



TDCJ

**Rehabilitation Programs Division
On-Line Distance Training**

Course 1014

Anger Management

One (1) General Education Credit Hour

TDCJ/RPD

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Course RPD1014 - Anger Management

Anger in a general sense is a feeling or emotion that ranges from mild irritation to intense fury and rage. Anger is a naturally occurring response to situations when we feel threatened, believe harm will come to us, or believe that we have been wronged. We may become angry when a loved one or child close to us is being threatened. Anger can be the result of an individual's needs, desires, or goals not being met. Anger can grow or develop into impulsivity, aggression, or violence.

Anger becomes a problem when it is too frequent, expressed in an inappropriate manner or, an overreaction to the situation. Extreme anger could lead to physical violence, or threats of violence, which has the potential for serious consequences. A few of the consequences are being arrested, being injured or injuring someone else, or losing the people you love and care about. After displaying such anger we might experience some negative feelings like guilt, shame or regret.

Anger does not have to result in physical violence in order to cause damage. Once harsh, threatening, belittling, or bullying words have been used, they cannot be taken back or undone. Words spoken in anger will remain in the mind and heart of the recipient forever. Apologies cannot prevent them from developing fear, resentment, or lack of trust which leads to alienation from family members, friends, or co-workers.

Anger and aggression are often confused. Aggression is behavior that is intended to cause harm to another person or damage property. This behavior can include verbal abuse, threats, or violent acts. Anger, on the other hand, is an emotion that does not necessarily lead to aggression. A person can become angry without being aggressive.

Inappropriate expressions of anger initially have many apparent payoffs. One payoff is being able to manipulate and control others through aggressive and intimidating behavior; others may comply with demands for fear of verbal threats or violence. Another payoff may be the release of tension that occurs when one loses his or her temper and acts aggressively. He or she may feel better after an angry outburst, while everyone else feels worse (Anger Management by SAMSHA).

Anger and the Body

Strong emotions of anger activate the "fight or flight response" which includes the release of stress hormones, including adrenaline and cortisol. Adrenaline and cortisol speed up the heart rate and breathing to give a burst of energy. Blood pressure rises as the blood vessels constrict.

"While the stress response mobilizes the individual for emergencies, it might cause harm if activated repeatedly," says Dr. Jerry Kiffer, a heart and brain researcher at the Cleveland Clinic Psychological Testing Center. "It causes wear and tear on the heart and causes fatty plaques to build up in arteries," according to Kiffer. The heart pumps harder, blood vessels constrict, blood pressure surges, and there are higher levels of glucose in the blood and more fat globules in the blood vessels. Scientists believe all this can damage the artery walls.

Course RPD1014 - Anger Management

According to an analysis of findings from 44 studies published last year in the *Journal of the American College of Cardiology*, evidence supports the link between emotions and heart disease. Specifically anger and hostility are significantly associated with more heart problems in initially healthy people, as well as a worse outcome for patients already diagnosed with heart disease. The study also showed that chronically angry or hostile adults with no history of heart trouble might be 19% more likely than their more placid peer to develop heart disease. Researchers found that anger and hostility seemed to do more harm to men's hearts than women's. Among patients already diagnosed with heart disease, those with angry or hostile temperaments were 24% more likely than other heart patients to have a poor prognosis.

In light of such findings, some doctors now consider anger a heart disease risk factor that can be modified, just as people can lower their cholesterol or blood pressures. Dr. Holly S. Anderson, a cardiologist and director of education and outreach at the Ronald O. Perelman Heart Institute at New York-Presbyterian Hospital/Cornell Medical Center said, "We are good at treating heart attacks, but we're not that good at preventing them. Stress is not as easy to measure as cholesterol level or blood pressure, which can be seen clearly. But it's really important that physicians start taking care of the whole person – including their moods and their lives – because it matters." The bottom line: "A change of mind can lead to a change of heart," says Kiffer (WebMD).

Myths about Anger

Myth #1: Anger is inherited.

One misconception or myth about anger is that the way we express anger is inherited and cannot be changed. "I've always been that way and I always will be, just like my father." That statement implies that the expression of anger is a fixed and unalterable set of behaviors. Evidence from research studies indicates that people are not born with set, specific ways of expressing anger. Instead they show that the expression of anger is a learned behavior. This means that more appropriate ways of expressing anger can be learned.

Much of people's behavior is learned by observing others, particularly influential people such as parents, family members, and friends. Children whose parents express anger through aggressive acts such as verbal abuse and violence are likely to express anger in the same way. Fortunately, this behavior can be changed by learning new appropriate ways to express anger.

Myth #2: Anger Automatically Leads to Aggression.

Another misconception is that the only effective way to express anger is through aggression. It is commonly thought that anger is something that builds and escalates to the point of an aggressive outburst. Anger does not necessarily lead to aggression. In fact, effective anger management involves controlling the escalation of anger by learning assertiveness skills; changing negative, hostile self-talk; challenging irrational beliefs; and employing a variety of behavioral strategies.

Myth #3: People Must Be Aggressive To Get What They Want.

Assertiveness and aggression are sometimes confused. The goal of aggression is to dominate, intimidate, harm, or injure another...to win at any cost. Conversely, the goal of assertiveness is

Course RPD1014 - Anger Management

to express feelings (including anger) and thoughts in a way that is respectful of other people while still meeting their own needs.

Myth# 4: Venting Anger Is Always Desirable.

There was a popular belief among a number of mental health professionals and laymen that the aggressive expression of anger, such as screaming or beating on pillows, was healthy and therapeutic. This was referred to as a catharsis and was believed to release the anger. Research studies have found that people who vent their anger aggressively simply get better at being angry. In other word, venting anger in an aggressive manner reinforces aggressive behavior.

Treatment for Anger Management

Cognitive Behavioral Therapy (CBT) treatments have been found to be effective for anger problems. There are four types of CBT interventions:

- Relaxation interventions, which target the emotional and physiological components of anger;
- Cognitive interventions, which target cognitive processes such as hostile appraisals and attributions, irrational beliefs, and inflammatory thinking;
- Communication skills interventions, which target deficits in assertiveness and conflict resolution skills; and,
- Combined interventions, which integrate two or more CBT interventions and target multiple response domains.

The more techniques and interventions an individual has on his or her anger control plan, the better he or she will be able to manage anger in response to anger-provoking situations.

The events or situations that trigger someone's anger may vary somewhat depending on his or her culture, gender, or life experiences. Warning cues or signs of anger may vary as well. A person has to identify the triggering event, recognize the cues and develop anger management (cognitive behavioral) strategies in response to the event and cues regardless of whether these events and cues are different from other people. Real intervention involves developing individualized anger control plans.

Anger as a Habit

Anger is not only a learned behavior but it can become routine, familiar, and a predictable response to a variety of situations. Frequent and aggressively expressed anger is a maladaptive habit because it results in negative consequences, as described above. Habits by definition are performed over and over again, presumably without thinking. Upon reflection, the thoughts and beliefs driving the anger can be discovered and changed with a conscious effort.

Breaking the Anger Habit

One important step in breaking the habit of anger is to become aware of it. To break any habit you must develop an awareness of the events, circumstances, and behaviors of others that "trigger" your anger. That is not to say that it is someone else's fault that you get angry. This

Course RPD1014 - Anger Management

awareness needs to include understanding the negative consequences experienced as a result of that anger.

Keeping an Anger Journal is helpful in identifying patterns, activating events (triggers), and identifying how serious the problem is. An anger journal is just what it says, keeping a journal to include when, where, how often, and why of your anger. Use the Anger Meter Scale to determine the degree of anger.

An Anger Meter is simply a scale of 1 – 10 with one being the least angry to 10 being total loss of control. The scale numbers may vary in meaning between different individuals. The key is that it escalates upward as the anger intensity increases. You may want to review the list with one or two people you trust and discuss the degree of anger intensity on the scale. Writing definitions for each level may be helpful.

Strategies for Controlling Anger

In addition to becoming aware of anger, you need to develop strategies to effectively manage it. These can be used to stop the escalation of anger **before** you lose control and experience negative consequences. Effective strategies for controlling anger should include both immediate and preventative strategies. Immediate strategies may include taking a timeout (e.g., simply saying “Right now is not a good time; can we discuss this later?”). Take deep breaths; deep breathing exercises help increase the amount of oxygen to the brain. Give yourself a minute or two to process the situation. Do not think about what you are going to say while the other person is speaking. Preventative actions such as paying attention to how you think and using statements like “Do I really want to get into this now? Is it worth what it could cost me?” are de-escalating (calming) in nature. While thoughts like, “He or she isn’t going to get away with disrespecting me like that,” or “I’ll slap the crap out of you” escalate and inflate the anger. Anger starts with *thinking*. The thinking generates a feeling - and before you know it you are acting on it.

Cues to Anger

Another important aspect of anger monitoring is to identify the cues that occur in response to the anger-provoking event. These cues serve as warning signs that you have become angry and that your anger is continuing to escalate. They can be broken down into four cue categories: physical, behavioral, emotional, and cognitive (or thought) cues.

Physical Cues

Physical cues involve the way our bodies respond when we become angry. For example our heart rates may increase, we may feel tightness in our chests, or we may feel hot and flushed. These physical cues can also warn us that our anger is escalating out of control or approaching a 10 on the anger meter. We can learn to identify these cues when they occur in response to an anger-provoking event.

Behavioral Cues

Behavioral cues involve the behavioral cues we display when we get angry, which are observed by other people around us. For example, we may clench our fists, pace back and forth, slam a

Course RPD1014 - Anger Management

door, or raise our voices. These behavioral responses are the second cue of our anger. As with physical cues, they are warning signs that we may be approaching a 10 on the anger meter.

Emotional Cues

Emotional cues involve other feelings that may occur concurrently with our anger. For example, we may become angry when we feel abandoned, afraid, discounted, disrespected, guilty, humiliated, impatient, insecure, jealous, or rejected. These kinds of feeling are the core of primary feeling that underlies anger, meaning that anger is a secondary feeling. In other words, anger is the fire, but it is important to find out what fuels the flame. That fuel is usually one of the other feelings listed above. An important component of anger management is to become aware of, to recognize, and to deal with the primary feelings that underlie our anger.

Cognitive Cues

Cognitive cues refer to the thoughts that occur in response to the anger-provoking event. When people become angry, they may interpret events in certain ways. For example we may interpret a friend's comments as criticism, or we may interpret the actions of others as demeaning, humiliating, or controlling. These are called self-talk because they resemble a conversation we are having with ourselves. For people with anger problems, self-talk is usually very critical and hostile in tone and content. It reflects beliefs about the way they think the world should be, and beliefs about people, places and things (Anger Management by SMASA).

Relaxation Instruction

Progressive relaxation is a method to relieve excess tension and enhance a calm and serene feeling. It will help the body return to a non-stressful state. The following is a useful tool for offenders struggling with skills needed to counteract anger and stress. Instead of using their maladaptive coping responses (e.g., substance use), this technique can be taught for use anywhere and almost anytime.

There is a list of general instructions that should be understood before beginning this technique. First, you should practice at least once per day for at least 20 to 30 minutes. As you become more skilled, you will need less time. Next, follow a general order of the muscle groups. Then, complete each muscle tension-release cycle twice. As you tense and then relax a muscle group, focus your attention on the difference between a state of tension and a state of relaxation. In your mind, compare the sensations and allow yourself to remember the feelings. Each tension-release cycle consists of first tensing a specific muscle group, holding the muscles tensed for 8 to 10 seconds and then abruptly releasing them. The best position is either lying down or reclining in a full chair with foot rest to keep the body fully supported but practice can also occur while sitting in a chair.

You will find it helpful, before continuing with a step-by-step set of instructions, to practice a sequence of exercises for relaxing the muscle groups in their progressive order. You can practice these exercises in front of a mirror to familiarize yourself with them.

1. Relaxation of arms:
 - a. Clench right hand (make a fist) and tense forearm.

Course RPD1014 - Anger Management

- b. Clench left hand and tense left forearm.
 - c. Tense both right and left hands and forearms.
 - d. Tense right biceps (front of upper arm) by bending right arm at elbow.
 - e. Tense right triceps by bending left arm at elbow.
 - f. Tense right triceps (back muscle, upper arm) by stiffening left arm.
 - g. Tense left triceps by stiffening left arm.
2. Relaxation of head area:
- a. Wrinkle forehead.
 - b. Frown and crease brows.
 - c. Close eyelids tightly and keep them closed through out the remaining exercises.
 - d. Rotate eyes in clockwise circle. Return to center.
 - e. Rotate eyes in counterclockwise circles. Return to center.
 - f. Rotate eyes to far right.
 - g. Rotate eyes to far left.
 - h. Rotate eyes to top of sockets.
 - i. Wrinkle nose and cheeks.
 - j. Press lips together tightly (or purse them).
 - k. Clench jaws.
 - l. Press chin against chest.
 - m. Press tongue against roof of mouth.
 - n. Begin to swallow, and hold. Tense throat.
 - o. Tenses throat and larynx muscles by humming a high note without making any sounds. Then hum down the scale to a low note.
3. Relaxation of trunk:
- a. Tense shoulder muscles by raising shoulders as though touching the ears.
 - b. Pull shoulders back and tighten upper back muscles.
 - c. Arc lower back and tighten lower back muscles.
 - d. Pull shoulders inward to the front and tighten chest muscles.
 - e. Tighten stomach muscles by pulling inward and downward.
 - f. Tighten pelvic muscles in groin area. (Same as stopping urination in the middle of urinating. Known as the Kegal exercise.)
 - g. Tighten buttocks. Pull them together.
4. Relaxation of legs:
- a. Tighten right upper leg.
 - b. Tighten left upper leg.
 - c. Tense both upper legs. Pull legs together at knees and straighten legs.
 - d. Tense right calf and shin (rise root as though to touch leg.)
 - e. Tense left calf and shin.
 - f. Tense right foot and toes.
 - g. Tense left foot and toes.
5. Intensification of relaxation throughout body:
- a. Inhale to a count of four. Hold breath to count of four and focus on tension. Exhale slowly.
 - b. Breathe deeply and evenly while inspecting all muscle groups.
6. Return to aroused state through movements:
- a. Move hands and arms.

Course RPD1014 - Anger Management

- b. Move feet and legs.
- c. Rotate head.
- d. Open eyes and sit up.

Sources: www.samhsa.gov
www.webmd.com