

ANGER CONTROL GROUPS

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Focal Group Psychotherapy

Anger Control Groups

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Introduction

Chronic anger is costly, both emotionally and physically. The relationship between hostility and heart disease has now been clearly established (Barefoot et al., 1983; Rosenman, 1985; Shekelle et al., 1983; Williams et al., 1980). Links have also been established between chronic anger and ulcers, gastritis, and colitis (Wolff & Wolf, 1967; Lewis & Lewis, 1972). Recent studies show that hostile individuals have higher death rates *from all causes* (Rosenman, 1985). And one study of chronic anger has shown a death rate as much as four times higher than that of non-hostile individuals (*New York Times*, 1989).

Chronic anger also leads to verbal and physical assault (Hazaleus & Deffenbacher, 1986; Rule & Nesdale, 1976), damage to interpersonal relationships (Hazaleus & Deffenbacher, 1986), loneliness (Jones et al., 1981), and loss of social support (Hansson et al., 1984).

The first major study of anger control strategies was done by Raymond Novaco in 1975. He used a cognitive restructuring technique called Stress Inoculation, in combination with specific relaxation coping skills. Novaco had clients imagine anger-generating scenes while attempting to relax and use more realistic appraisals of upsetting events. While Novaco found that the cognitive control measures had stronger anger-reducing effects than relaxation coping skills, other researchers have found the relaxation

procedures to be equally effective (Deffenbacher et al., 1986; Hazaleus & Deffenbacher, 1986). Deffenbacher and others are now recommending that the cognitive and relaxation components be used together because 1) they are both highly effective and the effects remain at a one-year follow-up, 2) they are complementary skills that work in both interpersonal and non-interpersonal situations, and 3) the combined techniques generate greater client satisfaction and less resistance than cognitive control techniques used alone.

Other anger control researchers have emphasized social skills training (mainly assertiveness and behavioral rehearsal) as the proper vehicle for improving relationships and dealing with conflict situations (Moon & Eisler, 1983; Rimm et al., 1974). Social skills training allows clients to rehearse a new repertoire of healthier conflict resolution behaviors.

The anger control group model described here employs all three major anger control interventions: cognitive restructuring, relaxation coping skills, and social skills training. The social skills component is based on a technique called *response choice rehearsal* (McKay, Rogers, & McKay, 1989) that trains clients to use up to six adaptive responses when struggling with an anger-provoking situation.

Selection and Screening

A successful anger control group depends on appropriate selection. Pre-group interviews should be conducted. Ask questions about the duration and quality of relationships that would help you rule out personality disorders. Narcissistic or borderline personality disorders are rarely helped by cognitive and behavioral anger control measures. And they are often disruptive and time-consuming to group members. Ask questions to determine if the client enjoys his or her anger, nurtures it, relies on it, or is otherwise invested in maintaining an anger stance. Clients who experience their anger as rewarding and useful tend to have less success in anger control groups.

Perhaps the best predictor of a positive outcome is the willingness of a client to honestly examine and admit the consequences of poor anger control. Because anger control groups require a great deal of compliance in the form of homework and self-monitoring, you want people who are motivated. Desirable clients are those who recognize what anger has cost in terms of their relationships, health, work life, and so on.

Other types of individuals who should probably be excluded are people who are severely depressed and describe suicidal thoughts and impulses, people with a history of physical violence or who are themselves victims in an abusive relationship, people who have paranoid beliefs that influence their anger responses, and nonrecovered alcohol or drug abusers.

If you wish to use an assessment instrument, the State Trait Anger Inventory (Spielberger et al., 1983) has been well researched and is very useful for clinical purposes.

Time and Duration

Groups can be designed to run for either six or twelve weeks. If you wish to confine yourself to the cognitive/relaxation components, six weeks should be sufficient. If you wish to also include the response choice rehearsal training component, expect to double the time commitment to twelve weeks. Sessions should last between one-and-a-half to two hours.

Structure

Clients should make a commitment in advance for the entire duration of the group. Ask clients to stick with it and give feedback about their dissatisfactions instead of dropping out. Because the group's focus is on developing skills, and because each new skill relies, to some extent, on what has previously been learned, it's inadvisable to add new clients during the course of the group.

Groups should consist of five to ten clients. Groups with more than ten members offer each client insufficient opportunities for role-playing, questions, and shared experiences.

Goals

There are two goals for each client. The first is to reduce levels of anger in provocative situations. The second is to learn effective coping behaviors to stop escalation and resolve conflicts.

The goal of the group is *not* to talk about each member's anger experience, to process anger, to understand the individuals' psychodynamics of anger, or to help people ventilate their anger. Because the primary focus of the group is education and skill acquisition, the leader must be highly directive. He or she will initiate most interactions with group members, and there will be typically much less member-to-member interaction than in process-oriented group therapies.

Here is a typical leader description of the group goals and ground rules:

We have a lot to cover in this group. We're going to have some fun, but we're also going to have to work pretty hard. You can achieve two things here: you can learn to reduce angry feelings, even with difficult people. You can also learn to protect yourself and take care of your needs without anger. To really achieve these goals, you'll have to work at home as well as here. There will be homework to do, and you will begin practicing what you've learned in real situations. Most of our time in here will be spent learning new skills and then practicing them, both in imagination and by role-playing with each other. There's a lot for us to do. Let's see if we can roll up our sleeves and get started.

Starting the Group

The best way to begin is to let clients introduce themselves and describe what made them want to join an anger control group. You should emphasize that each person has a good reason for being in the group, and underscore the themes that are shared by several group members.

At this time, you should discuss the goals and ground rules mentioned in the previous section. This is also a good time to establish the group rules regarding confidentiality.

The last thing you need to explain is the anger log. The log is an indispensable tool for self-observation, facilitating change, and monitoring progress. An anger log entry should include the date and time, the situation, anger-triggering thoughts, emotional arousal (rated on a one-to-ten scale), and aggressive behavior (rated on a one-to-ten scale). Clients should have a separate piece of paper for each date of their log. The easiest thing is to give them handouts with the words *date and time*, *situation*, *trigger thoughts*, *emotional arousal*, and *aggressive behavior* printed across the wide part of an 8-1/2-by-11-inch sheet. Clients can then make their entries down the page.

Main Concepts and Skills

A. Concept: Anger Is a Two -Step Process

"Anger starts with the experience of pain. The pain can be physical or

emotional: it can be a stomachache or fatigue, feelings of rejection or loss. The pain leads to arousal, a strong drive for discharge and stress reduction.

The second step in the production of anger occurs when people use *trigger thoughts*. These are attributions that blame and condemn others for the painful experience. Individuals use trigger thoughts to ignite feelings of anger and discharge some of their arousal. So, pain, stress, and arousal lead to blaming trigger thoughts, which lead to anger and more trigger thoughts and more anger in an escalating spiral. Thoughts and angry feelings become a feedback loop that can be self-perpetuating. It is often the feedback loop that keeps anger simmering for hours or even days without letup. It isn't possible to get angry without the presence of both painful arousal and trigger thoughts. That's why you will be taught to control both stress and blaming cognitions."

B. Concept: Ventilation Doesn't Work

"Psychotherapists used to encourage their clients to get angry. But anger is now better understood. New research shows that ventilation only makes you angrier, because you rehearse all the bad and nasty things that others have done to you. It solidifies, or "freezes," your beliefs about another's wrongness and your sense of being victimized. Ventilation not only serves to prolong anger, it also makes it easier to get angry in the future (it doesn't take

much to remind you of what a jerk the other guy really is)."

C. Concept: Anger Is Different From Aggression

"Anger is an emotion. It's what happens when pain, stress, or arousal, and blaming trigger thoughts, combine to *create* feelings of anger. Aggression is *behavior*. It's something you do; it's a way of interacting with other people. Aggression can be in the form of either physical or verbal assault. You can be angry without being aggressive, and vice versa. Hit men are rarely angry when they pull the trigger; conversely, many angry people choose not to assault the target of their wrath."

D. Concept: Coping Is Better Than Blaming

"Every painful situation presents a choice. You can blame somebody for what happened or you can use cognitive and relaxation coping skills to reduce your feelings of being upset, and then assert your needs in a nonblaming way. If you tell a roommate that she is lazy for not doing her chores, it really feels good for a minute to get it off your chest. But things will likely escalate from there. You both may end up shouting; your relationship may descend into the deep freeze. In a few weeks, it will be possible to make another choice. You might decide to use some relaxation skills to lower your stress level, change some of your trigger thoughts, and talk to your roommate nonblamingly

about the problem of the chores. Very soon that really will be a choice you can make."

Relaxation Skills

Mastery of basic relaxation skills is essential to anger management. Particularly during the early stages of anger arousal, relaxation training can be extremely helpful in reducing tension and promoting effective coping strategies.

E. Skill: Progressive Muscle Relaxation

"Make a fist with each hand and squeeze tight. Really concentrate on the feeling of tension in your fists and forearms. Hold for several seconds. Now relax. Feel the difference in your muscles. Notice a heaviness or warmth or tingling or whatever relaxation feels like for you. Now raise your arms and tighten them in a 'Charles Atlas' pose, flexing your biceps. Hold the tension for seven seconds, then let your arms fall limp by your sides. Once again notice feelings of relaxation, of warmth or heaviness spreading through your arms as you let them drop. Really notice the contrast between tension and relaxation in your arms.

"Now turn your attention to your upper face. Frown, squint your eyes shut as hard as you can, hold for seven seconds. Relax, and notice what it feels

like to let go of tension in your upper face. Now tighten your jaw (not so hard that you'll crack a tooth) and push your tongue up against the roof of your mouth. Hold it for seven seconds. And relax. Notice what it feels like for your jaw to let go, to be really loose. Now tense your neck muscles by shrugging your shoulders upward as far as you can (but don't try to pull your neck in like a turkey). Wait a moment, and relax. Let the relaxation move from your shoulders and neck up to your jaw and all the way to your forehead.

"Now move your awareness to your chest and back. Take a deep breath and hold it. Tense your chest, shoulders, and upper back muscles, making your entire upper torso rigid. Take another deep breath. After seven seconds, let out the breath with a long, loud sigh, and let your torso go limp. Really melt down into the chair and focus on the difference between the tense and the relaxed states.

"Now move your attention downward—into your stomach, lower back, and pelvic regions. Tighten your stomach, lower back and buttocks carefully. After seven seconds, relax and melt again into the chair. Notice feelings of warmth or heaviness spreading throughout your abdomen.

"Now work on your legs. With your toes pointed straight out, like a ballerina, tense your thighs, your calves, and your feet. Hold this for seven seconds, then let your legs totally relax. Feel the heaviness and warmth flood

into your legs as they go limp. Now tense your legs again, this time pulling your toes up toward your head. Hold for seven seconds and let the relaxation spread like a wave throughout your entire body, into your abdomen and your chest, into your arms, your neck, your face and forehead, until you feel totally relaxed. Take another deep breath."

F. Skill: Relaxation Without Tension

Take clients through the major muscle groups in exactly the same sequence as your progressive muscle relaxation script. But this time don't have them tighten anything. Instead, have them scan each muscle group for tension and *relax away* any tightness they may experience. The catch phrase *Notice and relax* should be used frequently throughout this exercise. Be sure to begin and end the *relaxation without tension* exercise with a deep breath.

"Take a deep breath. Focus on your arms and notice any tension you may feel there. Now relax away the tension. Just let it go. Notice and relax the tension. Feel the difference as you relax your arms.

"Now turn your attention to your upper face. Notice any tension and relax it away. Let it go. Notice and relax the tension. As you relax, really feel the difference in your upper face. Notice any tension in your jaw, and relax. Relax it away. Notice what it feels like for your jaw to let go, to be really loose...."

G. Skill: Special Place Visualization

"Think about a place where you've felt especially safe, relaxed, or content. It could be the beach, mountains, meadows, your childhood bedroom, or a remembered moment of deep relaxation and peace. It can be a real place, or you could just make one up. Close your eyes and try to see the shapes and colors of your place...hear the sounds of your place, hear birds, or waves or babbling water...feel the temperature of your place—is it cool or warm?...feel the textures of whatever you touch in your special place.

"Make sure that everything in your special place makes you feel relaxed and safe. Change anything that doesn't feel right. If you want to add some trees, put them in. If you want the sound of a waterfall, add it. If you want to be alone, take the people out of your scene. If you want your dog, put him in."

When group members are satisfied with their ability to visualize, say the following: "I'd like you to use your special place visualization quickly, almost like a reflex, when things get stressful. Go ahead and visualize your special place, construct the scene as quickly as you can, really get into it until you feel the peacefulness, the safety, the relaxation. [Pause one minute.] Now get ready to leave the scene. Open your eyes, look around. Notice the people in the group, our room, the environment. [Pause.] Now close your eyes again and return to your special place. See it, hear it, feel it, let it surround you and touch each of your senses. [Pause one minute.] Now, if you will, come back to

the room and take a quick look at other group members. [Pause.] One last time go back to the special place. Get there as quickly as you can, let it bathe your senses, see its shapes and colors, hear the sounds, feel it in your skin. [Pause one minute.] Now come back to the room. You can go to your special place any time you need to relax, to get out of a situation that provokes or disturbs you."

H. Skill: Breathing-Cued Relaxation

"Start by putting one hand over your chest and the other over your abdomen, just above your belt line. Try taking a deep breath, way down into your belly. Really try to push your diaphragm down. As you breathe in, the hand on your abdomen should rise, while the hand on your chest remains relatively still. Focus all your attention on your belly—send your breath down, down, down to fill your belly. Let your breath slightly stretch, and relax your abdomen."

I. Skill: Cue-Controlled Relaxation

"Now it's time to select a word that will cue deep relaxation each time you repeat it. The word could be *relax* or *om* or *one*. It might be a color, such as *green*, or a feeling, such as *love*. One- or two-syllable words are best.

"With your cue word in mind, turn your attention again to your

breathing. With each exhalation, say your cue word to yourself. Keep saying your cue word for the next ten breaths."

J. Skill: Combined Relaxation

Go through the entire progressive muscle relaxation procedure. At the end of this, ask clients to return to their special place imagery. After one minute, ask clients to come back into the room and take a series of three deep, abdominal breaths. Make sure that the abdominal hand is rising, while the chest hand remains relatively still. Then, for the next ten breaths, have clients repeat their cue word for relaxation. Remind them to say their special word with each exhalation.

Cognitive Control Concepts

K. Concept: ABC Cognitive Theory

"Imagine that you're working in an office where several co-workers play radios at their desks. The sound is low, but you nevertheless find it distracting. Really visualize the scene for a moment. Now imagine that you are saying to yourself how inconsiderate they are, how selfish, how uncaring of the needs of others. Imagine yourself thinking that they're doing this to you because they simply don't give a damn about anyone but themselves. Do you notice your feeling?" Elicit a discussion about group members' angry

reactions. "Now let's imagine something else. You're in the same office, the same co-workers are playing their radios. But instead, you say to yourself: 'I can't think, I can't concentrate, I'm never going to get my work done. I'm never going to get this in on time. I'm not going to be able to function here. How can I keep my job if I can't do a simple task like this when there's a little noise?' What feeling comes up now?" Look for and reinforce any responses that have to do with anxiety. "Now let's go back to the same situation once more. The radios are playing and you think to yourself, 'I never fit in anywhere, things always bother me, and my colleagues will probably be resentful if I ask them to turn their radios down. I'm so rattlebrained that I can't even think with a little music in the background. I can't handle the slightest stress or problem.' What do you feel now?" Encourage a brief discussion about some of the depressed reactions.

Now explain Ellis' ABC model of emotion, where *A* (event) leads to *B* (thought, interpretation, assumption, appraisal), which in turn leads to *C* (emotion). "When you get angry, it feels as though the event is making you angry. It feels as though somebody is doing something to you and the only natural response is anger. What really happens is that the event starts you thinking. Like the person in the office, you can think different kinds of thoughts. You can think about dangerous or catastrophic consequences and get anxious, or you can think about your failures and inadequacies and get depressed. Or you can think blaming thoughts and label others as bad or

selfish or stupid. Then you get angry.

"The same situation will produce different emotions, depending on what you think about it. That's where the trigger thoughts come in. You can't really get angry until you respond to the situation with trigger thoughts that get you hot. Right now, we have an opportunity to learn some thoughts that will cool down the anger response. These are thoughts that take away the sting of blame and help you look at things with a little more detachment.

"Imagine you were in that office with the radios and you said to yourself, 'This is no big deal. They're having a good time. They don't know they're bugging me. I'll find a diplomatic way to get them to turn the radios down.' Notice that these are cooling thoughts. The anger melts away as you stop blaming. You begin to feel that there's something you can do about it."

L. Concept: Trigger Thoughts

Shoulds

"Anger is heard often as a judgment based on a set of rules about how people should and should not act. People who behave according to the rules are right, and those who break the rules are wrong. Angry people think that others know and accept their rules, and deliberately choose to violate them. The first problem with shoulds, however, is that people with whom you feel

angry rarely agree with you.

Their perception of the situation leaves them blameless and justified. Other people's rules always seem to exempt them from the judgments you think they deserve. The second problem with shoulds is that people *never* do what they should do. They only do what is reinforcing and rewarding for them to do. It turns out that shoulds are one person's values and needs imposed on someone else who has very different values and needs." Below are some coping responses to shoulds. You can go over these with your clients, or pass them around as a handout before going on with your explanation.

1. What needs influence him or her to act this way?
2. What problems, fears, or limitations influence this behavior?
3. What beliefs or values influence him or her to act this way?
4. Forget the shoulds, they only get me upset.
5. People do what they want to do, not what *I* think they should do.

"There are three special types of shoulds that are particularly upsetting. Let me describe, first of all, the entitlement fallacy."

Entitlement. "The entitlement fallacy is based on the simple belief that

because you want something very much, you ought to have it. The degree of your need justifies the demand that someone else provide for it. The underlying feeling is that you are entitled to certain things in life, and if you don't get them, someone is deliberately or selfishly or maliciously depriving you.

"The problem with entitlement is that a person confuses desire with obligation. It feels as though wanting something very much somehow makes it unacceptable for others to say no. But entitlement can be very damaging to relationships. It requires that the other person give up his or her limits and boundaries for you. It says that your need and your pain must come first." Some relevant coping statements are listed below:

1. I am free to want, but he or she is free to say no.
2. I have my limits and you have your limits.
3. I have the right to say no, and so do you.
4. My desire doesn't obligate you to meet it.

Fairness. "The fallacy of fairness rests on the idea that there is some absolute standard of correct and fair behavior which people should understand and live up to. When you believe that the concept of fairness applies to relationships, you end up keeping an emotional ledger book that

balances what you give against what you get in a relationship. The problem is that no two people agree on what fairness is, and in personal relationships, there is no court or arbiter to help them. What's fair becomes a totally subjective judgment, depending entirely on what each person expects, needs, or hopes for from the other. Since the standard of fairness is inevitably a measure of one's own beliefs and wants, people can literally call anything fair or unfair. Calling someone unfair just inflames the argument. It never convinces anyone or solves a conflict." You might suggest the following coping statements:

1. Our needs are equally important.
2. Each need is legitimate—we can negotiate.

Change. "The fallacy of change is based on the conviction that you can really make people different if you apply sufficient pressure. If you just appeal to them enough, or rag on them, or blame them enough, they will start doing what you want.

"The problem is that people only change when 1) change is reinforced and 2) they are capable of the change. In other words, people change when *they* want to, not when *you* want them to. And the sad part is, the angrier you get, the more people dig in and resist you. They get stubborn and immovable." Clients can use these coping statements:

1. People change only when change is reinforced and they are capable of changing.
2. People only change when they want to.

Blamers

"This is the feeling that *they did it to you*. Whatever pain you feel, whatever hurt or fear or deprivation, they did it to you. One problem with blaming is that it leaves you feeling helpless. Whatever is wrong, whatever is hurting you, it feels as though the power to solve the problem lies with others. When you get stuck in blaming, you forget that you can do something, that you have the ability to make the situation different. You forget that there are choices you can make, because your main concern is with the other person's behavior.

"The other problem with blaming is that people are mostly doing the best they can. We always choose the action that seems the most likely to meet our needs. Sometimes what we do disappoints or hurts others. But the main objective of any action is to take care of ourselves. When we blame others for what they're doing, we're blaming them for taking care of themselves in the best way they know how at the moment." The following pair of coping statements may be useful for your clients:

1. I may not like it, but they're doing the best they can.
2. I'm not helpless—I can take care of myself in this situation.

"There are three special categories of blamers that are frequent triggers for anger. The first one is assumed intent."

Assumed intent. "Assumed intent is really mind-reading. You assume that whatever has happened is the consequence of someone's deliberate effort to do you harm. A friend is late for dinner and you feel like he's deliberately trying to annoy you. You assume that your mother is trying to put you down when she asks where you got a certain piece of furniture. The problem with assuming that someone is trying deliberately to harm you is that you can never really know another person's true motives. *Assume* means that you think you know, but you never ask. An assumption of mind-reading is so often wrong, and yet it is probably the greatest source of anger." You can suggest the following coping statements:

1. Assume nothing, or else check out every assumption.
2. Don't second-guess the motives of others.
3. No one is a mind-reader.

Magnification. "Magnifying is the tendency to make things worse than they are. You anticipate that something awful is going to happen. You think of

events as *terrible, awful, disgusting, or horrendous*. Or you overgeneralize by using words such as *always, all, every, never*. 'He's always as slow as molasses...She's awful with the whole support staff...He never helps...This is going to be a horrible mess next week.' These magnifications tend to crank up your sense of anxiety, and of being victimized. When you exaggerate the problem, you start to feel really deeply wronged. They're bad and you're innocent." Suggest that clients use these coping statements:

1. No more *always* or *never*.
2. Let the facts speak for themselves.
3. Accuracy, not exaggeration.

Global labeling. "Global labeling is the act of making sweeping negative judgments. You label people as bad, stupid, selfish, assholes, screw-ups, and so on. Global labels fuel your anger by turning the other person into someone who is totally bad and worthless. Instead of focusing on a particular behavior, you indict the entire person. You inflate one aspect of the person to fill the entire picture of who he or she is. Once you've made someone totally despicable, it's very easy to get angry." Clients can use these coping statements:

1. No one's bad—people do the best they can.
2. No mean labels.

3. Be specific.

You can use the following list of coping thoughts as a handout:

For trigger thoughts:

- Forget shoulds—they only upset me.
- People do what they want to do, not what *I* think they should do.
- I am free to want, but she is free to say no.
- I have the right to say no, and so do they.
- My desire doesn't obligate them to fulfill it.
- Our needs are equally important.
- Each need is legitimate—we can negotiate.
- People change only when change is reinforced and they are capable of changing.
- People only change when they want to.
- I may not like it, but they're doing the best they can.
- I'm not helpless—I can take care of myself in this situation.
- Don't second-guess the motives of others.

- Assume nothing, or else check out every assumption.
- No more always or never.
- Accuracy, not exaggeration.
- No one's bad, people do the best they can.
- No mean labels.

General coping thoughts and strategies:

- Take a deep breath and relax.
- Getting upset won't help.
- Just as long as I keep my cool, I'm in control.
- Easy does it—there's nothing to be gained in getting mad.
- I'm not going to let him get to me.
- I can't change her with anger; I'll just upset myself.
- I can find a way to say what I want to without anger.
- Stay calm—no sarcasm, no attacks.
- I can stay calm and relaxed.
- No one is right, no one is wrong. We just have different needs.

- Stay cool, make no judgments.
- No matter what is said, I know I'm a good person.
- I'll stay rational—anger won't solve anything.
- I don't like it, but he's using the best problem-solving strategy available to him right now.
- Her opinion isn't important—I won't be pushed into losing my cool.

Response Choice Rehearsal

M. Concept: Description of Response Choice Rehearsal (RCR)

"Response choice rehearsal is a method for handling conflict that has the advantage of requiring very little thought or preparation. You can do it when you're stressed and you don't have time to plan a response. You can still do it even when your buttons are pushed, you're getting angry, and you want to smash somebody. The bad news is that you'll have to memorize the six RCR responses (see RCR handout). But the good news is that they really will work to de-escalate some of your conflicts *while making room for real problem solving.*" The following list of *RCR opening lines* can be used as a handout:

Active Responses

1. Ask for what you want: I'm feeling [what's bothering me is] _____. And

Passive Responses

4. Get information: What do you need in this situation? What concerns [worries] you in

what I think I need [want/would like] in this situation is _____.

this situation? What's hurting [bothering] you in this situation?

2. Negotiate: What would you propose to solve this problem?

5. Acknowledge: So what you want is _____. So what concerns [worries] you is _____. So what hurts [bothers] you is _____.

3. Self-Care: If [the problem] goes on, I'll have to [your self-care solution] in order to take care of myself.

6. Withdraw: It feels like we're starting to get upset. I want to stop and cool off for a while.

Once clients have had an opportunity to examine the RCR handout, emphasize the following six points:

1. RCR consists of six pre-learned strategies for adaptively coping with angry encounters.
2. Strategies are divided into active and passive responses.
3. RCR will help you to cope even when you are extremely angry.
4. RCR will enable you to learn adaptive reactions that help solve problems rather than escalate tension.
5. RCR will keep you from getting stuck with a response that isn't working, and will make it more likely that you'll find a response that will get you what you want.
6. RCR will help you experience anger as a signal to cope and try a new response rather than as a signal to escalate your angry feelings.

"When one RCR response doesn't work (because you're just too angry

or things are still escalating), you simply choose another one. Eventually, you'll find a response that decreases tension and gives you enough emotional safety to start reaching for some kind of agreement.

"You'll notice that there are active and passive responses. Either kind can be effective. But the key to understanding how to use RCR is to keep in mind that no single response is likely to be the right one, the answer. The first thing you try might not have much impact on your anger or on the anger of the provoking person. Your second response still might not work. Even your third may be a complete miss. But taken together, a series of adaptive responses is highly likely to cool you down and eventually de-escalate the conflict. Sooner or later, you're going to find something that will turn the anger around, or at least get you out of the situation.

"In RCR, you use your anger as a red flag that signals you to switch to a new coping response. So instead of fueling more aggression, your anger is a sign to change tack, to shift your strategies. Anger is merely an indication that you're stuck: the current response isn't working, isn't solving the problem. When you're proficient at RCR, anger will just mean, 'I'd better try something new.'"

N. Skill: RCR Switching

The following rules will help clients learn how to shift successfully from

one RCR response to another as they cope in a provocative situation.

1. All of the lines must be memorized to the point where they can be recalled without effort.
2. Whenever possible, rehearse in advance active response numbers one and three. Decide if you wish to include your feelings about the situation. Then formulate your request and your fallback position. Make sure it's behavioral and specific. Also try to generate a self-care response. Ask yourself how you can take care of the problem without the other person's cooperation.
3. Continued anger or escalation is your signal to switch responses. Don't get stuck if a response isn't working. Move on to what you feel, intuitively, is the next best option.
4. Don't be afraid to repeat responses. You may wish to return, several times, to questions that get more information. You may wish to acknowledge what you're learning about the other person's experience. And as the discussion progresses, you may wish to invite another round of negotiation.
5. If you don't know what to do next, try shifting from active to passive responses (or vice versa). If you've been focusing on getting information, try expressing your own needs. If you're stuck in fruitless negotiation, consider asking for information.
6. As a rule, start with active response one (ask for what you want)

when you're angry or want something changed. Start with passive response four (get information) when the other person is angry and on the attack.

7. Keep shifting among responses until the problem feels resolved or further communication feels pointless. If you're still angry and stuck, go to one of the exit responses (either self-care or withdrawal).

Encourage clients to use the following two coping thoughts whenever a response isn't working and they need to switch:

1. Take a deep breath and relax.
2. I have a plan to cope with this. What's the next step?

Main Interventions

Week 1

Introduction

Now is the time to introduce didactically the four general concepts about anger described in the Concepts and Skills section:

A. Concept: Anger Is a Two-Step Process

B. Concept: Ventilation Doesn't Work

C. Concept: Anger Is Different From Aggression

D. Concept: Coping Is Better Than Blaming

Encourage discussions of each concept. Ask clients to share any doubts or objections that have come up in their minds.

E. Skill: Progressive Muscle Relaxation

Start by explaining that learning to relax can calm people down sufficiently in a provocative situation so that they can manage to think of better ways to handle the conflict. Then read the progressive relaxation script provided in the Concepts and Skills section.

F. Skill: Relaxation Without Tension

Instructions are in the Concepts and Skills section. Relaxation without tension can be substituted for progressive muscle relaxation when clients wish to use a quicker, less obvious technique. It can be used anywhere, without the potentially embarrassing ritual of progressive muscle relaxation.

G. Skill: Special Place Visualization

Help every group member identify his or her special relaxation image. Use the script provided in the Concepts and Skills section. Make sure that the major senses are involved. Group members should be able to see the shapes and colors, hear the sounds, feel the temperature and textures of their special place. If there are smells and tastes, include these also. Have individuals work carefully on constructing the image, developing as much detail as possible. Make sure that the image is capable of eliciting the emotion of contentment, safety, and calmness. Have several group members describe their scenes and discuss any problems they may have in image construction.

Homework

- Daily monitoring through the anger log.
- "Practice progressive muscle relaxation, relaxation without tension, and imagining the special place at least once each day for the next week." Have clients put a p at the top of each day of the anger log when they have practiced.

Week 2

Introduction

Go over the homework. Explore any problems with the progressive muscle relaxation or the special place visualizations. Also explore any

observations clients are making about their anger behavior as a result of self-monitoring.

H. Skill: Breathing-Cued Relaxation

Use the instructions contained in the Concepts and Skills section. Emphasize that this deep-breathing technique stretches the diaphragm and very quickly relaxes abdominal tension associated with anger. It's crucial that clients succeed in pushing the belly out with each intake of breath. Monitor each client to be certain that there is at least a rudimentary mastery of deep breathing.

I. Skill: Cue-Controlled Relaxation

See instructions in the Concepts and Skills section.

J. Skill: Combined Relaxation

See instructions in the Concepts and Skills section. This is the opportunity for clients to put all their relaxation skills together into one sequence. Go over the sequence at least twice. Emphasize that it should be practiced at home to the point where it is "overlearned" and automatic.

K. Concept: ABC Cognitive Theory

A didactic description of cognitive theory is offered in the Concepts and Skills section.

L. Concept: Trigger Thoughts

Give clients a handout describing the major trigger thoughts. After a didactic explanation of each trigger thought (see the Concepts and Skills section), discuss the coping rejoinders and ask the group for ideas about additional coping statements. Also ask for examples of when group members have used a particular trigger thought to ignite anger.

Homework

- Ask clients to go through the coping statement handout and mark the responses that seem most useful to them.
- "Continue self-monitoring in the anger log."
- Ask clients to select two low-anger (rated three to four on a ten-point scale) scenes to work with during the next week.
- "Practice the complete relaxation sequence of progressive muscle relaxation (or relaxation without tension), special place visualization, breathing-cued relaxation, and cue-controlled relaxation daily for the next week. Mark a p on the practice log for each day of relaxation practice completed."

Week 3

Introduction

Go over the homework. Discuss any problems with the relaxation practice. Explore what clients are discovering through self-monitoring. Some of the clients may have noticed changes at this point. Open a discussion about how changes in the experience of anger may be reflected in frequency, intensity, or duration of anger. Give feedback about changes in any of these three dimensions. It is particularly important to begin to emphasize situations in which clients are acting and coping differently, relaxing instead of blowing up, or perhaps using coping statements to replace anger-triggering thoughts.

Cognitive Control/Relaxation Training

It's now time to combine cognitive and stress-reduction techniques. The best way to achieve this is through the use of imagery.

Intervention: Coping Skill Rehearsal

Clients should come prepared with two anger scenes in the three-to-four range. Explore some of these scenes with certain group members and help them develop the sensory detail that will make the scenes come alive. Also, make sure that clients are including in the scene trigger thoughts and

any physiological sensations of anger arousal. This process will help other group members add the necessary details to their scenes to evoke viscerally some angry feelings.

Now, using the same client scenes you've been discussing, ask group members to think of coping responses that might block or diminish some of the trigger thoughts. Individuals can use the coping statements handout for ideas, or develop their own creative coping responses.

This is a critical time for you as a group leader. You will need to strongly reinforce appropriate coping statements, and at the same time, show why some coping suggestions are inappropriate for the particular anger scene. The more active you are at this juncture, the more clients will learn about how to develop appropriate coping responses.

Therapist: Jill, what's your anger scene?

Jill: John's late picking up the kids again and the play-school people call. He's always late, it really ticks me off.

Therapist: Okay, what kind of trigger thoughts did you use?

Jill: I guess I'm saying he *should* be there. Also, I'm magnifying a bit—he's not *always* late.

Therapist: How could you cope with the trigger thought—what could you say to yourself that would cool the anger:

Jill: I guess I could remind myself that he's only late once in a while, and it's usually

because he's harried.

Therapist: Anything else that would help from the coping thoughts handout?

Jill: He does the best he can.

Therapist: Does that really help—do you believe that at all?

Jill: Not really.

Therapist: How about a more general coping statement that just reminds you to calm down, or that anger doesn't help?

Jill: Yeah. "There's nothing gained in getting mad." That's true. I just get crazy for nothing.

It's time to begin *coping skill rehearsal*. Here's what you do.

1. Have clients go through their complete relaxation sequence: progressive muscle relaxation, relaxation without tension, special place visualization, breathing-cued relaxation, and cue-controlled relaxation. Have clients signal that they are fully relaxed by raising their hands.
2. Now ask them to visualize one of the anger scenes they chose during their previous week's homework. Encourage them to get involved in the scene as if it were really happening. Remind them to use their trigger thoughts and to notice any feelings of arousal. Ask clients to signal, by raising their hands, that they have become angry.
3. When clients have experienced anger for approximately 30 seconds, ask them to erase the scene and return to some of

their relaxation coping skills. Suggest that clients use several of the coping thoughts that might be helpful in the situation. Have them signal, by raising their hands, when they once again feel relaxed.

4. Repeat the entire sequence, using the second anger scene.
5. Have a group discussion about the coping statements that seem to work best. Particular attention should be paid to clients who have problems generating effective coping statements. Both group members and the group leader can help with the development of more effective coping responses.

So, Mary, it looks like the trigger thoughts you're using in the situation really kind of magnify your feeling that something bad or awful is going to happen, is that right? But your coping statements don't seem to work... [Turning to the group] Are there coping statements we can develop that would change this into a problem or a hassle, but not an overwhelming nightmare? What could Mary say to herself that would demagnify her feelings in this situation?

When you're helping clients build an anger scene, be sure to pay attention to each element of the experience. Here is an example: "Okay, now that you're relaxed, I'm going to ask you to turn on one of your anger scenes. Really try to be there. Notice the setting, the details, the colors, and the shapes. Notice any sounds. Notice your physical sensations in the scene. Try to make it real. Remember your trigger thoughts—really let yourself go. Get

into the blamers or the shoulds. Tell yourself you're entitled to better treatment, or they're being unfair. Tell yourself they're doing it to you. Label it bad or stupid or selfish. As your anger builds, notice what it feels like inside your body. Notice the arousal and growing tension. Where in your body does the tension grow first? As you notice the tension, try to let yourself get even angrier. Keep fanning the flames. What's the matter with them, anyway? Why do they keep doing this to you? Angrier. Angrier and angrier. Really feeling it in your body. Tell yourself how outrageous, how wrong, how unfair. Feel more and more anger."

Throughout the scene induction, clients will be raising their hands to signal that they have become angry. When everybody's hand has been up for at least 30 seconds, you can terminate the scene and return them to relaxation methods of their choice. After they've switched the scene off, remind them of some general coping statements they can make:

- Everyone makes the best choice possible.
- I can stay calm and relaxed.
- No one is right, no one is wrong. We just have different needs.
- Getting upset won't help.
- There's nothing to be gained in getting mad.

- I'm free to want things, but others are also free to say no.

Continue to repeat the relaxation/anger scene/relaxation sequence up to six times. After the first two sequences, ask clients to use relaxation without tension instead of progressive muscle relaxation. It saves time. Following each sequence, have group members describe their coping thoughts and discuss which ones are working and not working in a particular anger scene. Help them modify their coping thoughts or develop new ones. If you're having difficulty developing coping thoughts that help, go back to the trigger thoughts and get a clear sense of what the client is saying to ignite anger. Explore how the trigger thought may be unrealistic in the situation and help the client develop a more realistic appraisal of what is likely to be going on. Since the clients prepared two anger scenes as part of their past week's homework, make sure that they alternate scenes during repetitions. However, if one scene isn't working to generate real anger, have the client drop it and use the other.

Homework

- "Practice relaxation without tension daily, as well as other relaxation techniques." Remind clients to mark a p in the anger log for each day of completed practice.
- Now in the anger log have clients record their coping efforts under each anger situation. Have them note whether

emotional arousal and/or aggression scores decreased after coping procedures.

- Have clients select two more anger scenes, this time in the five-to-six range, for use in the next week's group session.

Week 4

Introduction

Focus on the homework, the relaxation practice, and, in particular, on situations in which clients are beginning to use new coping skills. Make a big deal of this. Make detailed inquiries about the particular efforts clients are making and how those efforts affect arousal and aggression. Ask if there are clients whose coping statements are not working. Look at some of the situations in which coping skills have not worked and encourage group discussion about new attitudes or coping statements that might yield a better result.

Try to encourage discussion of a variety of anger situations: anger episodes that come from brooding long after the event, anger immediately following some highly charged event, anger in traffic, leftover anger from situations in which it was too scary to speak up, and so on.

More Coping Skills Rehearsal

Make sure that clients have selected two anger scenes in the five-to-six range. If they have not done their homework, ask them to recall scenes from their anger log that fall into this arousal range.

Now repeat exactly the coping skills rehearsal procedure outlined in Week 3. Make the same effort to ensure that scenes really come alive and generate authentic anger reactions.

Homework

- Continue relaxation practice.
- Continue the anger log, with particular attention on the coping process in each anger situation." Make sure that clients rate any changes in emotional arousal and aggression following their coping response.
- "Generate two anger scenes in the seven-to-eight range that will be used during the next group session."

Week 5

Introduction

Now is the time to pay a lot of attention to what's working. Have clients discuss in detail situations in which relaxation or cognitive control measures

reduced their anger response. Celebrate what works. Get excited about success. If clients describe less arousal but aren't quite sure why, try to help them identify new attitudes or ways of thinking that are helping them stay more relaxed.

Also, pay some attention to anger situations in which clients feel less in control. Do some digging to expose the trigger statements. "You're really expecting them to come through for you, aren't you?...That's kind of a big should, isn't it?...It really sounds like you're expecting disaster to strike if they don't do it your way.... It's when you use that word 'selfish' that you really seem to get incensed." Have the group discuss other ways of coping with the problematic situation.

Intervention: Coping Skills Rehearsal—Coping in the Scene

Have people identify, if they have not done their homework, the two anger scenes that they'll use in the seven-to-eight range. Spend some time having clients describe their scenes and facilitate group discussion about coping statements that might be helpful.

This week, the coping skills rehearsal will have a slightly different structure. From now on, clients will not leave the anger scene 30 seconds after they have experienced arousal. Instead, they'll be instructed to remain in the scene and practice their relaxation and cognitive coping skills *while the*

anger scene continues. Here's what the instructions sound like:

Really get into the anger scene—remember your trigger thoughts, really try to feel the growing tension on a physical level. Remind yourself of the unfairness, the wrongness, the outrageousness of the offense. [A few hands go up, signaling anger.] When you really feel the anger, start your coping responses. Keep pushing, keep pushing up the anger. [More hands.] But once you get there, once you're angry, start relaxing. Start breathing deeply. Recall your special place. Focus on your body; notice tension and relax it away. Talk back to the trigger thoughts. What can you say to cope? Try some coping statements and see which ones work. Do whatever works for you to cool down. Your hand should stay up until you've found a way to control anger. When you've controlled your anger, let your hand drop and terminate the scene. When you've relaxed away your anger, when you've talked back to your anger, when you've coped with your anger, let your hand drop and terminate the scene.

Clients are expected to keep working on the scene until they have mastered the anger. As soon as they are sufficiently aroused and have raised their hands, they switch immediately into the coping mode. Their hands remain raised until their anger feels controlled and they're beginning to relax. Once the scene is terminated, clients should continue the cognitive and relaxation coping efforts until the next anger scene is introduced. Continue this process for up to six repetitions. Always alternate between the two anger scenes.

After several cycles, initiate a discussion with the group about what's working and what's not working in controlling anger. Celebrate some successes. Pay a lot of attention to clients who are beginning to feel some

mastery as they relax and talk away anger arousal in the scene. Clients who are having problems should also get attention. Examine carefully their coping procedures and generate group discussion about ways to modify the coping process. It's always appropriate to suggest new coping responses if clients are struggling with their current ones. If anger in a particular scene is very difficult to control, once again explore the trigger thoughts.

Help the client develop more realistic appraisals in the problematic situation.

Therapist: How are you doing with the scene, George?

George: I get pissed off, but then I stay upset. The anger has a life of its own.

Therapist: What are your trigger thoughts?

George: That my girlfriend's selfish, that she doesn't care about me.

Therapist: What have you tried to say to yourself to cope?

George: That we each have different needs, that I shouldn't assume the worst about her.

Therapist: But that doesn't work.

George: Not a bit.

Therapist: Ideas from the group?

Al: How about just reminding yourself to stop judging her?

Sylvia: Focus on asking for what you want and assume you'll both have to compromise.

Mark: How 'bout just telling yourself to say what you want without anger?

Therapist: Any of that helpful?

George: I think just reminding myself to tell her what I want without anger.

Therapist: Are you remembering to take a deep breath?

George: I didn't really do that.

Therapist: That will help, too. What makes your girlfriend so adamant at times? Do you know?

George: She thinks I don't spend enough time with her.

Therapist: Does that mean she's afraid you don't care about her, too?

George: I guess that might be true.

Therapist: So you could say to yourself, "We're both scared here, I'd better deal with this without anger."

Homework

- Continue relaxation practice.
- Continue self-monitoring, paying particular attention to the coping efforts in each anger situation. Continue to rate emotional arousal and aggression after the coping efforts.
- Develop two high-anger scenes, in the nine-to-ten range, for

use in the next group session.

Week 6

Procedures are identical to Week 5.

At the end of the session, pass out the handout on Response Choice Rehearsal (RCR) *opening lines*.

Homework

- "Continue monitoring anger and coping in the anger log.
- Memorize RCR response 1."

Week 7

Introduction

Review homework from the previous week. Again, emphasize the positive. Review and celebrate coping successes.

Invite reactions to the RCR *opening lines* handout. There will be resistance, so accept this. Encourage people to reserve judgment until they have learned the whole package of responses and have begun testing them in real-life situations.

M. Concept: Description of Response choice Rehearsal (RCR)

Using the description contained in the Concepts and Skills section, go through each of the RCR responses. Emphasize that not all six of the responses will be appropriate for a given anger situation. Emphasize the concept of switching from one response to another to cope with growing anger or escalation. Although a single anger control strategy often fails during provocations, the ability to use a variety of strategies and responses in succession increases the likelihood of resolution.

The key attitude to convey to clients is problem solving rather than vengeance. This is a slightly different version of the earlier "cope-don't-blame" dichotomy. An avenger wants to punish and injure the offending party to the same degree that he or she has been hurt. Pain must be paid back. A problem solving attitude assumes that the problem is a matter of conflicting needs. There is no right or wrong about it; each person's needs are legitimate and important. The goal is to work toward agreement through discussion and compromise.

First RCR Response: Ask for What You Want

1. Memorize these opening lines:

"I'm feeling (what's bothering me is)_____.

And what I think I need (or want or would like in this situation) is

_____.”

2. Rules.

- a. What is bothering you (your feeling) is optional. Include this if you think it's important information that will help the other person to be more responsive, or if the other person is an intimate who deserves to know your reactions.
- b. Ask for something behavioral, not attitudinal.
- c. Ask for something specific, limited to one or two things.
- d. Develop a fallback position—for instance, the minimum change that would be acceptable to you. This gives you room to negotiate.

3. Intervention: Therapist-client role-play.

Ask a group member to play the part of the provocateur in a recent anger situation. Find out what the client wanted or didn't want in the situation. While the client provokes you, model the first RCR response by asking for what you want. Make sure that the request is behavioral and specific. Present a fallback position. Emphasize the concept of voice control. Keep your voice low in volume without much inflection. So often voice tone and volume communicate anger, blame, contempt, sarcasm, and so on. Voice control

guards against escalation that is triggered by hidden messages in your tone of voice.

Client: (provocateur) This is ridiculous, rushing like this. So damn compulsive. For Christ's sake, relax!

Therapist: I'm feeling really anxious that we're going to be late for the surprise party. What I want is to be at least thirty minutes early.

Client: (provocateur) Thirty minutes of just standing around waiting for things to start? Forget it! That's nuts!

Therapist: (fallback position) I'm feeling really anxious that we'll miss the surprise. Fifteen minutes early seems like the minimum margin we need.

Note: Stop at this point. Don't let the provocateur respond and defeat you.

4. Intervention: Client visualization.

- a. Clients visualize a scene from their anger logs which grew out of some unmet or frustrated need. Clients see themselves using the RCR response and having success.
- b. Ask clients to visualize a second scene. This time the initial RCR response is rebuffed, but they are successful in offering a fallback position.

5. Intervention: Group discussion.

Discuss visualized scenes and any problems that clients encounter in generating need statements. The therapist should give a lot of attention to clients who've had trouble generating statements and fallback positions. Use group

discussion to generate specific behavioral need statements in the problematic situation. Some people may profess helplessness at this point. They'll argue that nothing they could ask for would have any chance for success. Acknowledge that this may indeed be the case, and that's why there are five other responses to choose from. You should also suggest that learning to articulate needs, in addition to a fallback position, is extremely helpful in many conflict situations. And whether or not clients expect much success, they should at least try to describe their needs in the visualized situation.

6. Intervention: Client role-play.

One client describes a scene from his anger log, including what he wanted in the situation and how the event proceeded. He then plays the role of provocateur while a second client plays the first client practicing the RCR response. The therapist should coach both the provocateur and the client practicing RCR. Again, emphasize the importance of sticking to behavioral and specific requests. Remind clients to suggest the fallback position when the first request is rebuffed.

7. It's time to emphasize the importance of expressing wants and needs. Ask group members if there are concerns about what it's okay to ask for. Explore resistance and fears about asking. Exercise feelings of increased vulnerability and the opening of old wounds when needs are finally put into words.

Homework

- Continue monitoring in the anger log.
- Pick three scenes from the log (low, medium, and high anger). Generate need statements and fallback positions for each one.
- Practice visualizing each scene, using RCR response 1 successfully. Start with the low-impact scene and progress to a high-impact scene." Ask clients to practice the visualization daily.
- "Memorize RCR responses 2 and 3."

Week 8

Introduction

Review successes from the anger log. Discuss visualization homework and any difficulty clients may have had in imagining asking for what they want. Remind clients that this is just the first of six RCR responses, and that it will be effective in only some of their anger situations. Again, return to the theme of asking for what you want, and emphasize the importance of putting needs into words.

Second RCR Response: Negotiate

Review opening line:

1. "What would you propose to solve this problem?" (*Note: If clients don't feel comfortable with the phrasing of the opening line, let them modify it so that it feels right to them.*)

2. Rules.

a. If you get resistance or a worthless proposal, offer your fallback position.

b. If you hear a proposal that has possibilities, begin negotiation. Look for compromise. Examples of compromise options include:

"Let's split the difference."

"Try it my way for a week. If you don't like it, we'll go back to the old way."

"My way when I'm doing it, your way when you're doing it."

"We'll do this one my way, but we'll do your way."

c. Compromise can only be reached when the solution takes into account both people's needs.

3. Intervention: Therapist-client role play.

As in Week 7, a client plays provocateur in a situation

growing out of his or her anger log. Before commencing the role-play, have the client first describe the situation, to make sure that it's appropriate for a compromise response. Again, emphasize voice control as you role-play negotiating with the provocateur.

Client: (provocateur) Stop hassling me about my radio! You make enough noise blabbing all day to your friends. Music is the only way I can stand this job.

Therapist: What would you propose to solve the problem?

Client: For you to stop being so tight-assed.

Therapist: (fallback position) I just can't think with it on. I'd like you at least to keep it off in the morning when I do most of my writing. How about that?

Note: Instruct provocateur that he or she should make some counter-proposal at this point.

Client: Why don't you buy me a Walkman? That would solve your problem.

Therapist: (looking for compromise) How about if I split the cost of a Walkman with you? How would that feel?

Note: Stop the role-play here before you get defeated.

4. Intervention: Client visualization.

Have clients select a scene from their anger log in which they feel there is room for negotiation and compromise. Have them imagine a successful resolution after they offer a compromise suggestion.

5. Intervention: Group discussion.

Discuss problems with the visualization. If a significant percentage of group members are having difficulty with the visualizations or report frustration in developing images and seeing the scenes evolve, you might consider dropping the visualization component for the remaining group meetings. Encourage group discussion of problems with developing compromise suggestions, phrasing the suggestions, and dealing with situations in which negotiation and compromise may be inappropriate.

6. Intervention: Client role-plays.

Proceed exactly as you did in Week 7. Again, be sure that the anger situation includes room for negotiation and compromise. Because negotiation skills are often very difficult to learn, it's important that you be an extremely active coach for this role-play. When a role-play bogs down, have the group make suggestions for new compromise options.

Third RCR Response: Self-Care

1. Review opening line:

"If [the problem] goes on, I'll have to [self-care solution] in order to take care of myself."

Explain that this is an exit response. If there continues to be no progress toward agreement, you can stop the discussion here.

2. Rules.

- a. The self-care solution should have as its main purpose the role of *meeting your needs*, not hurting the other person. This isn't something you do *to* the other person, it's something you do *for* yourself.
- b. Emphasize that this is your way of solving the problem yourself, not a pushy ultimatum, and not a punishment.
- c. Examples of self-care solutions:

"I want to be on time, so if you're late, you'll have to go on your own." "If you can't help with laundry and housework, I'm going to hire a maid." "Jimmy, if your clothes aren't on when I'm ready to leave, you'll just have to go out in your underwear and get dressed in the car."

"Okay, you really don't want to do anything tonight. If you're too tired to go out, I'll go with Jennifer."

3. Intervention: Therapist-client role-play.

Same as Week 7. Be sure you understand the situation, and extract from the client some ideas about how he or she can initiate self-care in the situation before actually beginning the role-play.

4. Intervention: Client visualization.

Again, make sure that group members select an appropriate scene and that they identify a self-care solution before beginning the visualization.

5. Intervention: Group discussion.

Discuss problems with the visualization and any difficulties developing self-care solutions. Encourage the group to brainstorm self-care alternatives for a variety of provocative situations.

6. Intervention: Client role-play.

Again, be certain that clients have identified the self-care solution before commencing the role-play.

Homework

- "Continue monitoring in the anger log."
- Clients should identify low-, medium-, and high-anger scenes, as well as appropriate self-care solutions for each.
- Clients should practice visualizing the negotiation of a compromise settlement, as well as imagine making a self-care statement for each scene. Emphasize that each visualized scene should end in success. Ideally, visualization practice should be done daily.
- "Memorize RCR response 4."

Week 9

Introduction

Review important problems in the anger log. Review RCR responses 2 and 3 and discuss any problems with the homework. Emphasize that responses 1-3 are "active" responses, while 4-6 are "passive" responses.

Fourth RCR Response: Get Information

1. Review these opening lines:

"What do you need in this situation?"

"What concerns (worries) you in this situation?"

"What's hurting (bothering) you in this situation?"

Whether a client asks about needs, worries, or hurts depends on the nature of the conflict and what information the client feels that he or she needs in the situation.

2. Rules.

- a. Use this response when someone is angry at you and there is something behind the anger that you don't understand.
- b. If you don't already know what the other person's need or worry is, the process of getting information is vitally

important.

Repeat steps 3, 4, 5, and 6 as previously discussed.

Fifth RCR Response: Acknowledge

1. Memorize these opening lines:

"So what you want is _____."

"So what concerns (worries) you is _____."

"So what hurts (bothers) you is _____."

2. Rules.

- a. Use the fifth response when someone has given a clear message about his or her feelings.
- b. Expect the other person to correct or modify what you said if you didn't get it right. Then re-acknowledge the new information.
- c. Acknowledgment is not just to let people know you hear them. It is a way to clarify and correct your misconceptions.

Repeat steps 3, 4, 5, and 6 as previously described.

Sixth RCR Response: Withdrawal

1. Memorize this opening line:

"It feels like we're starting to get upset. I want to stop and cool off for a while."

Explain to group members that this is an exit response. It means that they must be committed to immediately stopping the interaction at this juncture.

2. Rules.

- a. Keep repeating yourself, like a broken record, if you encounter resistance. Acknowledge the other person's desire to keep the discussion going, or acknowledge his or her general distress, but keep repeating your withdrawal statement.
- b. Physically leave the situation. Don't just leave the immediate vicinity, really get away.
- c. With intimates, give a specific time at which you will return to resume the discussion.

Repeat steps 3, 4, 5, and 6 as previously described.

Homework

- Continue the anger log.
- Pick three scenes from the anger log (low, medium, and high)

and visualize using RCR responses 4 and 5.

- Encourage clients to do visualizations daily.
- Ask group members to review the opening statements in responses 1-6 each day.

Week 10

Introduction

Review anger logs, problems, and successes. Review homework and discuss any problems. A number of clients will have done little or none of the visualization homework. At the very least, encourage them to memorize the responses, because the next week's homework will involve actually practicing RCR in real situations.

N. Skill: RCR Switching

Now it's time to emphasize the core principle of RCR switching to new adaptive responses if anger and conflict continue. The rules for switching are described in the *Main Concepts and Skills* section.

Intervention: Role-Play Triads

This is the time to do role-play switching. Break the group into triads. In

each triad, one person will play the provocateur, one person will practice RCR coping responses, and one person will be the coach.

1. In each triad, have the person who will use RCR responses choose a low-rated anger situation from his or her log.
2. Make sure that the situation is described in enough detail so that the provocateur can role-play anger-evoking behavior with some degree of realism. If a role-play begins and the client playing the provocateur isn't getting it right, have the triad stop and discuss in more detail the provocateur's behavior in the actual situation.
3. The coach in each triad can facilitate coping by reminding the provoked client of the two key coping thoughts. He or she can also remind the coping client of opening lines for RCR responses, if these have been forgotten. The coach may also suggest switching to a new RCR response. The provoking client is coached to resist until at least three or four different RCR responses have been made.
4. The provoked client should use anger as a cue to switch. He or she is generally in charge of choosing which RCR response to try next.
5. Make sure the role-play ends with successful resolution.
6. Have the triad switch off so that each member gets to play all three parts.

7. The therapist should move from triad to triad, listening in, offering suggestions, and encouraging effective RCR responses.

Larry: (provocateur) Why don't you spend more time with your kids and less time trying to raise money for all these big causes, all this political shit?

Sheila: (trying response 1) You're my brother. I feel really put down and hurt when you say things like that. What I'd like is for you to ask me, if you don't approve, why I do things—not just pass judgment.

Larry: It's all stupid, Sheila. You're wasting your time.

Coach: Could you try your fallback position, Sheila?

Sheila: Larry, could we just agree to say nothing then? Just leave it alone rather than hurt each other?

Larry: You like to run away from the truth, Sheila.

Sheila: (trying response 4) What's worrying you about my political activities?

Larry: The kids look stressed, they're cranky. They seem a lot more aggressive than they used to be.

Coach: Could you try acknowledging that?

Sheila: So what's worrying you is that they need to see me more, that they aren't getting enough attention?

Larry: Yeah. And it's affecting their behavior. Frankly, they're turning into brats.

Sheila: (explosively) Brats?

Coach: Remember to take a deep breath and relax.

Sheila: Okay, this is what drives me nuts.

Coach: Remind yourself that you have a plan for coping. What should you switch to next?

Sheila: (trying response 1 again) I really feel hurt when you say that. What I'd like is to assure you that I'll think about what you've said. But I'd also like an acknowledgment from you that you know I care about my kids and that it's hard to balance parenting with trying to do something in the world.

Coach: The request seems a little vague. How do you want Larry's behavior toward you to change?

Sheila: I want to hear what he's noticing about my kids without the heavy judgment.

Coach: How can you put that into a request?

Sheila: I want to hear what you notice about the kids, but I'd like you to say it without judging the other stuff I do.

Larry: But the "other stuff" is the problem, Sheila. You don't want to face that.

Sheila: This is too much!

Coach: A deep breath...maybe an exit response?

Sheila: Like self-care?

Coach: Have you thought out a self-care response yet?

Sheila: I could tell him I don't want to discuss my work again. And if he brings it up, I'll simply stop the conversation and walk out.

Coach: Try it.

Sheila: I don't want to discuss my political work. Let's drop it. If we get into this again, I'm just going to take off.

Coach: This is a good place to stop.

Intervention: Group Discussion

The role-play should be followed by a group discussion about problems experienced in switching. The group can be encouraged to brainstorm solutions to any difficulties that grew out of role-plays.

Homework

- Continue anger logs.
- Encourage clients to review all opening lines on a daily basis.
- *In vivo* homework:
 - Using the anger log, have clients pick a low-risk individual with whom they've had conflict. They should visualize using RCR with that person, and plan out a need statement, a fallback position, and a self-care solution.
 - Clients should seek an opportunity to engage in an RCR exchange with that person.
 - Results should be recorded in the anger log.

Weeks 11 and 12

You should continue the role-play switching exercise from Week 10.

Always encourage clients to switch back to old responses that have already been tried. Individuals can acknowledge, negotiate, or ask for what they want more than once. As clients become more proficient at RCR, begin using medium-, then high-impact anger scenes from the logs.

During these weeks, it's time to reemphasize the relaxation and cognitive coping skills learned earlier. Check in and uncover how clients have adapted these skills for their own use.

Homework

Use the same homework assignment as in Week 10. But now make sure that clients are picking at least medium-risk individuals and situations as targets for their RCR practice. Clients should continue to record results in the anger log.

Criteria for Measuring Change

Change can be measured by the anger log ratings. During the final session, you can ask clients to compare their anger log ratings of frequency, and of degrees of arousal and aggression, during the first three weeks with ratings during Weeks 9, 10, and 11. For most group members, the average ratings will have decreased significantly.

Noncooperation

The most significant problem in any skills-oriented group is the difficulty in motivating clients to do homework, maintain log records, and integrate the new behavior they are learning into daily life. One sure way to encourage cooperation is to ask to see the logs at the beginning of each session. Emphasize that progress and change are directly related to the amount of practicing done at home. Encourage clients to develop reward systems for doing their homework. An evening visualization session can be followed by a pleasant soak in the tub, reading an enjoyable book, or telephoning friends. Clients should make the rewards *contingent* on successful completion of daily practice assignments.

Some clients will cooperate more during one segment of the group than during others. This is to be expected. The cognitive control and RCR segments of the group, in particular, may be difficult for some clients. Be supportive, and emphasize that each skill is important in achieving anger control. Clients who have trouble with rehearsal and visualization should, at the very least, be attempting to apply their new skills to provoking situations that come up during the week. Your work is to consistently encourage them to convert the concepts and skills they are learning into real-life behavior.

People who don't do their homework, yet continue to come in with stories of anger upsets, should be challenged. They shouldn't be allowed to

take up group time with war stories if they are not attempting to implement their new skills.

Some clients will come in each week with a story about how they tried their new skill but it didn't work. Some of these people may be playing a version of Eric Berne's game, "Yes, but." Have this sort of client describe in detail what he or she did to cope with the situation. Ask group members to look for flaws or problems in the client's coping strategy. In some cases, clients will try methods that are obviously inappropriate for the particular situation. After you or the group have suggested a more appropriate coping strategy, you might delicately raise the question of how inappropriate anger-coping strategies may be an unconscious way of making sure nothing changes.

Relapse Prevention

It's important to emphasize in the final session what to do if anger reemerges as a problem in the client's life. Relapse usually means that the client has forgotten to implement some of what he or she has learned. If anger is reemerging, the client should:

1. Reestablish his or her relaxation and stress-reduction program.
2. Begin rehearsal by imagining the problem situation, including appropriate coping statements.

3. Identify any significant cognitive distortions that are triggering the anger, and develop appropriate responses or rebuttals.
4. Rehearse, in advance, any RCR responses that might be helpful in the situation.

Resistance

Resistance in the anger group can be traced to one of two causes. Either the client has strong fears about changing, or there are rewards and secondary gains for maintaining high levels of anger. Finding out what the resistant client fears is an extremely important step. For some, anger functions as a defense against feelings that are too painful to openly acknowledge. Merely getting clients to name these underlying feelings can be an important first step toward overcoming resistance. Some clients are afraid that no one will listen to them or acknowledge their needs if they express themselves *without* anger. These individuals should be encouraged to experiment with direct, nonblaming requests in situations in which they previously used anger. Additional group or individual work may also be indicated for developing assertiveness skills.

Some clients feel more powerful in the world and in their relationships because of anger. The secondary gain, particularly in an intimate relationship, may include certain forms of control, the ability to avoid unpleasant feedback, regulating the level of closeness, sexual stimulation, special concessions and

favors, and so on. Some clients are willing to openly examine how they use anger to meet certain needs. Others are not.

Whether resistance stems from fear or secondary gain, it can be further addressed by encouraging clients to examine the personal costs of their anger. The leader can assign homework to the group as a whole that encourages members to identify how their anger harms relationships at work, with friends, with family, with lovers, and with children. Clients should be encouraged to explore the effects of anger not only in current relationships, but also in any significant past relationships as well. During the following week's session, the group leader can give special attention to resistant clients and the interpersonal costs of their expression of anger.

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