



Managing Anger: A Cognitive Behavioral Pilot in a Day-Hab Setting

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What do we know about anger?



“An emotion characterized by tension and hostility arising from frustration, real or imagined injury by another, or perceived injustice.

- It can manifest itself in behaviors designed to remove the object of the anger (e.g., determined action) or behaviors designed merely to express the emotion (e.g., swearing). Anger is distinct from, but a significant activator of, aggression, which is behavior intended to harm someone or something. Despite their mutually influential relationship, anger is neither necessary nor sufficient for aggression to occur.” (APA)

A brief history of anger in treatment

- Individuals with learning disabilities as well as those diagnosed with intellectual disabilities struggle with maintaining and managing anger (Taylor et al, 2005, Gulbenkoglu et al 2006).
- Typically seen in both verbal and physical aggression, professionals and direct support professionals alike work with these individuals both residentially and at day programs to help assist in curbing these behaviors (Willner et al., 2011, and Taylor et al 2005).



Cognitive Behavioral Therapy

- Cognitive Behavioral Therapy is defined as a form of psychotherapy in which negative patterns of thought about the self and the world are challenged in order to alter unwanted behavior patterns (Oxford).
- Compared to other forms of treatment CBT's focus is to address specific psychological problems caused by faulty or unhelpful ways of thinking, addressing learned patterns of unhelpful behavior as well as managing those problems with effective coping skills (APA Div. 12 Society of Clinical Psychology).

CBT Continued

►- Cognitive behavioral approach consists of components such as relaxation; teaching coping, problem solving, and assertiveness skills; and cognitive therapy (Hagiliassis et al., 2005; King, Lancaster, Wynne, Nettleton, & Davis, 1999).



CBT in different populations

- ▶ The treatment model is flexible, and has the capability of accommodating various racial, cultural, and LGBTQI issues. As well as being seen as effective amongst different racial/ethnic minority groups and genders (Reilly & Shopshire, 2000).
- ▶ CBT has been seen as an effective treatment for anger management amongst various populations, including those with intellectual disabilities. (Reilly, P. 2019, Willner, P. et al, 2011, Taylor et al. 2023; Fernandez et al. 2018 and Henwood, et al 2015).



A Disclaimer !!

- Although research regarding anger management with the ID population appears limited, most data sets and samples are amongst those within the Forensic population.
- Research within residential and day program still appear limited within the United states and should be expanded upon.

Professionals in the field

-Individuals with intellectual disabilities receiving CBT treatment from trained staff have shown significant improvement of managing their anger (Rose, 2013)

- Cheng (2008) indicated that materials utilized in the text “Anger treatment for people with developmental disabilities: a theory, evidence and manual based approach” are still copyrighted and there are no digital versions to adapt and modify for personalized use.

The current Curriculum

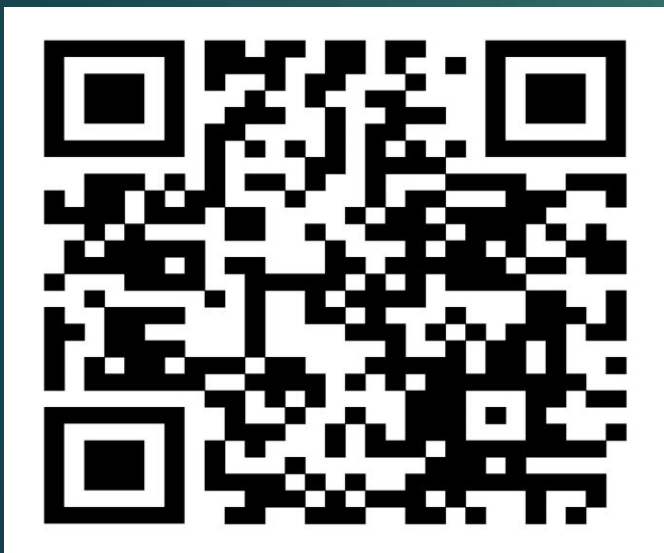
- The Substance Abuse and Mental Health Services Administration (SAMHSA) have produced a public domain curriculum to address anger management for individuals with mental health disorders and substances use.
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<https://library.samhsa.gov/product/anger-management-substance-use-disorder-and-mental-health-clients-participant-workbook/pep19-02-01-002>



Use of this curriculum

-It is the current focus to adapt a functional anger management curriculum for individuals with intellectual disabilities using, “Anger Management for Substance Use Disorder and Mental Health Clients: Participant Workbook (Reilly et al., 2019).



Updated 2019

ANGER MANAGEMENT

for Substance Use Disorder and
Mental Health Clients

Participant Workbook

SAMHSA
Substance Abuse and Mental Health
Services Administration

IGHL
Supporting people for life
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Goals

- The primary goal of this proposal is to reduce the frequency and intensity of aggressive incidents while increasing participants' ability to use appropriate coping and self-regulation strategies.
- Ultimately, it aims to enhance participants' emotional awareness, interpersonal skills, and overall well-being, thereby improving their capacity to engage more positively within their communities.
- With the assistance of a licensed speech pathologist, modifications were made within the first five sessions to enhance the curriculum and make it approachable for the participants.

Measures and Participants

The proposed intervention involves 2 separate sessions, the first session will consist of the curriculum unaltered. The second session will have supported documentation.

Each session includes guided discussions, daily check-ins to monitor anger levels, and homework assignments to reinforce concepts introduced during group meetings.

The group will consist of 6–7 participants with a diagnosis of mild intellectual disability and currently have behavior support plans targeting property destruction, verbal aggression or physical aggression.

Diagnoses defined

- ▶ Intellectual Disability is defined as deficits in intellectual functions such as reasoning, problem solving, planning, abstract thinking, judgment, academic learning, and learning from experience, confirmed by both clinical assessment and individualized , standardized intelligence testing.
- ▶ Bipolar (Manic): A Distinct Period of abnormality and persistently elevated, expansive or irritable mood and abnormally and persistently increased goal directed activity or energy, lasting at least 1 week and present most of the day, near every day.
- ▶ Generalized Anxiety Disorder: Excessive anxiety and worry, occurring more days than not for at least 6 months, about a number of events or activities.

Target Behaviors Defined

- ▶ **Physical Aggression** (hitting, pushing, scratching, kicking, or grabbing others)
- ▶ **Property destruction** (deliberately breaking and/or destroying items such as furniture, doors, putting holes into walls, breaking or ripping off decorative or functional items within the physical environment and throwing objects at others.)
- ▶ **Verbal aggression** (speaking in a manner which is hostile, threatening, insulting or loud; yelling and screaming, etc.)

Myths about anger

- ▶ The way you express anger cannot be changed
- ▶ Anger Automatically leads to aggression
- ▶ You must be aggressive to get what you want
- ▶ Venting Anger is always desirable

Session one

- This session talks about the rules of the group, expectations and understanding confidentiality.
- It also addresses at what point do the participants view anger an issue.

ANGER MANAGEMENT for Substance Use Disorder and Mental Health Clients

Definitions

In the most general sense, anger is a feeling or emotion that ranges from mild irritation to intense fury and rage. Many people often confuse anger with aggression. Aggression is that is intended to cause harm or injury to another person or damage to property. Hostility, on the other hand, refers to a set of attitudes and judgments that motivate aggressive behavior.

- Before you learned these definitions, did you ever confuse anger with aggression? Please explain how.

When Does Anger Become a Problem?

Anger becomes a problem when it is felt too intensely, is felt too frequently, or is expressed inappropriately. Feeling anger too intensely or frequently places extreme physical strain on the body.

- List some ways anger may be affecting you physically.

Payoffs and Consequences

The inappropriate expression of anger initially has apparent payoffs (for example, releasing anger by controlling people). In the long term, however, these payoffs lead to negative consequences. This is why they are called "apparent" payoffs; the long-term negative consequences far outweigh short-term gains.

- List some payoffs to using anger that you are familiar with.

ANGER MANAGEMENT for Substance Use Disorder and Mental Health Clients

Anger Is a Habit

Anger can become a routine, familiar, and predictable response to a variety of situations. When anger is displayed frequently and aggressively, it can become a maladaptive habit. A habit, by definition, means performing behaviors automatically, over and over again, without thinking. The frequent and aggressive expression of anger can be viewed as a maladaptive habit because it results in negative consequences.

- Has anger become a habit for you? How?

- In what ways has it been maladaptive?

Breaking the Anger Habit

You can break the anger habit by becoming aware of the events and circumstances that trigger your anger and the negative consequences that result from it. In addition, you need to develop a set of strategies to effectively manage your anger. You will learn more about strategies to manage anger in session 3.

- List some anger control strategies that you might know or that you may have used in the past.

Expansions within the text

Anger Meter

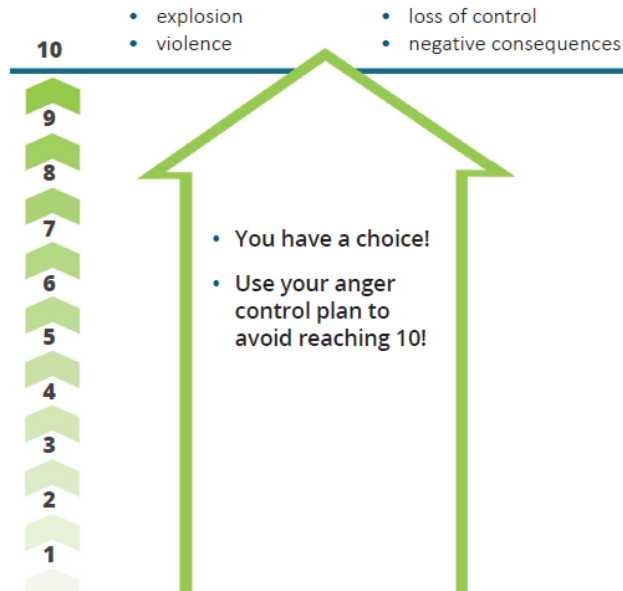
A simple way to monitor your anger is to use a 1-to-10 scale called the anger meter. A score of 1 on the anger meter represents a complete lack of anger or a total state of calm, whereas 10 represents an angry and explosive loss of control that leads to negative consequences.

- For each day of the upcoming week, monitor and record the highest number you reach on the anger meter.

___ M ___ T ___ W ___ Th ___ F ___ Sat ___ Sun

- Be prepared to report the highest level of anger you reached during the week in next week's group.

Anger Meter



HOW ARE YOU FEELING?

Angry/Mad
Frustrated
Overwhelmed
I need space!
Out of Control

Scared
Nervous/Worried
Confused
I Need Squeezes!
Loss of Some Control

Happy/Calm
Excited
Surprised
I want a Hug!
I'm Ready to Learn

Sad
Tired
Sick/Hurt
I Need Help!
I'm Moving Slowly

Session Two

- Reviewing what specific situations lead to anger
- Looks at the various changes we go through when experiencing anger; physical, emotional, cognitive, and behavioral cues

Session 2

EVENTS AND CUES

In this session, you will begin to learn how to analyze an episode of anger. This involves learning how to identify events and cues that indicate an escalation of anger.

Events That Lead to Anger

When you get angry, it is because your interpretation of an event in your life has provoked your anger. Many times, specific events touch on sensitive areas. These sensitive areas or “red flags” usually refer to longstanding issues that can easily lead to anger. In addition to events that you experience in the here and now, you may also recall an event from your past that made you angry. Just thinking about these past events may make you angry now. Here are examples of events or issues that can lead to anger:

- Having to wait a long time (on the phone or in an office)
- Being stuck in traffic or on a crowded bus
- A friend or coworker saying hurtful or untrue things
- A friend not paying back money owed to you
- Having to clean up someone else’s mess
- Neighbors who are inconsiderate
- Dealing with a frustrating person or situation on the Internet

- Talking to each group member about how these cues are important
- It allows us to figure out how to address them as they occur.

Cues to Anger: Four Cue Categories

A second important way to monitor anger is to identify the cues that occur in response to the anger-related event. These cues serve as warning signs that you have become angry and that your anger is escalating. Cues can be broken down into four cue categories: physical, behavioral, emotional, and cognitive (or thought) cues. After each category, list the cues that you have noticed when you get angry.

1. Physical Cues (how your body responds—with an increased heart rate, tightness in the chest, feeling hot or flushed)

2. Behavioral Cues (what you do—clench your fists, raise your voice, stare at others)

3. Emotional Cues (other feelings that may occur along with anger—fear, hurt, jealousy, disrespect)

4. Cognitive Cues (what you think about in response to the event—hostile self-talk, images of aggression and revenge)

Expansions in Session two

Similarly to the first session, utilization of a vibrant color scheme and interactive element allowed participants share in their own way.

Name: _____ Date: _____

My Anger Triggers
What makes you feel angry? List as many triggers as you can for feeling angry.

I feel angry when...

What Pushes Your Buttons?

- Being Told No
- Being Ignored
- Waiting
- A Misunderstanding
- Hunger
- Being Disrespected
- Cheating
- Being Bumped Into
- Being Touched
- Loud Noises
- Too Much To Do
- Losing a Game
- Rumors or Gossip
- An Accident
- Hurt or Pain
- Being Left Out
- Being Scared
- Being Bullied
- Bad News
- An Interruption
- Unfair Treatment
- Things Do Not Go As Planned
- Tests and Grades
- Things Are Not Fair
- Being Late
- Not Understanding What To Do
- Being Criticized
- Being Told What To Do
- Being Tired

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Expansions within session two continued



Situation	Anger Cues	Anger Meter Rating	Behavior	Consequences (positive or negative)	Strategies Used
What sets me up to become angry?	What was I thinking? What was I feeling? What did I tell myself?	1=Low 10=High	What did I do then?	What good or bad things happened?	What tools did I use to respond?

Name: _____ Date: _____

My Anger Log
When you feel angry, write in this log to help keep track of when and why you felt that way.

Date and Time	Where You Felt Angry	Why You Felt Angry



Session 3

ANGER CONTROL PLANS

In this session, you will begin learning about specific strategies to manage your anger. The anger control plan refers to the list of strategies you will identify to manage and control your anger.

Anger Control Plans

Up to now, the group has been focusing on how to monitor anger. In the first session, you learned how to use the anger meter to rate your anger. Last week, you learned how to identify the events that lead to your anger, as well as the physical, behavioral, emotional, and cognitive cues associated with each event. You also learned to monitor the events, cues, outcomes, and strategies with the anger awareness record. In this session, you will begin to develop your own anger control plans and learn how you can use specific strategies, such as timeouts and relaxation, to control anger. Some people refer to their anger control plans as their toolbox and the specific strategies they use to control their anger as the tools in their toolbox.

An effective set of strategies for controlling anger should include both immediate and preventive strategies. Examples of immediate strategies include timeouts, deep-breathing exercises, and thought stopping. Examples of preventive strategies include developing an exercise program and changing irrational beliefs. These strategies will be discussed in later sessions.

Timeouts

The timeout is a basic anger management strategy that should be in everyone's anger control plan. Just as a sports team will call a timeout to regroup, you can use a timeout to collect yourself or change the situation when you feel anger building. In its simplest form, a timeout means taking a few deep breaths and thinking instead of reacting. It may also mean leaving the situation that is causing the escalation or simply stopping the discussion that is provoking your anger.

You can develop a formal timeout policy that involves your relationships with family members, friends, and coworkers. The formal use of a timeout involves having an agreement, or a prearranged plan, by which any of the parties involved can call a timeout and to which all parties have agreed in advance. The person calling the timeout can leave the situation, if necessary. It is agreed, however, that he or she will return to either finish the discussion or postpone it, depending on whether the parties involved feel they can successfully resolve the issue.

A timeout is important because it can be used effectively in the heat of the moment. Even if a person's anger is escalating quickly as measured on the anger meter, he or she can prevent reaching 10 by taking a timeout and leaving the situation.

A timeout is also effective when used with other strategies. For example, you can take a timeout and go for a walk. You can also take a timeout and call a trusted friend or family member or write in your journal. These other strategies help you calm down during your timeout period.

Session Three

- ▶ Discusses how to approach a mental timeout before things escalate
- ▶ Identifying people in their lives that can assist them in calming down

Anger Choice Cards For Classroom

When I'm angry, I can... BREATHE DEEPLY 	When I'm angry, I can... COUNT TO 10 	When I'm angry, I can... DRINK WATER 
When I'm angry, I can... GO TO THE QUIET SPOT & USE THE COOL DOWN BOX 	When I'm angry, I can... GET AN ADULT TO HELP 	When I'm angry, I can... DRAW A PICTURE 
When I'm angry, I can... SING A SONG 	When I'm angry, I can... WRITE ABOUT IT 	When I'm angry, I can... HAVE THINK TIME 
When I'm angry, I can... WALK AWAY 	When I'm angry, I can... IMAGINE A PEACEFUL SPOT 	When I'm angry, I can... TAKE A BRAIN BREAK 
When I'm angry, I can... REMEMBER A HAPPY TIME 	When I'm angry, I can... TALK TO A FRIEND 	When I'm angry, I can... SMILE ANYWAY!!! 

Expansions in Session three

Session Four

- Allows participants to connect what triggers and cues to lookout for before anger turns into aggressive acts.
- Teaches participants how to engage in breathing and muscle relaxation techniques to calm the body down.

Session 4

THE AGGRESSION CYCLE

In this session, you will learn about the aggression cycle and practice progressive muscle relaxation. The aggression cycle integrates some of the ideas and tools you've already learned about: the anger meter, cues to anger, the anger awareness record, and the anger control plan.

The Aggression Cycle

An episode of anger can be viewed as consisting of three phases: buildup, explosion, and aftermath. Together, these three phases make up the aggression cycle. The buildup phase is characterized by cues that indicate anger is building. As you may recall, cues are warning signs, or responses, to anger-related events. If the buildup phase is allowed to continue, the explosion phase can follow. The explosion phase is marked by a discharge of anger that is displayed as verbal or physical aggression. The aftermath phase is characterized by the negative consequences that result from the verbal or physical aggression displayed during the explosion phase. These consequences may include going to jail, making restitution, being terminated from a job, being discharged from a drug treatment or social service program, losing family and loved ones, or feelings of guilt, shame, and regret.

The Aggression Cycle and the Anger Meter

Notice that the buildup and explosion phases of the aggression cycle correspond to levels or points on the anger meter. The points on the anger meter below 10 represent the buildup phase, the escalation of anger. The explosion phase, on the other hand, corresponds to a 10 on the anger meter. A 10 on the anger meter represents when you begin to lose control and express anger through verbal or physical aggression that leads to negative consequences.

One of the primary objectives of anger management treatment is to stop you from reaching the explosion phase. This is accomplished by using the anger meter to monitor changing levels of anger, attending to the cues or warning signs that indicate anger is building with the anger awareness record, and using the appropriate strategies from your anger control plan to stop the escalation of anger. If the explosion phase is prevented, the aftermath phase will not occur and the aggression cycle will be broken.

- What phase of the aggression cycle are you in if you reach a 7 on the anger meter?

- What phase are you in if you reach 10 on the anger meter?

Expansions within Session four

The Aggression Cycle

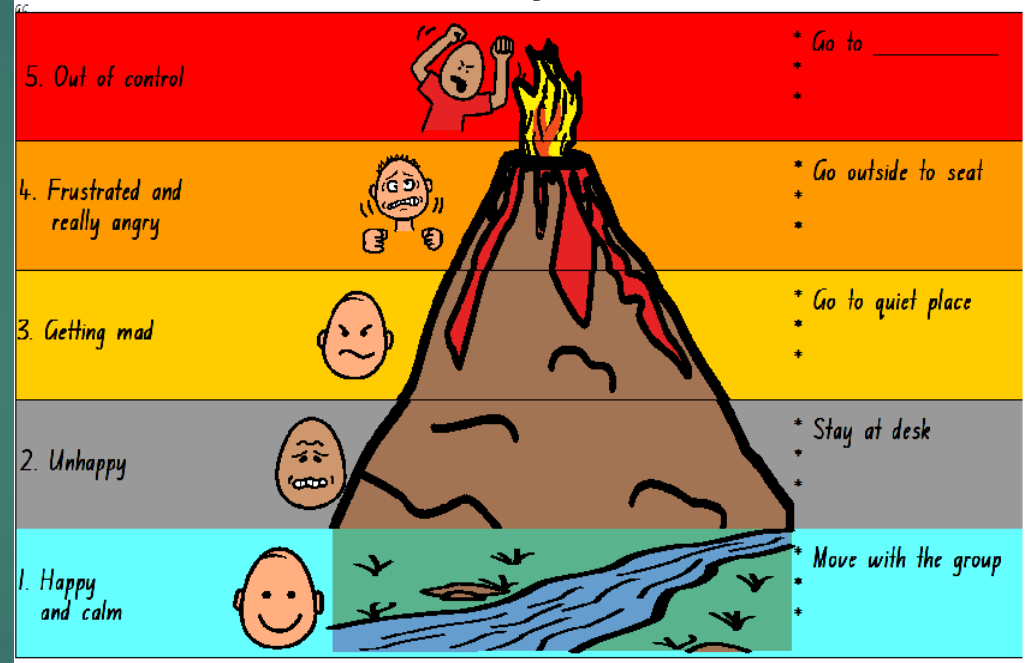
- increased heart rate
- flushed, hot
- clenched fists
- pacing back and forth
- feelings that underlie anger
- hostile thoughts and self-talk
- fantasies, images

- verbal aggression
- destructiveness
- violence

- fired from job
- kicked out of treatment
- financial costs
- loss of family, friends
- jail
- guilt, shame



The Feelings Volcano



Session 5

- ▶ Teaches participants how to engage in cognitive restructuring
- ▶ Attempting to dispute maladaptive thoughts and reframing belief systems.

Session 5

COGNITIVE RESTRUCTURING

In this session, you will learn about the A-B-C-D Model as a form of cognitive restructuring. You will also learn about thought stopping, an alternative to the A-B-C-D Model.

The A-B-C-D Model

The A-B-C-D Model (see next page) is consistent with the way some people conceptualize anger management treatment. In this model, "A" stands for an activating event. The activating event is the "event" or red-flag event. "B" represents our beliefs about the activating event. It is not the events themselves that produce feelings such as anger; it is our interpretations and beliefs about the events. "C" stands for the emotional consequences. These are the feelings experienced as a result of interpretations and beliefs concerning the event. "D" stands for dispute. This part of the model involves identifying any maladaptive beliefs and disputing them with more rational or realistic ways of looking at the activating event. The idea is to replace self-statements that lead to, or escalate, anger with ideas that allow you to have a more realistic and accurate interpretation of the event.

- What does each of the letters of the A-B-C-D Model stand for?

- List some of your maladaptive beliefs.

- How might you dispute these beliefs?

The A-B-C-D Model

A = Activating Situation or Event

B = Belief System

- What you tell yourself about the event (your self-talk)
- Your beliefs and expectations of others

C = Consequence

- How you feel about the event based on your self-talk

D = Dispute

- Examine your beliefs and expectations
- Are they unrealistic or maladaptive?

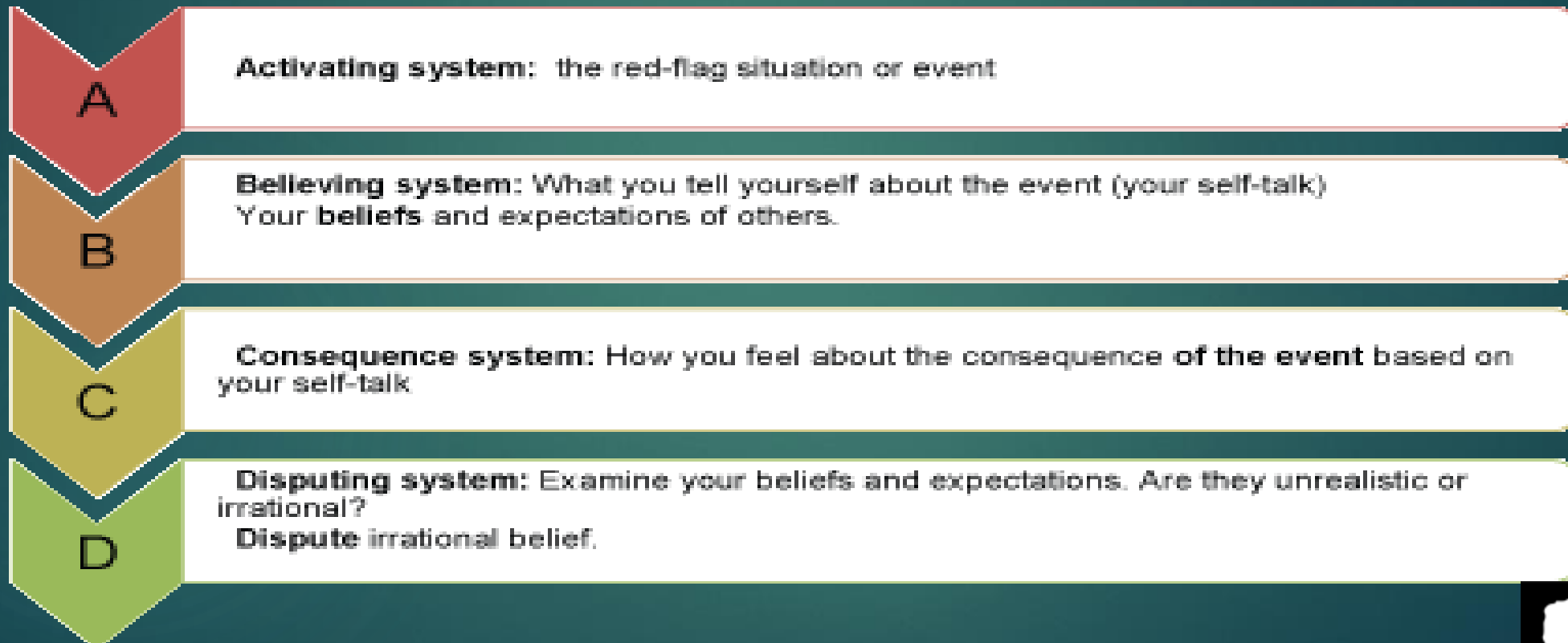
Based on Ellis, A. (1979). Rational-emotive therapy. In R. Corsini (Ed.), *Current psychotherapies* (pp. 185–229). Itasca, IL: Peacock Publishers; and Ellis, A., & Harper, R.A. (1975). *A new guide to rational living*. North Hollywood, CA: Wilshire Books.

Thought Stopping

A second approach to controlling anger is called "thought stopping." Thought stopping is an alternative to the A-B-C-D Model. In this approach, you simply tell yourself through a series of self-commands to stop thinking the thoughts that are making you angry. For example, you might tell yourself, "I need to stop thinking these thoughts; I will only get into trouble if I keep thinking this way" or "Don't buy into this situation" or "Don't go there." In other words, instead of trying to dispute your thoughts and beliefs, as outlined in the A-B-C-D Model above, the goal is to stop your current pattern of angry thoughts before they lead to an escalation of anger and a loss of control.

- What are some other examples of thought-stopping statements you can use when you become angry?

Session 5 expanded



Sessions 7 & 8

ASSERTIVENESS TRAINING AND THE CONFLICT RESOLUTION MODEL

In these two sessions, you will learn about assertiveness, the Conflict Resolution Model, and how acting in an assertive manner can reduce conflicts you have with others.

Assertiveness Training

As you learned in session 1, aggression is behavior that is intended to cause harm to another person or damage to property. This behavior can include verbal abuse, threats, or violent acts. Often, the first reaction when another person has violated your rights or treated you unfairly is to fight back or retaliate. The basic message of aggression is that my feelings, thoughts, and beliefs are very important and your feelings, thoughts, and beliefs are unimportant and inconsequential.

One alternative to aggressive behavior is to act passively or in a nonassertive manner. This behavior is undesirable because you allow your rights to be violated. You may resent the person who treated you poorly, and you may be angry with yourself for not standing up for your rights. The basic message of passivity is that your feelings, thoughts, and beliefs are very important but my feelings, thoughts, and beliefs are unimportant and inconsequential.

People who act in a passive-aggressive way tend to believe that others are making unreasonable demands on them, so they ignore the demands or try to mess things up for the person who made the demand. If you express the opinion that you see the demand as unreasonable in an assertive rather than a passive-aggressive way, others may understand your perspective, and you may be able to reach a compromise.

From an anger management perspective, the best way to deal with a person who has treated you unfairly is to act assertively. Acting assertively involves standing up for yourself in a way that is respectful of other people. The basic message of assertiveness is that my feelings, thoughts, and beliefs are important and your feelings, thoughts, and beliefs are equally important. By acting assertively, you can express your feelings, thoughts, and beliefs to the person who violated your rights without suffering the negative consequences associated with aggression or the devaluation of yourself associated with passivity or nonassertion.

It is important to emphasize that assertive, aggressive, and passive responses are learned behaviors; they are not innate, unchangeable traits. By practicing the Conflict Resolution Model, you can learn to develop assertive responses that will allow you to manage interpersonal conflicts in a more effective way.

- What are some problems that you may experience if you act aggressively during conflicts with others?

Sessions 7-8

Sessions 9-10

Sessions 9 & 10

ANGER AND THE FAMILY

In these two sessions, you will think about how anger and other emotions were expressed in your family. This involves analyzing how past family interactions affect current thoughts, feelings, and behavior.

Anger and the Family

For many of us, the interactions we had with our parents have strongly influenced our behaviors, thoughts, feelings, and attitudes as adults. With regard to anger and its expression, these feelings and behaviors were usually modeled for us by our parents or parental figures. The following series of questions concerns the interactions you had with your parents and the families that you grew up in. Discussing family issues can sometimes bring up uncomfortable feelings. Be sure to discuss these feelings with the group leader or your counselor.

- Describe your family. Did you live with both parents? Did you have any brothers and sisters? Where did you grow up?

- How was anger expressed in your family while you were growing up? How did your father express anger? How did your mother express anger? Were you ever threatened with physical violence? Was one parent abusive to the other parent or to you?

Sessions 9-10 continued

- How were other emotions, such as happiness and sadness, expressed in your family? Was emotional expression limited to feelings of anger and frustration, or were many different kinds of emotions expressed?

- How were you disciplined and by whom? Was physical punishment involved (for example, being hit with hands, belts, switches, or other objects)? How did you respond to this discipline?

- What role did you take in your family? For example, were you the hero, the rescuer, the victim, the clown, the scapegoat, etc.?

- What messages did you receive about your father and men in general? What messages did you receive about your mother and women in general?

Discussion and implications in practice

- ▶ Addition of breathing techniques and disputing maladaptive thoughts as proactive methods prior to antecedent event.
- ▶ Adding the supplemental documentations allowed participants to engage in the sessions in a proactive and person centered manner.
- ▶ It allowed participants strengths in communication to be highlighted in an effective way.

Used in behavior programs:

- “John Doe, should be encouraged to journal his thoughts and feelings. Due to his inability to effectively process his emotions, writing in a journal may help John to vent and express himself. **Staff should acknowledge any appropriate attempts** John makes at conflict resolution, appropriate social interaction and the ability to manage anger. Staff should also allow John “**worry time**”. This is a time set aside when John can sit with a staff and dialog to vent. Staff can provide him with support, coping strategy suggestions or empathy at this time.
- In an attempt to prevent/avoid having John use aggression as a physical outlet, John should be encouraged, as often as possible, to **engage in structured physical activities** both during his normal routine and as a means of venting his anxiety and when it appears as though he is experiencing stress. These can include **tossing a ball, bike riding, basketball, walking, jogging, etc.** or any other gross motor type activity that John enjoys and that would **redirect his focus and vent his frustration**. Staff should include themselves when John is involved to increase his motivation and the activity’s social value to him. Staff can also use this opportunity to model alternative coping responses and allow John the opportunity to decompress in a normalized setting.”

Questions???

Contact information

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