

Since 1994
FASTCEUS.COM
 Peachtree Professional Education, Inc.



The Counseling & Social Work Superstore

"Practical Anger Management"

This .pdf document contains the course materials you must read.

Simply keep scrolling down and read every page. To receive CEU credit after reading this file, please follow the directions on the last page.

Peachtree is approved to provide continuing education services by the National Association of Alcohol and Drug Addiction Counselors (NAADAC) and the National Board of Certified Counselors (NBCC), as well as by many individual state regulatory boards for most mental health related professionals, including:

| | |
|--------------------------|-------------------------------|
| NAADAC # 205 | NBCC # 5701 |
| California BBS PCE #1852 | California Nursing #14780 |
| Texas LMFT #181 | Texas LPC #444 |
| Texas SW #CS1048 | Florida SW, MHC, MFT BAP #723 |
| Kansas KBSRB #03-001 | Oklahoma SW CEP #20011-0001 |

Please see www.fastceus.com/approvals.php for a complete state-by-state and discipline listing of all our Board CEU Provider Approvals, or contact your Board directly if you have course credit approval questions.



PeachTree Professional Education, Inc.

Richard K. Nongard, LMFT/CCH

15560 N. Frank L. Wright Blvd, #B4-118
 Scottsdale, AZ 85260

Voice: (800) 390-9536

Fax: (888) 877-6020

www.FastCEUs.com

PRACTICAL ANGER MANAGEMENT

1.5 CEU Credit Hours

All materials copyright © Richard K. Nongard. All rights reserved.

No portion of this course may be reproduced without specific written consent of the author.

Course Description:

Discuss 3 common approaches to managing anger, and learn the 5 tasks for effective anger management. Packed with practical targeted intervention strategies.

Course Objectives:

At the conclusion of this course, the professional will be able to:

- 1) Identify three prevalent approaches to treating problems of anger.
- 2) Utilize the positive aspects of human anger in a problem solving process.
- 3) Trade interventions and treatment goals minimizing client consequences for targeted interventions addressing specific client need related to anger.

Purpose of this course:

The purpose of the course is to assist licensed mental health professionals in developing strategies to impact clients in all settings (in-patient, outpatient and criminal justice) who are negatively affected by anger. This course will draw on a variety of behavioral as well as cognitive interventions designed to result in individual treatment plans resolving issues associated with anger.

Course Outline:

Part 1: Course organization, Documentation and Introduction.

Part 2: Reading of the course materials (this document)

Part 3: Administration and Completion of the Evaluation of Learning Quiz

=====

1.5 Clock Hours / CE Credits

If you ever have any questions concerning this course, please do not hesitate to contact **PeachTree at (800) 390-9536**.



Your instructor is **Richard K. Nongard**,
a Licensed Marriage and Family Therapist,
Certified Clinical Hypnotherapist
and a Certified Personal Fitness Trainer.

PeachTree Professional Education, Inc.
15560 N. Frank L. Wright Blvd, #B4-118 * Scottsdale, AZ 85260
Voice: (800) 390-9536
Fax: (888) 877-6020
www.FastCEUs.com

Practical Anger Management

Introduction

We have been taught: Anger is bad.

Anyone working in a criminal justice setting knows that criminals are often sent to "Anger Management Class".

Since the time we were children, we were told, "*Don't you get angry with me!*"

In the context of couples counseling, more couples present with issues related to anger than perhaps any other – even sex and money.

Most of us have been angry at one time or another, and some of us are even uncomfortable with our own levels of anger. When we feel angry, we feel shame, guilt, hurt, and sometimes defenseless.

Anger is one of the most powerful human emotions, and as such, clinicians must be able to effectively address problems related to anger. Whether you work with inpatients or outpatients, children, adults or adolescents, anger - anger management issues and the painful consequences that often arise from human anger - are front and center in the counseling process.

This course is designed to offer tools for effectively working with clients who are angry and who have problems associated with anger.

And we're going to buck the trend of viewing anger as "bad".
Instead, we're simply going to view anger as... anger.

Whether you are a religious person or not, you are likely familiar with the story of Jesus entering the Temple and finding that His Father's house had been turned into a den of thieves. Jesus then becomes very angry and turns over the tables of the moneychangers in the Temple.

Both religious and nonreligious people have wrestled with this story since the early days of Christianity. How can a 'good' person manifest anger - especially anger that produces a physical (if not violent) response?

We often look at good people and view them as anger-less people, but when I hear the words of Dr. Martin Luther King in his famous "I Have a Dream" speech, I not only hear words of hope, but I hear words of hope resonating in his *anger*.

On a social level, good people do become angry at times.

Following the Oklahoma City bombing, our country was angry that so many people were killed. And our nation was particularly angry that the terrorist turned out to be a former military service man.

Following September 11, 2001, our President and our country became angry at the violence directed towards our country simply because of our belief in freedom and liberty.

Good people do become angry.

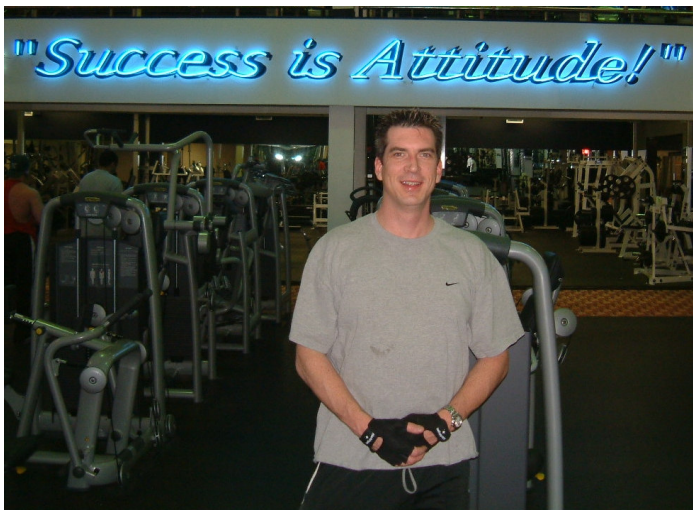
This tells me two things about anger:

- 1) Anger is a normal human emotion
- 2) There can be some positive aspects to human anger.

As we try to find interventions for the angry client presenting in therapy, we will not be eliminating anger, but will instead be finding solutions that will *allow the angry person to function in a healthy manner.*

I hope you enjoy this course!

Richard K. Nongard, MA
Licensed Marriage and Family Therapist
Certified Personal Fitness Trainer



SECTION 1

Three Common Approaches to Anger

VENTILATIONIST

Historically in our profession, there have been three common approaches to anger. The first is the ventilationist approach. The ventilationist approach says that our clients benefit when given a forum to express their anger in therapy. The ventilationist approach says the angry client must acknowledge their anger, vent their anger and manifest their rage both emotionally and physically. Methods of implementing the ventilationist approach include having clients yell out their anger during individual or group therapy, punch punching bags when angry, or by exhibiting other extreme displays of emotionally or physical release. The ventilationist approach is widely used, especially in group therapy.

It seems that we often measure therapeutic success not by the change produced, but by the quantity of emotion displayed during a group therapy session. When working with angry clients, the ventilationist approach certainly accomplishes this goal.

I once worked in a residential treatment facility for adolescents, and to no one's surprise, we had a number of angry teens. Towards the end of the fiscal year the program director held a staff meeting and said, "We have an extra \$2000 in our budget. You guys need to buy some stuff with that money or we're going to lose it from our budget next year." And so, as a treatment team, we gathered around catalogs and looked at things that we could purchase for our program with the \$2000. Most of the staff members concluded that we should use the money to buy anger bats, anger batons and punching bags. Their idea was that the angry teens we worked with could manifest a physical venting of their anger towards an inanimate object, which would not be harmed by their typical displays of anger.

I was one of the few clinicians who opposed buying these products.

My theory is simple: People who punch people probably should not punch pillows in treatment.

The reason is simple: When those people are discharged from treatment and there are no 'anger pillows' in the real world, they are going to go back to punching what they have always punched before - people.

The ventilationist approach is widely used by many, and perhaps with your clients it has had some efficacy. I've personally done only a little work with the 'well-but-unhappy' person in outpatient therapy seeking a psychological tune-up, because I've primarily worked with criminal justice clients, adolescent clients and catastrophically mentally ill clients. In other words, most of the clients that I've worked with have not

had any problems venting their anger. In fact, they usually had problems specifically *because* they had been venting their anger.

Although the ventilationist approach is popular, it's not going to be advocated much in this course. Most clients rarely have problem venting their anger – and they almost always have problems because they have been venting their anger – so it's probably contraindicated with the majority of angry clients.

When I work with probationers, my goal is to help them achieve compliance with the terms of their probation. My goal is not to help them become un-angry, my goal is to keep them from doing the things that have caused them to end up on probation. Whether they are still angry or whether they want to punch somebody when they are angry is irrelevant - as long as they do not repeat past behaviors.

In the age of Brief Therapy, behavioral change when angry is the goal, rather than changing emotions.

However, I do take a meta-theoretical approach to creating counseling interventions.

Remember, just because a particular method of intervention does not have efficacy with the majority of clients does not mean that it cannot be effective with some of our clients, every once and awhile. In other words, there are always exceptions.

For example:

One client I'll never forget was in fact a well-but-unhappy person who voluntarily came to outpatient therapy. A family member of another client had referred her to me. She was what some in our profession would label a 'co-dependant'; she was a people-pleaser by nature, and did not like rocking the boat. I remember in our first session when I asked her how she was feeling, she reported, "Fine."

(‘Fine’, by the way, is not a human emotion – it’s a greeting. ‘Good’, ‘fine’ and ‘great’ are all answers we sometimes get when we ask clients to tell us how they are feeling, but good, fine and great are greetings - they are not human emotions.)

Already knowing a bit about her family background, I knew right off the bat that she was undoubtedly very angry. She was angry with others, angry with herself and simply angry about her situations in life.

It was finally in the third session that she got real for just a moment. She was talking and not thinking about her choice of words as she normally did, and she said that she was angry.

I stopped her and said, "You said you were what?"

With a puzzled look on her face she said, "I didn't say I was anything."

I replied, "Yes, you said that you were angry."

She looked horrified that she had actually used the word angry to describe herself. She became extremely flustered and almost apologetic.

I told her that it was good that she was able to attach an adjective to her emotions – even if the emotion was anger.

I remember telling her to say it again, and she whispered, "I'm angry".

I asked her a second time to say she was angry a little bit louder, and after a long minute, she did.

I asked her a third and a fourth time to simply say, "I am angry", and by the fifth time she was yelling, "I AM ANGRY!"

The ventilationist approach is contraindicated with the majority of our clients. However, it cannot be ruled out as an intervention with some of our clients, some of the time.

RATIONAL EMOTIVE

The next approach to anger frequently used in our profession is the rational emotive or cognitive behavioral approach.

While all approaches have some benefit with some clients some of the time, and while we will borrow heavily from the intervention strategies of the cognitive-behavioral approach in this course, I am going to blatantly dispute the basic premise of rational emotive therapy. The rational emotive approach to anger management views anger as a useless and destructive emotion. It claims that anger is something that we should get rid of. It views anger as problematic and something undesirable.

I am a firm believer that our human emotions are simply our human emotions, and that if we take any of them away - even the most unpleasant of human emotions - we will no longer be human beings; we will instead be human doings. It is for this reason that I am going to disagree with the rational emotive approach to anger that says the goal in therapy is to reduce anger and eventually eliminate it. Not only do I think this is an approach that does not benefit clients because it takes something away from them that makes them who they are, but I also think it is an unrealistic approach which sets our clients up for failure.

If we want people to become Stepford Clients during group therapy, in-patient therapy or individual treatment sessions, we may indeed be able to make them function as un-angry people during therapy. But eventually they will go back to the real world. In the real world, some jerk is going to drive 50mph in the 70mph speed zone. In the real world, patients have employers who ask them to do unrealistic and truly unfair tasks. In the real world, people actually fail to put the toilet seat back down after being told every single day for the last 20 years to put the toilet seat back down. Situations causing anger are unavoidable in the real world.

Think about your own anger for a minute. Some of you are angry that continuing education is required for maintaining your professional license every year. Some of you may have been angry over political or social situations that have recently occurred in your state or in our country that have caused you difficulty. Anger is a normal human emotion, and any approach to treating anger that fails to recognize the value of anger or the impossibility of truly eliminating anger is an approach that may have specific benefits, but lacks long-term efficacy.

ANGER MANAGEMENT

The third approach - and the approach this course will formally adopt - is the anger management approach. The anger management approach sees anger as a normal human emotion and one that at times even has positive attributes. It attempts to preserve these positive attributes associated with anger, and to help clients manage the behaviors they engage in when they are angry, and to eliminate self-defeating behaviors or behaviors that are destructive or harmful to others. It acknowledges that a person may be angry - either righteously or wrongly - but that anger is a real human emotion and an important part of who that person is. The anger management approach does not look at anger as 'good' or 'bad', but simply as anger, and attempts to manage the client's anger in a way that has positive benefits for them.

As I mentioned in the earlier example, if my client is angry at society or a specific person, I do not really care if they are still angry, as long as they don't re-offend.

You are entitled to your feelings, but you are responsible for your actions.

Section 2

The Positive Aspects of Anger

Before we go any further, let's look at the positive effects of anger. Think about the last time you were angry. Was it this morning? Was it last week? Was there an episode of anger in the last month or two that really stands out?

I can remember years ago I had a friend from recovery who I cared deeply about. She called me because although she had not yet used, she found herself in a situation where she was going to, soon. I picked her up from a crack house where she almost blew her 90 days of sobriety.

This is rather interesting. I do a lot of teaching on anger and one day somebody came up to me during a live workshop and said, "Richard, this workshop is so beneficial! You must have really resolved some of your own anger issues." To be honest with you, I am not what one would think of as an angry person. I have only been in one fight in my life - that was in 8th grade and I got beat up in less than a minute. I have been slow to anger and easy to forgive as a personal pattern of behavior. But when I picked my friend up and she got in to the car, I exploded with anger.

Up to that point, I guess I had never told her how I really felt about her as a person; that I thought she was wonderful. I felt that she had unlimited possibilities and opportunities in life, not only for personal success, but also to impact other people. When I exploded with anger - shouting in my car as we drove down the street - she was shocked that I had actually become that angry. Technically, she was shocked that I really cared that much about her to become angry.

It was through my display of anger that I captured her attention as my friend. Although it was unpleasant being that angry, and although undoubtedly she was uncomfortable hearing my angry words, the angry situation catapulted an acquaintanceship into a true friendship.

Sometimes, anger can gain attention when nothing else will.

If I were a child in therapy, and if I came from the families that some of the children in therapy come from, I too would display anger in an attempt to gain attention. In many of these social situations nothing seems to work.

Anger can also be a tool for social change. Historical revisionists have challenged the accuracy of this story, but the story is true whether historical revisionists like it or not. The Civil Rights movement in the 60's certainly had its share of notable and worthy leaders, but one leader stands out from the rest. It was Rosa Parks. Rosa Parks was

pissed off that she had to sit in the back of the bus and could not pick her own seat, and so she refused to move back or get off the bus. Rosa Parks' anger facilitated a social change in our nation, which in turn benefited society as a whole.

Anger can also serve as a motivator and energizer. I am convinced that one of the reasons why so many of our clients are so angry all the time is because it serves as a tool to provide the energy necessary to complete tasks during a difficult time or difficult life. Think about Kubler-Ross' 5 stages of grief:

- 1) Denial
- 2) Anger.
- 3) Bargaining
- 4) Depression
- 5) Acceptance

According to Kubler-Ross, when experiencing grief you are abnormal if you do not go through these five stages, and anger is the second stage.

How many of you have planned a funeral for a loved one? I did this many years ago when my father died. After the shock and denial wore off there were many tasks to complete to arrange his burial. The tasks ranged from casket shopping, to traveling over five states, to finishing family business and sorting out personal possessions. During a time of grief and loss like this, you don't get much sleep. Despite the intense emotions, there are still tasks that must be completed like remembering which church member belongs to which casserole dish. While planning a loved one's funeral, you only have about three days to get it all done. Consequently, it's often the anger that provides the energy necessary to complete the tasks. This is certainly one of the healthy aspects of human anger.

Take a minute to identify five other positive attributes of human anger.

- 1.
- 2.
- 3.
- 4.
- 5.

As we provide treatment services to clients, we want to remember that positive aspects of anger do exist. We also want to remember that for our clients to function at an optimum level, becoming un-angry is not the goal. Finding productive ways to use their anger is the goal of affective anger management.

Section 3

Defining the Difference Between Anger and Rage

Anger and rage are actually two distinct issues. Anger is a normal human emotion expressed on a continuum. Rage is actually even a farther point on the continuum, and is separated from anger because it carries with it the risk for loss of control.

When I do patient education classes, I usually draw a barometer on the marker board. On the bottom levels of the barometer is Aggravation, Frustration, and Impatience. Closer to the top you will find Anger. The highest point on the barometer is separate from anger and is labeled Rage. When people rage, they don't always lose control - but rage has the risk for loss of control.

When we have clients in therapy with "anger issues", we are usually dealing with those who have problems associated with loss of control related to rage. The targeted interventions in this course are designed to move our clients out of rage, and to teach them methods of control so they can return to a healthy level of functioning.

I think it's worth pointing out that the cliché in our profession that "anger is a secondary emotion" is more than just a cliché - it's actually a truth. A person can be just happy and a person can be just sad, but I've never met anyone yet who was just angry. Anger *is* a secondary emotion; when a client is angry, they are also something else. Shame, guilt, hurt, abandonment, frustration and grief are often the emotions that accompany anger.

In the anger management approach that we're going to use, we must not only recognize the intensity level of the client's anger, but all of the accompanying emotions as well. These emotions must also be addressed, or our interventions will have little effect.

I have met many clients who had long-term treatment and became successful at journaling when angry, but who were still unable to identify the other emotions that accompanied their anger. Consequently, they had never dealt with the hurt, fear or resentment, which compounded their anger.

Section 4

Five Tasks in Anger Management

As we turn now from an understanding of the issues related to treating the angry client and begin to look at specific tools for anger management, there are five tasks before us.

The first task is to change client's cognitions. The truth is, we act on whatever we believe. IF we believe we should be angry, we will be angry. IF we believe we are getting paid on Friday, we write checks on Thursday. IF we believe the chair we are sitting in will hold us up, we sit down without looking to see if there are screws underneath.

We act on whatever we believe to be true, and our clients often have misbeliefs about anger. Some of the common misbeliefs about anger include:

- 1) I must be physically aggressive when I am angry.
- 2) When I am angry, I must be loud.
- 3) Anger is the only way I can protect myself from becoming emotionally hurt or involved.
- 4) Anger is a long-term source of energy.
- 5) Because my anger is justified, my behavior should not have consequences.

A client's cognitive error must be challenged. *The Big Book* of Alcoholics Anonymous is interesting, for nowhere in its pages does it condone violence of any sort - except when talking about 'old ideas'. It says our old ideas "must be smashed." With angry clients, until we can change their cognitive errors, we can have no long-term effectiveness.

There is a three-stage process for changing a client's cognitive errors.

- 1) Recognize
- 2) Remove
- 3) Replace

The first is that we must help our clients to recognize their cognitive errors. This is actually much more difficult than it seems. Although it is easy to recognize someone else's cognitive errors, it's very different to recognize your own cognitive errors, even when they are pointed out by others.

In fact, by definition, if you knew that what you believed to be true was not true, it would not be a cognitive error - it would simply be a wish. And so, we must develop interventions to help our clients recognize their misbeliefs. This can be done through confrontation, through the process of following conclusions to their erroneous logical extremes, and through the creation of new experiences, which experientially change an individual's beliefs. This is one of the reasons why adolescent residential treatment has historically been successful. It puts kids from one environment into an entirely

different environment, and in that new environment, new experiences create new beliefs.

There are a lot of people wandering around this planet with recognition of their cognitive errors. But recognition alone does not change cognitive errors - removing them does. The only effective way I know to remove cognitive errors is by implementing the third strategy, which is to replace those cognitive errors with the truth. With each client on our caseload, we must come up with new ways of replacing those old ideas with the truth.

One of my favorite methods over the years has been to give my clients (except the inhalant abusers) a dry erase marker. On their bathroom mirror, I want them to use the dry erase marker and write down the truth counters to their cognitive errors. The bathroom mirror is typically the first place they are in the morning and the last place they are at the end of the day. When you write on a mirror with a dry erase marker you can use your thumb or a piece of toilet tissue to erase whatever you wrote, and you can still clearly see your reflection to brush your teeth or part your hair down the middle.

I had a client who believed something to be true about anger that was not true. She believed, "If I am angry, my boyfriend will change his behaviors." Her anger had paralyzed her in the relationship, I challenged her misbelief by having her write on the bathroom mirror, "My boyfriend is who he is and he is not going to change." She did not like writing that on the bathroom mirror, but she did it anyway. A few weeks later, I asked her if the statement was still on the bathroom mirror. She said it was. She also said something else rather interesting: she said that at first she didn't believe that her boyfriend would not or could not change, but as she looked at the statement every morning she began to accept him as he was, rather than trying to change him into who she wanted him to be. She reported that she found herself to be much happier and with greater levels of energy, and that their relationship had really begun to rebound from some rather difficult times.

I also give my clients mantras, like the slogans sometimes seen on the back of AA members' automobiles to help them counter their cognitive errors. "This Too Shall Pass" or "One Day At A Time" or "Just For Today" are not just mantras that can help those in an addiction recovery program. They can also help the angry client remove old ideas and replace them with the truth.

The second task in anger management is teaching our clients Distress Tolerance-Training skills. Teaching DTT skills is an essential task in anger management because when our clients return to the real world, as mentioned before, some jerk is going to be going 50mph in the 70mph speed zone, and the client will become stressed, or even angry. The challenge before us is not to make our clients un-angry, but to help them learn how to tolerate distressing situations and emotions such as anger, even though they are unpleasant.

We often talk about a 'pain threshold' and that some individuals seem to have a higher pain threshold than others. Some people are 'wimps' and when they stub their toe,

they cry for hours. Other individuals can have a root canal with no medication and walk out of the dentist's office without even grimacing. I think there is also an 'anger threshold', as in, "How angry can I be before I take negative or unhealthy actions?" Helping our clients to tolerate distressing emotions such as anger is a big task. Increasing their anger threshold so they don't take negative actions is a great challenge. Once accomplished, however, this strategy can have tremendous results.

One method for teaching our clients to tolerate higher levels of anger is using therapeutic relaxation training exercises. I am a firm believer that anger is a physical emotion and that we respond physically to the anger that we feel. Helping our clients to take physical control over their emotions can have remarkable results.

As you are reading this, take a deep breath. Wait. Now exhale.

When you took that deep breath, it did not stop your mortgage check from bouncing. It did not make your boss a nice person. But for a moment, you felt different.

Therapeutic breathing exercises (and progressive muscle relaxation exercises) can help a person take physical control over the emotions that they experience.

Since you are taking this continuing education course online, and based on the kinds of calls we get, there's a pretty good chance that you're facing a dead-line within the next couple of days or weeks for license renewal. Undoubtedly there are other tasks that you must complete as well, such as your regular job, parenting your children, feeding the dog, or fixing your broken car. Finding the extra three, twelve or even sixty hours needed for to complete your continuing education courses may be just another burden added to a long list of stressors you are currently experiencing.

Those of you feeling the stress of license renewal deadlines can probably identify a spot in your body where you are carrying that tension. As you read this, pay attention for a moment to your body.

Are your eyes strained?

Do your muscles hurt?

Is your back tense?

Where is it in your body that you are carrying the tension of the day?

Identify a spot now.

Chances are good that until I asked you to stop and assess your body and identify a specific spot, you were not consciously aware of where you were hurting. Learning to consciously become aware of how our bodies respond to emotions and to implement simple relaxation methods like controlled breathing, visual imagery and reflexive muscle exercises can go along way towards helping our clients learn to tolerate distressing situations.

I don't want to sound like I'm inserting a commercial in the middle of a CEU course, but I want to stress my feelings on how important and valuable Distress Tolerance Training and Therapeutic Relaxation can be for our clients – and even ourselves.

Seeing the benefits of this kind of training during one of my first jobs out of Grad school, I went home and developed a Therapeutic Relaxation cassette tape that I have since used with numerous clients over the years. A few years later, I also added a Distress Tolerance Training tape (now on CD), and made it a set. Both programs have a male voice on one side, and a female voice on the other, for client preference. Therapeutic Relaxation has no background sounds, and the DTT recording has soothing ocean sounds that I recorded at the North Padre Island National Seashore. Neither program is designed to put you to sleep, but to teach simple skills that you can use throughout the day to reduce stress and manage difficult situations.

During live training workshops with professionals, I would mention these kinds of tapes as effective strategies with clients, and more and more counselors began asking me for a copy. Eventually, I began selling them along with our anger and stress management client workbooks and assessment tools. Now, you can buy both audio programs on one CD, for just \$15.00, and multiple copies are available at a discount.

And I'll tell you a secret – I used these tapes with my children, starting when they were about 4 or 5 years old. When they were having a rough day, agitated or feeling out of sorts, or had trouble getting to sleep, I'd just pop in a tape, and *voila!* They would relax, gain control, and could either make it through the day, or fall soundly to sleep. Finally, I developed another program designed specifically for children, and it's now available on CD for \$15.00.

And now back to our regularly scheduled continuing education course.

The third task for anger management is replacement imagery. We act not only on what we think and what we feel emotionally, but we also take action on what we see. The mental image of becoming angry and aggressive or throwing a chair through a window can be a powerful predictor of future client behavior. Our angry clients 1) know what they historically do when they are angry and 2) have mental pictures of those actions and behaviors. Therefore, they act 1) out of habit, and 2) consistent with their mental pictures about anger.

Our clients have never pictured themselves angry - and serene. They have never pictured themselves angry - and sitting in a chair - instead of throwing it through a window. They have never imagined themselves angry - and yet detaching from a hostile encounter or situation. They've never seen themselves simply walking away to a safe place to calm down and regroup.

Changing our client's mental pictures can be a powerful tool for teaching anger management. Role-playing is one way to begin this process. Role-playing is often uncomfortable at first, but it's important that the client actually practice their new behavior options, in order to increase the likelihood that they will use the option in the future. You can tell a client to "just walk away next time", but it will be much easier

for them to actually do it when the angry time comes if they have practiced doing it before.

Another strategy is to literally draw these alternative behavior and emotion pictures on paper. I have given many clients some paper and a box of crayons and asked them to draw the antithesis to their typical mental picture of when they are angry, and to actually carry that picture around and use it like a television remote control. Feeling angry? Pull out the picture and change their old automatic image to the new healthy one.

The fourth anger management task is to help our clients create options. I am a firm believer that healthy behavioral options must come from the clients themselves. I am also a firm believer that unless we are talking about lawless behavior, telling our clients that they can't do unhealthy things usually sets up a power struggle resulting in therapeutic failure. I don't tell my clients that they can't do unhealthy things. What I ask them to do is identify alternatives that they could do instead, if they wanted to. The key phrase here is 'could do'.

I've worked with thousands of clients over the years and when I have a client with a particular behavior or emotional need, I, of course, know what they should do. But when I tell them what they should do - even though it's based on my professional knowledge and clinical experience - they almost always discount my great ideas. Consequently, I've found that working with clients to brainstorm behavioral options and drawing from their own experiences and from within themselves is an essential - and effective - task.

This is an example of a worksheet I use with my clients.

Before I (do this:) _____, I could (do this:) _____ instead.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

The top line says, "Before I _____, I could _____ instead". The client writes down their typical unhealthy behavior in the first blank, i.e., "Before I throw the chair through the window". Then there is space to write down 10 options.

>>> *Before I GO ... I Need to KNOW >>>*
(My Cheat-Sheet for Personal Success)

Important Helpful People and Phone Numbers:

_____ @ _____
(Call When I'm In Any Crisis)

OR _____ @ _____
(Call When I Need Help With _____)

OR _____ @ _____
(Call When I Need Help With _____)

P FEEL >>> THINK >>> ACT (I Need to Always THINK BEFORE I ACT)
P THERE IS ALWAYS A HEALTHY OPTION I CAN CHOOSE

When I Feel Like Doing This: _____

I Will DO THIS INSTEAD: _____

When I Feel Like Doing This: _____

I Will DO THIS INSTEAD: _____

When I Feel Like Doing This: _____

I Will DO THIS INSTEAD: _____

This is Where I WILL GO _____, when I feel like going here _____.

This is WHO I WILL CALL OR GO SEE _____, when I feel like calling
or going to see _____.

I always have a CHOICE.... I always have an OPTION...
I am IN CONTROL of myself.

Anger/Rage Safety Plan

- 1.) Take a Deep Breath and Sit Down.
- 2.) Stop Drinking Alcohol.
- 3.) Exit by going outside or to another room. Take three *deep* breaths.
- 4.) Call _____ @ _____ - _____. Talk for five minutes.
- 5.) Write out what is bothering you on a piece of paper.
- 6.) If you are still feeling angry, go to this place: _____.
- 7.) If you are still unable to control your rage, or if you feel like killing yourself or others, call _____ @ _____ - _____ and tell whoever answers that,
"I feel like killing myself, or others, and I want help."

It seems like a simple assignment, but for many clients it's extremely difficult. Every time they were angry for the past 5-10-20 years, they threw a chair through a window. That is the only thing they now how to do. Since people only do what they know how to do, brainstorming new and different behaviors can be quite a task for them.

There are 10 blank spaces for options instead of 3 or 4 because I found that the first 3 or 4 answers are usually the options the client thinks I want to hear. I found that spots 5, 6, and 7 are usually the passive aggressive things they write down in response to the fact that I am actually going to require they come up with 10 options before we can move on to something else in therapy. In spots 8, 9, and 10 are where true brainstorming and the original ideas usually emerge. These optional strategies, derived from our clients own frame of reference, can prove to be tremendously valuable tools in helping them choose to do something other than what they have always done before, and can break the cycle of self-defeating and self-destructive behavior.

The fifth task in anger management is to help our clients practice new behaviors before they leave therapy. They say it takes 21 days to make a new habit. If for the last 5 years, 10 years, 20 years, or 50 years your client has responded with the same behavior every time they have been angry, teaching a strategy for behavioral change once in the therapy office and then expecting it to be implemented in the future in the real world is probably futile.

Methods of practicing new behaviors including role playing, 'red flagging' inappropriate behaviors, group therapy and providing concept-reinforcing homework assignments between therapy sessions which focus on helping the client to implement their new behaviors.

Along with 'practice makes perfect', your clients should be aware that they may fail (a lot or a little) the first time or two after they leave the therapy session, but that they need to keep trying. Even if they took three steps away when they were angry, and then went back and threw a chair, they did at least do something different first (for the first time), and that is a positive step in the right direction. Hopefully next time it will be easier to keep walking to a safe place.

Course Conclusion

The previous tasks for anger management are all relatively simple, but they are essential in order for us to see long-term change in the angry client. Admittedly, all five of these tasks are rather general – they are concepts and ideas, rather than step-by-step instructions. All interventions and techniques built upon these concepts will need to be targeted specifically to your client’s individual point of need.

On the following two pages, you will find examples of specific targeted interventions designed to help our angry clients manage their anger. These are only examples. Hopefully you will find some ideas on these sheets to be valuable for the kinds of clients you work with. I could have written a hundred pages of targeted interventions for the angry client, but then it would be a much longer continuing education course. I do have a 30-page Anger Management client workbook filled with worksheets and education pages, which you might find very useful in your practice, but the description would likely cause another commercial.

What I want you to note about these next 2 examples is their specificity. They look at certain difficulties the client has with their behaviors or with their thoughts about anger, and attempt to decrease the severity of their condition through creating pro-action plans, or through simple education.

Remember, typically, the higher the functioning level of the client, the more cognitive you can be in your interventions, and the lower the functioning level, the more behavioral you will want to be. Sometimes you can hand a client a worksheet and they can complete it by themselves. Other times you will have to help them read it and complete it line by line. Recognizing and following through on these distinctions is simply part of meeting the client at their specific point of need.

It is my hope that this 1.5 Hour CEU course has been useful to you. By no means has this been an exhaustive course on treating the angry client, but my hope is that not only have you met part of your required CEU hours, but that you have also gleaned some useful information for the clients on your caseload.

We hope that you have enjoyed this course!
More courses are available at <http://www.fastceus.com/>.

>>> Before I GO ... I Need to KNOW >>>
(My Cheat-Sheet for Personal Success)

Important Helpful People and Phone Numbers:

_____ @ _____
(Call When I'm In Any Crisis)

OR _____ @ _____
(Call When I Need Help With _____)

OR _____ @ _____
(Call When I Need Help With _____)

P FEEL >>> THINK >>> ACT (I Need to Always THINK BEFORE I ACT)
P THERE IS ALWAYS A HEALTHY OPTION I CAN CHOOSE

When I Feel Like Doing This: _____

I Will DO THIS INSTEAD: _____

When I Feel Like Doing This: _____

I Will DO THIS INSTEAD: _____

When I Feel Like Doing This: _____

I Will DO THIS INSTEAD: _____

This is Where I WILL GO _____, when I feel like going here _____.

This is WHO I WILL CALL OR GO SEE _____, when I feel like calling
or going to see _____.

I always have a CHOICE.... I always have an OPTION...
I am IN CONTROL of myself.

Anger/Rage Safety Plan

- 1.) Take a Deep Breath and Sit Down.
- 2.) Stop Drinking Alcohol.
- 3.) Exit by going outside or to another room. Take three *deep* breaths.
- 4.) Call _____ @ _____ - _____. Talk for five minutes.
- 5.) Write out what is bothering you on a piece of paper.
- 6.) If you are still feeling angry, go to this place: _____.
- 7.) If you are still unable to control your rage, or if you feel like killing yourself or others, call
_____ @ _____ - _____ and tell whoever answers that,
"I feel like killing myself, or others, and I want help."



Crazy Time Management Tips!

90 Minutes of Sleep!

We sleep in 90-minute cycles. Divide the average number of hours you sleep by 1.5 hours. If you sleep an average number of hours that is not evenly divisible by 1.5 hours you may be waking in the middle of your sleep cycle. Change your sleep schedule to get six, seven-and-a-half, nine or ten-and-a-half hours of good sleep.

Physiology of Time Management

| | |
|------------|---|
| 7:00 | Wake-up |
| 7:00-8:00 | Getting Started * <i>Sexual Peak</i> |
| 8:00-Noon | Relating to People * <i>Meetings</i> * <i>Phone calls</i> |
| Noon- 1:30 | Lunch * <i>Most apt to be affected by alcohol</i> |
| 1:30-2:00 | Drop in Hormone Level * <i>Naptime</i> * <i>Illusion of busy</i> |
| 2:00-5:00 | Analytical Time * <i>Details</i> * <i>Pain is at its highest level</i> * <i>Avoid personal interaction</i> |
| 6:00-8:00 | Exercise, Dinner and Family |
| 10:00 | Second Wind |

Afternoons are primed for fighting.

Unpleasant tasks or conflictual times demanding ruthlessness are primed by the drop in hormones after lunch. This is the time to schedule confrontation or that highly difficult client. Psychologically we may want to “get it over with in the morning” but our desire to interact and a client’s ability to “hook” us are reduced in the afternoon. Conversely, if you are easy to anger, the afternoon may be when you want to avoid interactions with certain people who you don’t wish to have enhanced conflict with.

Paradoxical Sleep

Trouble getting to sleep? Get ready for bed and instead of worrying about not sleeping, try to stay awake. Practice becoming aware of trying to stay awake and which parts of your body “drift” off into relaxation first. Again, try to stay awake with your eyes closed and don’t let yourself go to sleep.

Get Natural Light

90% of our waking time is in cars and buildings. Become aware of the type of light you receive. Those with SAD have found a full spectrum light relieves symptoms. Bright lights in offices can lead to boredom and fatigue, tired eyes and irritability. Red lights increase risk. Spring for the extra 10 cents and buy ‘soft’ bulbs for the house.

THANK YOU FOR YOUR PARTICIPATION IN THIS COURSE

To receive continuing education credit for this course, you must have read this entire text file.

You must also complete and return the Evaluation of Learning Quiz and pay the CEU fee. (Instructions are on the next page.)

We always appreciate constructive input from our customers - even when it's 'negative', so please feel free to fill in the "Additional Comments" section of the Grade This Course evaluation when you submit your quiz and payment.



Richard K. Nongard, LMFT, CCH, CPFT
Executive Director

"Practical Anger Management"

1.5 Continuing Education Clock Hours

Procedures to Receive CEU Credit:

- ⇒ This document contains all of the course materials you needed to read.
- ⇒ Now you must complete the required True/False Evaluation of Learning Quiz and submit it to our office along with your payment, in order to obtain your CEU certificate.

FOR ONLINE SUBMISSION:

Go back to www.FastCEUs.com and click the "QUIZ & PAY" link for this course.

On the page that opens, enter your information and take the T/F Quiz. When you click SUBMIT, the program will instantly grade your quiz, and provided you pass by at least 80%, it will then charge your credit or debit card.

Immediately, a new web page will open containing your Receipt and Certificate info, and a Link will be provided to access a fancy Certificate for you to Print and/or Save to your computer.

You will also receive an Email containing this same information and the link. *You will **NOT** receive a paper certificate in the mail - This electronic system provides numerous options for you to print and save your CEUs.*

FOR FAX OR MAIL SUBMISSION:

Print the Quiz and Payment forms on the next few pages of this document, and complete the requested information.

Our 24-hour secure Fax number is **(888)-877-6020**.

If you fax your quiz and payment to us, please do NOT also mail it.

We process faxes within approximately 4 business hours after receiving them.

Faxes submitted late in the day or after hours will be processed the next business morning. However, all certificates are dated the date we receive your course quiz and payment.

*You will **NOT** receive a paper copy of your Certificate in the mail.*

Enter either your fax number or an Email address and we will send your CEU Certificate to the contact info you provide.

If you prefer to use a check or money order, please Mail the quiz and payment to:

PeachTree Professional Education, Inc.
15560 N. Frank L. Wright Blvd, #B4-118
Scottsdale, AZ 85260

EVALUATION OF LEARNING QUIZ - PAGE 1 of 3

PRINT & FAX or MAIL THIS PAGE AND THE ANSWERS PAGES TO OUR OFFICE

*** * * * OR * * * ***

You may complete and submit this information **ONLINE** by following this link:

<https://www.fastceus.org/index.php?extension=anger-mgmt>

PLEASE NEATLY PRINT THE FOLLOWING INFORMATION:

NAME as you want it on your CEU Certificate: _____

Your professional cert/license with numbers: _____

ADDRESS for record keeping: Street: _____

City: _____

State: _____ Zip: _____

DAYTIME TELEPHONE Number: (_____) _____

We will FAX or EMAIL your CEU Certificate (no copy will be mailed).

— **CLEARLY PRINT** YOUR FAX # or EMAIL ADDRESS:

(IF you FAX us your Evaluations do NOT mail them. WRITE NEATLY so you get your CEUs.)

PRACTICAL ANGER MANAGEMENT

This 1.5 Hour CEU Course is **\$24.50**

CIRCLE: Master Card Visa Discover Card American Express Check Enclosed

Card Number: _____

Card Expiration Date: _____ Security Code: _____

(Security Code = last 3 digits on back of card for MC, Visa, Discover - or 4 digits on front for Amex)

Signature: _____

Mail: PeachTree Professional Education, Inc.

15560 N. Frank L. Wright Blvd, #B4-118 Scottsdale, AZ 85260

Phone: (800) 390-9536 **Fax:** (888) 877-6020

EVALUATION OF LEARNING PAGE 2 of 3

Course Title: "PRACTICAL ANGER MANAGEMENT"

1.5 Hours of Approved Continuing Education Credit

The purpose of the following Evaluation of Learning questions is to:

- A.) Verify that you have read the required course materials
- B.) Demonstrate an understanding of the practical application of the course materials
- C.) Officially document your participation and completion of this course

➡ PLEASE ANSWER THE FOLLOWING 15 EVALUATION QUESTIONS.

- T F 1. I have read the required reading materials .PDF file
- T F 2. Anger is one of the most powerful human emotions.
- T F 3. Good people rarely become angry.
- T F 4. There can be some positive aspects to human anger.
- T F 5. The ventilationist approach says that our clients benefit when given a forum to express their anger in therapy.
- T F 6. In the age of Brief Therapy, behavioral change when angry is the goal, rather than changing emotions.
- T F 7. Any approach to treating anger that fails to recognize the value of anger or the impossibility of truly eliminating anger is an approach that may have specific benefits, but lacks long-term efficacy.
- T F 8. The anger management approach does not look at anger as 'good' or 'bad', but simply as anger.
- T F 9. Anger can gain attention when nothing else will.
- T F 10. Anger can also serve as a motivator and energizer.
- T F 11. According to Kubler-Ross, when experiencing grief you are abnormal if you do not go through these five stages, and anger is the second stage.
- T F 12. We want to remember that for our clients to function at an optimum level, becoming un-angry is a central and vital part of therapy.
- T F 13. Rage and anger are the same emotion.
- T F 14. The first task of anger management is to change the client's cognitions.
- T F 15. Methods of practicing new behaviors include: role-playing, group therapy and providing concept-reinforcing homework assignments between therapy sessions

GRADE THIS ONLINE COURSE! – Page 3

***It is helpful to us if you return this form via snail mail or fax,
along with your Quiz and Payment.
Thank-you!***

Participant Assessment of Home Study CEU Course

PRACTICAL ANGER MANAGEMENT

1.5 Credit Hours

**Please Rate the Following Statements from 1-5
(1 being the Lowest, 5 being the Highest.)**

- _____ 1. I found the PeachTree Online Home Study Course Instructions simple to follow.
- _____ 2. I found the PeachTree Online Home Study Course materials to be of professional quality, and easy to read.
- _____ 3. I found the PeachTree Online Home Study Course materials to be of educational value, relative, and useful to my counseling practice.
- _____ 4. I completed the 1.5 Hour PeachTree Online Home Study Course in approximately 1.5 hours.
- _____ 5. I would take another PeachTree Online Home Study Course, and/or recommend them to a co-worker.

ADDITIONAL COMMENTS: