

Family Violence Parent Groups

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A review of the literature provides ample evidence of the adverse effects on children who are raised in families in which they experience child abuse and/or witness parental violence (Kitzmann, Gaylord, Holdt & Kenny, 2003), including anxiety, depression, post-traumatic stress, conduct disorder, school-related problems, substance abuse and risky sexual behavior. Davies and Sturge-Apple (this volume) write that children from “domestically violent homes may draw on their affective and sensory analogues (e.g. high vigilance, negative representations, avoidance or intervention) as scripts or alarm systems for scanning new or stressful social settings for old threats that originally stemmed from exposure to interparental conflict.” This can set the stage for poor conflict resolution, discord, and aggression in interpersonal relationships – both in childhood and in adulthood.

Indeed, there is also a correlation between witnessing violence in one’s childhood of origin, and perpetration of intimate abuse as an adult, for men as well as women (e.g., Langhinrichsen-Rohling, Neidig & Thorn, 1995; Straus, 1992). Violence in the family of origin is one of the warning signs when assessing for partner violence (see Hamel, 2005; Nicholls, et al., this volume). The relationship between intimate partner abuse and child abuse is well-documented. Based upon data from the 1975 and 1985 National Family Violence Surveys, Straus and Smith (1990) determined that husbands who are verbally aggressive to their partners physically abuse their children at a rate of 11.2 incidents per year, compared to 4.9 for other husbands. Wives who are verbally aggressive to their spouses physically abuse their children at a rate of 12.3 per year, compared to 5.3 for other wives. A more recent study with 177 families in a large metropolitan area (Margolin & Gordis, 2003) echo these findings, having found significant correlations between the perpetration of partner abuse and child abuse, for both men and women. In the study by Mahoney, Donnelly, Boxer, and Lewis (2003), two thirds of adolescents who had been exposed to marital aggression in the past year had also been subjected to parental aggression. Mothers and fathers who perpetrated or were victims of partner aggression were both more likely to be aggressive with their adolescent children.

According to Wolak and Finkelhor (1998), children may experience internalizing and externalizing symptoms, and learn to become aggressive, when they merely witness parental conflict and verbal abuse, rather than physical violence. Research by Repetti, Taylor and Seeman (2002) delineates the relationship between poor mental and physical health and early childhood experiences in “risky” families. They characterized risky families as those with overt family conflict and aggression, as well as deficient nurturing—cold, unsupportive, and neglectful. They postulate that these “family characteristics create vulnerabilities and/or interact with genetically based vulnerabilities in offspring that produce disruptions in psychosocial functioning (page 330).” The researchers focus on threats over the lifespan, from the immediate threats posed by abuse and neglect to the continuing threats posed by the stresses on the child’s developing physiological and neuroendocrine systems, the lack of self-regulatory skills, and

vulnerability to behavior problems and substance abuse. They also touch on the relationship between early childhood attachment styles, serotonin levels, and adverse outcomes such as aggression and depression. Behavioral regulation and social competence are needed in high stress environments yet, according to these authors, these skills are deficient in risky families. Citing the importance of the social context in which these families exist, the authors recommend several types of family interventions-- including individual, couples, and group therapy, as well as parent training and home visits.

Siegel (1999), Schore (1994) and Gutierrez (2003) have shed light on the relationship between disturbed childhood attachment and the release of stress chemicals and hormones which can lead to physical changes in the frontal occipital lobe and the limbic system. When children are abused, witnesses to domestic violence or are harshly criticized, rejected, or abandoned, they experience elevated levels of anxiety and the attendant loss of a healthy sense of self, inability to regulate their emotions and to interact appropriately with others. According to Gutierrez, male batterers raised in such environments have an anxiety-based style of relating to others. Relationships often trigger their feelings of shame, loss and self-doubt. Their violence may be an external, aggressive way to meet an unconscious need to acquire an internal physiological balance. Violent homes do not provide children with a secure base for exploration or a haven of safety when facing other challenges. This can lead to insecure attachment styles which may set the stage for future aggression.

Much like the studies cited earlier, research examining the role of stress in family violence (Salzinger, Feldman, Ing-mak, Mojica, Stockhammer & Rosario, 2002) found a significant relationship between partner abuse and child abuse. The authors identified two important casual pathways: one pathway was family stress which increased the risk for partner aggression, thus increasing the risk for child abuse; the other pathway was the link between family stress, caregiver distress and resulting child abuse. Their hypothesis is that family stress is the most significant variable for negative impacts on child functioning, in its tendency to exacerbate other conditions. In the study by Margolin and Gordis (2003), both mothers and fathers who experienced high levels of financial and parenting stress were found to be at high risk for perpetrating child abuse, although the correlation between the perpetration of child abuse and having been a victim of partner abuse was higher for the women. The risk for child abuse therefore increases for both perpetrators and victims of domestic violence.

As we await findings from a “second generation” of research on the processes that mediate the association between domestic violence and children’s adjustment (Davies & Sturge-Apple, this volume), help for distressed families can’t wait. Family interventions, including group therapy and parent training, have been shown to be both necessary and effective (Repetti, Taylor, and Seeman, 2002). One treatment option is the High Conflict Family Violence Parent Group, or Anger Management Parenting Group. In the remainder of this chapter, program features will be presented, including case examples, for programs offered at two agencies in the Greater San Francisco Bay Area.

John Hamel & Associates

The High Conflict Family Violence Parent Group, offered at offices in Pleasant Hill and Greenbrae, in the San Francisco Bay Area, is intended for parents who have been verbally or physically abusive to their children, or who have been verbally or physically abusive to their partner around their children. The group is appropriate for self-referred clients, Child Protective

Services cases (CPS), individuals involved in a child custody dispute; and those referred per California PC 273-1 following a conviction of physical child abuse. Clients undergo a one or two session psychosocial assessment prior to entering the group, with an emphasis on current family functioning, including parenting capacities; family structure; the use of verbal, emotional and physical abuse; as well as previous abuse in their adult relationships and in their families of origin. Unlike batterer intervention programs, which under California law must segregate clients into same-gender groups, this group is open to both men and women, and comprised of individuals from a variety of economic and cultural backgrounds. Couples are encouraged to participate together, but only when there is a minimum risk for further violence between them. When the risk for further violence is high, we recommend separate groups, and typically refer one or both partners to a batterer intervention program. Also, because the group is primarily psychoeducational rather than therapeutic, it is not appropriate for couples wishing to explore couples issues in depth (see Cooper & Vetere, this volume).

At the end of the assessment process, parents are given a workbook with 1) introductory information, including a definition of child abuse and a basic outline of anger management skills, 2) log sheets to help them understand their abuse patterns and gauge their progress (see table 1), and 3) a section containing informational/exercise sheets to help clients more thoroughly incorporate the new skills into their day-to-day relations. The exercises included in this latter section include meditation and relaxation techniques; ways for participants to identify and challenge distorted cognitions and irrational beliefs and improve parenting, listening and assertiveness skills; and ways of identifying and overcoming both their current family cycle of violence and the patterns they acquired in their families of origin. Several sessions are devoted to a review and discussion of children's development and needs throughout each stage of the lifespan. The topics for each session, many similar to those used in our 52-week batterers' intervention program, can be found in table 2. The entire course material is included in the book by Hamel (2005).

Sessions are 90 minutes in duration, meet each week for a period of 26-52 weeks depending on client needs, and are limited to no more than 8-9 participants, to encourage greater group cohesion and participation. Each session consists of an open discussion period, followed by a didactic presentation, using material from the leader's guide, as well as a workbook that the clients are required to complete. Group norms, which encourage support, empathy and respectful feedback among the participants, can be helpful in resolving many of the issues that plague parents and children in aggressive families. Learning, sharing, and disclosing with other parents who are struggling with problems of poor functioning and abuse provides a environment conducive to self-disclosure and learning of crucial skills, lead to understanding and appropriate remorse, social competence, improved bonding and attachment with family members, self-regulation, better communication and listening skills, and a reduction in toxic shame. As clients gain new skills and inner resources, their self esteem and confidence is enhanced. They become better equipped to shape functional behavioral and self-regulatory skills in their children.

The on-going nature of the group allows for continued assessment, evaluation, and feedback for the participants. In CPS cases, we work diligently with case workers, after assessing thoroughly for victim safety, to begin the reunification process while participants are still in the group, so they can receive support as well as corrective feedback as they apply their new skills. Through facilitated group interactions and the curriculum, members learn anger and stress management skills, more effective ways to communicate and resolve conflicts with their partners and children; and become educated about healthy parenting/partner norms, the importance of

cognitive appraisals/distortions, co-occurrence of partner and child abuse, and the intergenerational transmission of violence. Taking a whole system approach to family violence, the program addresses child abuse, intimate partner violence, sibling violence, and the problem of child-on-parent violence, which becomes more significant (and dangerous) with adolescents.

Case Example: Runel

Runel, a soft-spoken, 62-year old short-order cook and grandfather of two boys, was referred for an anger management assessment and treatment during the course of a contentious child custody evaluation. His son-in-law accused him of child abuse, and made it clear that he did not want him to have contact with the children. Prior to his daughter's divorce, Runel had been a part time caretaker of the children as both parents worked. As immigrants, Runel and his wife had a strong sense of family and were dedicated to their children and grandchildren, providing financial resources and a great deal of child care. Runel had been physically punished as a child. Being hit with sticks or household objects, he said, was normal in his country of origin. He had also been physically and emotionally abusive to his wife, until he was arrested about 10 years ago for repeatedly punching her on her arms and head. He was not referred for treatment at that time, but her threats to leave the marriage caused him to discontinue his physical assaults. Runel's daughter stated that her father had disciplined her and her siblings harshly and yelled at them when upset. Carrying the legacy of physical abuse into her own family, she had become overly punitive and was hitting her own children. She also shared that, like her father, her husband had been possessively jealous – berating her for wanting to play cards with her girlfriends, whom he accused of being “tramps.”

Runel's family is a clear example of the intergenerational transmission of family violence as well as the co-occurrence of partner abuse and child abuse. Since entering the family court system, his daughter has completed a parenting class and says she no longer physically disciplines the boys. She and her ex-husband have been ordered to undergo co-parenting counseling (see Carolla, this volume), and the boys are seeing a therapist familiar with family violence dynamics. Runel has been participating in our High Conflict/Family Violence Parent Program. As he learns about the destructive nature of violence and the value of effective parenting and positive conflict resolution skills, the court may grant him the right to spend time with his grand-children. A positive reunification would alleviate stress across the family system, re-attach functional bonds, and increase the children's emotional security and psychological adjustment.

Right away, Runel benefited greatly from the workbook information, especially the introductory information on anger management and the “10 Myths About Corporal Punishment” (see Straus & Donnelly, 2001); however, he was initially quiet during sessions, and seemed intimidated by the other group members, some of whom were far more extraverted. Runel eventually warmed up and began to fully participate after a new member was added – a young woman, much like his own daughter, who was struggling to raise three young children. Runel paid particular attention to the discussions on behavior plans and on “Goals of Misbehavior” (see table 3). In the past, he tended to interpret everything the boys did personally, either as defiance of his authority or evidence of being “spoiled.” The material helped him gain a better understanding of the children's misbehavior, thus increasing his frustration tolerance around them. Over time, Runel became more aware of the association between family stress and aggression – how his yelling caused the boys to act out (e.g., by aggressively wrestling,

sometimes leading to injury), and how his inability to effectively set limits on this behavior simply added to the existing levels of family stress. With the understanding that corporal punishment can teach violence through both observational learning and the association between violence and love, he looks forward to utilizing a privilege/reward system when he is reunited with his grandchildren. He will also be able to help his grandsons deal with their own anger from tools he acquired in the program.

Case example: Lydia

Lydia, a 35-year-old nurse and mother of two, was referred to our High Conflict/Family Violence Parent Program by the Contra Costa County court due to her verbal and physical aggression towards both her husband and children. There had been many instances of partner abuse prior to her arrest, but her husband, David, had been reluctant to call the police, fearing the embarrassment that this would bring upon him and his family. In addition, because Lydia would typically offer seemingly heartfelt apologies following her violent outbursts, he was inclined to believe that things would get better.

As his wife's outbursts grew more intense, and more frequent, David sought individual psychotherapy to help him cope. He came to understand how destructive his wife's behavior was to the children. Even while Lydia temporarily cycled into her contrition stage and controlled herself, their elder daughter Annie - the most frequent target of the mother's screaming, criticisms and slaps - was becoming increasingly silent and withdrawn, blaming herself for the chaos. The three-year-old, Jake, was clingy, fretful and emotionally insecure, unwilling to sleep in his own bed. Finally, after an especially explosive episode in which Lydia repeatedly punched her husband and scratched him while ripping his eyeglasses off his face, he decided to call the police. Although he minimized the danger to himself, knowing that the unresolved, contentious conflict was escalating the family stress levels and was detrimental to the children gave him the courage to let his wife be arrested, thus compelling her into treatment.

Lydia had been raised with a father who was verbally, and at times physically, abusive to her and her mother. She continued to spend a great deal of time with her family of origin. Although he had mellowed somewhat over the years, her father was still prone to engage in the occasional verbal tirade, and these reawakened all of her childhood fears and insecurities. She continued to both love him and resent him and, and had remained powerless to change her own behavior or to understand the resentment and fear her own daughters were experiencing. The group process and exercises increased her understanding of the family violence cycle, giving her the motivation to make changes. She came to understand the psychological problems she was creating by targeting her children and partner, making it difficult for the girls to navigate their normal developmental tasks.

Lydia took the program quite seriously. Using the "Progress Logs" and list of "Dirty Fighting/Other control tactics"(see table 1) helped her take responsibility for her violence, and to identify the various ways she would emotionally abuse David, such as belittling him in front of the children. She also benefited from the workbook handouts on conflict containment, as well as the exercise, "Misuses of Anger" (see table 4). Because of her professional training as a nurse, Lydia sometimes tried to dominate discussions with her mental health knowledge, and for some time the group facilitator had to gently guide her back to a discussion of her *own* family, and her *own* feelings. After temporarily dropping out in protest, Lydia came back to the group, willing to learn and grow. Although she found the exercise "Abuse in Family of Origin" (table 5)

humbling, it was a powerful experience. Following that session, she was better able to identify with some of the other group members, both male and female, who had experienced similar abuse in their families of origin, and to draw on their support for developing empathy for and understanding of herself as a victim of her father's abuse. Consequently, she was then able to empathize with her daughters' feelings and work towards becoming a secure support figure.

Lydia joined with her husband to improve their conflict resolution skills, thus further alleviating the children's distress. They periodically use the "Healthy Family Checklist" (See table 6) to gauge their progress. At the conclusion of her 52 week program, Lydia reported a reduction in family stress along with a marked decrease in unresolved conflict. She seldom resorts to yelling and no longer physically assaults her husband or children.

Peace Creations

Peace Creations also offers a 26-52 week program for parents who have been verbally physically or aggressive to their children, or who have been aggressive with their partner in front of the child. It is the program philosophy that the very nature of family violence and treatment precludes the treatment of violent partners in the same group. Only when our assessment determines that couple violence is at a low level and when neither partner has been charged with and convicted of domestic violence, will we allow the couple to participate in the parenting program together. Most of the clients are referred to the 26 to 52 week program by Child and Family Services or Family Court. We also get one parent or the other referred to our short-term anger management group, or else the 52 week domestic violence batterer intervention program, both by criminal court and Child Protective Services.

The thread that runs through these cases has been well documented - partners who are violent with each other are at risk for also being violent with their children, and often experienced abuse in their past. Through the normal course of treatment, the client(s) will spend a substantial number of sessions exploring not only basic pro-social skills such as anger management, effective communication and conflict resolution, but also the intergenerational aspects of family violence and the effects of violent relationship, directly and indirectly, on children. The course material for the Anger Management Parenting Program, some of which is described below, can be found in Chapman (2005).

Case example: Maurice and Shiela

This working-class couple (he operated a forklift, she tended bar part-time) were each referred to our Domestic Violence Program, as well as to our Anger Management Parenting Program, by Social Services due to violence in the home. The neighbor's complaints stemmed from constant yelling at, pushing and slapping of the ir children at the ir apartment complex. When their 12-year old son, Travis, arrived at school with a bruise under his eye, Children and Family Services was brought in to investigate. It was determined that Shiela, a methamphetamine user, perpetrated most of the verbal and physical abuse in the family. In her rampages, she attacked everyone that she perceived to be in her way - primarily Maurice, her main target, whom she would routinely punch, scratch and kick (sometimes to the groin area). When the children attempted to stop their parents, everyone became embroiled in the battle. The social workers removed Shiela from the home, left the children with Maurice and ordered treatment. Shiela was required to enter a substance abuse program, and the children received

individual counseling. Although Shiela was determined to be the most aggressive partner, she was never charged with domestic violence. The question of Shiela returning to the home has not yet been resolved. Her addiction is still a problem and her last visit with the children ended in her attacking Maurice - stomping on the cast over his broken leg he suffered at work.

In group, Maurice had a lot to learn about the most basic parenting principles, such as the proper use of time-outs, giving praise rather than criticizing, and “catching them being good.” Maurice admitted that his home of origin looked much the same as his current household. Both parents were crack addicted and violent with each other and their children. His epiphany came in the group with an exercise in the chapter: “Getting Anger Out” called “I AM” (see table 7). With the facilitator’s assistance and the encouragement of the other group members, Maurice was able to get past the embarrassment he felt around his poor writing skills, and to compose a letter to his parents. Writing this letter allowed him to identify and work through the anger he had been stuffing over his parents’ abandonment of him. Shiela has been remanded to a residential treatment program for 6 months and will return to the completion of anger management upon release. Although family stress levels have lessened considerably during her absence, Maurice has had his hands full handling his children, who constantly test him, sometimes hitting each other. While final solutions have not been found, Maurice continues to work on establishing functional boundaries around his children, and improving his parenting skills. He is still, despite everything, committed to reunification with Shiela.

Case example: Rakeesh and Roslyn

Rakeesh, a forty-five-year-old software engineer, and his wife Roslyn, have been referred to the High Conflict/Family Violence Parenting Program at Peace Creations by Children and Family Services for charges of physical child abuse under California PC 273-1. Their joint participation in the same group fit with our assessment and the social worker’s case plan. Rakeesh is also attending AA three times per week as a condition of remaining in the house. Although court-mandated, he quickly took to the program, developing a network of supportive friends, and obtained a “sponsor” to guide him.

While presenting as very meek in class, has admitted to engaging domineering behavior at home and has slapped not only his wife Roslyn but also the two children. His behavior comes out in a negative way only, according to him, when he has something to drink; however the cultural aspects of their case bring in elements of male dominance, which conflicts with the freedom Roslyn found when they immigrated to the United States. Both of them report that their upbringing in India was in a very male dominated family system where the elder male ruled everything, even their own arranged marriage. For both of them, the establishment of a family system where everyone is safe and not subject to violence is a struggle. Although Rakeesh has the more serious anger problem, both he and Roslyn tend to let disagreements between them escalate out of control. Their conversation level improved markedly when we presented the chapter, “Say It With Feeling” including the exercise on how to respond constructively to criticism (see table 8). Both Rakeesh and Roslyn report that they now have a more balanced relationship with fewer arguments and no violent outbursts on his part. He continues to be substance free, and to be more interested in compromise than domination. Court involvement, while embarrassing and financially costly for both of them, has been a “wake-up-call” and his continued participation in the group provides positive reinforcement for peaceful behavior.

Other Programs

Peace Creations reaches parents at many levels through both community based programs and programs for incarcerated parents. The “QUEST©” program we developed has just been certified by the Ohio Department of Rehabilitation and Corrections as a “Pre Release” program. It is also the main component for parenting groups at Santa Rita County Jail in California, halfway houses and faith based programs in Florida, Oklahoma, Ohio and Texas.

The facilitator led process is designed to address issues of: Life Choices, Responsibility, Family Violence, Anger and Reduction of Anger, Communication Skills, Relationships and Parenting. Through group interaction and individual workbooks, the participants can identify and track their personal progress towards becoming a better partner, parent and individual. The process leads to Recognition of behaviors that are not good for the individual, their relationships or others around them; Response to the many choices that can make positive change for their lives; Replacement of old behaviors with new skills for meeting life’s challenges; Reinforcement of behaviors that are good for the participants by practicing with other group members and Reproduction of the new found way of being in the “world”, where positive behavior becomes an integral part of life and positive change begins to happen. The “QUEST©” program has been developed for Domestic Violence groups, Parenting Groups and Anger Management groups both in and out of custody.

References

- Chapman, T. (2005). Quest workbook. Available from the author at peacecreations@yahoo.com
- Cummings, E. M., & Davies, P. (2002). Effects of marital conflict on children: recent advances and emerging themes in process-oriented research. *Journal of Child Psychology and Psychiatry*, 43-1, 31-63.
- Davies, P. T., & Sturge-Appel, M. L. (This volume). The impact of domestic violence on children’s development.
- Chapman, Tom. (2003). *Quest*. Workbook available by contacting the author at peacecreations@yahoo.com.
- Gutierrez, K., (2000). *Male batterers and their children: Transmission of narcissistic wounding and violent coping*. Unpublished doctoral dissertation available by contacting the author at kkgypsy@yahoo.com
- Hamel, J. (This volume). Gender inclusive family interventions in domestic violence: An overview.
- Hamel, J. (2005). *Gender inclusive treatment of intimate partner abuse: A comprehensive approach*. New York: Springer.
- Kitzmann, K., Gaylord, N., Holt, A., & Kenny E. (2003). Child witnesses to domestic violence: A meta-analytic review. *Journal of Consulting and Clinical Psychology*, 71(2), 339-352.
- Langhinrichsen-Rohling, J., Nedig, P., & Thorn, G. (1995). Violent marriages: Gender differences in levels of current violence and past abuse. *Journal of Family Violence*, 10(2), 159-175.
- Mahoney, A., Donnelly, W. O., Boxer, P., & Lewis, T. (2003). Marital and severe parent-to-adolescent physical aggression in clinic-referred families: Mother and adolescent reports on co-occurrence and links to child behavior problems. *Journal of Family Psychology*,

- 17(1), 3-19.
- Margolin, G., Gordis, E. B. (2003) Co-occurrence between marital aggression and parents' child abuse potential: The impact of cumulative stress. *Violence and Victims*, 18(3), 243-258.
- Repetti, R., Taylor, S.E., Seeman, T. E. (2002). Risky Families: Family social environments and the mental and physical health of offspring. *Psychological Bulletin*, 128(2), 330-366.
- Salzinger, S., Feldman, R., Ing-mak, D., Majica, E., Stockhammer, T., & Rosario, M. (2002). Effects of partner violence and physical child abuse on child behavior: A study of abused and comparison children. *Journal of Family Violence*, 17(1), 23-52.
- Schore, A. (1994). *Affect regulation and the origin of the self: The neurobiology of emotional development*. Hillsdale, NJ: Erlbaum.
- Seigel, D. (1999). *The developing mind: How relationships and the brain interact to shape who we are*. New York: Guilford.
- Straus, M., & Smith, C. (1990). Family patterns and child abuse. In M. Strauss & R. Gelles (Eds.), *Physical violence in American families* (pp. 245-261).
- Straus, M., & Donnelly, D. (2001). *Beating the devil out of them*. New Brunswick, N.J.: Transaction.
- Straus, M. (1992, September). *Children as witnesses to marital violence: A risk factor for lifelong problems among a nationally representative sample of American men and women*. Report of the twenty-third Ross Roundtable: On Critical Approaches to Common Pediatric Problems, M5796.
- Wolak, J. & Finkelhor, D. (1998). Children exposed to partner violence. In J. Jasinski & L. Williams (Eds.), *Partner violence: A comprehensive review of 20 years of research* (pp.73-112). Thousand Oaks, CA: Sage.

Table 1. Progress log

Month _____ Year _____ Complete on a weekly basis:

A. At the end of each week, enter the number of times you engaged in the behaviors listed below, then enter the total at the end of the month.

	name(s)						name(s)				
Week#:	1	2	3	4	Total	Week#:	1	2	3	4	Total
# days contact						8. Listing injustices					
# conflicts						9. Mind-reading					
Discuss w/o aggress						10. Fortune-telling					
Aggression						11. Being sarcastic					
Yell, shout						12. Rejecting compromise					
Swear at, put down						13. Playing the martyr					
Threaten to hurt						14. Giving advice					
Throw, hit things						15. Using terminal lang.					
Grab, push						16. Lecturing					
Slap											
Punch, kick						Abusive/ control tactics					
Bite/choke/pull hair						1. Threats/intimidation					
Other						2. Isolation and jealousy					
Dirty Fighting						3. Economic abuse					
1. Timing						4. Diminish self-esteem					
2. Brown bagging						5. General control					
3. Overgeneralizing						6. Obsessive rel.intrusion					
4. Cross-complaints						7. Passive-agg/withdraw					
5. Blaming						8. Using children					
6. Pulling rank						9. Legal system abuse					
7. Not listening						10. Sexual coercion					

B. What I need to work on:

C. Record times when you got aggressive/angry in the past month. Include situations outside home.

Date	Situation	
Anger temp. (1-10)		Other emotions
Thoughts		
What I did wrong/right		
Date	Situation	
Anger temp. (1-10)		Other emotions
Thoughts		
What I did wrong/right		
Date	Situation	
Anger temp. (1-10)		Other emotions
Thoughts		
What I did wrong/right		
Date	Situation	
Anger temp. (1-10)		Other emotions
Thoughts		
What I did wrong/right		

D. Indicate how you applied each parenting skill outlined below on a scale of 1 - 5.
 (1 = "very poor," 2 = "poor," 3 = "satisfactory," 4 = "good" and 5 = "excellent")

	<u>Week 1</u>	<u>Week 2</u>	<u>Week 3</u>	<u>Week 4</u>
Showed acceptance and warmth	_____	_____	_____	_____
Set firm limits	_____	_____	_____	_____
Held child accountable (for his age)	_____	_____	_____	_____
Responded to child's needs	_____	_____	_____	_____
Was positively involved in his/her life	_____	_____	_____	_____
Gave choices, instead of commands	_____	_____	_____	_____
Communicated "do", rather than "don't"	_____	_____	_____	_____
Followed through with consequences	_____	_____	_____	_____
Did not argue when enforcing rules	_____	_____	_____	_____
Presented "united front" with spouse	_____	_____	_____	_____

Table 2. Group Curriculum

1. Characteristics of healthy families	27. Characteristics of healthy families
2. Anger management	28. Anger management
3. Anger management	29. Anger management
4. Anger management	30. Anger management
5. Child abuse laws; Physical child abuse facts; 10 myths about corporal punishment	31. Child abuse laws; 10 myths about corporal punishment; Parenting styles
6. Coping with stress	32. Coping with stress; preparing for provocations
7. Coping with stress	33. Coping with stress
8. Goals of misbehavior; How children learn: modeling, reinforcement	34. Goals of misbehavior; How children learn: modeling, reinforcement
9. Discipline; Alternatives to punishment; Behavior plans	35. Discipline; Alternatives to punishment; Behavior plans
10. Identifying distorted thinking	36. Irrational beliefs
11. Challenging and replacing distorted thinking	37. Irrational beliefs
12. Stages of child development: infancy to age 3	38. Child development review
13. Stages of child development: age 3 through middle childhood	39. Child development review
14. Stages of child development: pre-adolescence to young adulthood	40. Child development review
15. Basic principles of communication; meta-communication	41. Basic principles of communication; meta-communication
16. Active listening	42. Active listening; listening to criticism
17. Anger management review	43. Anger management review
18. Effects of parental and partner violence on children	44. Marital violence and child abuse
19. Positive communication	45. Positive communication
20. Identifying feelings beneath anger	46. Developing empathy
21. Identifying and expressing needs and wants; assertiveness	47. Identifying and expressing needs and wants; assertiveness
22. Assertiveness	48. Assertiveness
23. Family violence cycle	49. Overcoming resistance to change
24. Family conflict and conflict escalation	50. Family conflict and conflict escalation
25. Resolving conflict	51. Resolving conflict
26. Responding to tantrums; Helping children manage their own anger	52. Coping with angry people; helping children manage their own anger; family meetings

Table 3. Goals of Misbehavior

The four basic goals and the unhelpful and helpful ways parents can respond:

Child's Goal	Behavior	Unhelpful Parental Response	Helpful Parental Response
Attention	Clowning around, engaging in minor mischief, unique dress, forgetting, neglecting chores	Become annoyed. Remind, nag	Refuse to give attention on demand. Ignore inappropriate bids for attention. Wait for the child to do something right and give them proper attention.
Power	Aggressive, disobedient, defiant, hostile, resistant, stubborn	Feel angry and provoked. Either fight power with power or else give in.	Withdraw from conflict and enforce consequences for misbehavior. Help child use their power constructively by asking them to help work things out.
Revenge	Rude, hurtful, destructive, violent, glaring	Feel deeply hurt, retaliate.	Try to empathize with the child. Build a trusting relationship through understanding/acceptance.
Prove their inadequacy	Avoid trying, quit easily. School truancy, escape through alcohol, drugs.	Feel hopeless, discouraged. Agree with child that nothing can be done. Give up.	Avoid criticism or pity. Arrange for child to have successful experiences and praise positive efforts.

2. Other goals of misbehavior, common with adolescents: excitement, peer acceptance, superiority

3. Questions for discussion:

- Based on the list above, why do you think *your* child misbehaves?
- What are some of the negative, and positive, ways you tend to respond?

* Adapted from Dinkmeyer & McKay (1983), Step Teen Parent's Guide

Table 4. Misuses of Anger

A. Anger can be a negative or a positive emotion, depending on what you do with it. Because it is such a strong emotion, it can easily be misused. For each of the misuses listed below, please give one or two recent examples from your own life.

1. Intimidate:
2. Control:
3. Punish:
4. Protect self from hurt:
5. Feel morally superior:
6. Maintain a connection with partner:
7. Get a rush, or “high”

B. Now go back to each misuse of anger, and ask yourself:

1. Did my aggression work in the short run? Do people comply out of respect – or fear?
2. Did my aggression work in the long run? Did my aggression have negative consequences, such as hurt feelings and resentments in the other person, or guilt and shame in myself?

Table 5. Abuse in childhood of origin

Taking responsibility for your *current* behavior is crucial in learning to overcome problems with anger and aggression. It is ultimately self-defeating to wallow in the past, or to use it as a way to avoid changing the present. However, it is equally crucial that you have a thorough *understanding* of your aggression, and how you got that way. An awareness of the past will remind you of how you *don't* want to act, so that you don't pass on to your own children the dysfunction you may have experienced growing up. Such an awareness is also necessary in order to work through the feelings of resentment, guilt and shame that prevent you from healing. Answer the following questions as honestly as you can. Share with the group what you are willing to share. You may want to discuss the rest with a trusted confidant or therapist.

1. How did your parents/stepparents settle their differences? Did they yell or swear at one another, or throw things? Ever fight physically? Give some examples. Try to remember the worst fight. What happened? How did you feel about it at the time?
2. Did your parents/stepparents ever spank you? What about other forms of physical punishment, such as hitting you with a belt, or some other object? What was the worst episode? How did you feel about it at the time? What about now?
3. Overall, how good of a job did you parents do of caring for you? Were they there for you when you needed them? Did they provide for your needs – food, shelter, love, a sense of safety? Or did you resent them in any way, and if so, why?
4. Did your parents ever swear at you, call you names, or put you down in front of other people? Give some examples. How did you feel?
5. Were there any other times when they did something that made you feel bad, like there was something terribly wrong with you?

Table 6. Healthy Families Checklist

Below are the conditions required for a healthy, happy family. How good of a job are *you* doing?

	great	fair	bad
1. MAINTAIN CLEAR BOUNDARIES BETWEEN CHILDREN AND PARENTS - I have the responsibility to raise my children and, therefore, have authority over them. I can be their friend, but I am a parent first, and do not use them to get my emotional needs met. I take care of my needs, and my spouse and I have a relationship apart from the children. We do not side with any child or encourage “alliances.” My children are individuals, even if they remind me of people I’m angry with, and I don’t take my frustrations out on them.			
2. USE AN “AUTHORITATIVE” STYLE OF PARENTING - My style of parenting is neither permissive nor authoritarian, and my rules are reasonable. My spouse and I act like “benevolent dictators” with our children. We are willing to hear them out, but reserve the right to have the final say. Our decisions are made out of love, and to meet the best interests of the family.			
3. COMMUNICATION IS RESPECTFUL - With my spouse and children, communication is always respectful. I am an attentive listener, and talk in a non-aggressive manner, careful to avoid put-downs and comments that shame my children. I am secure enough to allow my children to express strong feelings and opinions.			
4. DISCUSSION AND NEGOTIATION PREFERRED - My partner and I never try to impose our will on each other, but are open to hearing each other’s points of view. When appropriate, I engage in discussion and negotiation with my children, allowing them to contribute to the problem-solving process. I am open to changing the rules if necessary.			
5. AUTONOMY ENCOURAGED - I give my children as much responsibility as they can handle. Although I am responsible for their welfare, and seek to keep them safe, I avoid overprotecting or overcontrolling them. I teach them in such a way that they <i>internalize</i> my rules and lessons, and they behave because they think it is the right thing to do, rather than out of fear.			
6. MARITAL RELATIONSHIP HEALTHY AND SECURE - I actively nurture my relationship with my partner. We help each other, are flexible in our roles, and show mutual respect. We set aside time to talk, but we also go out on dates and have fun together, so that our home is not simply a “child rearing business.”			

Table 7. Managing Anger

There are several methods of getting anger out of your body. (Remember that stuffing anger is not healthy...we have to move it out of us). Let's look at them now.

BREATHING: When we get angry, we tend to alter or maybe even stop our breathing patterns. Lack of oxygen actually increases the stress our body is undergoing at the moment. When you are in stress, take a deep breath as a way of keeping you focused on the argument at hand and what is actually being said. As you feel the feelings that come up for you...keep breathing. You will find that keeping your breath going:

- ❖ Defends us against other people's feelings, while communicating to them that they are free to feel their feelings.
- ❖ Increases our energy, to get us out of a bad mood and get us moving.
- ❖ Enables us to stay in our feelings and feel them.

TALKING: is a fine way to express and release present anger. One thing is clear, many angers are too strong to be talked out right away with the person who caused them or apparently caused them. Talking can express present anger, but it usually can't handle deeply suppressed anger. Talking about your anger with a safe person is helpful, that is, only if the person you talk with will not be hurt by whatever you say or try to hurt you for saying it. Someone who is not involved, like a therapist, can listen, be objective and supportive of the process you are undertaking.

WRITING: is an excellent way to get at the feelings you may have about a given angry scenario or life. The following are six methods that may help. First let yourself sit quietly and breathe. As you write, concentrate on what you're writing about; try to feel it, remembering that the way to get in touch with your feelings is to keep breathing.

- ❖ **LIST OF DYSFUNCTIONS:** Make a list of all the dysfunctional things you do. Make it as long as you can. Next to each item put an M if your mother did the same thing and put an F if your father did the same or different thing. This can give you an idea of pattern development in your life.
- ❖ **"I AM" :** Complete the sentences:
 - When Dad got angry, he . . .
 - When Mom got angry, she . . .
 - When I got angry as a child, I . . .
- ❖ **DESCRIPTION OF WHEN YOU WERE ABANDONED,** that is when you were not supported as a child. Write about that event with your non-dominant hand. If you are right handed, write with your left hand. If you are left handed, write with your right hand. Do not worry about penmanship. Let your hand do the work and hear the story our child tells.

- ❖ LIST OF PEOPLE YOU ARE ANGRY AT: That's it, put them all down and put down why you are angry at them. Put down the littlest things as well as the big things. You need to know what really matters to you. When you have made the list, add to it as things come to mind. Let the feelings you are writing about come up.
- ❖ LETTER WRITING: with your opposite hand, write a letter to someone you are really angry at: your parents, the judge, the prosecutor, your lawyer, your partner, your ex-partner, your children, and the yard cop. It doesn't matter if they are living or dead, what matters is that you are writing the letter for yourself, not them. Let it all hang out, dump as much on them as you wish, feel the feelings, and keep breathing. If you are still angry, write another letter. You may not release everything but you may get it out for now and get rid of some of the stored anger.
- ❖ JOURNAL KEEPING is one way to keep track of where you are in life. Tell the truth and feel the feelings. So review your day in your journal on a daily basis as a way of releasing ill feelings.

GET PHYSICAL, not with the person you are angry at, but get a good workout to relieve the stress and physical emotion of anger. Run the track, go to the gym, play a hard game of handball ...do all of these in a safe way, don't take it out on others.

RESPONSES

- ❖ Have you ever let your anger out in a safe, non-violent way? What did you do and how did it feel?
- ❖ Have you ever held your anger in only to notice it seeping out or blowing out all at once? What happened the last time you did that? How did it feel?
- ❖ What prevents you from letting your anger out safely? (Be honest...if not with yourself, then with whom?)
- ❖ Has your anger separated you from someone? Who abandoned that relationship and how?
- ❖ What is the event that most brings up my anger? How does that event repeat itself in my life? How does that feel?
- ❖ Anytime you think of the things of the past that get you "fired up", practice breathing your way through it. How does that feel? Describe what, if anything, happens.
- ❖ Work your way through the writing exercises. Be sure that your writing is "safe", you may want to tear it up after. Look at the tearing up as a way of putting this stuff behind you.

Table 8. Handling criticism

CRITICISM – CAN YOU TAKE IT WITHOUT ANGER?

Criticism is rarely given in the proper way. When we criticize another person we are forgetting that they are the only one who can change themselves and will not do so no matter how much pressure you put on them ... unless they want to. The only way that we can do this at all is to come from our own feelings about what is going on. If we have a friend who drinks too much we have to come from our feelings about that. “John, when you drink as much as you do, I feel scared. I’m afraid that you will say or do something to people who do not care about you. At the club, that could start a fight or worse! The thought of that gets me sick to my stomach”.

When the shoe is on the other foot, we sometimes blow up because of the words of others that degrade us, put us down, somehow intimate that we are defective. I maintain that we must set boundaries when someone comes at us with “ You sure did a lousy job last week when we played that ball game against the guys from the other town.” The answer could be, “You know that game is over, I learned a lot about the position and I refuse to hear about it now. I’m ready for the next game, how about you?” In this way you have set your boundary, taken better care of yourself and do not have to beat yourself up about how you played.

RESPONSES

- ❖ Part of dealing with criticism is being able to express yourself without starting conflict. The use of “I” statements and feelings that you are having is one way to work with unwanted criticism. What are feelings you have about criticism? How have you used “I” statements to talk to another.
- ❖ In case you forgot: “I” statements are used in four parts:
 - A. “When you
 - B. “ I feel
 - C. “Because.....”
 - D. “What I prefer is.....”
- ❖ Take different scenarios in your life and rephrase what you said into this format using the list of feeling words.

