and completely incompetent.

3. **Overgeneralization** - you reach a general conclusion based on a single incident or piece of evidence. You exaggerate the frequency of problems and use negative global labels. This pattern of thinking can lead to an increasingly restricted life, as it can cause you to avoid people or places with which you have had a negative experience. For example, one time you had a fight with your girlfriend, so you decided that there is no point in dating any more as you “always” fight. The cue words to look for that are hallmarks of overgeneralization are: never, always, everybody, and nobody. For example, you are overgeneralizing when you say “nobody loves me”, I’ll never be able to trust any one again”, “I will always be sad”.

4. **Mind reading** - When you mind read, you make snap judgements about others. You assume you know how others are feeling ad what motivates them. For example, “he’s just acting like that because he is jealous”, “he is just using you for your money”. In particular, you have certain knowledge of how people think and feel about you. Eg. “He thinks I am really immature”, “She thinks I’m not very smart”. Mind reading makes one conclusion seem so obviously correct that you assume it’s true, act on it in some inappropriate way, and get into trouble.

5. **Catastrophizing** - you expect, even visualize disaster. You notice or hear about a problem and start asking “what if”. What if tragedy strikes? What if it happens to you? For example, you have a small headache and immediately wonder “what if it is brain cancer”; or you hear about something bad happening to a friend or acquaintance and think “what if it happens to me”.

6. **Magnifying** - you exaggerate the degree or intensity of a problem. You turn up the volume on anything bad, making it loud, large and overwhelming. Small mistakes become tragic failures; minor suggestions become scathing criticism. A slight back ache becomes a ruptured disk. Words like “huge”, “impossible”, and “overwhelming” are magnifying terms. The flip side of this is minimizing in which you minimize everything that is positive; for example, your ability to cope.

7. **Personalization** - you assume that everything people do or say is some kind of reaction to you. You also compare yourself to others, trying to determine who is smarter, more competent, better looking, and so on. For example, “I am not smart enough to go with this crowd”, “I’m better looking than him”.

8. **Shoulds** - in this pattern, you operate from a list of inflexible rules about how you and other people should act. The rules are right and indisputable. Any deviation from your particular values and standards is bad. As a result you are often judging other and finding fault. People irritate you. They don’t act correctly and they don’t think correctly. They have unacceptable traits, habits, and opinions that make them hard to tolerate. They should know the rules and they should follow them. Cue words include “should”, “ought”, or “must”. Your shoulds are just as hard on you as they are on other people. You are compelled to act in a certain way without asking objectively if it really makes sense. For example, “I should be the perfect friend, parent, teacher, student, or spouse”; “I should be able to find a quick solution to any problem”; “I should never feel hurt or angry”; “I should know, understand, and foresee everything”.

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**Exercises:**

Read the examples of one of the 8 thinking patterns and identify which thinking pattern it is:

1. Ever since Lisa, I’ve never trusted a redhead.
2. Quite a few people here seem smarter than me.
3. You’re either for me or against me.
4. I could have enjoyed the picnic, but the chicken was burnt.
5. He’s always smiling, but I know he doesn’t like me.
6. I’m afraid the relationship’s over because he hasn’t called for 2 days.
7. You should never ask people personal questions.
8. These tax forms are impossible- I’ll never get finished!

**Situations:**

1. Bob is a 24 year old man. He is in prison for his first time, and he just met with his parole officer. The PO told him that upon his statutory release he is going to be sent to the Keele Community Centre for his parole. Bob has heard a lot of bad things about Keele, and has a few friends that did not do well on their Parole there and had to come back to prison. Bob says: “I will fail if I go to Keele, everyone does!”

2. Jason is a 40 year old man serving his second sentence in prison. He recently finished the substance abuse program and had a meeting with the program officer to discuss his progress and the areas he could still use some work in. During the meeting the CPO told him that he did very well in the program as he always arrived prepared and on time and participated in the group discussion. She also mentioned that he could work on his concentration as he sometimes would talk to another group member while someone else was talking. Jason left the meeting feeling depressed as he decided that the CPO thought he wasn’t listening or paying attention in the group.

**Homework**

3. Complete Anger Management Rating Scale
4. Attempt a thought record
**Anger Management Scale**

Briefly describe a situation that occurred since our last session that caused you to become angry.

Rate the degree of anger you feel you experienced during this situation. (circle the number that corresponds with the answer that best describes your experience)

1………………2………………3………………4………………5………………6………………7
Not at all A little angry pretty angry angry very angry furious angrierest
Angry

Rate the degree to which you were able to manage your anger in this situation.

1………………2………………3………………4………………5………………6………………7
I wasn’t able not well fairly well well very well extremely The best To
manage my well I have Anger

 ever done
Session 3
Thought Records

Thought records are a tool used to help us look at a situation more objectively. They help us to see the situation, our moods, and automatic thoughts laid out in front of us so we can step back and determine alternative, or balanced, thoughts. Thought records are an easy and effective tool that helps us to change or thinking patterns and begin to cope more efficiently in anger provoking situations.

Thought Record Instructions

** Your counselor will photocopy the thought records for you.

Column 1: Situation
Describe the situation by answering the following questions: Who, What, When, Where. Please be as specific as possible, and describe the situation that is happening around you. Limit the situation section to a specific time frame that does exceed 30 min.

Column 2: Moods
List the moods you were experiencing in the situation you described. In addition to listing the moods, rate their intensity on a scale of 0-100.

Column 3: Thoughts
Identify anything that went though your mind during the situation you described. Only those thoughts actually present in that situation should be recorded.

Homework
3. Complete Anger Management Scale
4. Complete Thought record using real or fictitious situation.
Anger Management Scale

Briefly describe a situation that occurred since our last session that caused you to become angry.

Rate the degree of anger you feel you experienced during this situation. (circle the number that corresponds with the answer that best describes your experience)


Rate the degree to which you were able to manage your anger in this situation.


I was interested in your recent description of an angry event. It seems like you encountered a situation that triggered your anger. How did you feel about your ability to manage your anger in that situation?
Session 4

Thought Record Instructions Continued

Column 4 & 5: These columns are designed to help you gather information that supports and does not support the hot thoughts you identified in the “Automatic Thoughts” column. The information presented in these columns can provide a basis for evaluating your hot thoughts.

Use the Evidence Recording sheet provided to practice identifying the evidence for and against your hot thoughts.

Homework

4. Anger management Likert scale
5. Thought records
6. Evidence recording sheet
## Evidence Recording Sheet

<table>
<thead>
<tr>
<th>Situation</th>
<th>Automatic Thought</th>
<th>Evidence For Automatic Thought</th>
<th>Evidence Against Automatic Thought</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>


Anger Management Scale

Briefly describe a situation that occurred since our last session that caused you to become angry.

Rate the degree of anger you feel you experienced during this situation. (circle the number that corresponds with the answer that best describes your experience)

1. Not at all  
2. A little angry  
3. Pretty angry  
4. Angry  
5. Very angry  
6. Furious  
7. Angriest I’ve ever been

Rate the degree to which you were able to manage your anger in this situation.

1. I wasn’t able to manage my anger well  
2. Not well  
3. Fairly well  
4. Well  
5. Very well  
6. Extremely well  
7. The best I have ever done
Session 5
Abdominal Breathing

One group of muscles that commonly tense in response to stress are those located in the wall of your stomach, or abdomen. When your stomach muscles are tight, they push against your diaphragm as it extends downward to initiate each breath. This pushing action limits the amount of air you take in, and forces the air you do inhale to remain high in the top part of your lungs.

When breathing is high and shallow, as described above, you will probably feel as though you aren’t getting enough oxygen. This is stressful and sets off mental alarm bells that you are in danger. To make up for the lack of air, instead of relaxing your abdominal muscles and taking deeper breaths you make actually take quick shallow breaths. This shallow, rapid breathing can lead you to hyperventilate—one of the prime causes of panic.

Abdominal breathing reverses this process by relaxing the muscles that press against your diaphragm and slowing your breathing rate. Three or four deep abdominal breaths can be an almost instant relaxer.

**Practice the following exercise for about 3 minutes:**

5. Lie down and close your eyes. Take a moment to notice the sensation in your body, particularly where you body is holding any tension. Take several breaths and see what you notice about the quality of your breathing. Where is your breath centered? Are your lungs filling all the way up? Does your chest move in and out when you breathe? Does your abdomen? Do both?

6. Place one hand on your chest and the other one on your abdomen, right below your waist. As you breathe in, imagine you are sending your breath as far down into your body as it will go. Feel your lungs expand as they fill with air. As you do this, the hand on your chest should remain fairly still, but the hand on your abdomen should rise and fall with each breath.

7. Continue to gently breathe in and out. Let your breath find its own pace. If your breathing feels unnatural or forced in any way, just maintain your awareness of that sensation as you breathe in and out. Eventually any straining or unnaturalness should ease up by itself. If you have trouble getting the hand on your abdomen to move, or if both hands are moving, try pressing down the hand on your abdomen. As you breathe, direct the air so that it pushes the pressure of your hand, forcing it to rise.

8. After breathing deeply for several breaths, begin to count each time you exhale. After ten exhalations, start the count over with one. When thoughts intrude and you lose track of the number you are on, simply return your attention to the exercise and start counting again from number one. Continue counting your breaths for ten minutes, making certain that the hand on your abdomen continues to rise with each breath.

**Home Work**

3. Breathing Practice
4. Anger Management Scale
Anger Management Scale
Briefly describe a situation that occurred since our last session that caused you to become angry.

Rate the degree of anger you feel you experienced during this situation. (circle the the number that corresponds with the answer that best describes your experience)

1…………………2………………3………………4………………5………………6………………7
Not at all                A little angry         pretty angry     angry      very angry    furious                 angriest
Angry                    I've ever been

Rate the degree to which you were able to manage your anger in this situation.

1…………………2………………3………………4………………5………………6………………7
I wasn't able    not well    fairly well   well    very well    extremely    The best To
manage my     Anger
ever done      Anger
Session 6
Progressive Muscle Relaxation

Progressive Muscle Relaxation, or PMR, is a relaxation technique that involves tensing and relaxing all the various muscle groups in your body in a specific sequence while paying attention to the feelings associated with it. It helps you tell the difference between muscle groups and identify tense muscles. This is especially important as many of us walk around every day carrying tension in our neck, shoulders, and back that we do not notice. With regular practice, PMR helps us to distinguish between tense and relaxed muscles so we are able to pinpoint the initial signs of tension in our bodies.

PMR was developed by Dr. Edmund Jacobson in 1929. Realizing that the body responded to anxious and fearful thoughts by storing tension in the muscles, Jacobson found that this tension could be released by consciously tightening the muscles beyond their normal tension point and then suddenly relaxing them. He discovered that repeating this procedure with every muscle group in the body could induce a state of relaxation.

Jacobson’s original instructions were complex, involving more than 200 different relaxation exercises. Since then researchers have found that a daily regimen of sixteen exercises can be equally effective. These exercises divide the body into four major muscle groups: the arms, the head, the midsection, and the legs. PMR is now a skill that needs to be practiced regularly in order to be mastered. The more practice one puts into it, the more they will benefit from it.

There are many benefits associated with using PMR, including:
- the feeling of relaxation cannot exist in your body at the same time as tension; therefore, inducing a state of relaxation will inevitably extinguish any tension.
- PMR reduces pulse rate and blood pressure as well as decreased perspiration and respiration rates.
- Deep muscle relaxation, when mastered, can be used as an anxiety pill.
- As your skills in PMR develops, the number of muscle groups can be reduced while still achieving the same effect (Shorthand procedure can be used).

**No one can help you master this skill. We can teach you the skills, but it is up to you to make it work for you! Mastering PMR can take weeks or months, and requires hard work and patience…but once mastered, the benefits are worth the effort!**

PMR Instructions

- Can be practiced laying down or sitting in a chair
- Each muscle group is tensed for about 7 seconds, and then is relaxed for 20 – 30 seconds
- The procedure is repeated at least once (therefore you should go through each cycle at least 2 times in each practice session).
- Use the following cycle as a guide. With practice the muscle groups and their sequence should be committed to memory; however, do not panic if you miss a muscle group by mistake. Simply ensure you remember it on the next cycle.
## PMR Cycle

<table>
<thead>
<tr>
<th>Step</th>
<th>Action Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td><strong>Right hand and forearm</strong> Make a tight fist and pull wrist back</td>
</tr>
<tr>
<td>2.</td>
<td><strong>Right biceps</strong> Make a loose fist and bring your fist up towards your shoulders and tighten the biceps</td>
</tr>
<tr>
<td>3.</td>
<td><strong>Left hand and forearm</strong> Make a tight fist</td>
</tr>
<tr>
<td>4.</td>
<td><strong>Left biceps</strong> Make a loose fist and bring your fist up towards your shoulders and tighten the biceps</td>
</tr>
<tr>
<td>5.</td>
<td><strong>Forehead</strong> Furrow or raise your eyebrows</td>
</tr>
<tr>
<td>6.</td>
<td><strong>Upper cheeks, eyes, and nose</strong> Squeeze eyes closed and wrinkle nose</td>
</tr>
<tr>
<td>7.</td>
<td><strong>Lower face and jaw</strong> Open mouth wide or push jaw out. Push tongue against roof of mouth</td>
</tr>
<tr>
<td>8.</td>
<td><strong>Neck and throat</strong> Roll your head on your neck. Shrug your shoulders</td>
</tr>
<tr>
<td>9.</td>
<td><strong>Chest, shoulders, and back</strong> Fill your lungs completely with air Arch your back</td>
</tr>
<tr>
<td>10.</td>
<td><strong>Abdominal or stomach region</strong> Tighten your stomach muscles</td>
</tr>
<tr>
<td>11.</td>
<td><strong>Right thigh</strong> Tighten buttocks and thigh</td>
</tr>
<tr>
<td>12.</td>
<td><strong>Right Calf</strong> Straighten and tighten leg</td>
</tr>
<tr>
<td>13.</td>
<td><strong>Right foot</strong> Curl toes downwards</td>
</tr>
<tr>
<td>14.</td>
<td><strong>Left thigh</strong> Tighten buttocks and thigh</td>
</tr>
<tr>
<td>15.</td>
<td><strong>Left calf</strong> Straighten and tighten leg</td>
</tr>
<tr>
<td>16.</td>
<td><strong>Left foot</strong> Curl toes downwards</td>
</tr>
</tbody>
</table>
**Home Work**

4. Breathing practice
5. PMR practice
6. Anger management scale
Anger Management Scale
Briefly describe a situation that occurred since our last session that caused you to become angry.

Rate the degree of anger you feel you experienced during this situation. (circle the number that corresponds with the answer that best describes your experience)

1 …………………. 2 …………………. 3 …………………. 4 …………………. 5 …………………. 6 …………………. 7
Not at all          A little angry     pretty angry    angry    very angry     furious    I’ve ever been
Angry

Rate the degree to which you were able to manage your anger in this situation.

1 …………………. 2 …………………. 3 …………………. 4 …………………. 5 …………………. 6 …………………. 7
I wasn’t able
manage my
anger
not well     fairly well    well    very well    extremely    The best I
ever done
Anger
Session 7

Relaxation without Tension
Scan your body for any tension by running your attention through the sequence of four muscle groups (arms, legs, head, midsection). If you find any tension, simply let go of it just as you did after each contraction in the PMR cycle. If you encounter a muscle that feels tight but won’t let go, contract it and let go just as you did during the PMR cycle.

Cue-Controlled Relaxation

In cue-controlled relaxation, you learn to relax your muscles whenever you want by combining a verbal suggestion with abdominal breathing. The cue-controlled method teaches your body to associate the word “relax” with the feeling of relaxation. After you have practiced this technique for a while and the association is strong, you’ll be able to relax your muscles anytime, anywhere, just by mentally repeating, “Breathe in…..relax”, and by releasing any feelings of tightness throughout your body. Cue-controlled relaxation can give you stress relief in less than a minute, and is a major component of anxiety and anger management protocols.

First, take a comfortable position, and then release as much tension as you can use the relaxation without tension method (described above). Focus on your belly as it moves in and out with each breath. Make breaths slow and rhythmic. With each breath let yourself become more and more relaxed. Now, on every inhalation say to yourself, “Breathe in…..relax, breathe in…..relax”, while letting go of the tension throughout your body. Continue this practice for five minutes, repeating the key phrases with each breath.

Home Work
4. Breathing practice
5. PMR practice
6. Anger management scale.
Anger Management Scale

Briefly describe a situation that occurred since our last session that caused you to become angry.

Rate the degree of anger you feel you experienced during this situation. (circle the number that corresponds with the answer that best describes your experience)

1………………2………………3………………4………………5………………6………………7
Not at all        A little angry    pretty angry      angry       very angry     furious      angriest I’ve ever been
Angry

Rate the degree to which you were able to manage your anger in this situation.

1………………2………………3………………4………………5………………6………………7
I wasn’t able       not well        fairly well      well        very well      extremely      The best To
manage my anger    I have ever done

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Session 8
Coping Thoughts

You should develop 2 or more coping thoughts to use as you progress through your visual hierarchy in later sessions. They can be any thoughts that help you to remain calm. Some are as simple as “relax”, or “there’s no point in becoming angry”. It doesn’t matter what they are as long as they work for you.

Try out a few different coping thoughts when using your relaxation skills to determine which work for you.

Review Session

This session is designed to review the skills you have learned over the past several sessions. Determine the areas you still need to work on, and discuss how to improve them.

This session is very important as it allows you the chance to receive help with any skills you are finding challenging before you attempt to apply them in the next sessions when working through your anger hierarchy.

Home Work
5. Practice breathing
6. PMR Practice
7. Cue-controlled relaxation practice
8. Complete Anger management scale
Anger Management Scale
Briefly describe a situation that occurred since our last session that caused you to become angry.

Rate the degree of anger you feel you experienced during this situation. (circle the number that corresponds with the answer that best describes your experience)


Rate the degree to which you were able to manage your anger in this situation.

Session 9
Anger Hierarchy

An anger hierarchy is basically a ranked list of anger provoking situations. Each person’s hierarchy will look very different as we all have different situations that anger us. In addition, some situations have a stronger effect on some people than on others. Therefore, it is very important to develop a hierarchy that is personal to you. After creating your hierarchy, you and your counsellor will work through the hierarchy while remaining calm at each stage by applying the relaxation skills you have learned. The idea is to fully imagine each situation while remaining calm, then when you are faced with a similar situation in the future you will be more likely to be able to induce a state of relaxation rather than anger.

Steps for developing an anger hierarchy:
5. get a blank piece of paper and write down as many specific anger provoking situations as you can think of, from minor irritations to things that make you blow up. The list should include at least 25 or 30 situations. If you cannot think of that many, try to break down some of your anger episodes into steps—how things escalate between you and the other participant(s).
6. Once your list is complete, on the chart provided write the item that makes you the least angry at the top of the page, and the situation that makes you the most angry in the last spot at the bottom of the page.
7. Then fill in the rest of the items by ranking the remaining situations from # 2 (less anger provoking) to #17 (more anger provoking).
8. Record the coping thoughts you plan to employ to each situation in the “coping thoughts” column. Each thought does not need to be different, but there must be one per situation.

*** If at any time while working through your hierarchy or afterwards you feel angry or upset, please discuss this with your counsellor prior to leaving the session. If done correctly, you should feel relaxed at the end of each session; therefore, if you do not, please discuss it with your counsellor so you do not leave in that state of mind.
Hierarchy Worksheets

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<thead>
<tr>
<th>Anger Provoking Ranking (1=least anger provoking)</th>
<th>Situation</th>
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Home Work

3. Practice relaxation and breathing techniques
4. Complete Anger management scale
Anger Management Scale
Briefly describe a situation that occurred since our last session that caused you to become angry.

Rate the degree of anger you feel you experienced during this situation. (circle the number that corresponds with the answer that best describes your experience)


Rate the degree to which you were able to manage your anger in this situation.

Sessions 10, 11, & 12  
Stress Inoculation for Anger Control  

Below is the sequence for using stress inoculation for anger control. Please follow the sequence as written during counselling sessions only. For the client’s safety they should not be practicing this on their own until they are able to remain fully calm while visualizing each situation on their hierarchy. Have the client describe each situation out loud so you can monitor their reactions and ensure the client is fully visualizing the situation. If the client is not attending to enough detail, ask him for more details such as “what do you hear, or smell”.

**Always ensure you debrief with your client before they leave the session to ensure they are not angry or upset. If they are angry or upset, have them work through it using their relaxation techniques before leaving the session.**

7. **Take 10-15 minutes to get relaxed.** Go through progressive muscle relaxation, and cue-controlled relaxation (which includes deep breathing).

8. **Visualize the first (or next) item of your hierarchy.** Try to bring the scene alive. See the situation, hear what’s going on, feel the growing tension on a physical level. Remember your trigger thoughts. Remind yourself of the unfairness, the wrongness, the outrageousness of the offence. When you feel really angry go to step C.

9. **Start to cope.** Once the visualized scene is clear in your mind, immediately begin relaxing and using coping thoughts. It’s recommended that you use cue-controlled relaxation during hierarchy scenes because it is the quickest stress-reduction strategy. As you cope physically using cue-controlled relaxation, try to recall your coping thoughts. Say them to yourself while continuing to visualize the situation. Keep coping and visualizing for about 60-seconds.

10. **Rate your anger.** On a 10-point scale ranging from 0 (no anger) to 10 (the worst rage you have ever felt), rate the anger you experienced in the scene just before you began to relax. If your anger is rated 1 or 0, you can relax and move on to the next scene. If it is 2 or higher revisit the same scene again.

11. **Always do deep relaxation between scenes.** Typically you might use cue-controlled relaxation, but feel free to use whatever works for you. Do not begin working on another hierarchy item until you feel completely relaxed and ready.

12. **Continue these steps until you complete each item in the hierarchy.**

Home Work

4. Practice relaxation and breathing techniques
5. Complete Anger management scale
6. Review the session 12 section in the client manual and prepare questions and solutions.
Anger Management Scale

Briefly describe a situation that occurred since our last session that caused you to become angry.

Rate the degree of anger you feel you experienced during this situation. (circle the number that corresponds with the answer that best describes your experience)

Not at all  A little angry  pretty angry  angry  very angry  furious  I’ve ever been angry

Rate the degree to which you were able to manage your anger in this situation.

I wasn’t able  not well  fairly well  well  very well  extremely  The best To manage my anger ever done
Session 12
Treatment conclusion

Before going into your last session with your counsellor, please take the time to answer the following questions. Be prepared to discuss your answers with your counsellor.

2. Why do you think you feel that way?
3. Do you feel ready for treatment to end? Why or why not?
4. What successes have you experienced since the beginning of treatment?
5. How are you going to handle conflict now that you have the skills to do so?
6. What have you done to manage your anger recently? Is there anything new you have done that has worked for you?
7. How are you going to prevent a relapse? What will you do if you experience a relapse?
8. What difficulties do you expect to encounter in applying your new skills and managing your anger?
9. How do you plan to overcome these difficulties?

** Please complete the manual feedback form found on the last page of this manual after completing this program with your counsellor. This feedback form can be transcribed by your counsellor if needed. Please return the completed survey to your counsellor when completed so it can be mailed to the manual author. The data collected through these surveys will be used to make improvements to the manual in the future.
Anger Management Scale
Briefly describe a situation that occurred since our last session that caused you to become angry.

Rate the degree of anger you feel you experienced during this situation. (circle the number that corresponds with the answer that best describes your experience)

1………………2………………3………………4………………5………………6………………7
Not at all  A little angry  pretty angry  angry  very angry  furious  angriest
Angry

Rate the degree to which you were able to manage your anger in this situation.

1………………2………………3………………4………………5………………6………………7
I wasn't able  not well  fairly well  well  very well  extremely  The best To
manage my well  I have  Anger
ever done
Client Manual Feedback Survey

1. Did you find this program helpful?  Yes / No

2. Did you find the manual helpful?  Yes/  No

3. What did you like about the manual?

4. What would you change about the manual?