

GUIDE TO HANDLING DIFFICULT FEELINGS (ANGER)

SNAPSHOT – ANGER

Anger, PTSD, and veterans

- Studies have consistently shown that veterans of the Iraq and Afghanistan wars exhibit high rates of PTSD, depression, and substance use disorders. Specifically, veterans who struggle with the anger and emotional outbursts of combat trauma are more than twice as likely as other veterans to be arrested for criminal misbehavior.
- Iraq and Afghanistan War veterans exhibit high rates of PTSD. In one study, about 40 percent had PTSD and an additional 18 percent almost had a PTSD diagnosis (subthreshold PTSD - several severe symptoms of PTSD but not quite enough to meet criteria for a full PTSD diagnosis).

In this age group, there appears to be a strong connection between the experience of PTSD symptoms and aggressive behavior such as threatening physical violence, destroying property and having a physical fight with someone. Over half indicated that they had been aggressive in the past four months.

- One explanation is that individuals with PTSD may have intense and unpredictable emotional experiences, including anger which is often a large part of a survivor's response to trauma. Anger helps cope in the face of challenges, but it can contribute to major problems, as well. For many, an automatic response of irritability and anger in those with PTSD can create serious problems in relationships, and even at work.
- One diagnostic feature of PTSD is a high level of “arousal” in response to certain triggers. While it can include feelings of being hyper-alert, it can also cause some vets to actually seek out risky situations (a so-called adrenalin rush, for example). For others, it leads to the abuse of alcohol or drugs to reduce the level of tension.
- Some vets learn to respond to threats by acting aggressively to protect themselves. It becomes an automatic response, impulsively acting before they think.

This can be an issue in a program setting if the veteran feels threatened - on any level. For example, a vet who feels that he is being talked down to (or does not clearly understand a topic or concept) may suddenly become angry and loud.

KEY FOCUS OF THIS UNIT

The primary focus of these resources is awareness and self-management of symptoms and triggers to anger. Key elements include a basic cognitive-behavioral (CBT) approach, supplemented by DBT mindfulness activities, distress tolerance skills, and tools designed to assist awareness and motivation for successful symptoms self-management.

GOALS

- Increased understanding and successful management of angry feelings.
- Success in handling angry feelings from specific problem situations.
- Demonstrated understanding, (CBT).
- Movement to Contemplation Stage. (□ awareness, □ understanding, □ insight, □ acceptance).

- This unit teaches specific self-management skills.
- This unit provides many opportunities for problem solving.
- This unit includes multiple Motivational Interviewing (MI) tools.

OUTCOMES

- “Build a life worth living.” (Linehan)
- Participant functions successfully in daily living - and has the skills and motivation to maintain positive functioning.
- Envision and pursue positive life goals. Deal successfully with ordinary problems.

Improved general functioning through implementation of long-term mental health and self-management plans.

- increased awareness of cognitive risk factors and issues underlying angry feelings - and potential issues in their lives
- increased acceptance that anger (and specific triggers to anger) may have influenced some of their past issues and choices
- increased acceptance that anger may still influence some of their current issues and choices
- In practice against internal and external high risk situations presented in scenarios provided, demonstrate repeated successful coping
- assessment of personal situational confidence in dealing with these specific areas.

ADDITIONAL GOALS

- documentation of increased importance, confidence, and readiness for key changes (as assessed by MI-instruments and behaviors).
- positive social integration and functioning now, and going forward.
- note specific steps they will take, and areas for further development
- preparation for effective community and social reintegration going forward.

- effective self-management continue to maintain positive and pro-active physical and mental health behaviors going forward.
- Through completion of behaviorally-stated objectives, demonstrate effective implementation and action plans for successful integration of key strengths and protective factors targeted by program.

In more than 10,000 scientific studies, the advantages of taking time to pause in one's life, as is done with mindfulness and meditation, have proved to help people live happier, healthier lives.

WORKBOOKS IN THIS UNIT (they appear in multiple parts)

Pre I I	You Can't Change Me	MI resource (specifically focused on anti-contemplation). Examines issues of importance and confidence in making life changes. Asks participants to evaluate where they stand on 13 specific areas of personal change.
F10	Your feelings - and relapse	Workbook reviews feelings and symptoms, and links relapse and feelings.
F2	Anger	Identifies client anger symptoms, issues, and triggers, links anger to dependencies. Topics include repressed anger and passive-aggressive behavior.

DISCUSSION ELEMENTS

In this lesson there are also number of targeted, short elements (Worksheets, Moment For Your Mind, Trigger Events, etc.) meant to promote a robust discussion among the participants. It is recommended that you proceed as follows:

1. Review the goals and objectives for the Unit. It is important to keep the discussion focused on these outcomes.
2. Review each element before starting the group and note the ones that best fit the participants in your particular group. Familiarity with the materials is essential to your task of guiding the discussion and keeping it focused.
3. Begin with the elements that best fit your group in case you don't have time to get to every element in the lesson.
4. It is critical that you ensure the discussion is on target for the goals and objectives for this Unit. If a discussion sparked by one of the elements is being particularly productive, you may wish to allow the discussion to proceed even if it means not getting to every single element in the lesson. However, it is critical that you keep the group on track and not allow the discussion to veer too far away from the targeted goals and objectives.
5. Be careful not to interject your own thoughts and experiences into the discussions. The idea is to

get the participants talking. Your role is to guide the discussion, and keep it focused on the goals and objectives of the Unit.

A NOTE ON TIMING

- Total class time for each lesson is 60 minutes.
- Core Workbook elements should typically take 40-45 minutes.
- A Moment For Your Mind elements typically take 5-10 minutes.
- Some other elements in the TOC include a number indicating the length of time estimated to complete the task.
- Activities such as discussion elements (for example, Trigger Events) should take approx. 10 minutes or so. However, if the discussion is proving fruitful and you have the time, please allow the discussion to continue.

NOTE: Unit TOC follows on the next page

KEY FOCUS OF THIS UNIT

The primary focus of these resources is awareness and self-management of symptoms and triggers to anger. Key elements include a basic cognitive-behavioral (CBT) approach, supplemented by DBT mindfulness activities, distress tolerance skills, and tools designed to assist awareness and motivation for successful symptoms self-management.

GOALS: Increased understanding and successful management of angry feelings.

Success in handling angry feelings from specific problem situations.

Demonstrated understanding (CBT).

Movement to Contemplation Stage. (☐ awareness, ☐ understanding, ☐ insight, ☐ acceptance)

1	Mindfulness moment 5	Pre 11 - You can't change me 15	F10 - Feelings, part 1 20	FFT Conflict Resolution 10	Worksheet - Anger symptoms template 10
2	Mindfulness moment 10	F10 - Feelings, part 2 25	Worksheet: Anger symptoms management - FID 15 (shorter model)	Trigger events 1	
3	Mindfulness moment 10	F10 - Feelings, part 3 25	Worksheet: Using the feelings rules anger scale to help identify triggers 10-15	Problem behaviors 2	
4	Mindfulness moment 10	F2 - Anger, part 1 25	Worksheet: Anger self-assessment (from MI-MAV-1) 15	Trigger events 3	
5	Mindfulness moment 10	F2 - Anger, part 2 25	Worksheet: Anger symptoms checklist (from MI-MAV-1) 15	Trigger events 4	
6	Mindfulness moment 10	F2 - Anger, part 3 25	Worksheet: Assessment: anger stressors or triggers - what pushes your buttons 10-15	Trigger events 5	
7	Mindfulness moment 10	F2 - Anger, part 4 25	Worksheet: Dealing with your anger - where do you want to be? 10	CF17.4 Aggravation and disrespect 4 (SL) 20	
8	Mindfulness moment 10	FFT ST19 Using anger to control others 20	Worksheet: Anger triggers summary activity 10+	Problem behaviors 1 Trigger events 7	
9	Mindfulness moment 10	FFT ST20 Holding on to anger 20	Worksheet: Symptoms management - assessing frequency, intensity, and duration 20 (again)	CF17.1 Aggravation and disrespect 1 (SL) 20	
10	Mindfulness moment 5	Worksheet: Situational confidence - anger 25	Worksheet: Decision tool - with rulers 10	FFT Anger and stress 20	

Key summary element:

- Lesson #10 - Worksheet: Situational confidence - anger

GUIDE TO CRIMINAL THINKING

SNAPSHOT – CRIMINAL THINKING

The primary focus of these resources is awareness and self-management of selected areas of dysfunctional or criminal thinking. Key elements include a basic cognitive-behavioral (CBT) approach and multiple resources which provide a foundation for examining faulty thinking - including common defense mechanisms.

- Mental wounds, post-traumatic stress disorder, traumatic brain injury, depression, and substance abuse are significant in the veteran population. In recent years rates of substance abuse and suicide among veterans have also ticked steadily upward. Some veterans suffering from mental-health issues will, invariably, end up in the criminal justice system.
- Almost one in five vets suffer from PTSD or major depression.
- There is a strong correlation between PTSD and criminogenic behaviors in incarcerated veterans.
- One of the stronger indicators between PTSD and criminogenic behaviors in incarcerated veterans was the additional presence of a traumatic brain injury or TBI.
- Posttraumatic stress and traumatic brain injury, particularly when combined with anger and irritability issues, may be veteran-specific risk factors for violent offending. A greater percentage of veterans (64%) than nonveterans (48%) were sentenced for violent offenses (Bureau of Justice Statistics). More than half (57%) of veterans in prison are serving time for a violent crime. According to the BJS, rape or sexual assault was the most common offense.
- Adjusting to civilian life may have been hardest for people who could not find meaningful work. Some may have found additional adjustment difficult after experiencing the structure and accountability inherent in military service. Their criminal behavior may have some connection to being homeless, without work or resources, or generally unable to pay bills and manage financial affairs. By 2009 there were 154,000 homeless veterans, with slightly less than half having served in South Vietnam. As time goes by these numbers may change, with some added vets from the Iraq and Afghanistan conflicts
- After Vietnam, the number of inmates with prior military service rose steadily until reaching a peak in 1985, when more than one in five was a veteran. By 1988, more than half of all Vietnam veterans diagnosed with PTSD reported that they had been arrested; more than one third reported they had been arrested multiple times.

- Department of Justice's Bureau of Justice Statistics in 2004, found that nearly one in 10 inmates in U.S. jails had prior military service. Extrapolated to the total prison population, this means that approximately 200,000 veterans were behind bars. It may take several more years for these numbers to reflect the toll on veterans of Iraq and Afghanistan as there tends to be a big gap between leaving the service and entering the criminal-justice system.
- According to the Bureau of Justice Statistics, one in 10 inmates in a state prison reported prior service in the United States armed forces. In addition, 54% of veterans in state facilities and 64% of service members in federal facilities served during a wartime period. Vietnam-war era veterans are the most common wartime veterans. The average length of military service of veterans in prison was approximately four years.
- Multiple factors (unemployment, substance abuse, mental-health issues, and a shortage of adequate counseling) contribute to the issues leading vets into the prisons.

Society has some responsibility to help vets who have taken some risks to protect this country, especially those who have issues relating to that service.

There's a risk that some vets will use their military service as a catch-all excuse for crimes.

KEY FOCUS OF THIS UNIT

The primary focus of these resources is awareness and self-management of selected areas of dysfunctional or criminal thinking. Key elements include a basic cognitive-behavioral (CBT) approach.

- This unit provides many opportunities for problem solving.
- This unit includes multiple Motivational Interviewing (MI) tools.

OUTCOMES

- "Build a life worth living." (Linehan)
- Participant functions successfully in daily living - and has the skills and motivation to maintain positive functioning.
- Envision and pursue positive life goals. Deal successfully with ordinary problems.
- In practice against internal and external high risk situations presented in scenarios provided, demonstrate repeated successful coping
- demonstrate competence at problem solving skills (versus specific situations).
- key outcome is that they have the motivation to handle some of these issues more successfully going forward. "Taking charge of your mind."

ADDITIONAL GOALS

- documentation of increased importance, confidence, and readiness for key changes (as assessed by MI-instruments and behaviors).
- positive social integration and functioning in the program

WORKBOOKS IN THIS UNIT (they appear in multiple parts)

CC6	I have my reasons	This CBT resource provides an opportunity for participants to analyze why they have been making some of the choices they have, and the costs and consequences of these choices.
CC7	Who do you think you are?	The way we think about ourselves helps us decide what we would, and wouldn't do. Increases emotional awareness and understanding self-talk and self-image. <i>(Available in adult, correctional, and juvenile versions)</i>
CC9	Denial	This resource helps clients identify denial issues and develop an action plan for change. Also helpful as a resource in addressing dysfunctional thinking, defense mechanisms, and criminal thinking.
GG13	Criminal Values	

DISCUSSION ELEMENTS

In this lesson there are also number of targeted, short elements (Worksheets, CT Situations, CT Defense Mechanisms, etc.) meant to promote a robust discussion among the participants. It is recommended that you proceed as follows:

1. Review the goals and objectives for the Unit. It is important to keep the discussion focused on these outcomes.
2. Review each element before starting the group and note the ones that best fit the participants in your particular group. Familiarity with the materials is essential to your task of guiding the discussion and keeping it focused.
3. Begin with the elements that best fit your group in case you don't have time to get to every element in the lesson.
4. It is critical that you ensure the discussion is on target for the goals and objectives for this Unit. If a discussion sparked by one of the elements is being particularly productive, you may wish to allow the discussion to proceed even if it means not getting to every single element in the lesson. However, it is critical that you keep the group on track and not allow the discussion to veer too far away from the targeted goals and objectives.

5. Be careful not to interject your own thoughts and experiences into the discussions. The idea is to get the participants talking. Your role is to guide the discussion, and keep it focused on the goals and objectives of the Unit.

A NOTE ON TIMING

- Total class time for each lesson is 60 minutes.
- Core Workbook elements should typically take 40-45 minutes.
- A Moment For Your Mind elements typically take 5-10 minutes.
- Some other elements in the TOC include a number indicating the length of time estimated to complete the task.
- Activities such as discussion elements (for example, Trigger Events) should take approx. 10 minutes or so. However, if the discussion is proving fruitful and you have the time, please allow the discussion to continue.

NOTE: Unit TOC follows on the next page

CORE PROGRAM UNIT - CRIMINAL THINKING

Model CR-CT-V May 3, 2018

The primary focus of these resources is awareness and self-management of selected areas of dysfunctional or criminal thinking. Key elements include a basic cognitive-behavioral (CBT) approach and multiple resources which provide a foundation for examining faulty thinking - including common defense mechanisms.

- This unit provides many opportunities for problem solving.
- This unit includes multiple Motivational Interviewing (MI) tools.

Objectives	GOAL: Identify and address selected areas of dysfunctional or criminal thinking.			
<ul style="list-style-type: none"> • Contemplation stage <input type="checkbox"/> awareness <input type="checkbox"/> understanding <input type="checkbox"/> insight <input type="checkbox"/> acceptance 	1	CC9 Denial 35	ST1 - Becoming a victim - or helpless 20	CT situation 1 10
	2	CC7 - Who do you <u>think</u> you are? 40	CT Defense Mechanism: Rationalization 15	CT situation 2 10
	3	Worksheet - Empathy (CT resource) 40	CT Defense Mechanism: Manipulation 15	CT situation 3 10
	4	GG13 - Criminal values 40	Worksheet - Agree or disagree? 15	CT situation 4 10
	5	ST2 - Blaming 20	CT Defense Mechanism: Minimization 15	FFT - I've become the person I always hated 20 CT situation 5 10
	6	ST3 - Playing dumb or naive 20	CT Defense Mechanism: Avoidance 15	CT situation 6 10 FFT - Getting into problems, by accident 10-15
	7	ST4 - The doormat 20	CT Defense Mechanism: Suppression 15	CT situation 7 10 FFT - Why they have these places 15
	8	ST5 - Self-pity 20	CT FFT Resistance (longer) 20+	CT situation 8 10 FFT - I ain't afraid 10
	9	CC11 - Why am I thinking about changing? 35	CT Defense Mechanism: Deflection 15	CT situation 9 10
<ul style="list-style-type: none"> • Assessment and action planning 	10	ST38 - Criminal thinking 20-25	CT Defense Mechanism: Intellectualization 15	CT Defense Mechanism: Projection 15 CT Situation #10

GUIDE TO INTERPERSONAL_MAY

KEY FOCUS OF THIS UNIT

Increased self-awareness and improved interpersonal and self-management skills. This is a skills development resource - with complete lesson plans, worksheets and participant activities.

OUTCOMES

- “Build a life worth living.” (Linehan)
- Participant functions successfully in daily living - and has the skills and motivation to maintain positive functioning.
- Envision and pursue positive life goals. Deal successfully with ordinary problems.

Improved general functioning through implementation of self-management skills and practices.

- increased awareness of issues relating to feelings and symptoms. Primary emphasis is coping with anger, especially as it may lead to aggression or violence.
- increased acceptance that these feelings may have influenced some of their past issues and choices
- increased acceptance that these feelings and symptoms may be influencing some of their current issues and choices
- development of selected options for dealing more effectively with the above
- In practice against internal and external high risk situations presented in scenarios provided, demonstrate repeated successful coping
- demonstrate competence at problem solving skills (versus specific situations).
- assessment of personal situational confidence in dealing with these specific areas.
- key outcome is that they have the motivation - and an actual action plan - to handle some of these issues more successfully going forward.

ADDITIONAL GOALS

- documentation of increased importance, confidence, and readiness for key changes (as assessed by MI-instruments and behaviors).
- positive social integration and functioning now, and going forward.
- note specific steps they will take, and areas for further development
- preparation for effective community and social reintegration going forward.
- effective self-management continue to maintain positive and pro-active physical and mental health behaviors going forward.
- Through completion of behaviorally-stated objectives, demonstrate effective implementation and action plans for successful integration of key strengths and protective factors targeted by program.

DISCUSSION ELEMENTS

In this lesson there are also number of targeted, short elements (Worksheets, FFTs, Issues with Other People, etc.) meant to promote a robust discussion among the participants. It is recommended that you proceed as follows:

1. Review the goals and objectives for the Unit. It is important to keep the discussion focused on these outcomes.
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- A Moment For Your Mind elements typically take 5-10 minutes.
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- Activities such as discussion elements (for example, What's The Best Way) should take approx. 10 minutes or so. However, if the discussion is proving fruitful and you have the time, please allow the discussion to continue.

NOTE: Unit TOC follows on the next page

CORE PROGRAM UNIT - MANAGING AGGRESSION AND VIOLENCE (SKILLS VERSION)

Unit CR-G May 3, 2018

<p>GOAL: Increased self-awareness and improved interpersonal and self-management skills.</p> <p><i>Skills development resource - with complete lesson plans, worksheets and participant activities.</i></p>	
1	<p>MAV1 - Introduction to anger Anger self-assessment, Part 1 FFT - Anger (it's more like aggravation)</p>
2	<p>MAV2 - Introduction to anger2 Anger assessment, Part 2 Worksheet -- Anger Issues with other people #9</p>
3	<p>Anger symptoms checklist, Part 3 MAV3 - Why we need good communication skills Issues with other people #2, #11</p>
4	<p>MAV4 - Why we need good communication skills, Part 2 Issues with other people #3, #12</p>
5	<p>Anger assessment, Part 4 - The last time MAV 5- Becoming a better listener Anger symptoms management (assessing frequency, intensity, duration) Issues with other people #4</p>
6	<p>MAV 6 - Becoming a better listener Thought Stopping- STA</p>
7	<p>MAV 7 - Becoming a better listener Changing thoughts, making choices that work #4 (carry yourself) Issues with other people #6 (optional Issues with other people #5)</p>
8	<p>Anger worksheet, Part 5 - Take a look MAV 12 - Where does your anger come from? Using the feelings rulers for triggers (anger version) Issues with other people #7</p>
9	<p>MAV 15 - Where does your anger go? Anger worksheet, Part 6 - Goal setting (anger) Issues with other people #10</p>
10	<p>Personal space - and respect Symptoms management (assessing frequency, intensity, duration)</p>