

Conflict Situation Worksheet

Name _____ Date _____

Describe the incident:

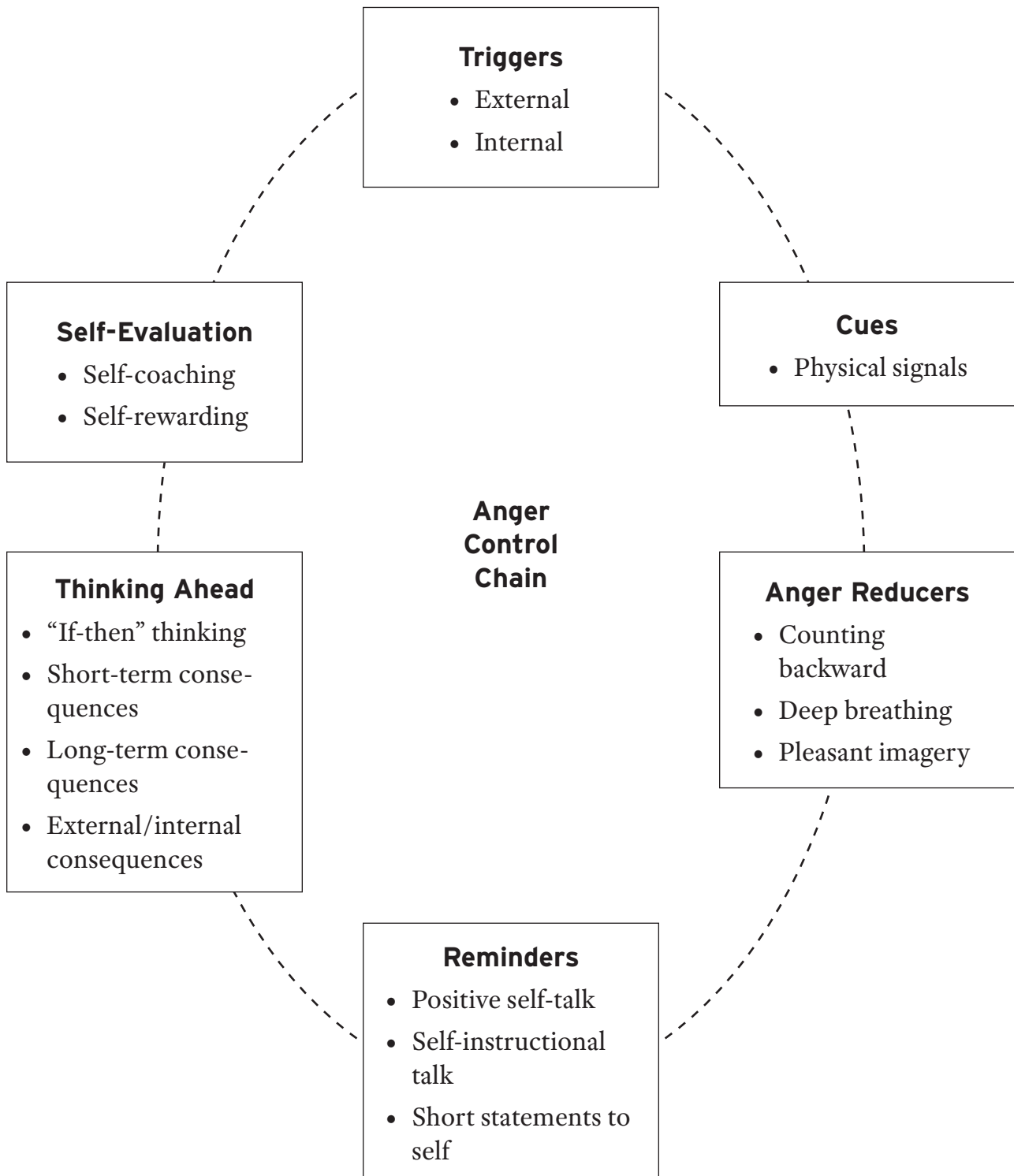
Identify the A-B-Cs of anger:

A. What led up to it?

B. What did you do?

C. What were the consequences?

Anger Control Chain



What Makes Me Angry?

Name _____ Date _____

Everyone experiences anger—some people more intensely than others, some more frequently. Everyone can come up with something that incites anger. Here are some of the most common answers to the question “What makes you angry?” Which ones are true for you? Are there some you would like to add?

- | | |
|--|--|
| <input type="checkbox"/> Traffic jams | <input type="checkbox"/> Inconsiderate people |
| <input type="checkbox"/> Arrogance | <input type="checkbox"/> Injustice |
| <input type="checkbox"/> Rude people | <input type="checkbox"/> Taxes |
| <input type="checkbox"/> Prejudice | <input type="checkbox"/> People who cheat me |
| <input type="checkbox"/> Tailgaters | <input type="checkbox"/> People who cut in line |
| <input type="checkbox"/> Yelling | <input type="checkbox"/> Disbelief of what I say |
| <input type="checkbox"/> Manipulation of my time | <input type="checkbox"/> Workers who don't do their jobs |
| <input type="checkbox"/> Tardiness | <input type="checkbox"/> My paycheck |
| <input type="checkbox"/> Child abuse | <input type="checkbox"/> Criticism |
| <input type="checkbox"/> Waiting | <input type="checkbox"/> People who won't listen |
| <input type="checkbox"/> Lies | <input type="checkbox"/> False accusations |

Other: _____

How Do I Describe Anger?

Name _____ Date _____

Everyone has ideas about what anger is and what it looks like. Recognition of anger occurs when its appearance matches one of these ideas. Listed below are words that people have used to describe anger. Which do you agree with? Are there any you'd like to add?

- | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Redness | <input type="checkbox"/> Simmering | <input type="checkbox"/> Cursing |
| <input type="checkbox"/> Loudness | <input type="checkbox"/> Tension | <input type="checkbox"/> Put-downs |
| <input type="checkbox"/> Volcano | <input type="checkbox"/> Destruction | <input type="checkbox"/> Silence |
| <input type="checkbox"/> Heat | <input type="checkbox"/> Yelling | <input type="checkbox"/> Withholding |
| <input type="checkbox"/> Sarcasm | <input type="checkbox"/> Tears | <input type="checkbox"/> Verbal abuse |
| <input type="checkbox"/> Hitting | <input type="checkbox"/> Control | <input type="checkbox"/> Violence |
| <input type="checkbox"/> Other _____ | | |
| _____ | | |
| _____ | | |

The ability to recognize anger is initially learned by children who watch how angry adults act. The observed behaviors become cues for future adult recognition of anger. Remembering your childhood, how would you describe the anger demonstrated by the adults you lived with?

Self-Rewarding and Self-Coaching Statements

Name _____ Date _____

Self-Rewarding Statements

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

Self-Coaching Statements

1. _____

2. _____

3. _____

4. _____

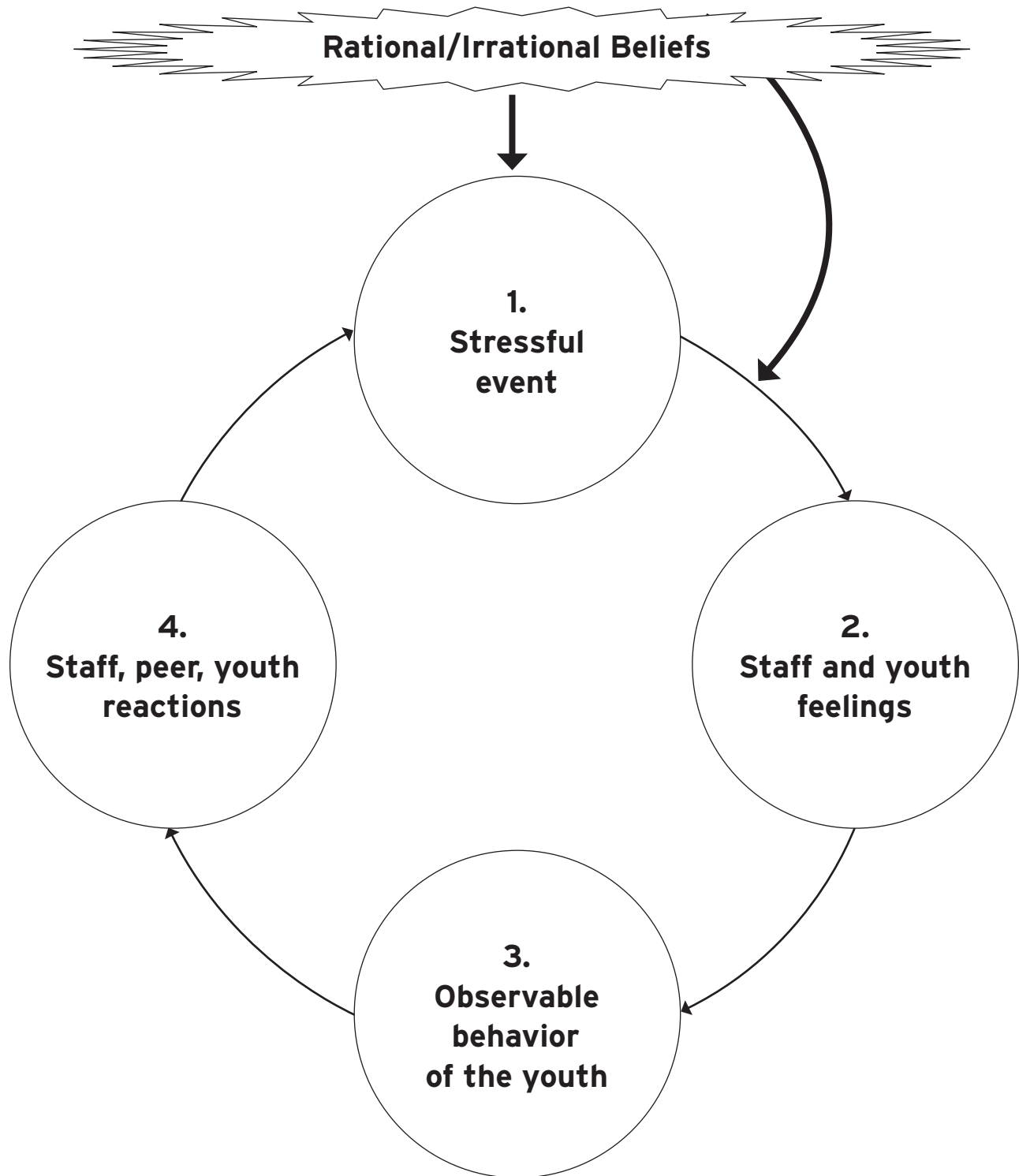
5. _____

6. _____

7. _____

Conflict Cycle Diagram Handout

SELF-CONCEPT



Hassle Log 1

Name _____ Date _____

- Morning Afternoon Evening

Where were you?

- Classroom Bathroom Off grounds Dorm Team Office Halls
 Gym Dining room On a job Recreation room Outside/on grounds
 Other _____

What happened?

- Somebody teased me.
 Somebody took something of mine.
 Somebody told me to do something.
 Somebody was doing something I didn't like.
 I did something wrong.
 Somebody started fighting with me.
 Other _____

Who was that somebody:

- Another resident Aide Teacher Another adult Counselor
 Other _____

What did you do?

- | | |
|--|---|
| <input type="checkbox"/> Hit back | <input type="checkbox"/> Told peer |
| <input type="checkbox"/> Ran away | <input type="checkbox"/> Ignored it |
| <input type="checkbox"/> Yelled | <input type="checkbox"/> Used Anger Control |
| <input type="checkbox"/> Cried | <input type="checkbox"/> Broke something |
| <input type="checkbox"/> Was restrained | <input type="checkbox"/> Told aide or counselor |
| <input type="checkbox"/> Used Skillstreaming skill _____ | <input type="checkbox"/> Walked away calmly |
| <input type="checkbox"/> Talked it out | <input type="checkbox"/> Other _____ |

How did you handle yourself?

1	2	3	4	5
Poorly	Not so well	Okay	Good	Great

How angry were you?

- Really angry Moderately angry Mildly angry but still okay Not angry at all Burning

Hassle Log 2

Name _____ Date _____

1. Where were you? _____

2. What was your External Trigger (something that happened outside of your body that might make you mad—for example, name-calling, being pushed, etc.)?

3. What was your Internal Trigger (negative thoughts that might make you mad—for example, “Everybody is also picking on me,” etc.)?

4. What were your Cues (things that happen inside your body to let you know that you are angry—for example, fast heart rate, clenched fists, etc.)?

5. How angry were you?

Not at all			Somewhat				Burning Mad		
1	2	3	4	5	6	7	8	9	10

6. What Anger Reducer did you use?

Counting Backward Deep Breathing If-Then Thinking Pleasant Imagery

7. Which Reminder did you use (positive thinking/instructions that help calm you down—for example, “Relax, roll with the punches,” “It’s their problem, not mine,” etc.)?

8. What were the positive and/or negative Consequences of your behavior?

9. Which Skillstreaming skill were you able to use during this situation?

10. Self-Evaluation

Self-Rewarding: Which steps did you do well? Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Identifying Triggers | <input type="checkbox"/> Identifying Cues |
| <input type="checkbox"/> Using an Anger Reducer | <input type="checkbox"/> Using a Reminder |
| <input type="checkbox"/> Coaching yourself | <input type="checkbox"/> Rewarding yourself for a good job |
| <input type="checkbox"/> Looking at the positive and negative consequences of your behavior | |

Self-Coaching: What could you improve upon? _____

Feedback Cards

**EXTERNAL
TRIGGER**

**INTERNAL
TRIGGER**

CUES

REDUCERS

REMINDERS

**THINKING
AHEAD**

SELF-EVALUATION

Anger Control Training Fidelity Form

Facilitators and co-facilitators may fill out this form after each group. Observers may fill out the form as needed, adding comments in the space provided on the second page.

Facility _____ Date _____

Facilitator _____ Title _____

Co-facilitator _____ Title _____

Observer _____ Title _____

Time session began _____ Time session ended _____

Number of youth attending _____ Anger Control Training week no. _____

1. Were any issues from the last Anger Control Training group reviewed (e.g., homework difficulties, group members needing more role-playing)? Yes No
2. Were group norms reviewed? Yes No

Comments:

3. What visual aids were used?

Poster of the skill of the week Skill cards for groups Other visual aid

4. Was the sequence step introduced and briefly explained? Yes No

5. Was the sequence modeled by the facilitator/co-facilitator? Yes No

6. Were all the steps for performing the sequence identified during modeling? Yes No

7. Were the modeling demonstrations relevant to the youth (i.e., adolescent situations)? Yes No

8. Did the facilitator establish each young person's need for the skill? Yes No

Comments:

9. Did each youth role-play the sequence of the session as the main actor? Yes No

10. Did each youth provide performance feedback about role-plays of the other youth? Yes No

Comments:

11. Was the order of performance feedback given to role-playing youth appropriate? (Preferred order: co-actor, group members, facilitators, main actor.) Yes No

12. Were homework assignments given to each youth? Yes No

13. Was behavior management (inappropriate youth behavior) an issue during the session? Yes No

If there were behavior management issues, how were they handled?

Comments:

Items for Post-Group Debriefing Between Observer and Group Facilitators

14. Facilitator's self-evaluation of sessions and ideas for improvement:

15. Co-facilitator's self-evaluation of session and ideas for improvement.

16. Observer's feedback and recommendations:

_____ (Observer's signature/date)

Observer's comments and recommendations received:

_____ (Facilitator's signature/date)

_____ (Co-facilitator's signature/date)