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# Creative Therapy and Adolescents: Emotion Regulation and Recognition in a Psycho-Educational Group for 9th Grade Students

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CREATIVE THERAPY AND ADOLESCENTS:  
EMOTION REGULATION AND RECOGNITION IN A PSYCHO-EDUCATIONAL  
GROUP FOR 9<sup>TH</sup> GRADE STUDENTS

A project based upon an independent investigation, submitted in partial fulfillment of the  
requirement for the degree of Bachelor of Arts in Social Work.

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*Abstract*

Adolescence is a great opportunity for researchers to examine emotion regulation because of the physical, psychological, and social transformations that occur during this developmental stage. Adolescents that lack emotion regulation capabilities are more prone to expressions of anger, which commonly yield further symptoms of aggression, depression, and drug use. Factors contributing to low levels of emotion regulation during adolescence include stress, influence of childhood, parental influence, and maltreatment. A pre and post test were used to examine the effects of anger in a seven week creative therapy group for ten 9<sup>th</sup> grade students in a small, public high school in Rhode Island. Findings proved group work to be helpful in improving peer relationships and decreasing the frequency of interruptions and disagreements while in the classroom. Findings also proved creative therapy was found effective among students as a stress reliever. From these results, adolescents are more likely to seek out help during times when they feel upset through their development of a better understanding of emotion regulation and recognition. Professionals can utilize this information to advocate for the allocation of education funding towards programs of this nature in schools. This study also encourages further research on the long-term impacts of creative therapy for adolescents.

#### A. Emotion Recognition

1. Extrinsic and intrinsic processes responsible for monitoring emotional reactions
2. Can occur with or without conscious awareness and involve modification of either the emotion-eliciting situation or one's own response to it
3. Dynamic process of multiple mechanisms that influence the nature of emotional experiences and expressions
  - Frequency
  - Duration
  - Intensity
4. Internal disorders involve difficulties in down-regulating negative emotions
  - Depression
5. Externalizing disorders characterized by behavioral dysregulation
  - Anger
6. Definition of Emotion
  - A situation response tendency that involves subjective feeling states, cognitive and information processing, expressive displays, motivation, and physiological responses

#### B. Emotion Generative Process

1. Situation selection
2. Situation modification
3. Attention deployment
4. Cognitive change
5. Response Modulation

#### C. Emotion Recognition Strategies

1. Disengagement
2. Involuntary engagement
  - Both have counter-effective impact on regulation

#### D. Development of Emotion Recognition for Adolescents

1. Cognitive growth
  - Response inhibition
  - Monitoring
  - Capacity for abstract, reflective and hypothetical
2. Socialization pressures
  - Peer and adult expectations for socially considerate and gender-typical behavior

#### E. Influences for Adolescent Emotion Recognition

1. Parents temperament and processes
2. Temperament
  - Neuroticism/negative emotionality
  - Extraversion/positive emotionality
  - Effortful Control
3. Parents' capacity for emotion recognition

- Parent as self regulating other
- 4. Marital conflicts and parental depression
- 5. Parents' responses to emotions can yield positive or negative emotion regulation
- 6. As a child the neurophysiology, illness, temperament created a vulnerability to ER deficits as an adolescent

#### F. Risks Correlated With Lack of Emotion Recognition

1. Adolescents are at risk of depression because of developmental demands
  - Increased conflict with parents
  - Reduced support in the school environment
  - Emotional challenges of early romantic and sexual experiences
2. Lack of ER can play a role in suicide attempts
3. Negative impact of trauma and maltreatment as a child
4. Early noncompliance and aggression can yield difficulties with ER
5. Anger as common emotion which yields other problems
6. Elevated substance use as a coping mechanism
7. Increase in risky sexual behavior

#### G. Sources of Stress

1. Environment
2. Social
3. Physiological
4. Psychological
5. Fight or flight response and other physical reactions

#### H. Aggression

1. Social learning theory and development of aggression
2. Continuation throughout adulthood

#### I. Anger

1. Its influence on adolescents in their daily lives cognitively and physically
2. Expressed negatively in school and outside the classroom
3. Determine the source of triggers and then become proactive
4. Predictor of smoking, drinking, and marijuana use
5. Drug use as coping mechanism
  - Drug prevention programs in schools utilizing emotion recognition strategies

#### J. Opposing Points

1. Problem solving or emotional expression have been shown to have no systematic effect on the regulation of anger, sadness, or anxiety
2. Cognitive restructuring and distraction also have little regulating affect as well

#### K. Group work Theory

1. Began in twentieth century

2. Economic, political and social context of industrial revolution brought on need for democratic aid
3. Recreation movement
4. Progressive education
5. Models for groups
  - Social goals
  - Developmental
  - Interactional
  - Social treatment

#### L. Group process

1. Preaffiliation(Trust)
  - Figure out what the group is all about, develop sense of security
2. Power and control (autonomy)
  - Questioning freedom and limits, increasing vulnerability
3. Intimacy (closeness)
  - Members commit to group, closeness and cohesiveness
4. Differentiation (interdependence)
  - Distinction between individual needs and group needs
5. Separation (termination)
  - competence versus insecurities about closure

#### M. “I-we-it” triangle/ecosystem

1. The “I” symbolizes autonomy
2. The “we” symbolizes interdependence
3. The “it” determines the group’s focus

#### N. Empowerment and Autonomy

1. Definition of empowerment: a process of increasing personal, interpersonal, or political power so that individuals can take action to improve their life situations
2. Gaining personal power and control over problem situations
3. Raising critical consciousness regarding the sociopolitical context of powerlessness
4. Sharing power by engaging in interpersonal mutual aid
5. Establishing power coalitions and managing power conflicts with others for political action to change social institutions and promote socially just and humane communities
6. Empowerment reflects increased self autonomy and in turn, self efficacy and competence

#### O. Group Work Culture

1. Develop understanding of culture and its influence on identity, values, beliefs, norms, and language
2. Individual identity influences self concept
3. Values influence behavior and interactions with others
4. Norms and communication styles influence relationships

- Body language and direct communication versus more subtle tactics and this can lead to miscommunications

#### P. Group roles

1. Roles and behaviors
2. Roles influence group climate (ie involvement, intensity, harmony, etc)

#### Q. Creative Therapy

1. Collage making that portrays an individual
  - Culture
  - Hobbies
  - Passions
  - Religion
  - Family
  - Politics
2. Journaling
3. Jewelry making coordinated with colors signifying particular emotions
4. Role playing stressful situations
5. Yoga
6. Relaxation breathing methods

#### R. Forms of Measurement (TBD)

1. Behavior Problems Index (Peterson & Zill)
2. Buss and Perry Aggression Questionnaire

#### S. Hypothesis

1. As adolescents learn to recognize emotions and regulate feelings in positive ways through means of creative therapy, levels of anger will decrease.

#### T. Methodology

1. Sample:
  - Freshman and sophomore advisories
  - 15-20 students in each advisory
  - Hour long sessions every other week beginning in November and continuing until January
2. Data Gathering
  - Exploration of journal articles and books
  - Information shared by students during group
  - Pre and post test measuring emotion regulation, anger and other emotions associated with adolescence
3. Data Analysis
  - Statistical Package for the Social Sciences (SPSS)
  - Test for correlation between creative therapy and levels of anger
  - Test for statistical significance between emotion regulation and levels of anger
4. Findings (TBD)

## U. Implications for Social Work

### 1. Practice

- Enable adolescents to recognize emotions
- Enable adolescents to learn positive ways to cope with emotions
- Provide alternative ways to respond to emotions that are stress related by means of creative therapy
- Run a adolescent group on self awareness and emotion recognition

### 2. Policy

- Advocate on behalf of adolescents that have become emotional as a result of social systems and policies

### 4. Research

- Learn implications of emotion regulation among adolescents and how this impacts their functioning
- Learn influences on emotion regulation and how they impact adolescent clients



### *Problem Formulation*

Aggressive behavior among adolescents has become an issue of concern for social workers because it interferes with their daily routines and interactions with others. The problem with anger is that it begins to consume an adolescent cognitively and physically. When one has difficulties with anger management, it can lead to further conflicts. “High levels of conflict have been associated with delinquency, substance abuse, and other youth problems. Research also suggests that poor communication and problem-solving skills for resolving conflict contribute to negative outcomes” (Stern, 1999, p. 181). It is apparent that environmental influences, trauma, and the adolescent’s stage of development, can all interact in ways that trigger aggressive behavior. In response to this problem, it is important to teach adolescents the necessary skills needed to reframe crises that arise in their lives so that they can become cognitively aware of their emotions.

When adolescents are able to recognize how they feel, it enables them to make better choices about how to express their anger. Unfortunately, anger is often associated with aggressive behavior, which causes people to invalidate the emotion when in reality, it is naturally occurring and completely humane (Feindler & Starr, 2003). In other words, adolescents are expected to get angry, but it is how they process this anger and choose to act that becomes an important area of concern, as well as the problems associated with not legitimizing their feelings. When adolescents suffer from aggression it can distort their cognitive problem-solving skills, so in turn “their assumptions, expectancies, beliefs and attributions are distorted in distinct ways that actually increase their anger experience. They do not take responsibility for their actions and simply end up blaming others for their own misbehavior” (Feindler & Starr, 2003, p.159). When adolescents

explain to someone that they are angry and do not feel heard or their behavior is observed but unacknowledged as an appropriate emotion, it only perpetuates this cycle of irrational thinking.

A difficulty that arises when addressing anger management with adolescents is that they cannot simply sit in a group or individually and be lectured to by a professional. Communication with this age group is complicated and needs to be done in a specific way. Teenagers need to feel that they are understood. They should be engaged in conversation through ways of creative therapy. This includes role-playing, art projects, jewelry making, relaxation methods and so forth. By incorporating these areas of hands on therapy when running an adolescent group, clients are more likely to develop an understanding of their emotions and in turn, be able to redirect their anger in positive ways because of a newly developed self-awareness. This means the adolescents are able to recognize the emotion of anger and know where it comes from.

#### *Problem Justification*

An awareness of the problems associated with anger among adolescents is crucial to the field of social work because aggression can cause severe harm and teenagers need a professional to help them understand where this emotion originates from and how it is altering their lives in a negative way. What makes this emotion unique is that clients may have extremely different backgrounds and still share the commonality of anger and the consequences it brings when directed disapprovingly towards others. Anger can interfere with an adolescent's functioning in school, at home, at work, or in social settings. As social workers, it is important to enable the individual to pick up on the triggers associated with this emotion so that he or she can function in a positive manner. It is also

important to utilize anger management skills on an individual basis or in groups because social workers can interact with adolescents in all of these settings, whereas other helping professionals such as psychologists and therapists, may only focus on one particular atmosphere. The social worker has the ability to help a teenager find the source of their problem and therefore, stop the aggressive behavior from becoming problematic in all situations regardless of the client's surroundings.

Social workers possess the skills and compassion needed to address this issue and prevent adolescents from turning to violence or drug use because they do not know how to process their feelings. As helping professionals combine personal knowledge on adolescent development and communication tactics, they can bring ideas to the table that enable teenagers to feel heard and learn positive ways to process anger. One example is to have clients keep an anger diary in order to help them learn their own patterns of arousal and identify antecedents to conflicts (Stern, 1999, p. 185). Another approach is to focus on relaxation by combating the physical symptoms, which include tensed muscles and quickened heart rates with deep breathing and imagery (Feindler & Starr, 2003, p. 158). These ideas can be used individually or in groups but it is important to consider the positive impacts a group can have when adolescents discuss problems with each other and share the "we are all in the same boat phenomenon." Group members can also role-play situations in which "they assist one another in finding alternative ways of interacting, with the goal of managing their anger more constructively" (Patrick & Rich, 2004, p. 95). Social workers can facilitate groups that focus on anger management in creative ways and the results are more powerful than if the clients were to sit in counseling sessions week after week. The group dynamics will help individuals take

more responsibility for their own thoughts, feelings and behaviors while also learning from each other and the facilitator.

As social workers it is also important to be aware of the overarching systems that adolescents interact with on a regular basis. For example, clients on welfare that are struggling to make ends meet, are probably stressed and can easily become angry as a result of their daily pressures. Aggressive behavior among these adolescents may not necessarily reflect their feelings towards others, but rather the stress from having to depend on the government for assistance. Social workers can help their clients decrease levels of frustration by empowering them to find jobs and better manage their time, while also advocating on behalf of the adolescents when politicians make decisions regarding welfare recipients. It is crucial that social workers have knowledge of how the system works because many of the negative emotions that adolescents express can be positively correlated with welfare (Lowe, 2008, p. 173-194). Overall, social workers can provide outlets for adolescents to process their stress and anger, preventing future instances of violence and in turn, increasing peaceful behaviors.

### *Defining Emotion Regulation*

Adolescence is a great opportunity for researchers to examine emotion regulation because of the physical, psychological, and social transformations that occur during this developmental stage. Emotion regulation is defined as the extrinsic and intrinsic processes responsible for monitoring, evaluating, and modifying emotional reactions to accomplish one's goals (Silk, Seinerberg, & Morris, 2003). It is also described as the process and characteristics involved in coping with heightened levels of positive and negative emotions, such as joy, sadness, distress, and anger (Delaney, 2006). The term

emotion is commonly referred to as a situation response tendency that involves subjective feeling states, cognitive and information processing, expressive displays, motivation, and physiological responses. Developing a better understanding of these processes may help professionals become educated on individual differences in mental health and adjustment during a period of increased risk. Adolescents that lack emotion regulation capabilities are more prone to expressions of anger, which commonly yield further symptoms of aggression, depression, and drug use. Intervention by social workers in this area enables adolescents to recognize various emotions and to become proactive in preventing these negative symptoms that are known to occur.

Emotion regulation can be implicated in diverse forms of internalizing and externalizing disorders. Internalizing disorders, such as depression, typically involve deficits in the ability to down-regulate negative emotions such as sadness or difficulty up-regulating and maintaining positive emotions. Whereas, externalizing disorders are characterized by behavioral dysregulation, with features such as anger (Silk et al., 2003). Two interrelated components involved with emotion regulation include emotional dynamics and strategies. This means the intensity, lability, and down-regulation of emotional states combined with the behavioral and cognitive processes adolescents use when reacting to the emotional stimuli, result in the level of risk for negative symptoms. In a study by Larson and colleagues (as cited in Silk et al., 2003), findings suggest that adolescents who have greater degrees of fluctuation in mood or who report more intense negative affect, score higher on measures of depressive symptomatology. Adolescence in general, is a particular time of increased risk for depressive disorders, especially among girls (Yap, Allen, & Sheeber, 2007). With this being said, deficits in adolescents'

emotion regulation capacities put them at an even higher level of susceptibility for these disorders.

### *Stress in Relation to Emotion Regulation*

Stress is another factor in susceptibility among adolescents. There are two types of responses to stress, voluntary and involuntary. Voluntary responses are controlled and enacted by the individual whereas involuntary responses are automatic and may or may not be under conscious awareness. Another distinction is whether or not the individual engages with the stressor. This may mean attempts at modifying negative aspects of the situation or maximizing one's fit to the situation through distraction and cognitive restructuring. These forms of primary and secondary control are associated with fewer depressive symptoms and less aggression (Silk et al., 2003). There are five points at which the emotion regulation may occur, the first four being situation selection, situation modification, attention deployment, and cognitive change, all of which constitute antecedent-focused emotion regulation. The final point, response modulation, is a form of response focused emotion regulation (Yap et al., 2007). The emotion regulation strategy adolescents use in a given situation has important implications for their affective experience and interpersonal functioning, which can be difficult during a time when peer relationships help define self-identity and self confidence. It is evident why the risks associated with depression and aggression increase for those who have difficulties with emotion regulation because they are already struggling in their peer relationships and other developmental changes.

Three developmentally stable, high order temperament factors are extremely relevant to emotion regulation. "Negative Emotionality (NEM) and Positive Emotionality

(PEM), are clearly affective in nature and have consistently been implicated in depressive disorders in the heightened negative affect and diminished positive affect. The third factor, Effortful Control, allows one to suppress affect-driven motivational and behavioral tendencies in order to align behavior to achieve a conflicting goal” (Yap et al., 2007, p. 185). NEM typically includes emotions such as sadness, anger, and fear and conversely, PEM refers to one’s energy level and pleasurable engagement with the environment, with traits like enthusiasm and excitement. These factors combine under Effortful Control, which is seen in how the individual responds to a specific situation.

### *Influence of Childhood on Adolescent Regulation*

Levels of self-regulation among children also serve as a determinant of adolescent’s psychosocial adjustment. Children low in ego control report elevated substance use and risky sexual behavior, such as early intercourse and unprotected intercourse as adolescents. It has been documented that there is a prospective association between poor self-regulation (low self restraint) in early adolescence and subsequent risky sexual behavior (Crockett, Raffaelli, & Shen, 2006). This proneness to risk can also lead to early substance use as a coping mechanism. “Poor self regulators are especially vulnerable to this form of coping because they are unskilled at regulating their emotions and tend to rely on external structures to regulate their emotional functioning” (Diaz & Fruhauf, as cited in Crockett et al., 2006, p. 506). The affects associated with difficulties in emotion regulation, like anger, depression, drug use, and risky sexual behaviors, can all carry on throughout the later years of an adolescent’s life; however, these issues can be prevented if professionals develop a groundwork for the factors leading up to emotion regulation capabilities among adolescents. Becoming educated on the predisposed risks

for emotion regulation, such as negative parental interactions with the child, trauma, and maltreatment, can enable social workers to intervene at the early stages before the adolescent begins to develop the resulting affects of inadequate emotion regulation.

There are critical events in a child's life that determine this level of emotional functioning as an adolescent. The idea is introduced that the parent is the self-regulating other. Representations of an Interaction that are Generalized (RIG) begin in infancy and carry on through adolescence. Children's capacity to down-regulate affects and to self-soothe in times of distress are seeded in early RIGS that are critical and carry on later in life (Delaney, 2006). Similarly, the capacity for self-regulation is believed to develop in childhood, beginning with parent-mediated behavioral and emotional regulation in infancy and becoming increasingly internalized in the preschool years with the development of symbolic representation and the emergence of executive functions (Crockett et al., 2006). The continual dialogue about emotions and their causes teaches children how to think and talk about their internal world. The way parents handle these conversations can enable children to pair emotion with event and can also encourage emotional expression (Delaney, 2006). When parental responsiveness is lacking, adolescents become more vulnerable to emotion regulation deficits, which then can contribute to depressive symptoms.

#### *Parental Influence on Adolescent Emotion Regulation*

Caregivers set the groundwork for a child's emotional development and the relationship between caregivers and the child sets the context for the level of emotion regulation in adolescence. As evidenced by Yap et al. (2007), parental over control in early childhood inhibits the development of child autonomy and can directly translate



into parental undermining of autonomy during adolescence. This becomes problematic because adolescents are dependent on extrinsic support and have failed to develop the intrinsic processes needed for regulating their emotions. They are therefore less independent and may turn to parents for guidance where there is a relationship low in support and high in conflict. Parents' emotion regulation can also influence the relationship because their own levels of control and self-awareness are mimicked by the developing children. Another example of at risk adolescents are those who are more likely to use avoidant strategies and less likely to use constructive ones if their mothers responded to negative affect with minimizing or punitive responses when they were children. Conversely, more regulated expressions of emotion and acceptance of children's emotional expressions are associated with the adolescent's ability to understand and cope with emotions (Yap et al, 2007). As adolescents, they act in ways they have been accustomed to throughout their lives, placing those that have grown up in families experiencing marital conflict or parental depression at higher risk of emotional dysregulation (Yap et al, 2007). These adolescents are more prone to depressive symptoms and vulnerability with emotional understanding.

Another factor that can lead to dysregulation is maltreatment, which results from the great impact trauma leaves on neural processing and activation. In such cases, these children have hyper-responsiveness to stressful systems, which in turn yields panic and aggression rather than mild fear. As adolescents, their emotion regulation is negatively affected because of their reduced capacity to recognize social cues and emotional expression (Delaney, 2006). This limited capacity in understanding emotions contributes to the resulting aggressive behaviors and problematic temperaments. Parenting then

becomes difficult and perpetuates a cycle of becoming the precursor to behavior problems. These adolescents are left with deficits in inhibitory control and cannot self regulate. It is evident that the traumatic events of childhood and roles of parents or caregivers significantly impact the adolescent's level of emotion regulation in negative ways. These adolescents are left with heightened risks of self-destructive behaviors and illnesses that may warrant social work interventions.

#### *Links with Risky Behaviors*

In addition to becoming dependent on external structures to regulate their emotions, adolescents with poor self-regulation are more prone to acting out in risky behaviors because of increasing impulsiveness. These factors predispose adolescents to early substance use and risky sexual behaviors because they cope by turning to outside sources for emotional comfort and stability. During times of excitement they are unable to regulate their affect, attention, or behavior in order to avoid trouble. They are also more likely to have associations with deviant peers and negative peer pressure that increases the likelihood of substance use and risky sexual behavior (Crockett et al, 2006). Increased substance use can also correlate with aggression because the addiction perpetuates depressive symptoms and angry feelings. These adolescents cannot regulate the upsetting emotions that result and then they become prone to other dangerous behaviors, such as conduct disorders, ADHD, anxiety disorder and so forth.

#### *Responses to Sources of Stress*

For adolescents there are many sources of stress that can cause the aforementioned cycle of drug use, depression, aggression and so forth. These sources can be from the context of the environment, social, physiological, or thoughts that surround

their everyday lives. The adolescents' reactions to these stressors influence their levels of emotion regulation, which then determine their susceptibility to negative behaviors and feelings. When a stressful situation resulting in anger arises, there are five options for an adolescent to choose from: suppression, open aggression, passive aggression, assertiveness, or dropping it. The first three tend to perpetuate anger and the last two can lead to success (Carter & Minirth, 1993). Suppression of anger may be chosen because of fears associated with authority figures that have invalidated this emotion. For adolescents that grew up in families where caregivers did not recognize the emotion, they are more likely to feel that they are not normal and the anger is unnecessary. Open aggression is an extreme form of expression, including bickering, criticism, griping and sarcasm, all of which emphasize personal needs while being insensitive to the needs of others. Passive aggression is also caused by the need to have control, but the person knows he or she is angry and decides it is too risky to open up, making others frustrated by the subtle sabotage (Carter & Minirth, 1993). In contrast, assertive anger can help relationships grow because it represents a mark of personal maturity and stability. This type of response is still achieving preservation of one's needs but it also considers the needs and feelings of others. Lastly is "dropping anger." This option means adolescents have recognized their personal limits and accept their inability to completely control circumstances. This is extremely important because adolescents are at risk of stressful situations simply because of their developmental stage. It is necessary for social workers to teach them how to cope with these circumstances and better regulate emotions in hopes of preventing aggressive behaviors and dangerous coping mechanisms.

When adolescents feel that stressful situations are out of their control and emotion regulation is limited, they are more likely to become angry. Anger continues to be a significant predictor of smoking, drinking, and marijuana use after controlling for gender, race, household structure, and school type (Nichols, Mahadeo, Bryant & Botvin, 2008). These behaviors can carry on into adulthood with drug use as the coping mechanism for dealing with anger. Since these behaviors are associated with both adolescence and adulthood, it is important for social workers to intervene at an early stage so that the adolescents can discover the underlying problems behind their anger and prevent a lifelong struggle with drug addictions.

Social workers should be aware of emotion regulation and its correlation with depression, anger, and alcohol use because it affects our adolescent client population who are naturally at risk for these behaviors due to their stage of development. It is particularly important for school social workers because adolescents' two primary support systems are parents and their school teachers/helping professionals. The social worker can attempt to mediate between the student and the caretaker and can also help the student learn more effective ways to recognize emotions and receive support from his or her caretakers. This consequently helps the adolescent focus better in school and is proactive in preventing outbursts of anger and other disruptive behaviors.

#### *Risks for Alcohol and Drug Use*

The risks for adolescent alcohol and other drug use (AOD) and substance use disorders (SUD) can be divided into categories of heritable, environmental, and phenotypic factors. These include areas of familial patterns of substance use disorders and psychiatric disorders, family functioning, parenting practices, child maltreatment,

peer influences, substance availability and consumption opportunities (Thatcher & Clark, 2008). The heritable and environmental factors previously mentioned are what combine to determine phenotypes. “A phenotype is an observable characteristic in a person that is the product of an interaction between the person’s genetic makeup and environmental influences” (Thatcher & Clark, 2008). Childhood psychological dysregulation has been identified in recent studies as a behavioral phenotype that reflects a person’s susceptibility of developing AOD problems in adolescence. Psychological dysregulation is defined as deficiency in cognitive, behavioral, and emotional adaptation to environmental challenges. It has been found that conduct disorder during childhood is one of the most important predictors of adolescent substance use disorders, as well as psychological dysregulation in that child’s parents contributing to risks for SUD’s (Thatcher & Clark, 2008).

Based on a study of twins, environmental variations were determined to be more influential for the timing of the initiation of substance use, whereas genetic variations were more influential in accelerating the progression from the initiation of use to heavier use (Thatcher & Clark, 2008). Parenting factors, such as direct modeling of drinking and drug use behaviors as well as peers modeling these behaviors, places the adolescent at higher risk of making the same decisions. With all the factors in mind, social workers are recommended to intervene early, at the first signs of indicators for psychological dysregulation. The prevention programs should be as comprehensive as possible, which means including multiple levels of intervention (Thatcher & Clark, 2008). These type of programs address various aspects of psychological dysregulation, including behavior modification, management of affect, and lastly, cognitive rehabilitation. Effective

treatment programs for adolescent SUDs need to involve the family and other related problems contributing to the behaviors.

Similarly to Thatcher and Clark, Nation and Heflinger (2006) address the four most prominent risk factors as psychological functioning, family environment, peer relationships, and stressful life events. The quality of relationships among family members is extremely important because this influences the level of “hardiness”, or the family’s ability to use strengths to cope with stressors, as well as the accessibility to alcohol and other drugs. Researchers found that hostility and a lack of warmth were some of the family characteristics associated with higher levels of alcohol and drug use (Nation & Heflinger, 2006). Overall, it depends on the level of communication and protectiveness between caregivers and their children. The level of parental involvement can also contribute to the susceptibility of an adolescent to fall into peer pressure. The number of friends who drink and do drugs has been found to have a significantly positive correlation with the adolescent’s usage. While peer pressure is inevitable, social workers can help parents become more involved in their children’s lives and teach them ways to better avoid the tempting behaviors. Social workers can also educate parents on the negative effects associated with witnessing violence and victimization. Krikpatrick et al, as cited in Nation & Heflinger (2006), found that the risk of alcohol, marijuana, and hard drug use among youths who had been victimized or had witnessed violence was more than twice that of other adolescents. With this in mind, it is important for social workers to provide interventions that include an emphasis on education for the family and on building relationship skills to improve an adolescent’s choice of peers. The method of intervention should also be determined depending on the type of drug used, since there are particular

risk factors associated with various drugs. This makes the treatment more individualized to meet the client's needs and it then becomes more promising for long-term improvements.

### *Forms of Treatment and Interventions*

While poor emotion regulation is commonly associated with feelings of anger, sadness, or anxiety, it has been found that using a primary control strategy, such as problem solving or emotional expression has no systematic effect on the regulation of these emotions (Silk, Steinberg, & Morris, 2003). These types of strategies may be effective in stressful situations that are controlled versus those that are uncontrolled; however, teenagers typically experience uncontrolled situations because they are frequently linked with the developmental stage. As a result, they choose to disengage with the stressful situation because they feel there are no other options.

Researchers have looked at the associations between coping with anger and feelings of depression among youths. Data suggests that emotion-focused coping is linked with increased odds of depression and that task-oriented coping behavior may have the opposite effect (Goodwin, 2006). It is possible that neuroendocrine or neurobiological substrates associated with emotion-focused coping can increase the risk of depression through neuro-chemical changes in pathways. Additionally, other physical symptoms and mental illnesses are outcomes from this type of emotion-focused coping method (Goodwin, 2006). Genetic and environmental factors influence an adolescent's likelihood of engaging in task-oriented coping behaviors. This may include physical exercise as a positive method but the adolescent determines behaviors based on exposure to peers choices and what parents have modeled throughout his or her childhood.

Another coping method that is used for adolescents with physically aggressive behaviors is called Anger Coping Training (ACT), which is a program aimed at changing an adolescent's level of anger arousal, cognitive scripts, normative thoughts and beliefs regarding reactive aggression (Fung & Tsang, 2007). The researchers advocated that the most effective anger control programs are based on a cognitive-behavioral framework that draws heavily on a social-cognitive model of anger arousal. In the study by Fung & Tsang (2007), they found that parents demonstrate an important role in assisting children to relearn their social skills and rebuild their interpersonal relationship with others. Socializing with peers is a critical aspect of adolescence. Developing the appropriate social skills is important because aggressive children who are socially rejected often congregate into groups with other deviant children. This then becomes a predictor for other negative outcomes, such as dropping out of school and using drugs, among other delinquent behaviors (Fung & Tsang, 2007).

Researchers Connell and Dishion (2008) propose two intervention approaches, cognitive-behavioral therapy and interpersonal psychotherapy, for adolescents that have received support associated with treatment effects over short term follow-up periods. They acknowledge the evidence supporting the need to focus on family environments when providing treatment for adolescents. Parent-child conflicts and high levels of parental criticism can lead to persistent mood disorders and chronic depressive symptoms among youths. The model proposed by Connell and Dishion (2008) is designed to promote heightened treatment engagement for family members. This focuses on improving parenting skills in order to ultimately reduce conduct problems and substance use among adolescents. The parents of high-risk youths received services from the family



resource staff, including brief consultations, queries about student behavior, and accessing parenting resources/information (Connell & Dishion, 2008). The combination of intervention for youth and families is helpful for those working with culturally diverse groups because it enables the social worker to better respect ethnicities, rather than the treatment program appearing homogeneous for one particular group.

School-based interventions have grown in popularity as the access to standard health care systems becomes more restrictive. With this type of intervention it is important to have a strong theoretical foundation and conduct a rigorous evaluation. Winters et al. (2007) lists seven principles relative to school-based interventions. As with most interventions, the “effectiveness is dependent on the timing, duration, frequency, and intensity of exposure to the intervention” (Winters, et al., 2007, p. 198). A second principle necessary for success is standardized delivery by staff members who implement the program. This means adjusting the intervention based on the various school settings and level of experience by the professional. Another important factor is acknowledging the bi-directional relationship between school and program staff. Teachers and administrative staff may refer the students for the program and they could also be the ones utilizing such interventions. Everyone at the school should be trained appropriately. The program should also be recognized for the nature of the problem behavior and the potential benefits of implementing this type of curriculum. Engaging all staff helps to keep the students’ interests. It can also have a better response by the adolescents if the program ties into other influences in their lives, such as family, neighborhood, and peer networks. This promotes long-term change because it allows the students to practice and assimilate changes within their natural environments (Winters, et al., 2007).

While school-based interventions have become popular as a result of cost containments in the health care industry, there are brief interventions that focus on improving a client's readiness to change behavior and these are becoming increasingly important to the social work field.

They have the highest effect sizes among all treatments for alcohol abuse and dependence; this form of treatment is tailored and individualized to the concerns and needs of the client, thus increasing its relevance to the client and making it very client friendly; motivational enhancement strategies, the core approach used in contemporary brief interventions, are relatively easy to learn by a wide range of service providers with diverse training and experience; and brief interventions can be delivered virtually anywhere ranging from physicians' offices, to criminal justice settings, to urban emergency rooms, and to schools.(Winters, et al., 2007).

Brief interventions utilize motivational interviewing to raise awareness of the client's problems and then offer opportunities for change as they target goals. This approach is empathetic and encouraging rather than confrontational. The five main styles that make up motivational interviewing are expressing empathy, avoiding argumentation, rolling with resistance, developing discrepancy, and supporting self-efficacy (Winters, et al., 2007). Implementing this type of intervention in a school setting makes it highly accessible to the students, which is preventative of other problems that can hinder receiving services, such as transportation and scheduling.

#### *School Connectedness*

After learning the recommended interventions in response to risks associated with substance and other drug use, it is interesting to consider one significant factor that can protect against some of the aforementioned negative consequences. School connectedness, or the sense of belonging that children feel toward their school, fellow students, and teachers, has been associated with decreased substance use, decreased violence, decreased anger, and decreased emotional distress in adolescents (Rice et al,

2008). Those students who do not feel connected to their school are less likely to get involved with activities and then they have difficulty making friends and socializing with peers. This in turn yields anger, which can end up beginning the cycle of substance and/or other drug use. As stated by Harrison and Narayan in Rice et al. (2008), “students who participate in school team sports and/or other extracurricular activities had lower rates of emotional distress than those not participating in any activities.”

School connectedness is important for social workers in school settings to consider when they come across students who seem isolated from their peers. The social worker can encourage the teachers to emphasize student involvement inside the classroom and also make suggestions to clients for possible clubs to join. This can enhance social confidence and decrease stress. It is apparent that school connectedness targets the root of the problem by helping adolescents with their anger and stress control, which enables educational growth and helps them reach their fullest potentials.

### *Hypothesis*

Based on the findings in the literature, this research hypothesis will predict that creative therapy in groups will help adolescents manage their emotions and learn alternative ways of coping with stress and anger. Since findings also suggest that adolescents are not always able to talk about their feelings, another prediction is that hands-on-projects will enable them to learn through self-expression and will serve as the foundation for group discussions. This type of creative therapy used in a psycho-educational group, teaches the adolescents how to use their emotions in productive ways. This then may potentially prevent further complications associated with anger, such as drug use, violent behaviors, and difficulties in school.

### *Methodology*

#### *Sample*

The sample for this study consists of fifteen 9<sup>th</sup> grade students from the same class. They attend a charter high school with approximately 120 students total. The students stay together in a group of fifteen with the same teacher for all four years. The small size and structure of education at this school enables staff to get to know the students really well. This particular 9<sup>th</sup> grade class was chosen because the social worker, principal, and other staff felt that there was a need for intervention amongst these students and they agreed this type of creative therapy and emotion recognition group would be beneficial to their education and personal development. Given the background of their anger and anxiety from transitioning to a different school than their middle school friends and then having a new teacher come in, it seems necessary to utilize this type of work in order to minimize their levels of frustration and assist in learning new coping methods when stressful situations arise. The group is scheduled to meet for six to eight sessions depending on school scheduling and each time should last about an hour.

#### *Data Collection*

A pre-test and post-test will be given to all students in order to compare their emotion regulation and recognition before and after the group process (appendix I and II). The questionnaires will be filled out anonymously by all the participants. The goal of the creative therapy group is to decrease the frequency, intensity, and duration of the episodes of anger amongst these adolescents. It is predicted that the group will enable them to learn new ways of coping and be able to form proactive strategies in addressing a variety of emotions.

Before beginning the group sessions, the students will fill out a questionnaire that is a compilation of various questions and statements from an anger inventory and a control anger scale. The items address a variety of emotions and help to gain a better understanding of where the group is at before we begin our work together. The group will then continue with an activity planned for each session. The purpose of the activities, or creative therapy piece, is to enable the adolescents to feel more comfortable talking in the group because they have a starting point to build upon. The hands-on-projects serve as the foundation for group discussion because they are thought provoking and educational.

Week one will focus on getting to know one another and the project is making a collage for the cover of a journal. The collage can cover topics such as culture, hobbies, passions, and religion. The students are asked to cut out words and pictures from magazines and newspapers and glue them on the journals. Then everyone will share what they chose and why. We will also compile a list of the cultures represented within our group to follow up on at a later session. The journals serve their purpose outside of group meetings. The students are given prompts each week where they are asked to write a minimum of three entries. This is useful because it allows them to learn one new way to cope with stress through writing in a confidential notebook.

Week two involves role-playing. Students are broken down into four groups and given a scenario to act out. They include situations like arguing with a parent, cheating on a test, and bullying a peer. The groups have several minutes to prepare and then will perform in front of all members. Its purpose is to see how they choose to act out these scenarios based on their own personal experiences. It is also useful because we will discuss the reasoning and consequences behind all of their decisions.

Week three focuses on stress and how it relates to the foods we eat. Students will bake cookies and while they are cooking we will discuss how stress can affect our appetite in positive and negative ways. It can also manifest in other physical symptoms that we will process as well. Nutritional alternatives will be suggested during times the adolescents feel the most anxious and overwhelmed.

Week four is an art activity used to promote color coordination with various emotions. Students are given a sheet with all colors listed and the adjectives and feelings that associate with each particular color. Students are asked to draw with colors in a peace sign that corresponds to their own emotions and the ways they perceive themselves. They then will explain their reasoning for color choices after completion of drawing. Peace signs will be hung in their classroom to show the diversity amongst their classmates.

Week five focuses specifically on anger within school and how this affects their classroom atmosphere and relationships with one another. Due to the switch in teachers and teaching styles, it has been difficult adjusting to the change. The group session will be used to process these feelings and make a list of positive changes that can be made within the future weeks. We will also discuss having mediation with their teacher if it is deemed appropriate. The students will begin to learn the difference between situations that are in their control versus those that are not.

Week six includes an activity called locus of control. Students are asked to fill out a questionnaire that has two statements for each question and then pick one they most agree with. I will then score them accordingly. Once scores have been provided, students will mark their ranking on a continuum line on the chalkboard. The line ranges from

internal to external. We will then discuss the differences between our areas of influence and those that are out of our hands. This enables the adolescents to better comprehend the appropriateness of certain emotions depending on the situation. It helps to put typical life scenarios in perspective.

Week seven will return back to culture and how this influences their lives at home as well as being part of a diverse school community. The activity involves each student taking a turn placing his or her peers in various positions in the room according to that family member's role in the household. For instance, one student may have another boy standing on top of the table if his father is very authoritative. This activity is useful because it helps the adolescents visualize their family roles and discuss similarities and differences with their classmates. We will have a discussion on how culture impacts these norms at home and how we can learn to cope with changes in school and our communities.

#### *Data Analysis*

The data gathered from the questionnaires used for this study will be input into SPSS to compare demographics with various Likert scale items. The rankings on the Likert scale questions from the pre-test will be compared to those on the post-test to see if the frequency, duration, and intensity of emotions decreased or increased after the students participated in six group sessions. Qualitative data including discussion topics and students' responses during sessions will also be included. Their verbal feedback is more telling than the questionnaire in determining whether or not the group was successful in decreasing their levels of anger and other upsetting emotions.

### *Results*

The group used for this study consists of two independent samples with ten 9<sup>th</sup> grade students in the first group and eleven students in the second. There are thirteen females (61.9%) and eight males (38.1%). Some of the ethnicities represented by the sample include Dominican, African American, Latino, Hmong, Puerto Rican, Italian and Irish. The average among males for the first three behavioral questions is 2.04 and for females it is 2.36. This means their averages rank around “sometimes” in relation to “never” and “usually” on the anger scale. For the next series of multiple choice questions, the mean for males is 1.75 and for females is 1.68. This means that they average in between “never” and “occasionally” on the scales that concern anger and its interference with daily tasks. As seen in table 1, males scored higher on questions four, five, seven, and eight. Question four is on anger and its influence with decision making, question five is distractions from work, question seven is level of tiredness and question eight is appetite. Females scored higher on questions six and nine, which are anger and its affects on sleep and its affects on health.

Table 1: Means and Differences Between Genders for Anger in Everyday Life

		<b>Report</b>					
Gender		Q4	Q5	Q6	Q7	Q8	Q9
Male	Mean	2.1250	2.1250	1.3750	2.0000	1.7500	1.1429
	N	8	8	8	8	8	7
	Std. Deviation	.83452	1.35620	.74402	1.41421	.88641	.37796
Female	Mean	1.7692	2.0000	1.9231	1.5385	1.6154	1.2308
	N	13	13	13	13	13	13
	Std. Deviation	.72501	1.00000	.86232	.66023	.96077	.43853



Total	Mean	1.9048	2.0476	1.7143	1.7143	1.6667	1.2000
	N	21	21	21	21	21	20
	Std. Deviation	.76842	1.11697	.84515	1.00712	.91287	.41039

Through the open ended questions and from group discussions, it has been established that some common concerns regarding various emotions for these adolescents include confronting a friend when they are gossiping, communicating with a parent or sibling that is getting on one's nerves, and compromising with their teacher so that everyone is happy and feels in control of his or her educational growth. These situations result in anger where the adolescents become aggravated and overwhelmed. They typically will either yell, listen to music, leave the room, or hurt someone when these situations arise. By doing the creative projects during group sessions, the adolescents learned alternative ways of coping with their anger, such as drawing, journaling, baking, exercise, breathing techniques, and jewelry making.

Some of the students shared that these activities have been beneficial in helping them manage their emotions. They were able to become closer as a group by sharing in the projects together and beginning to feel comfortable discussing their feelings once we completed the activities. Prior to our group work the class was disconnected and argued a lot, whereas now they work together better and developed some close friendships. While many of them shared that the things making them upset prior to our group sessions and afterwards have not changed, they did admit to being able to better manage the anger so that it does not cause harmful behaviors. The frequency of interruptions and disagreements while in the classroom have decreased significantly according to several students and their teacher. They also shared that they now confront the person they are having a problem with prior to taking action. One student wrote that she realizes "things

happen but it's normal and I just need to stop holding it all in. The group helped with this and it fulfilled my expectations." Another student shared that she learned "there's different emotions and different reactions" as a result of our group.

A few students expressed confusion around the word 'upset' and the group work did not help to clarify this. They explained that the same things still make them angry and they have not been able to manage their emotions any better after completing the creative therapy projects. They also expressed frustration around the scheduling of group sessions and the lack of consistency. They felt that we should have met more frequently in order to fulfill their expectations and yield improvements in anger management.

Some of the topics that came up during meetings were racism and cultural divides. For many of the students, they are minorities within the local area. They have experienced more severe treatment by others as a result of their ethnicity, compared to those in the majority, such as Caucasian males. An example one student shared is an incident with the police and a young male getting pulled over because of his skin color. Other students expressed difficulties communicating with their parents when the adults are not as "Americanized" as the adolescents. They also explained some family customs and norms when we did family sculpting that helped to gain a better understanding of why families act the way they do. This put things in perspective for them and enabled the adolescents to talk out their feelings of anger accordingly.

The students shared after a few weeks of meetings that these creative projects have been a great stress relief for them during the school day and they have also found the group sessions to be helpful with managing their feelings. They report a better sense of unity as a class and feel more comfortable sharing their experiences with one another

and their family members. They have utilized journaling to point out specific instances that trigger anger and we have discussed new ways to respond when these problems arise. The end result is that they are now better able to handle stressful situations without the anger accumulating to a dangerous level where they become susceptible to the negative behaviors of drug use and violence.

### *Conclusion*

The student responses from the anger inventory scales, open-ended questions, and group discussions conclude that the hypothesis was correct. Creative therapy used in a psycho-educational group with adolescents is beneficial in helping clients learn about emotion regulation and recognition in order to decrease the frequency, duration and intensity of their episodes of anger. As a result of this study, social work professionals can feel more confident in using creative therapy projects in group settings in order to better engage their adolescent clients. Despite the small sample, it is evident that the majority of students thoroughly enjoyed the projects and felt that they were helpful in building the foundation for discussions around anger and its coinciding emotions. It is important to consider the consistency of group sessions; it is recommended to meet on a weekly basis in order to help the group reach their fullest potential. This type of creative therapy group is particularly useful in school settings where adolescents need stress relief and time to socialize/communicate with their peers in positive ways. Social workers can help to guide this process in the right direction so that clients finish the group sessions feeling empowered and more self aware of their individual feelings.

The students found the group atmosphere and nature of the activities to be beneficial in helping them sort out various emotions. They are now able to confront a

peer or family member prior to taking action, which means violence and other negative behaviors may be avoided down the road. The anger is no longer being internalized and accumulating to a level where the adolescent is ready to explode and act irrationally in the heat of the moment. What may seem like miniscule activities at the time will become really influential in the long term, as adolescents learn alternative ways of coping with their emotions. Such things as journaling, drawing, beading, and baking, were all proved to be helpful in managing stress and they each provided short and long term benefits.

By developing a better understanding of emotion recognition, adolescents are more likely to seek out help during times when they feel upset because they can pinpoint the concern that needs to be addressed with the assistance of a professional. It is important for the social work profession because helping professionals may use this information when facilitating a group but also when they see adolescents individually. Those adolescents who are at risk may be more apt to receive services if they feel comfortable seeking out help as a result of improved self awareness. They are able to recognize their emotions and social workers can help to empower them in this process while also assisting in improving their emotion regulation. The creative therapy techniques positively contribute to the helping relationship by enabling the adolescent to learn new ways of self-expression in a setting where the social worker serves as reinforcement for a better future.

This study leaves room for growth in areas of social work policy and research. Professionals can lobby on behalf of educational funding that can be used to support these types of programs in the school settings. They can show how this type of work positively aids the educational process by enabling students to discover more about

themselves and the strengths they can use when focusing on school assignments. It also helps them to have the right frame of mind in order to concentrate during the school day and accomplish tasks to their fullest potential. Obtaining the proper budget allows social workers to organize creative projects for small groups of students or for their individual caseloads. This funding also provides the means for therapeutic tools that are extremely useful at the present time and preventative of future consequences that can result from an adolescent's level of anger left unmanaged. Further research can be conducted on how this type of work impacts the adolescents long-term as they move through their high school education and onto post-secondary education. Social worker professionals may also consider replicating this type of creative therapy in clinical settings, such as hospitals, mental health agencies, and residential programs.

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## Appendix I

**Emotion Recognition and Regulation**

Please fill out this questionnaire in follow-up to our work together.

Gender (circle one): Male or Female

Check the appropriate box.

	<b>Behavior</b>	<b>Usually</b>	<b>Sometimes</b>	<b>Never</b>
1.	When you are angry with someone, do you discuss it with that person?			
2.	Do you keep things in until you finally explode in rage?			
3.	Are you now aware of when you are angry?			

Circle the appropriate letter

4.
  - A. I don't have any continuous angry feelings that influence my ability to make decisions.
  - B. My feelings of anger occasionally challenge my ability to make decisions.
  - C. I am angry to the point that it gets in the way of me making good decisions.
5.
  - A. My feelings of anger do not distract me from my work.
  - B. From time to time my feelings of anger are distracting from work.
  - C. I feel so angry that it challenges my capacity to work.
  - D. My feelings of anger prevent me from doing any work at all.
6.
  - A. My anger does not cause problems with my sleep.
  - B. Sometimes I don't sleep very well because I'm feeling angry.
  - C. My anger is so great that I stay awake 1—2 hours later than usual.
  - D. I am so intensely angry that I can't get much sleep during the night.
7.
  - A. My anger does not make me feel anymore tired than usual.
  - B. My feelings of anger are beginning to tire me out.
  - C. My anger is extreme enough that it makes me feel very tired.
  - D. My feelings of anger leave me too tired to do anything.
8.
  - A. My appetite does not change because of my feelings of anger.
  - B. My feelings of anger are beginning to affect my appetite.
  - C. My feelings of anger leave me without much of an appetite.
  - D. My anger is so powerful that it has taken away my appetite.
9.
  - A. My feelings of anger don't interfere with my health.



- B. My feelings of anger are beginning to interfere with my health.  
 C. My anger prevents me from devoting much time and attention to my health.  
 D. I'm so angry at everything these days that I pay no attention to my health and well-being.

Check the appropriate box.

10.	What makes you upset?	Always	Some	Never
a.	Concentration difficulties; you lose focus of your thoughts, action.			
b.	Being surprised or startled?			
c.	Feeling pressured, cornered, put on the spot?			
d.	Unable to think on your feet?			
e.	Delayed or unreliable recall?			
f.	Facing disappointment?			
g.	When you can't say what you mean?			
h.	When you know what you want to say but the words won't come out?			
i.	When you feel foolish?			
j.	When you receive false or misleading information?			
k.	When you feel let down by others			
l.	When you can't get anything done no matter how hard you try?			
m.	Other, please explain.			

12. Why does that make you upset?

13. What emotions now come to mind when you hear the word upset?

14. What would you like to learn from being in this group?

## Appendix II

**Emotion Recognition and Regulation**

Please fill out this questionnaire in follow-up to our work together.

Gender (circle one): Male or Female

Check the appropriate box.

	<b>Behavior</b>	<b>Usually</b>	<b>Sometimes</b>	<b>Never</b>
1.	When you are angry with someone, do you now discuss it with that person?			
2.	Do you keep things in until you finally explode in rage?			
3.	Are you now aware of when you are angry?			

Circle the appropriate letter

4.
  - A. I don't have any continuous angry feelings that influence my ability to make decisions.
  - B. My feelings of anger occasionally challenge my ability to make decisions.
  - C. I am angry to the point that it gets in the way of me making good decisions.
5.
  - A. My feelings of anger do not distract me from my work.
  - B. From time to time my feelings of anger are distracting from work.
  - C. I feel so angry that it challenges my capacity to work.
  - D. My feelings of anger prevent me from doing any work at all.
6.
  - A. My anger does not cause problems with my sleep.
  - B. Sometimes I don't sleep very well because I'm feeling angry.
  - C. My anger is so great that I stay awake 1—2 hours later than usual.
  - D. I am so intensely angry that I can't get much sleep during the night.
7.
  - A. My anger does not make me feel anymore tired than usual.
  - B. My feelings of anger are beginning to tire me out.
  - C. My anger is extreme enough that it makes me feel very tired.
  - D. My feelings of anger leave me too tired to do anything.
8.
  - A. My appetite does not change because of my feelings of anger.
  - B. My feelings of anger are beginning to affect my appetite.
  - C. My feelings of anger leave me without much of an appetite.
  - D. My anger is so powerful that it has taken away my appetite.
9.
  - A. My feelings of anger don't interfere with my health.

- B. My feelings of anger are beginning to interfere with my health.  
 C. My anger prevents me from devoting much time and attention to my health.  
 D. I'm so angry at everything these days that I pay no attention to my health and well-being.

Check the appropriate box.

10.	What makes you upset?	Always	Some	Never
a.	Concentration difficulties; you lose focus of your thoughts, action.			
b.	Being surprised or startled?			
c.	Feeling pressured, cornered, put on the spot?			
d.	Unable to think on your feet?			
e.	Delayed or unreliable recall?			
f.	Facing disappointment?			
g.	When you can't say what you mean?			
h.	When you know what you want to say but the words won't come out?			
i.	When you feel foolish?			
j.	When you receive false or misleading information?			
k.	When you feel let down by others			
l.	When you can't get anything done no matter how hard you try?			
m.	Other, please explain.			

12. What makes you upset? How does this compare to what you feel made you upset prior to our work together? Is it the same, different, better, worse, etc? Please explain.

13. What emotions now come to mind when you hear the word upset? Did our group work help to better define these emotions?

14. What did you learn from being in this group? Did the group fulfill your expectations?