Anger Management Course Workbook

6. Challenges to managing anger
Where are we so far?

We are now in week 4 of the course and it might help to think back to the picture we drew up in week 1 to help understand anger. Anger can be understood by thinking of the effects on your body, thinking and what you do. Anger is usually set off by hassles, a sense of unfairness or feeling abused. There are times when anger can be helpful but often, getting angry can cause problems. Only you can tell if anger is a problem for you, but usually if the costs of anger are greater than the benefits of anger, it is a problem.

In weeks 2 and 3 we looked at ways in which you might begin to manage your anger. The key to doing this successfully is to notice the early signs of anger. This final week we will look at what might make it difficult to manage your anger and how you might cope with these challenges.

What can make anger worse?

We have already looked at what situations might set off your anger, we can call these “immediate triggers”. There are also more general things that can make anger worse and can affect whether an “immediate trigger” sets off your anger. These things can often be hidden and can be more difficult to notice than “immediate triggers”. However, it can be difficult to control anger if you are not aware of what may be behind it.

The sort of things that might be behind your anger include:
- Poor sleep
- Drugs and alcohol
- Relationships
- Stress, depression, anxiety, trauma, bereavement
- Living conditions

There may also be other things you can think of that are behind your anger.
Exercise 1: what makes your anger worse?

Tick any of the following that you think may make your anger worse. You may find this exercise quite difficult and it might help to think about what someone who knows you very well might say about you.

♦ Poor sleep
♦ Drugs and alcohol
♦ Relationships
♦ Stress, depression, anxiety, trauma, bereavement
♦ Living conditions
♦ Anything else (please say what) ...........................................


Sleep

Poor sleep can make anyone feel irritable and short tempered. The same things will not trigger anger when you have had a good nights sleep as when you have had a bad nights sleep. The following are some examples of the link between sleep and anger:

Emily

Emily is very stressed at work. She found it very hard getting to sleep as she was thinking about all the things that were going wrong at work and how she felt unable to sort them out. She didn’t get to sleep until around 2am. When driving to work she was “cut up” at the traffic lights and felt a huge rage come upon her, she thought about it all day at work and was very irritable with her colleagues. Normally she would have just shrugged and driven on.
Gavin

Gavin is a father to two children under 5. Both children have been ill and were up a lot in the night. Gavin had a very disturbed night’s sleep and woke feeling exhausted in the morning. Both children seemed better in the morning and were full of energy getting all their toys out. When Gavin tripped over a toy train in the middle of his hallway he flew off the handle with his children and shouted at them.

A bad night’s sleep may be caused by any of the following:
- Disturbances
- Discomfort
- Troubling thoughts
- Difficulty getting to sleep / waking early

Often sleep is affected by bad habits that come about during periods of stress and hang about after the stress has gone.

Sleep – possibilities

The following areas are useful to consider when trying to ensure that you have a good nights sleep. Breaking bad habits and sticking to a good sleep routine will help you get a good night sleep.

Caffeine

Caffeine, which is in tea, coffee, chocolate and cola, is a stimulant. If you drink caffeine before going to bed you may find that getting to sleep is difficult because your body is all hyped up. It can help to try to avoid caffeine 2-3 hours before going to bed or to drink less of it.

Smoking

Nicotine, which is in cigarettes is also a stimulant and will hype your body up, making it difficult to wind down and fall asleep. It may be worth not smoking so much or at all in the evening and definitely not if you wake up in the night.
**Alcohol**
You may feel that alcohol helps you to get to sleep but like caffeine and nicotine, alcohol is a stimulant. It does not help you to sleep in the long term and it makes it more likely that you will wake in the night and you will have poor quality sleep. Avoid using alcohol to get you to sleep.

**Milky drinks**
It seems like an old wives’ tale but it is true. Hot milky drinks like Horlicks, Ovaltine and Hot chocolate can sometimes help with getting to sleep.

**Food/drink - eat as little as possible after 7 or 8 pm.**
It can be difficult for your body to try to shut down for sleep if it is busy trying to digest a big meal at the same time. Your body takes around 3 hours to digest a big meal.

**Bed**
Consider whether your bed is comfortable? It may sound obvious but if you are not comfortable then it is unlikely that you will get a good nights sleep.

**Room**
Again, it sounds obvious but consider if your room is warm/cool enough and comfortable. Try, if you can, to avoid being in a bedroom that is very noisy due to outside noise.

**Partner**
If your partner keeps you awake by snoring or fidgeting then it might be worth considering sleeping separately if you feel that the possible benefits of this will outweigh any disadvantages.

**Exercise**
Exercise can help with sleep difficulties. It is important to keep any exercise in the evening moderate (not vigorous) and to consider not doing exercise after 8 pm, to avoid overstimulating your body just before winding down for sleep.
Relaxation
Finally, consider having a “wind down” routine before you go to bed, to help prepare you for sleep. It is very hard to keep going at 100 miles/hour and then to go straight to sleep. Your “wind down” routine will be personal to you but may include a warm bath, reading, listening to music you like. It is probably not helpful to listen to very stimulating music, watch very exciting television or play very intense computer games just before you plan to sleep.

Drugs and Alcohol
You may smoke or drink to help get through difficult situation or block things out but, in the long term, they are likely to make your anger worse. When you have been drinking or taking drugs your body will not be as restful as usual and you can get wound up before there are even any triggers for your anger.

This is not giving yourself a good chance of controlling your anger. Alcohol and drugs can also be a trigger for anger because they make you less able to control or stop your behaviour.

Drugs and Alcohol – possibilities

Diet
Although food is not really a drug we have included it here as there are some important things to consider. It is important to ensure you have a balanced diet to give yourself a good chance of feeling full of energy and not lethargic/hyped up. If you feel fit and healthy you are more likely to be able to take on new information and consider new ways of thinking and behaving.

Caffeine
Caffeine is a stimulant and raises your arousal levels, making you feel hyped up. If you drink a lot of caffeine you may wish to consider reducing the amount of drinks you have with caffeine in. A good guide is to aim for less than 8 drinks with caffeine per day.
**Nicotine**

Nicotine, in cigarettes, is a stimulant and if you smoke you may want to reduce the amount you smoke or give up altogether. Reducing to under 15 cigarettes a day will give some health benefits if you feel that giving up is too much. Your GP can help you if you want more information about this. Also the NHS website [www.gosmokefree.com](http://www.gosmokefree.com) has information on giving up smoking.

**Alcohol**

Alcohol is often involved in difficulties with anger. When you get drunk you are more likely to get aggressive or violent and it is best to keep alcohol use to a minimum. It is recommended that women do not drink more than 2-3 units per day (14 per week) and men do not drink more than 3-4 units per day (21 per week). Talk to your GP if you feel you have a problem with alcohol.

**Illicit drugs**

Drugs such as cannabis, cocaine, heroin, amphetamines etc, will all have an effect on your anger and it is best to avoid using them (for a number of reasons). Again, your GP will be able to help if you wish.

**Relationships**

Difficult relationships with others can be behind anger difficulties. We sometimes learn unhelpful ways of dealing with situations when we are growing up and over time we sometimes get into unhelpful (or abusive) relationship patterns. These difficulties can happen with relatives, friends or people at work.

Some relationships can be full of anger and conflict and these make anger problems worse. Other times you may just find that you are in stressful, difficult relationships. Of course, some relationships can be very supportive and act as a way of reducing anger and have a calming effect.
It is important to think about the relationships that you are in and have been in. Are relationships making your anger worse? If you think that difficult relationships may be behind your anger then you may find it helpful to talk to someone you trust. Counselling (short term supportive relationship, problem solving) can help with relationship difficulties. Your GP will be able to help you get to see a counsellor.

**Psychological**

Psychological difficulties such as stress or depression can make an anger problem worse. Sometimes the psychological difficulty itself can be the cause of your anger. Difficulties include:

- **Stress**
  - family, work, ill health, too much to do, financial worries, can all make you feel stressed.
- **Anxiety**
  - high levels of worry and fear, often about the future.
- **Depression**
  - low mood, lack of motivation.
- **Bereavement**
  - can be a problem when it feels like there have been a lot of bereavements in a short period of time, if it was someone special, or if the person died in difficult circumstances.
- **Trauma**
  - can be from childhood or recent and could be a one off trauma or lots of traumatic events.
- **Abuse**
  - childhood, recent, sexual, physical.
- **Other**
  - Obsessive Compulsive Disorder, phobia, health worries.

**Psychological – possibilities**

If you feel that any of the above difficulties apply to you and you want to do something about them then there are a number of different ways you can get help:

1. Talking with someone you trust can often help, especially if your difficulties are recent and relatively mild. Sharing a problem can make it easier to see what it is about and what you might do that could help.
2. Internet: there are a number of good websites and self-help booklets. Two good websites are www.ntw.nhs.uk/pic/?p=selfhelp and www.glasgowsteps.com

3. Your local library and bookshops will all stock a selection of self help books. Clients that we have seen in individual work have found some of the following helpful:

<table>
<thead>
<tr>
<th>Book Title</th>
<th>Author(s)</th>
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<tr>
<td>Overcoming irritability and anger</td>
<td>Will Davis</td>
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<tr>
<td>Overcoming anxiety</td>
<td>Helen Kennerley</td>
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<td>Overcoming depression</td>
<td>Paul Gilbert</td>
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<td>Overcoming obsessive compulsive disorder</td>
<td>David Veale &amp; Rob Wilson</td>
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<tr>
<td>Overcoming social anxiety and shyness</td>
<td>Gillian Butler</td>
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<td>Overcoming low self esteem</td>
<td>Melanie Fennell</td>
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<tr>
<td>Breaking free (for adult survivors of childhood sexual abuse)</td>
<td>Carolyn Ainscough &amp; Kay Toon</td>
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If you feel that you would find individual therapy helpful you should speak with your GP. Your GP is able to refer you to a counsellor, Primary Care Mental Health Worker or Psychologist, all of whom will see you in or near your GP practice and within 3 months.
Living Conditions

There are some things, usually quite practical things, that can just make life more complicated and stressful. These include:

- Debt
- Overcrowding
- Living in a “bad area”
- Domestic abuse
- Employment (difficulties or lack of)

Sometimes there is nothing obvious that can be done immediately to make things better. In these cases it can be helpful to realise what is making your anger worse and then trying to live around it, knowing why things are hard.

Other times it is possible to change circumstances and there are a variety of agencies that can help (Citizens’s Advice Bureau, housing department, job centre). It can be helpful to use a problem solving approach when tackling these difficulties. This involves 5 steps:

1. identify the problem
2. identify a number of possible solutions
3. pros and cons for each solution
4. choose a solution
5. do it!
Jim found that one of the things behind his anger was difficult, noisy neighbours. He lived in a local authority flat and the neighbours in the flat above were often very noisy late at night – revving the car when they came back, arguing loudly and playing loud music often until the early hours of the morning. This disturbed Jim’s sleep, leading to him being more irritable the next day. He also got very irritated when they were being noisy and would take it out on anyone who was near him, particularly his partner. He didn’t like the effect that his irritability was having on his relationship and he decided to try to problem solve the situation:

1. **Identify the problem**  
   Jim realised that part of the problem was noisy neighbours

2. **Identify possible solutions**  
   a) Ask them to be quieter at night  
   b) Buy ear plugs  
   c) Speak with the housing office and ask advice regarding re-housing or making a formal complaint

3. **Pros and cons for each solution**  
   a) it might work immediately, but they might just become more noisy just to be awkward  
   b) might be less disturbed by the noise but it doesn’t really deal with the problem  
   c) a bit of an effort but should pay off in the longer term with a good outcome

4. **Choose a solution**  
   Jim decided to try option c)

5. **Do it!**  
   He went to the housing office who advised him to put in a formal complaint which they took forward and it led to the eviction of his neighbours.
Obstacles to change

There are a number of obstacles to achieving your goals and it is important to think how you might respond to them. In the first week you thought about possible goals, and you have learned about strategies for managing your anger the next question is to think about why these strategies might not work. If it was only as easy as writing down some goals then change would happen more often. So it is important to think about the possible obstacles that might stop you from achieving your goals. Here are some things to help you think

Exercise 2: what might you need to do next?

Look back at the last exercise and the things that you thought may make your anger worse. Do you want to add or change anything?

What do you think you may need to do next?

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about the obstacles you may come across when trying to achieve your goals:

1. **Past Failures** – I tried this before and I didn’t succeed.
2. **Fear of Letting go** – your anger may have some advantages and letting go of it may worry you. How will you cope?
3. **Fear of the Unknown** – many people fear that when change occurs, they will lose control – if this were true, nothing would ever change!
4. **Fear of Failure** - if I commit myself to goals for change, there is a chance I will fail. This is true, but if you do not have a go you will never achieve change.
5. **Fear of Commitment** - commitment forces you to answer tough questions. "What do I really want?". Commitment to one option can be difficult because it eliminates other options. Thinking about commitment to change can be something that a counsellor, mental health worker or psychologist can help you with
6. **Fear of Disapproval** - if I change, people may say they liked me better the way I was. Your own change also forces others to change in relationship to you - maybe it’s time to put yourself first.
7. **Fear of Success** - if I change, what other demands will be made of me? Can I sustain this success? This is a very normal concern. However, this process and treatment should equip you better for future challenges.
Exercise 3: obstacles to change

Now think about how you might respond to these obstacles. First try to rephrase them as challenges that you and a trusted person (friend, psychologist etc.) can discuss and then consider possible solutions. Think about previous times when you have overcome an obstacle. Think about what you would say to a friend who faced this obstacle.

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Slips & Relapses

Maintaining change can be difficult and sometimes slips or relapse (returning to old ways) may happen. You should not see relapse as failure. It may occur for many different reasons. Most often relapse does not happen automatically, but takes place gradually after an initial slip occurs.

You may experience a particularly strong, unexpected urge or temptation to return to angry behaviour and fail to cope with it successfully. Sometimes relaxing your guard or testing yourself begins the slide back to the old behaviour patterns.

Coping with relapse

Relapse can be avoided through continued practice of anger management strategies. However, if you relapse:

- Don’t call yourself a failure
- Don’t continue with angry behaviour
- Do see your relapse as a ‘slip’ & that you can do things differently
- Do look at the anger management information
- Do talk to a trusted friend
- Do seek help – speak to your GP

Learning from experience

Whilst it is important to know about anger and how it affects you. It is equally important that you try the strategies that we have discussed in the past weeks.

Learning from experience is often the most powerful way. Think about the most important lessons that you have learnt through life - the good and the not so good - how did you learn them? Through someone telling you or you reading about something or by your actions or someone else’s?
To begin with it is important to understand how anger works and how it affects you and those around you. Learning about strategies and techniques may help you manage your anger more effectively. The next step is to learn from experience:

1. Plan when to use the strategy.
2. Do it – i.e. use the strategy.
3. Reflect on how it went. Did it work? What could be done differently?
4. Conclude what needs to be done next. More practice or back to the drawing board?

**Things that increase the chances of success**

There are a number of things that will help you to succeed in managing your anger:

- **Practice:** you need to practice the strategies which you have decided to try.
- **Perseverance:** keep trying, even if you don’t have immediate success.
- **Patience:** your anger difficulties took time to develop, it will also take time to learn how to manage your anger.
- **Planning:** plan what you are going to do, don’t take a random approach.
- **Determination:** you will need determination to succeed.
- **Optimistic thinking:** approach managing your anger from an optimistic point of view. You are going to succeed at this.
- **Responsibility taking:** others may be able to help but ultimately you are responsible for changing your behaviour.
- **Control:** you can take control of your behaviour and can control the change in your behaviour.

Remember, we rarely succeed the first time, let alone the second, third, fourth or fifth time.
The course is over, what now?

There are some things that can make anger worse. It is important for you to know if any of these affect you as otherwise they will interfere with your attempts to control your anger. You can now think about what you might do to help with any of these “hidden problems”.

To change can be a challenge. However keeping things are they are and struggling to control your anger is also a challenge. If you can recognise that change is important and you can feel optimistic, then you increase your chances of succeeding. Increasing your knowledge about how anger affects you, learning new ways to cope and having a go are the steps to managing your anger more effectively.

It is important to be realistic. In a four week course it is difficult to change your behaviour to any great extent. However, it is possible in this time to have learned more about your anger and to be more aware of the things you can do to manage your anger and the obstacles to doing this. It is important to acknowledge that you will experience setbacks and to prepare for these in advance.

Over the next few months you can try out the ideas you have learned and you may start to think about any extra help you may need to tackle your difficulties. If you feel that you may want extra help speak with your GP who can help you to decide the best service for you. As a rough guide the following may help you to decide:

**Counselling:** is around 6-8 sessions and is non directive, person centred. Counselling can help with mild depression and difficulties following stressful life events.

**Primary Care Mental Health Workers:** provide structured psychological therapies over 6-8 sessions for common mental health problems including depression, anxiety, panic and phobias.
Primary Care Psychologists: provide structured psychological therapies over 8-16 sessions for mental health problems including depression, anxiety, panic, phobias, PTSD and eating disorders

Finally, Good Luck!