

Ethical Approaches to Anger Management

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Introduction: Why “Ethical Approaches” to Anger Management

I wrote this package as a supplement to a one-day workshop because six hours is not enough time to cover the many facets that go into such a broad topic. In the workshop, we will explore tangible methods for helping people who are struggling with anger; in this handout, I will expand on the ideas and background that informs these practices.

But why use the term “Ethical” in the title?

I use this word in homage to Alan Jenkins, and his excellent book “Becoming Ethical: a Parallel, Political Journey with Men who have Abused.” This book has been highly influential in the work that I do with clients of both genders and all ages, who are struggling with the unwanted effects of anger in their lives.

Jenkins proposes that we must work in a manner that models our hoped for outcomes: respectful, equitable, and ethical relationships between persons. He invites us, as helpers, to reflect on our own use of power, and on the greater cultural contexts that promote and maintain violence in our societies. He invites us, as helpers, to make space for notions of justice that fit with our desires to be helpful; to embrace actions for social change rather than actions for social control.

This is what he means by ‘ethical.’

I want to invite you to consider this idea as we experience the workshop together, and as you read this material on your own. This is an evolving practice for me, and this package reflects what I am currently thinking and doing in my work in this area. There is always room for improvement, and I look forward to learning more as I engage with peers and with my clients. I hope we will share this evolving practice over time, and invite you to contact me with your comments.

Reference: Alan Jenkins (2009) *Becoming Ethical: a parallel, political journey with men who have abused*

The Common Factors- What makes Therapy Successful

In their work on common factors of successful therapy, Miller and Scott propose four main elements. Let's consider these elements as an orientation for our work with Anger.

40 % is what the person brings into the room

- The person's participation in the process
- The impression or view they have of the therapist
- How they relate to what the therapist is doing
- Their own skills, abilities, values, purposes
- The tenacity of the problem
- The person's context and their social support system

30% is the relationship with the therapist

- We attend to this relationship by engaging, connecting, and working towards a mutually understood purpose- this is the bedrock of an ethical approach.
- The mutual respect that we develop supports and encourages people's motivation for change. This is especially important when working with the Problem with Anger, and we will return to this many times in the material that follows.

15% is the presence of hope and expectancy

- Our attitude promotes hope, when we maintain interest and belief in possibilities for change, and resist ideas of pathology or intrinsic nature.
- We inquire about the values, practices, people and events that fit with the person's hoped-for results.
- Supporting change strengthens the influence of the relationship.

15% is related to technique

- Therapists and counselors overrate the contribution of technique.
- We use techniques, tools, and structures to help us feel purposeful and effective. The people we help don't notice/appreciate our techniques- they mention the non-technical aspects of therapy.
- People notice how we make them feel.

Rather than taking these factors for granted, we will focus on making these things explicit and highly visible.

Reference: Barry L. Duncan and Scott B. Miller et al (2009) *The Heart and Soul of Change: Delivering What works in Therapy*

Therapeutic Stages when Working with the Problem of Anger

Many of the people coming for help with the Problem of Anger are mandated to therapy. This may be the justice system, the education system, the employer, or family members- but in many cases the problem has been identified by others, and the person is not there voluntarily.

For this reason, it is a mistake to focus on practical strategies too early in the work. Teaching people to breathe or count to ten is not going to be helpful, if they do not feel understood, and if they themselves do not understand what changes would be useful for their lives.

Rather, we need to begin by paying particular attention to the importance of the therapeutic relationship. We need to develop this relationship with care if we hope to foster the possibility for change. When we develop the relationship, we then have a greater chance of inviting the person to bring their skills, values and intentions into the work.

Only then will practical strategies have meaning and relevance for the person themselves. With this in mind, we adopt the following structure for phases of counseling when helping people with problematic Anger:

Phase 1: Nurturing Relationship

In this phase of the work, we focus on getting to know the person outside of the problem, and exploring their values and hopes for their lives.

Phase 2: Understanding the Problem of Anger

In this middle phase, we look at the person's relationship to problematic Anger. We listen closely for expressions of hope, and for actions that are outside the usual response to Anger. We begin to collaborate on the development of skills and practices that will reflect the person's preferences for their life.

Phase 3: Reclaiming Preferred Identities

The wrap-up phase includes retelling stories of skill and practices that support a redefined relationship with Anger. This phase also includes the identification and development of a supportive community context.

PHASE 1: Nurturing Relationship

Therapist formulation

will influence our posture in meeting people who are expressing anger in ways that may be harmful to others.

What is our formulation? How do we understand the person? What are our ideas about Anger? These ideas will influence our approach, which will influence our relationship, which will influence the success of our work.

Ethical approaches

to anger management invite us to step away from descriptions that identify the person as 'angry' in *nature*. This is a conclusion that closes down possibility. It is difficult to change a 'person's nature', and can contribute to a sense of hopelessness in relation to this problem.

As an alternative, we think of the person as having a ***relationship with*** anger. Relationships are much more open to change.

This 'relationship' is supported and maintained by certain factors: by social ideas and understandings, which in turn support and maintain inter-personal ideas and understandings, which in turn invite and support certain physiological experiences.

As with any 'relationship', there are good points and not-so-good points to what goes on. There is a history, and there are consequences that are brought into being via this relationship with Anger.

So, our stance toward the person is informed and influenced by our understanding of his or her relationship with Anger. We cannot assume that we know what this looks like- we need to explore it in some detail.

However, we need to remember that a 'relationship' implies a 'person' on the other. Who is this person?

The Person, not the Problem

We need to know the person who is in the relationship with Anger- otherwise we are vulnerable to the common metaphor of the 'angry person'- that description becomes totalizing and our work will be stuck. This is often how other people are relating to our clients- as "Angry People" and they stop seeing the person in any other way. This is a very hopeless place for our clients, and often leads to further expressions of Anger!

For this reason, it is essential that we start with an interested and open exploration of the hopes, values, and experiences of the person away from the relationship with Anger.

We can do that by asking about the person's work, hobbies and interests. We ask about skills and values, and we may discover useful metaphors that can make the project more personal and meaningful.

Metaphors

help us ground the work in imagery, a kind of short-cut language that will make these conversations feel specific and individual, rather than generic. We might end up using sport metaphors, organizational metaphors, garden or sailing metaphors, or weather metaphors. These are each alternatives to the common 'battle' metaphors that come up in conversations about Anger.

Our purpose in getting to know about hobbies and work:

What skills are involved?

What values are implied?

What history is behind this?

What relationships contributed to this?

What is important to the person, about this?

What metaphors or imagery might be useful through this?

What can we appreciate about this?

What or who does it remind us of, in our own lives?

These two main ideas

that the person is a person in relationship with Anger and that the person has practices, values, hopes, and interests away from Anger- underpin and support our posture toward the person throughout the work.

These two ideas allow us to have hope, respect and care for the person. We are now able to join with them in their project of changing the influence of Anger on their lives- we can 'act with' the person. This prevents us from 'acting-on', which can trap us in an oppressive or unethical stance in spite of our intention to be helpful.

So now we have our stance. We are positioned to be in a supportive, interested and collaborative relationship.

Next, we focus our attention on what the person brings to the work.

The contribution of the person

40 % of successful outcome is determined by what the person brings, or doesn't bring, to the work of therapy. How can we facilitate this important factor?

What the person brings includes: Hopes and purposes, experience, understanding, values and meaning-making. We can begin with any of these, but often it feels most flowing to begin with experiences.

In the case of mandated clients- and we include children and teens in that group- they may also bring resentment, reluctance, mistrust, and a determination not to participate.

Experiences with and outside of the Problem of Anger

We can begin by asking how they have come to be in our office- what circumstances led them here? What was it like to be told/asked to come along to our office?

We can ask what was most difficult about the process? How were they most affected? What has the experience cost them? What has it made them aware of? What has surprised them about it? Who has been supportive of them? How, and why? What has been lost? What loss is threatened? Does this worry them or not? If so, why? If not, why not?

This is the story of the effects of **the relationship with the Problem of Anger in the near past**- how it came to this.

From there, we might move into a story of the effects of the **relationship with the Problem of Anger in the near future**- what are they hoping will be different? What will life be like if things aren't different? What is at stake? What do they want in the near future? Why do they want that? What is important about it?

How will life be different in the future if they are able to change their relationship with Anger? What will be saved? What will be restored? What will be possible?

These two conversational threads should give us a strong sense, **a vivid picture of why the person is interested in the work ahead.** These things- the experience of a difficult process and the possibility of loss, and the vision of a possible future- will serve as benchmarks and beacons in the development of effective change.

PHASE 2: UNDERSTANDING THE PROBLEM OF ANGER

After our first sessions, we have a sense of the person's skills and what they hope to gain from our work together. From this shared purpose, we can begin to look more closely at how the problem of Anger is actually at work in the person's life.

Our goal in this phase is to understand what the Problem of Anger has meant to the life of the person. We will further explore what they value and hope for, and how the problem of Anger has interfered with this.

For the purposes of the workshop we will break the discussion into separate domains. In actual conversation the talk would likely be much more organic and move from one area to another.

Our topics in this stage include:

- Models for understanding the physical realities of anger
- Separating the problem of anger from the person
- Identifying the effects of anger on the person and on their relationships

Let's start with the physical realities of anger.

The problem of anger is typically experienced as an adrenalin state, with noticeable physiological responses. This is one reason that people often think of anger as something that is 'inside' them, and use metaphors of 'releasing anger' or 'shutting down'; 'letting it out' or 'keeping it inside'. We hear people talk about 'exploding', and 'losing control'.

It can be very helpful at this point to provide some information about the brain and body. This information gives people a model for recognizing what is happening physically when Anger gets the upper hand.

Very often, people come to us with ideas of themselves as being Angry people; they strongly identify with the Anger, and with the notion that this is 'who they are' and that change is impossible. This notion can lead people to take a

position that they are unacceptable to their families, friends, and social circles. They may take a position that these other people are wrong to not allow expressions of Anger in life, and this sets up further conflict.

Providing models that explain the powerful physiological processes that are engaged by Anger can help people step away from this conclusion about their identity, and see that Anger is a process that can be managed and made useful.

The Body Brain/Language Brain and Adrenalin States.

A short description of the brain is sometimes useful. And although this structural model of the brain is somewhat outdated, it does provide a clear and functional description of how the systems in our brains operate, generally speaking.

Structurally and developmentally, we have three brains in one.

The cerebellum or 'auto-pilot'.

The cerebral cortex, or 'language-brain'.

The limbic system, or 'body-brain'.

The cerebellum handles autonomic responses- breathing, temperature, digestion, secretion- all the body functions that we do not want to have to consider consciously.

The **language brain** makes sense of physical data that is sent to it by the body brain. It makes distinctions, decisions and connections. The language brain loves ideas, theories, and explanations and is the part of our brain that helps with story-telling- turning experience and implicit memory into narratives of 'things that have happened'. It is the editorial part of our brain, the part that decides what is important and what deserves our attention. This part of the brain helps us 'map' other people, through our 'mirror neurons'- we read what others are feeling and doing, and respond accordingly. This is how we experience empathy. This part of the brain categorizes experience into 'safe' and 'threatening'.

The **body brain** handles experiential learning, emotions, physical data, and the fight/flight system. The body brain, generally, uses imagery, sensation and environment to gather information and to communicate with the language brain. The body brain stores implicit memories- memories that are not yet storied, but which are available to us in sensation, in emotion and in images. This function- implicit memory- can drive many seemingly 'irrational' reactions, as we respond quickly and perhaps with excess energy to stimulus that looks non-threatening to others.

Although we privilege the language brain in our education systems and culture in general, the body brain is much faster to react. This means that adrenalin states (fight/flight) are much faster than any cognitive strategy. We can find ourselves in a fight/flight state before we have a chance to 'think' about it.

The Window of Tolerance

Dan Siegel is a prominent writer and therapist who provides us with the model of a 'window of tolerance', as a way to understand how we can become overwhelmed by emotional reactions.

Here are some definitions that we can share with the people we are helping:

i. **window of tolerance**- the amount of stimulation that a person can take before losing their ability to self-regulate

This includes our ability to tolerate boredom, pleasure, excitement as well as hurt, threat, sadness, anger.

Self-regulation means that we are *in* these experiences, but still able to function with our language brain on line- words are still available, we are present to the experience, we can tell the story of what is and has been happening, we are still in charge of ourselves. And most importantly, perhaps, we are still connected to the other people around us.

When we leave the window of tolerance, we typically move between two general states- hyper-arousal, or hypo-arousal.

ii. **hyper arousal**- these are energetic responses to loss of self-regulation

When stimulation gets overwhelming, we can 'peak out' of our window into hyper-arousal. This is an indication that the limbic system has kicked in, and the perceived sense of threat is now triggering fight/flight reactions.

Hyper-arousal responses might be recognized by agitation- racing thoughts, physical activity, jumpiness, fidgets, increased volume, interruptions, increased breath and movements in the person. Or, if the person feels that they cannot safely fight or flee, they may become very still, with a freeze response- the body's attempt to become less visible.

Importantly- the person is now being hijacked by their body, and cognition is reduced- access to vocabulary is reduced, ability to hear and understand meaning is reduced, connection and empathy are dropping as the person responds to a perception or sensation of threat- they do not feel safe enough to continue.

iii. **hypo-arousal**- non-energetic responses to loss of self-regulation

Fight and flight are familiar to most of us, and somewhat easy to recognize. Hypo-arousal is perhaps less obvious.

These responses look like checking out- loss of eye contact, slumping, staring off into space, inattentiveness, no body movement, extreme stillness, shallow breath, yawning, perhaps even dozing off. This is the 'feigning death' or submission response to threat. The person is essentially attempting to leave the situation of threat by becoming mentally and emotionally absent. The threatening situation is going to happen, and they cannot escape it, but they will absent themselves in mind and feeling.

Again, there is reduced cognition, and loss of connection to the other people. The person may literally have no memory of conversations or events that occur when they are in this state. A person who has entered hypo-arousal in a therapy session will not be able to relate what occurred.

People often feel very comforted by these explanations. The experiences described match what they know of their own experience, and the model 'makes sense' to them.

When people go out of their Window of Tolerance

Hyper-arousal:

This energetic reaction to a loss of self-regulation results in activity, and in the familiar signals of anger- tension, volume, agitation.

The ONLY thing that a person should be trying to do at this point is return to the window, or regulated down.

Familiar tools such as breathing, taking time out, sitting instead of standing, and other calming responses are good resources for someone caught up in this reaction.

Hypo-arousal:

Low-energy reactions require a different set of strategies. A person in hypo-arousal is leaving the scene, shutting down, and becoming absent. Strategies that access some energy, or re-connect the person to the present moment are useful in this situation.

For example: standing up, straightening the spine, naming items in the room, making eye contact or physical contact, walking- activity that gets blood flowing and re-establishes connection with the people involved.

However, both of these reactions are connected to the proper use of the **TIME OUT** strategy.

Proper use of TIME OUT is very important. The taking of a TIME OUT must be an agreed upon method for responding to conflict arousal. People need to know that the person who is working on the Anger Problem will be leaving the room in order to get back into their window of tolerance. If this is not negotiated beforehand, others may react by following or attempting to prevent the person from leaving the space. This can be dangerous for both persons.

It is equally important the both people agree that after a TIME OUT, the decision or conflict topic will be revisited. This assures both people the issue will be addressed.

Next, we can explore how this understanding of the brain/body will be useful as we work on the problem of Anger. This is a key factor in developing strategies and tools for change, going forward.

I like to share two sayings from the field of neuroscience with people:

“The neurons that fire together wire together.”

And

“The brain takes the shape of what the mind rests upon.”

Both these sayings draw our attention to useful ideas about neuroplasticity. The first “The neurons that fire together wire together” illustrates how the anger response can become more and more accessible to the body and language brains- leading to the identity conclusion that a person is an ‘angry person’, simply because this response becomes a well worn and accessible groove in the person’s brain- a habitual response.

The second saying offers hope of change. It explains the usefulness of conversations that focus away from the problem of anger.

When we begin to have conversations that look for exceptions to the problem of anger, or skills for responding in more preferred ways, we are developing new pathways in the brain that become more accessible with use and practice.

PHASE 3: RECLAIMING IDENTITY**Separating the Anger from the person and identifying effects**

A problem-mapping process helps us make aspects of the Problem of Anger visual. People often comment on the usefulness of being able to see how the problem creates other problems, and how this interferes with their life. Breaking it out into details also allows us to spot things that might be easy to change.

Use the following assumptions to guide a collaborative assessment of the development and effects of the Problem of Anger.

1. the Problem of Anger can be unpacked for detail.

The Problem name of “Anger” that is offered is likely to be generic. When we unpack for detail, we get a particular understanding of what that problem looks like for that specific person.

2. the Problem of Anger can have multiple effects.

When we get a specific description, we often hear about effects of the problem- things like ‘Yelling’ or ‘Isolation’ or ‘Tiredness’ or ‘Distance’. This gives us a picture of the complexity of the person’s experience with the Problem.

3. The Problem of Anger rarely travels alone.

These ‘effects’ might actually be considered other problems. We can get a sense of the ‘Problem Team’. When we ask which of these is most troublesome, we may begin to understand that the Anger is mostly informed by Hurt, or Worry, or Insecurity, for example.

4. Problems influence each other.

The ‘Problem Team’ interacts. Which comes first? Do they influence each other? For example- Anger might lead to Tiredness; but does Tiredness also open the door to Anger?

5. The Problem of Anger is not totalized.

Anger may have some purposes, effects or influence that might be somewhat helpful or valued in some way. This is part of the ‘relationship’ to the problem of Anger- possibly there is some reason to have some kind of relationship with this problem - just not the way it is now.

Problem maps are useful for:

- Breaking big effects into multiple effects (eg: the Anger might include Disappointment, Sadness, Tiredness, Loss, Isolation)
- Visual maps of the relationships and interactions between effects, ideas, actions, beliefs, values
- Identifying specific areas for action, areas that seem feasible to the person

A Quick Exercise: Pennies or paperclips

1. A situation in the middle (eg: running late for work)
2. Around the page, feelings that come up during the situation (eg: frustration, worry, annoyance, blame, guilt)
3. Use piles of 'paperclips' to show the strength of each feeling. (5 for frustration, 3 for worry, 7 annoyance etc.)

This exercise can give a visual and physical sense of the variety and relative intensity of feelings. This is useful when there is more than one person in the session- each person can do their own version and then compare and discuss.

A Quick Exercise: Mindmapping a problem

1. Problem name in a circle
2. What other names, words, aspects of the problem?
3. How do these things inter-act with each other?
4. What happens? Effects on you, on relationships, on work, school, etc...
5. Which one seems:
 - easiest to deal with?
 - most important to talk about?
 - to be the worst one, the leader, the boss?

This exercise can be done after pennies and paperclips, to expand on the effects of a particular response to a situation. This can be useful as we begin to explore tools for change.

A 10-session outline for an Ethical Approach to Anger Management

The guidelines that follow can be considered a description of the typical flow of conversation when a person has been referred for anger management.

The order of conversation is based on the following practice assumptions:

1. that people who are mandated are vulnerable to experiences of top-down power-over; this is likely to be a replication of the ways of being that they are themselves enacting, with problematic results for their lives and the lives of those around them.
2. that to avoid this replication, the first stage of counseling must include the therapist hearing about the person's experiences of being subject to power, experiences of being subjected to expressions of anger
3. that allowing the person to connect with these experiences makes space for a consideration of the person's values and preferences for connection
4. that making space for the person's values and preferences will allow a more connected, responsible examination of the effects of the problem of anger as they have expressed it in their lives
5. that this responsible examination is more likely to lead to and support change in the person's relationship with the problem of anger, and in their relationships with other people

Session 1

Getting to Know the Person, apart from the Anger Problem

Getting to know the person away from the problem is...

an introduction to many aspects of the person's life. More than a 'joining' conversation, this inquiry can take the whole of the first session.

Why we spend time getting to know the person away from the problem:

Working with the problem of Anger can elicit uncomfortable stories. Knowing that there is more to the person means that we can hear this uncomfortable material in context of what else is going on for this person. We can maintain a stance of hope and respect when we have some sense of what is important to the person we are attempting to help.

We get to know the person away from the problem by...

asking detailed questions about important aspects of the person's life- work, hobbies, friends, recreation, interests, family connections, culture. Stories from these areas of life begin to connect us with values and purposes that are important to the person.

When we spend this time getting to know other aspects of the person...

we allow the person to feel more comfortable talking about the problem. In hearing stories about other areas of life, we are hearing about skills, abilities, values, connections, hopes and preferences. We are hearing about why the problem of Anger is a problem for the person. We become more interested in helping this person when we appreciate the details of who they are away from the problem.

Skills for getting to know the person away from the problem:

Exploring: who is he, outside of the relationship with the Anger in his life? Interests, hobbies, work, family, friends- get details about the history of these, about what these mean to him, how he is when engaging with each of these. What skills are involved in his work? What skills are involved in what he does for fun?

Relationships: Who is in his life? Friends, colleagues, family- what would they say they appreciate about him? How did they come to know this about him? Is there a story about this relationship? Would they be interested in his effort to change the problem of Anger? If yes, why? If no, why not?

Context: How did this value or skill become important to the person? Why do they hold onto it? How does it affect their life? What does it say about them? What does it mean that they are into this?

Summarizing what you have heard about who he is, away from the problem of anger: what stands out about the person now? What catches their attention? What was it like for them to talk about these things, these relationships with you?

Reflections for the therapist: What has caught your attention about this person's interests and relationships away from the problem of Anger? What do you want to know more about? What does it get you thinking about in your own life?
Might you share some of these thoughts with the person consulting you? What difference might that make to him or her?

Session 2

Values, hopes and dreams

A conversation that focuses on values, hopes and dreams...

continues to develop our understanding of why the problem of Anger is something that the person would like to change. We build our collective project with a shared and specific purpose.

Sometimes we may feel that the values the person expresses are part of the problem of Anger. At some point in our work, we will want to explore the history and effect of these values. But at this early stage, it's useful to name and understand what is important right now to this person.

In session 2, the best way to get to values and hopes is to ask about what happened to bring this person into your office. This will be a description of how the person felt, how difficult it was, what was horrible about the experience. When we listen, we should be listening for what is important to this person- what is at stake, what has been injured.

We spend time understanding values, hopes and dreams because...

the problem of Anger may have resulted in mandated conversations. The person may be feeling like a monster; or misunderstood; or blamed for too much. These feelings can get in the way of useful work together.

We can also be listening for the presence of values that might be oppressive of the person or his family. We want to hear about these values in detail, so that we might usefully explore the effects and history in a way that maintains respectful, ethical practice in our therapeutic relationship.

We hope that...

we can develop a vivid image of what will be different in the person's life, once they have changed their relationship with the problem of Anger. We also want to be basing our conversations on what is most important to the person, rather than imposing a general set of standards or measures.

When we have a shared understanding of values, hopes and dreams...

this understanding will lead subsequent conversations forward, and help keep our work together focused on what is most relevant to the person. We talk about results of subsequent work in terms of whether the change brings the person nearer to or further from their hopes and dreams. We can talk about how their values and practices might be changing- whether they are getting

more or less firm about these values as our work progresses. We have a 'baseline' that is grounded in the person's own life and preference.

Skills for getting to know the person's values, hopes and dreams

Exploring: what was the incident that led to them coming to see you? What was the incident like for the person? What was happening? What were their intentions? What was the purpose, the hope behind their actions? What was it like for them to be charged (if the police were involved)?

Relationships: Who was present at the incident? What was it like to have this person there at the time? What do they feel about it now, when they think about that person being there, or what they witnessed? What bothers the person about this? What is it that seems important to this person, as they answer these questions? How do they want to be seen? Why?

Context: What was violated for the person- what values, or principles were ignored or disregarded? When you hear what was painful for them, what do you hear as being important to the person? What was at stake? What do you think contributes to this person's ideas of what is important? Family? Gender? Class? What cultural ideas or principles are you as a therapist resonating with? What seems contrary to what you value? What do you not understand about where this person is coming from? Ask for more detail about this.

Summarizing: re-tell what you have heard from the person. Use their words to re-cap what the events were like for them. Take some guesses about values, hopes, intentions, and check to see if you are close to being right.

Check in: What stands out for the person, having heard the summary? What does it get him or her thinking about? Does this suggest any steps or further questions? What understanding do they have that is a bit different now? What difference might this understanding make in their life going forward?

Session 3

Describing the Relationship with the Problem of Anger

In this conversation we begin to understand the problem of Anger... in the person's life. Now that we know about who they are outside of this problem, and what they hope for in life, we can begin to hear about the ways in which the problem of Anger is causing trouble for them.

We describe the relationship with the Problem of Anger to... begin to paint a picture of the size and shape and patterns of the Anger problem. We want to understand, along with the person, how Anger gets started, what happens once it is started, and what this does in the person's life and to their important personal relationships.

We ask about times and places, ideas, and actions that get Anger going...so that together we begin to see opportunities for changing these patterns and interactions. We are developing a story of what the problem of Anger would lead to in the person's life, and how that might be different from what the person wants for themselves.

When we describe the relationship this way we... begin to separate the person from the problem. This is important if we want to support a sense of agency, and develop action for change. Together as the therapist and as the person seeking help, we begin to get a sense of what goes into the development and maintenance of the problem of Anger, and how the person may have opportunities to alter this.

Skills for Describing the Relationship with the Problem of Anger

Exploring: how does the Anger show up in the person's life? What comes before it? What comes after? What does this Anger encourage or discourage? What does it make possible? What does it get in the way of? What thoughts does the Anger get going? Where does this take the person?

Relationships: Who else is aware of the influence of the Anger in the person's life? Where does the Anger get expressed? Who is unaware of the Anger? What makes that possible? Who would be familiar with the Anger? How did they come to know it? How does this Anger affect relationships the person has

with others? What do people have to say about this Anger? What does it have them thinking about the person? What does it have them seeing? Not seeing?

Context: What is the history of this Anger? How familiar is it? Did the person see it in action with other people? How is this Anger different from the Anger of other people? Does gender make a difference? What about the family history of Anger? What cultural stories about Anger might be at play? Is it okay or not okay to have this expression of Anger?

Summarizing: What have you heard about the life of Anger in this person's story? What stands out to you about the relationship between the person and this Anger? What does it remind you of, or get you thinking of? What stands out for the person, having heard the summary? What does it get him or her thinking about? Does this suggest any steps or further questions? What understanding do they have that is a bit different now? What difference might this understanding make in their life going forward?

Session 4

Scripts, recipes and guidelines

Now we can begin to explore: how did the person begin to get separated from their hopes and values? What are the social recipes, scripts, guidelines that have influenced this separation? What was he hoping to accomplish, initially? What is informing his expression of anger?

Scripts, recipes, guidelines...

refers to the sociocultural expectations and stories that can lead to aggressive, abusive and unwanted ways of being in relationship. We want to explore these ideas and the effects that they have on the person and his life.

These stories are often invisible...

and taken for granted. They include ideas about anger, about expression or non-expression of preferences, expectations related to gender roles, practices related to decision-making, problem-solving, work-sharing, intimacy, acknowledgement, and other relationship interactions.

Skills for understanding scripts, recipes and guidelines

Exploring: Ask the person about their initial wishes for their relationships. How would they like to be, especially as they think of themselves handling conflict or frustration?

Relationships: Who else is affected in this way by these ideas? Are there other people that you know or have heard of that are influenced by these ideas about conflict and anger? Who does he know who has resisted or protested these ideas?

Context: What is the history of these ideas in the person's life? What is supported in our culture by these ideas? How are these ideas promoted? What is prevented by these ideas? What would it take to go against these ideas?

Summarizing: Reviewing the past few sessions, what is standing out for you? For the person? What has been helpful so far? Where have the conversations taken you?

For the therapist:

How have scripts, recipes and guidelines influenced your own life? How have your relationships been affected by sociocultural expectations regarding power, gender, ideas about love, notions related to assertion and conflict? Where do these reflections take you in your work with the problem of anger?

Session 5

The Physical Relationship with Anger

At the mid-point in our work we might look at the body and the person's physical habits related to sleep, nutrition, exercise and substance use.

Considering the physical relationship with the Problem of Anger... involves recognizing physiological triggers and experiences that may reduce or elevate the risk of unhelpful anger. These may include alcohol or other substance use; stress-related difficulties such as interrupted sleep; lack of exercise; poor eating habits.

We draw attention to the physical domain...

to increase the person's opportunities for action, and to continue to help them separate from the idea of being an 'angry person'.

H.A.L.T is a useful acronym...

This acronym comes from the field of addictions, but is useful for dealing with invitations to Anger as well. It stands for Hungry, Angry, Lonely, Tired and can be introduced as a possible checklist for factors that reduce the person's abilities to manage invitations to Anger.

When we consider these factors...

we may also invite discussions about what expressions of Anger maybe signaling for the person. Although there may be times when expressions of Anger are related to values like fairness, justice, or acknowledgment, there are also likely times when the presence of Anger is a signal that the person is not taking good care of their body, or is actively abusing their body. These conversations can begin to change the person's consideration of how they treat themselves, how they developed these habits, and the implications of these habits for their lives in the past, present, and future.

Skills for Considering the Physical Relationship with Anger

Exploring: what does the person notice about their body, when the Anger starts to become influential? What are some signs that the Anger is beginning to rev up? What is the metaphor that the person uses in thinking about this Anger?

What physical factors increase or diminish the power of Anger to influence the person? What connections is the person making to the influence of alcohol, prescription or non-prescription drugs, eating and sleeping patterns? How is stress a factor?

Relationships: What do other people see the person doing? How might they see a difference in the person's body or body language? How have people tried to help the person notice the physical signs of the Anger? How have people responded? What has the person noticed about physical signs in others? What conclusions or idea arise from this noticing? Who does the person know that might have some expertise on how to manage the physical factors related to the expression of Anger?

Who in the person's life is good at caring for their physical health? Who is not so good at it? What has the person noticed about these people? What might they have noticed about the person?

Context: How did the person come to have the relationship they do with food, exercise, alcohol, prescription or non-prescription drugs? Where did they learn these attitudes, ideas, ways of being? Are there any cultural sources that contribute to your relationships with these factors?

Summarizing: what is catching your attention about this discussion so far? As we review the conversations we've had to this point, what is standing out for you? How are you thinking differently about your relationship with Anger? As a therapist, what are you thinking or feeling? What is standing out as a concern? What is coming to mind as a sign of change?

Session 6

Supporting preferred practices

As we move to the middle phase of the work together, we want to begin to support a new story, a story that includes self-care, and practices that are in line with the person's preferences.

Supporting preferred practices...

means that we are beginning to name and inquire into the presence of what is preferable for the person. This can certainly include practices of self-care, skills that support calm, peace or connection, and skills of helpful interaction.

We have detailed conversations about preferred practice so that...

these practices can become more visible to the person, to their family and community. As these practices become more visible, they also become more accessible to the person. These skills become included in the person's description of what they do in the face of conflict, disappointment and so on.

We use our understanding of the plasticity of the brain...

to encourage the noticing and re-telling of success stories, no matter how small. We ask about tiny shifts and moments of difference in the person's response to anger-triggers. We get detailed stories to increase access to the skills involved in this change.

As we invite these detailed stories...

we are inviting the person to re-live the preferred practice. Our questions about sensory details, environment, skills, responses all serve to make vivid the preferred practice. These stories then become part of the person's self-description- they begin to identify as a person who has these new skills.

Skills for supporting preferred practices

Exploring: at this point in our work together, what is standing out about how you are doing things? What are you noticing about the changes that you are making? What has been different lately, in your relationship use of some of the skills we have been discussing? what are you paying attention to as you work

with the plasticity of your brain? What do you want to be able to say about this experience, and how will you make use of it?

Relationships: who in your life, past or present, would not be surprised about these changes? Why not? If you could let anyone know about what you are working on, who would it be? Why this person? What do you think they would say to you? How would that be helpful?

Context: how did these practices become preferred by you? What is the history of these practices in your life? If they have not been present before, how did you come to value them? what does it say about you, that you prefer these practices?

Summarizing: what is catching your attention about this conversation? What does it get you thinking about? Are there some steps or projects that you have in mind? Who might support you in these steps?

As a therapist- what is standing out about the session? What does it get you thinking? How are you responding to the content of this conversation? What will you take away from today's meeting?

Session 7

Fight agreements and safety plans-

As we begin to understand the interactions between the problem of Anger and other influential ideas, actions, and feelings, we can begin to help the person make practical plans for handling conflict.

Fight agreements and safety plans are...

strategies for managing conflict in ways that do not damage important relationships. These conversations that help the person put his understanding about his relationship with anger into an actionable plan, and share this with others who may be affected.

We make fight agreements and safety plans because...

the problem of Anger is relational. Other people are affected by, and interpret expressions of anger. These interpretations can make the effects on the relationship much worse, increasing guilt, shame, blame, isolation for the person, and damaging the trust and security of others.

Fight agreements and safety plans help people develop a shared understanding about what works best for everyone in the face of conflict and anger. The intentions behind proposed actions are made clear.

We develop these agreements and plans by...

Summarizing the understandings we have reached in our conversations so far, and then exploring how to make these understandings useful. For example, we may have learned that the person experiences a lot of Anxiety when their partner tries to leave an argument, and so they follow him or her from room to room. Through our work together, we have learned that this escalates conflict and is interpreted by the other person as 'control'. A useful fight agreement would take this pattern into account and come up with a strategy that is more comfortable for both partners.

We talk about how to plan ahead for the experience of anger and conflict. What is the person noticing about what works? What is needed, in the light of how they respond? Who will need to know this stuff? Who is on their team?

When we help people develop a fight agreement and safety plan they...

experience a greater sense of agency in their relationship with the Problem of Anger. Sharing the fight agreement and safety plan with significant others

means that their efforts to change their relationship with Anger is supported and more likely to succeed.

Skills for Developing Fight Agreements and Safety Plans

Exploring: what have you started to notice about how Anger engages you, and how you engage Anger? What are you seeing as effective? Ineffective? What new hopes do you have now? How are you feeling about these hopes? What is your 'safety plan' with respect to Anger and its effects?

Relationships: as you continue to work on strategies, who are you including in your efforts? Who is standing with you in your movement towards preferred practices? Who is not surprised at your success? Who would you like to know about your current strategies? How would their knowledge make a difference to you?

Context: what are some cultural models or stories that support these changes? How do you understand these changes, yourself? How would you like to tell the story of these changes? What would you want others to know, about Anger and conflict? What story or reputation or stereotypes might you be going against, if you were to share the story of these changes?

Summarizing: Let's review what we've covered since the beginning of our work together- what would you say has been most important so far, for you? What has been most helpful as you work on this project? What and who have supported you to this point? What would it mean to recognize this?

For the therapist- what has been significant? What remains to be addressed? How has working with this person influenced you? What seems useful to share with other clients, from these particular conversations? How might you do that?

Session 8

Supporting change by connecting with hopes and dreams

At this point we are focusing on re-integration of skills, and the maintenance and support of change. We are interested in differences in the person's thinking about the problem of anger and its companions? What are they noticing about their body and their ideas? We want to pay detailed attention to new practices.

Connecting with hopes and dreams is...

an important step for supporting motivation and continued practice of preferred skills. We began the work with a conversation about values and hopes. We can now compare and contrast. How might these hopes and dreams have changed?

When we ask about changes in hopes and dreams...

We are looking into how the person's ideas about relationships may have changed. We may notice that the values they expressed are more clearly understood with a sense of history that is based on experience. Perhaps the hopes, values and dreams are connecting more to the person's own life story, and less to taken-for-granted grand narratives about romance, relationship, gender.

We are looking for detail and personal meaning...

in stories and examples. We are inviting the person to paint as clear a picture as possible of any differences in their thinking and their practice. We interrupt stories if they are too quick or vague, and ask about sensory information, setting, physical and mental and emotional states. We want the new practices to be richly described so that they stay accessible to the person.

When we get details about the changing practices...

we are essentially inviting the person to relive the experience of doing something new. When this new practices is the absence of an action, we ask carefully about what they did instead, and how they did it. How did they stop themselves? What thinking and acting went into not giving in to the problem of Anger?

Skills for Supporting Change

Exploring: How would you describe your current relationship with Anger? How is it different? What is this making space for in your life? How are you taking advantage of that space? What does this mean about your identity at the present time?

Relationships: Who in your past would not be surprised to see you responding differently to Anger? Why would this person not be surprised? What do or did they know about you that would support their lack of surprise? Who would be most proud, or pleased? Why? What is the effect of remembering this, for you? Are there people whose memberships in your life you would like to 'down-grade' now that you are changing your relationship with Anger?

Context: what is the history of these skills? What hopes and dreams are now coming forward for you? What is the history of these hopes and dreams? Are there any risks in reaching for these hopes and dreams? What might these hopes and dreams encourage or discourage? How might you develop a questioning and inter-active relationship with these hopes and dreams? How might you continue to ensure that you are not falling into a 'script' or 'recipe'?

Summarizing: What is standing out to you, with respect to your skills, your hopes and dreams? What are you thinking and feeling in relation to these? What is changing in your life context that is supportive of these skills, hopes and dreams? What does this have you thinking about, in terms of action?

For the therapist: what is the history of your own relationship with similar skills? What have you noticed about the life of hopes and dreams in your own journey? How has working with this person in particular highlighted skills, hopes and dreams in your own life?

Session 9

Reclaiming a Preferred Identity

In our final meetings of a ten-week series, we focus on supporting the ongoing development of the person's preferred identity as it relates to the problem of Anger.

We ask the person questions like: Thinking back on your initial reason for coming here; thinking back on your ways of understanding anger's influence on your life- what is changing? What does this say about who you are becoming?

Reclaiming a preferred identity means...

we are helping the person describe themselves in ways that are more rich and open than when we first met them. This will typically involve a more accurate reflection of their values, and the way they would like others to see them. For example, a young person may have been identified as 'confrontational', but is working on a preferred identity of 'fair'. In order to claim this identity, the young person is practicing skills of 'hearing people out', 'understanding the other person's view' and 'speaking calmly when faced with a 'no' answer'.

We reclaim preferred identities because...

issues with the problem of Anger often spoil relationships with other, and spoil people's reputations. When relationships have been damaged by problematic Anger, it is common for people to feel disgraced, and to suffer a sense of failure as a person.

When people make efforts to develop new skills and practices that are more in line with values that promote equitable, respectful and/or loving relationships, it's important to see that as a new definition of how they wish to engage with life.

We reclaim preferred identities by...

closely examining and supporting the details of preferred skills and practices. We look into the successes that the person has experienced; we examine the surprises and changes that we hear about through our questions. We ask for sensory-rich detail, we ask about conditions before, during and after the practice of a skill. We invite conversation about the meaning of these new practices, and we invite the person to share this meaning with important other people in their lives.

Preferred identities are supported and reclaimed when...

We make the skills and practices visible, reproducible, and known to others. These skills and practices become accessible to the brain/body of the person, and expectations of the person begin to shift. As the preferred practices become more common, the person is increasingly seen as the person they prefer to be.

Skills for Reclaiming Preferred Identities

Exploring: what have you reconnected with about yourself, as we have been working together? What has come forward about the person you prefer to be? What is catching your attention now, as you think about the initial reason for coming in? How do you feel about the person that Anger made you out to be? What is most difficult for you in recalling your actions? What is behind this difficulty? What are you noticing now about how that way of being is different from your current practices?

Relationships: as you think about your previous relationship with Anger, what stands out for you about how this affected people in your life? Who comes to mind as the person most affected? Least affected? What are you thinking about this now? Are there people who might still be wary of the influence of Anger in your life? How does this affect you? What are you thinking about doing with respect to these people? If you consider that they might never feel safe, where does that leave you?

Context: what ideas regarding Anger are you feeling most disconnected from today? How will you continue to step away from these ideas? Which ideas still seem valid or useful to you? How will you put these ideas into action? What would you like most to change about people's beliefs or attitudes towards Anger? How might you begin to do that?

Summarizing: as we begin to wrap up, what are you resolving to do differently? What will you miss about our work together? How might you find support in your everyday life? How might you begin to share the conclusions or practices that you have come to as a result of this experience?

For the therapist: what have you come to know about this person as a result of working together? How has this affected your work, overall? What might be different about your work with Anger, specifically? How have these conversations influenced your life outside of the office?

Session 10

Review and Maintain Change

Our final meeting focuses on summary and review. What has changed, how did it change, who is in support, how will the future look as a result of these changes?

Continue to notice the changes in mind and body; who else is noticing these changes? What does it mean to them? How are these new responses affecting your sense of identity? What is this making space for in your life?

Review and maintain change means...

that we are affirming the story of new co-created understandings and setting up structures to support the new story. We are inviting the person to find a way to tell themselves the story of their journey, their experience of changing the relationship with problematic Anger.

We review and maintain change so that...

the new practices can stop feeling new. We also want to invite the person to develop their own re-telling of the story, in order to make sense and meaning out of the conversations. This review and re-telling invites the person to think about how they might make similar changes in other areas of life, for example changing their relationship with Worry, or with Procrastination.

In order to review and maintain change, we invite the person to...

tell a coherent, detailed story of the therapeutic project. How it was that the project got started, what were the highlights, what skills and practices have changed, how they have traveled from one point to another in the story, what it means about who they are.

When the person develops their own telling and re-telling...

they claim the journey and their part in the journey. They reclaim and reconfirm what is most important to them, and step up to their responsibility for managing the influential effects of Anger, Loneliness, Disappointment and so on. They also name and claim the details of skills like Calmness, Supportive Listening, Connection, Friendship.

Skills for Reviewing and Maintaining Change

Exploring: when have you made changes before in your life? How is this process the same? How is it different? What helped you to make that change? What is helping you now? What is most important to you about the changes you are making? Why is that the most important thing? Is that new, or rediscovered, or has it been present all along?

Relationships: As you continue to practice these preferred skills, who will be most affected? How important is that to you? Why is that important? How will your relationship with this person be different now? If you have lost someone as a result of the Anger in your life, what will these new skills or understanding mean to you? If this person remains lost to you, will this increase or decrease the use of these new skills? Why? What would you prefer? Why? How might you make the changes useful to others, even if this person remains lost to you? How might you respond if people in your life hold onto doubts about the changes? Why would that be important to you?

Context: What is your understanding about change in a person's life? Is this a helpful or unhelpful understanding? Where does this idea come from? Do you agree with it? How might you make use of, or separate from this idea about change? What do you notice about how other people think about change? Is this helpful or unhelpful? How might you respond? What difference will this chosen response make for you? Who might be available to help you with this chosen response?

Summarizing: Looking ahead, what supports your hope about the future? What is different and what is the same about how you understand yourself, now? Which things are you holding onto, to take forward? What are you choosing to leave behind? What stands out to you, about how you have made use of these meetings? Does this surprise you or not? What does it say about you now? About how you might be, going forward in your life? How do you feel about wrapping up?

For the therapist: what catches your attention about how this person made use of the sessions? How did the conversations challenge you and your understandings of Anger's influence in the lives of people? What is different now, about how you think about change? Which other of your ideas have shifted in some way? How are you feeling about saying good bye to this person?

FRAMEWORK FOR DISCUSSING DIFFICULT ISSUES

- **Make a mutually agreeable time for discussions and decide on your 'fight rules' before the discussion.**
This means that everyone needs to understand the idea of time out. Adrenalin needs 20 minutes to subside, without further provocation. That means no following, and no engagement, once someone calls a time out.
- **Agree to come back to the discussion at a safe time.**
That might be later on or it might be on another day. It is important to come back to the topic to reach understanding, or people will not be able to respect the first rule.
- **Check for HALT- Hungry, Angry, Lonely, Tired.**
If you or the other people are Hungry, Angry, Lonely or Tired these are poor conditions for a productive discussion. Make sure you are rested and fed at a minimum. If you or the other folks are feeling lonely, then discussions might wait until you have had some connection time. Don't mix discussions with alcohol or other mood altering substances.
- **Fight fair**
One topic at a time.
No name-calling.
Set time-limits for discussions and stick to them.
- **Notice triggers**
Stay aware of body signals i.e. elevated pulse, shallow breathing etc.
Stay seated if possible. This sends a message to the brain that threat is not present.
If your body starts to enter an adrenalin state call a time out for 20 minutes. During that 20 minutes do not rehearse or ruminate because that counts as stimulation and adrenalin will not subside.
- **Repeat what the person has said before answering with more information.**
Seek first to understand' (Stephen Covey).
Sometimes it helps to take notes as it encourages you to slow down and pay attention.
- **Sometimes understanding is more helpful than creating an action plan.**
You can always come back for an action plan another time.
Keep expectations manageable.