

Anger Management Protocol

Client Name: _____ Phone # _____

In Office:

- ___ Client to come by and schedule initial interview (80.00)
- ___ Client to fill out demographics and consent to participate
- ___ Client to purchase workbook (35.00)
- ___ Client to pay in advance for number of sessions required.
8 session minimum
- ___ Client to be given Anger Management Inventory (which is to be completed and returned at the initial interview)
- ___ Provide client with a copy of this form and keep original for office files

Payment Schedule:

- ___ \$35.00 Workbook
- ___ \$80.00 Initial Visit
- ___ Payment for number of sessions required \$80.00 per visit.
_____ number of sessions x \$80.00 per session = _____
- Total Payment Paid _____ Cash _____ or Check _____

Client Responsibility:

___ Before attending your initial interview, complete the Anger History Inventory and bring back with you.

___ Before attending your first group or individual session, read Chapter 1 of your workbook and complete all assignments.

Bring your workbook with you to all sessions.

ANGER MANAGEMENT

Demographics:

Name: _____

Mailing address: _____

City, State & Zip _____

Phone numbers:

Home: _____ Work: _____

Cell. _____

Emergency Contact: _____

Name

Phone #

E-mail address: _____

Consent to Participate:

I, _____, do hereby consent for the staff at Hendrick Counseling to provide me services. I understand that all services received by this provider are voluntary and at my election. I affirm that I am a willing participant.

Signature: _____ Date: _____

Registration Screening

Date: _____

Client Name: _____

Age _____

What kind of work do you do? _____

Married, Single, Divorced, Widowed

Why are you in anger management? _____

In what areas of your life is anger an issue? _____

Are you in therapy? _____

With whom & for how long? _____

Do you take medications? _____

Name, dosage & who prescribes? _____

Are alcohol and drugs related to your anger management issues? _____

Do you have any questions about the program? _____

Anger History Inventory

This inventory should be completed at the start of your anger management program and then reviewed later so you can see to what extent your thinking, feelings, and behavior have changed as you practice and apply the eight tools of anger control.

1. Please describe the incident or reasons why you decided you needed help with your anger or why you enrolled in an anger management program.

2. As you think back now to what happened, what was it you really wanted to happen in that situation?

3. Anger is a form of communication. Why did you think that communicating in an angry way would get you what you wanted or needed?

4. Often anger is triggered by other emotions such as fear, frustration, or feeling overwhelmed. What feelings were you having?

5. Were you able to take some responsibility for your anger, or did you see it as entirely the fault of someone else?

6. What was the “cost” of your anger? This can be expressed in terms of emotional costs, financial costs, legal costs, relationship costs, or job costs.

• On you _____

• On your family _____

• On others _____

7. Do you have a past history of angry or aggressive behavior?
Did you grow up in a violent or angry home?

8. How could you have handled the situation better?

Client Name: _____

ANGER TOOLS COMPLETED

_____ Anger Tool #1 Dealing with Stress

_____ Anger Tool #2 Empathy

_____ Anger Tool #3 Respond instead of React

_____ Anger Tool #4 Change that Conversation
with Yourself

_____ Anger Tool #5 Assertive Communication

_____ Anger Tool #6 Adjust those Expectations

_____ Anger Tool #7 Forgive, But Don't Forget

_____ Anger Tool #8 Retreat & Think Things Over