Anger management

Dennis Neill works in CAMHS with under-16s. Here, he focuses on his systemic work with young people who have difficulty with impulse control and in handling their angry feelings

Referrals for anger management have soared over the past few years. In my experience, outcomes are best when individual anger therapy is combined with family therapy and collaboration with the school. This is because a systemic approach searches for meaning and context and therefore attributes less blame to the young person. It also engages parents and other individuals in the therapy process. However, where there is a history of family violence and/or severe attachment difficulties, a more intensive approach will be called for than the one offered here. That said, my hope is that this article will add to your strategies for working with children and families where there are angry relationships.

My initial task with the parents and young person is to deconstruct the label 'anger'. This raises awareness of the issues and elements underlying the so-called anger, and effectively broadens the remit of therapy by highlighting important family relationships and areas of conflict in the young person's life. It also gives insight into issues of self-esteem.

Exploring anger as a theme can elicit useful information from parents about their own experiences with anger. Many parents have described improvements in their own impulse control when attending anger management sessions with their children. In practice, parental involvement in anger management therapy will depend on the age of the child, their willingness to work together, and the intensity of feelings in the family.

Figure 1

Contextual assessment

It is important, at the start, to consider the context in which the anger occurs. When assessing context, I cover the following areas:

- **Family** We draw up a genogram, which includes all important family members and events such as separations, divorces, deaths etc.
- **School** We explore issues of bullying, relationships with teachers and peers, academic abilities, special needs and school history.
- **Community** Environmental factors such as housing, family relationships in the community, contact with other social institutions such as church, youth groups etc.
- **Other professional involvement** Who else is involved with the family and young person? Perhaps social workers, counsellors, teachers and doctors.
- **Beliefs** Reflect on cultural beliefs, experiences and family scripts.
- **Events** Consider the impact of family and individual life events, including violence.
- **Physical health** Ask about any health conditions in the young person and their family. This should include illnesses in the past as well as in the present.
- **Mental health** Determine any mental health conditions in the young person and their family. Check for depression and deliberate self-harm in the young person.
- **Developmental issues** Enquire about developmental factors in the child and family, such as specific or general learning difficulties, ADHD and autistic spectrum disorders.
- **The problem over time** Identify when the angry behaviour began, when it is worse and if it ever goes away.
- **Motivation for change** Does the young person actually want to do any work on their anger? If not, engagement will be difficult.

This assessment identifies events and situations that have impacted on the development of angry feelings in the young person. It places their anger within the context of family and other relationships. It should highlight any risk factors in the young person's life and in the family. If these are serious, they should be addressed before the anger therapy begins. With agreement, the

young person is seen individually for five to seven sessions of 45 minutes. Some children and parents ask to do this work together, and I welcome this. The individual sessions are followed by family therapy.

Individual work

The individual needs and interests of the child determine the order and time spent on the exercises below. I try to balance talk and activity in sessions. The externalising process of story work and drawing (a therapeutic practice developed by Michael White[1]) makes it easier for young people to engage and to explore difficult feelings and events.

I begin by asking the young person to draw an AngerGram (Figure 1). This becomes a map of anger-inducing situations and events. It helps young people understand the components of anger and where their strong feelings are coming from. It covers areas such as:

- What feeling elements are in anger? Perhaps 'upset', 'hurt' and 'failure'.
- Who do you get angry with?
- Where do you get angry and when?
- What happens when you become angry and how do you show it?
- How do you feel about your anger?

Many young people have already found some strategies for dealing with their angry and upset feelings. It's important to acknowledge these and to incorporate them into the work. This validates the young person and provides a collaborative basis for our work. It's useful to explore how they developed these strategies and to hear who has advised them. Examples I have been given are:

- Counting to 10.
- Avoiding stressful situations (in functional and dysfunctional ways). For instance, using a school time-out room or avoiding school completely because it engenders negative feelings.
- Talking to a trusted person eg a grandma, boyfriend or girlfriend.
- Having a private space to calm down in.
- Some kind of physical distraction/stimulus such as tapping, pinching, thumping a bed or pillow, and, in extreme cases, self-harm.
- Using mind-altering substances such as cannabis and alcohol.

Because anger and strong emotional impulses powerfully affect the body and mind, I help the young person identify the physical and psychological effects of anger by using a number of exercises and stories. I incorporate aspects of communication theory and issues of identity and self-esteem in the work. We explore how powerful feelings can be functional and informative if understood and managed. We reflect on how understanding and changing behaviour can lead to healthier and more fulfilling relationships.

Exercises to explore physiological effects

Body-map exercise (Figure 2)

In this exercise, I ask the young person to draw an outline of their body on a large piece of paper. We discuss the physical effects of anger in the body and then add them to the drawing. For instance, they might draw a heart to symbolise increased heart rate, and clenched fists to indicate an angry response. Talk can focus around a recent angry event, linking it to the physiological changes identified in their drawing. Other talk explores how to recognise these changes in their body at an early stage. Most young people enjoy doing this. Many children report that their thinking is affected when they are stressed, upset and angry. This useful insight is developed in cognitive exercises later in the therapy. The notion of anger is expanded to include 'energy', 'tension', 'a build-up of feelings', 'upset', 'hurt' etc. This increases the young person's descriptive repertoire around feelings and mood, and increases their potential for change.

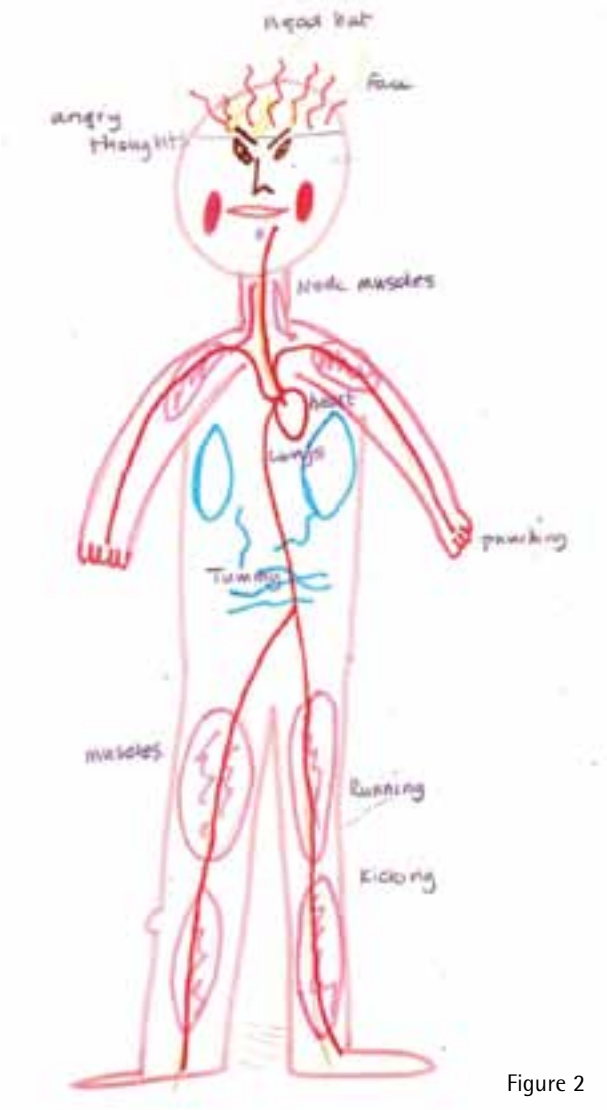

Figure 2

Tracking angry events is useful for parents, too. It highlights how things build up, and the interactional nature of family behaviour

Figure 3

The caveman story (Figure 3)
The young person imagines they are a caveman (or woman). They live alone in a cave on a hill. They draw the scene on a piece of paper and we discuss the caveman's basic needs for life – heat, food, water and companionship.

The caveman's world is a dangerous place, full of wild animals. Despite this, he has to hunt and gather food. A situation arises where a fierce animal, a sabre-toothed tiger, confronts the caveman. What should he do? Most children identify fighting or running away as an appropriate response. The fight or flight response to threat and danger is discussed. We re-examine the body map, done previously, highlighting the identified physiological responses to danger and threat.

Over time, the caveman becomes lonely and seeks contact with a distant group of cave dwellers. The young person explores ways of achieving this. For instance, they might make a gift to the other tribe in order to win their favour. We explore the need for social skills and why they developed. Social skills are a way of getting what you want without having to fight for everything.

A changed world but the same body responses
In this exercise, we contrast the caveman's world with the modern world, exploring how the modern world has changed. Despite that change, the primitive impulses and feelings we had as cavemen remain. We explore issues of entrapment (eg being shouted at by a teacher in a classroom), of power inequality, of social behavioural norms and expectations, and the importance of context (eg it's OK to shout in the playground, but not in the classroom). We focus on the importance of social skills and the understanding and management of primitive feelings when threatened or stressed.

Positive and negative aspects of anger
This exercise explores positive and negative aspects of anger. Anger is reframed as a powerful indicator that something is wrong. We might explore how social reformers used their powerful feelings to right social injustice, or how angry feelings can express the iniquity of domestic violence. If powerful feelings can be harnessed and directed, they can become a force for good. On the other hand, negative aspects of anger can lead to a loss of control and violence. We search for events in the young person's life that reflect their recognition and good management of these powerful feelings. For instance, the urge to win and score goals in a football match has to be managed within the rules of the game and balanced against the needs of the team. We might explore an occasion within the family when the young person chose not to react in an angry way, but chose instead to go to their bedroom to calm down.

Cognitive techniques to manage anger

After the focus on the body physical, we turn to the mind. Children are usually very good at generating ideas and stories and I actively incorporate these into therapy. I use a variety of thought-stopping techniques and exercises to help children recognise and manage their feelings. The following exercise works well with many young people.

The special box
I ask the young person to create a special box in their mind. I ask them to describe how it looks in great detail. Some children like to draw it. The box is put in a very safe place, which they can easily find again.

Next, we prepare some 'special' imaginary photographs to put into the box. These photographs only contain good feelings and sensations. I begin by suggesting some images:

- A plate of their favourite food (Figure 4).

Figure 4

Case study 1: Integrative/CBT

Work with Stefan by Dennis Lines

Stefan was a Year 7 pupil of African ethnicity who had been excluded from his previous school for punching the headteacher. His father and older brothers had served time for violence and physical assault and Stefan had witnessed much violence. Stefan was again at risk of exclusion after three serious fights. We worked integratively, combining features of CBT, the Egan three-stage model and Narrative Therapy, and identified an early vital goal: stop fighting.

We first engaged in a shared analysis of why he became impulsively aggressive.

1. Had there been a recent event? Was he carrying anger as a result of loss or bereavement, or a family situation, which found expression through violent outburst?
2. Had he poor social skills, leaving him vulnerable to teasing and humiliation. Were his strategies to cope with frustration limited?
3. Did he think he might have unconsciously internalised a male-dominant, aggressive persona from a significant family member, or an idealised figure from the street?

Although I felt the third was the central cause, we needed to 'hold the situation' and help Stefan develop a measure of self-control through identifying his triggers to fight. I asked him to complete a journal of events that enraged him, and to identify the triggers that led to loss of control. Following a CBT methodology, he listed the triggers on a chart, and we tried to identify what assumptions might account for impulsivity. Three typical triggers were:

Trigger	Assumption
Kids in class cuss me	Other pupils put me down, as if I'm stupid
I get told off	Teacher thinks I'm no good
A kid stares at me	He thinks he's harder than me and wants a fight

Therapy firstly involved working on what he was saying to himself when corrected or threatened. We planned self-coaching strategies to ease tension, and 'self-talk' to remain calm.

Whenever a fight brewed, he was to use his anger-management pass and visit me to practise the skills and gradually fine-tune his responses.

We then moved into the next phase and looked at the unconscious assumptions he was making. These were disputed, and more realistic ones superimposed. His first assumption was rephrased as: pupils might cuss me to wind me up, just as I wind up other kids. It doesn't mean they think I'm stupid. The second was reframed as: the teacher thinks I could improve and so takes the trouble to correct me. If he thought I was no good, he would let me do as I liked. The third assumption was altered to: the kid might be scared of me and stare because he's nervous I'll beat him up – there's no obvious connection between staring and wanting a fight. Showing him a diagram of the amygdala, and how it responds to perceived threat, helped him to account for his rage when reacting impulsively. A second and more long-term goal was becoming a focus for continued work. Underlying Stefan's violent outbursts were the powerful role models and unconscious expectations of him in his social environment. An effective counter-role model was identified in the self-controlled calmness of Stefan's friends. One pupil made light of intimidation by using humour to desensitise tension; and since Stefan had a sense of humour, we agreed this was a technique he might try.

However, incidental factors for Stefan's aggression were not as significant as his perceived need to maintain the 'tough guy' persona. Moving towards a narrative model of working, we examined the attitudes he'd been brought up with and which had been regularly reinforced. This process brought to light a 'sub-plot' in his general 'might is right' narrative – in one unprompted disclosure, he said: 'When I was younger, I watched old people struggling with shopping and digging the garden. I used to help them but Mum didn't always like it.' Clearly, there was a caring side to Stefan's customary persona of a fighter, and I was keen to explore the ambivalence. Developing this 'sub-plot' brought positive long-term effect. ■

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- The face of a person who loves them.
- A special place.

A child might describe the smell of their favourite food, or the warm, safe feeling when hugged by their mother etc. The therapist aims to elicit as much descriptive, sensory and emotional information about the image as possible. Some children like to draw the image and take it home and put it in a drawer.

Using their imagination, I ask them to create a special photograph that contains all the feelings, smells, colours and experiences associated with that event. Once this is done, they place it in the box. Then we do another picture. After completing it, they put this in the box too. At this point, I ask them to 'take out' the first picture and to remember all the special things in that picture, such as the smells, the colours, sounds and good feelings.

The box becomes a container of happy feelings and memories and a place they can return to when they are feeling tense, sad or angry. They can add any special pictures they like, provided they contain good feelings.

Other cognitive work

Other work develops protective strategies to counteract future negative feelings. Some children find writing positive poems, supportive letters

Case study 2: Non-Directive Play Therapy

Work with Shirley by Nina Rye

Six-year-old Shirley's[1] 25 sessions of Non-Directive Play Therapy (NDPT) were full of drama and intense emotions – she was a very angry little girl. Two years earlier, she had witnessed a violent event that led to a former step-parent being jailed. When I first met her mother and stepfather, there were already a number of interventions in progress, with individuals and the family as a whole, from mental health, community and social care agencies. Shirley was the fourth child in a large family. She was referred because of her aggressive and non-compliant behaviour at home and school. The first few sessions were quiet, as Shirley showed a surprising (to her parents) liking for peace and orderliness. Then toward the end of the fifth session, she initiated her first role play, a teacher giving orders to a child, then reversing our roles after a few minutes. This short 'taster' was the beginning of a string of stories in which Shirley expressed rage, hate, and plain irritation toward father and mother and, to a lesser extent, toward her stepfather and her teachers. She also expressed hurt, confusion, and a longing for reconciliation and forgiveness.

Shirley's story characters had a thirst for power to blow up and cause disaster or, conversely, 'make everything come right'. The assumed persona would often change without warning from domineering to genial, or from a false 'nice' to being fierce and mean. These feelings were so intense that she could not express them herself even in role play at first. So she directed *me* to be the big bad king who treated her – in role as 'good little Molly' – unfairly. After a few weeks of this, 'Molly' began to fight back, eventually consigning the king to a dungeon without food or drink. The king spent weeks in that dank place, trying to figure out how to get himself out of this impasse. Of course, it was actually Shirley's problem we were trying to solve: what strategy could replace her current pattern of alternating 'charming' and 'terrible', and still get her attachment needs met in a rather chaotic and loud household?

Shirley gradually allowed the king to become more genuinely nice, and then she moved on to a different set of role-played stories about mothers, daughters and absent fathers. Again, huge anger was expressed in these imagined scenes. I felt she was a little girl who just could not make sense of the adult world, yet desperately wanted the power and control that adults seemed to have. So she switched from being a grown-up daughter with babies of her own (this seemed to represent real power) to being a baby, or else a very poorly teenager in hospital. These roles were painfully accurate in their depiction of existing family dynamics.

True to the NDPT model, I did not make verbal reflections that directly linked with real life. Only when Shirley talked about her mother, father or stepfather, could I use my hypotheses and insight about her feelings, based on our play together, to suggest, 'Maybe you sometimes feel angry with X.' Shirley would either accept or deny this, but clearly gave me to understand that these verbal exchanges were not what Play Therapy was about for her. The agonising dramas, filled with twists and complications, were 'larger than life' because her feelings were so immense they simply could not fit into daily existence. Shirley's solution was to take control by means of coercive strategies, the alternating Charmer/Monster pattern of some Type C (insecure-ambivalent attachment type) children, dictating to grown-ups how things were going to be. Here, there was a very clear parallel between the playroom and real life.

Play Therapy helped Shirley deal with many of her angry feelings about events in her past, but the Type C pattern was only slightly modified, showing that Shirley still needed it. ■

Reference

1 'Shirley' is based on two real girls, each with different names.

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to themselves or drawing cartoon-strips to be therapeutic and calming. They can read these at times of stress to counteract their negative feelings.

We record any strategies the young person has developed on their own to counter their upset and angry feelings, and label them as 'resources'. We discuss how to connect with helpful people when they are feeling upset or depressed. Be open to incorporating their ideas and thoughts into any work you undertake.

Another exercise uses a graph to highlight how angry feelings build up. At what point along the graph does it become hard to manage feelings? Where is the tipping point? Some children find it useful to rate their feeling state. For example, 'On a scale of 1 to 10, where 10 is mega angry and 1 is really calm, where would you be right now?' 'When you hit your mother last Monday, where were you on the scale then?' Such exercises help children 'measure' how they are feeling and to modify their mood before they lose control.

Relaxation techniques

It takes time to learn to relax. For this reason, I like to include parents in the relaxation sessions. This way, they can continue the work with their child away from the therapy room. Parents often benefit from relaxation training too.

I teach progressive relaxation techniques[2] to help young people develop an awareness of their body and emotions. Some children enjoy learning about and practising full relaxation from toe to head.

Most children prefer quick and easy 'stress busting' techniques. The first is based on tensing and relaxing the shoulder muscles. Since stress often results in muscle tension, checking the stiffness of shoulder muscles can indicate stress levels. Children are taught to tense their shoulder

muscles and then to slowly release that tension. This can incorporate breathing techniques, such as taking a deep breath and expiring slowly. I get parents to feel their children's shoulder muscles as they relax and tense them up. This physical contact and feedback can be a useful way of building up relationships. Check that people are comfortable using touch, particularly if there has been violence in their relationships.

Another technique requires the young person to carefully clench their hands into fists and then slowly release the tension. This is repeated two or three times. This gives time for them to re-focus their thinking. This can be done invisibly, for instance, within a classroom. It can be combined with the shoulder technique above. Some children like using stress balls. Explore any other ideas children suggest and incorporate them into the work.

We discuss the positive mental health benefits of regular exercise. Research has shown that regular exercise can effectively reduce depression. It's also an effective way to burn off or redirect energy.

Integrating therapy

Throughout therapy, I frequently reference the work we have already done. Asking questions that make a link between the work done and their

Case study 3: Solution Focused Therapy

Work with Steven by John Wheeler

The solution-focused approach establishes what a preferred future might be and identifies ways in which this is already happening[1]. Young people who do not manage their anger are typically preoccupied with past failures and a prevailing sense that nothing works, and, at worst, a sense that nothing ever will. Solution-focused questions can therefore provide young people with a novel opportunity to shape their future, take credit for past successes, notice self-agency and restore self-esteem. When asked about positive goals for the work, they name whatever they want more of in their lives. Sometimes anger isn't mentioned at all at this stage, though working on 'getting on better with my mother', 'keeping my place in school', or 'keeping my friends' typically results in the generation of strategies to address anger effectively along the way.

When Steven[2] (15) was asked how he would know that coming to this service had been useful, he directly referred to anger, saying: 'I'd have some control over my temper, because at the minute I don't have any.' Amplifying the goal can then help young people become more motivated through recognising the useful consequences of succeeding. When asked what else would be different if he could control his temper, he replied: 'Well, I wouldn't get thrown out of school.' And when asked to elaborate on why this mattered to him, he went on to say: 'I want to get a good education, get qualifications, so I can get a decent job.'

Scaling questions put the experience of anger in perspective, helping young people to realise, perhaps for the first time, that they have already exercised some self-agency. When Steven was asked to rate his anger on a scale of 0 to 10, where 10 meant he had as much control over his temper as he would want, and 0 meant he was as out of control with his temper as anyone could be, he replied: 'About 3.' When asked how he knew it was 3 and not lower, he explained: 'Well, at the weekend all the young people were cleared out of the shopping centre by the security men. I was furious because I hadn't done anything. I felt like arguing but didn't want to get banned, so I just left. When I got home, my mother assumed I'd been in trouble because I was so worked up. I felt like hitting her but didn't, and ran into the garden and smashed the shed window.' Steven said that he'd be at 4 if he hadn't smashed the shed window, but had no idea how to manage this.

The Miracle Question offers another framework for considering alternative actions: 'Suppose that while you are asleep tonight a miracle happens and you are given control over your temper. When you wake in the morning, how would you know this miracle had happened?' Steven's answer was, 'I'd wake up feeling relaxed. If my brother said something that annoyed me, I wouldn't react, I'd just carry on getting ready for school. The friend I go to school with would be able to tell a miracle had happened because I'd laugh at his jokes and probably tell him I hadn't lost it with my brother like I usually do.' This helped Steven recognise that loss of temper typically happens within an interaction, and that different actions on his part could contribute to a different outcome.

Subsequent meetings are an opportunity for young people to take stock of what has been better, what has worked. Steven reported that he hadn't lost his temper at school and was able to concentrate more on his work. I asked an exception question: 'Were there times you might have lost your temper but didn't?' Steven replied, 'I can't stand the French teacher. In the last lesson I hated her and wished she was dead, but I just kept my thoughts to myself and got on with the work.'

Young people who have not managed anger well typically require someone to believe that they want life to be better and trust that they can do something to achieve this. The solution-focused approached has provided an effective and efficient framework for me to help many young people to notice the self-agency that is often already there, and move in the direction they prefer to go.

References

1 UK Association for Solution Focused Practice. See www.ukasfp.co.uk

2 Steven is a constructed identity based on a number of young people, in order to protect the identities of the specific clients I have worked with.

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Case study 4: Humanistic

Work with Zoe by Jacky Davies

Zoe, 12, did not have a clear understanding of why she had been referred for counselling or what counselling was. But I believed Zoe had within her the internal resources for change and growth, and was the best authority on her experiences, so we explored this in detail so that she could make an informed decision to take part. At our next meeting, she had forgotten our previous conversation and expressed confusion and anger with herself. I was unsure if Zoe's struggle to understand was due to learning difficulties or her overriding anger towards adults or both. Many times during our work, we needed to revisit conversations, and I felt that working creatively through art and play therapy techniques would best support Zoe to understand herself and her anger.

As Zoe began to express her trauma, her emotional distress increased. She became increasingly angry at home, resulting in much conflict with parent and siblings. In her rage, she shouted, swore and threatened to harm herself. As our work continued, Zoe's behaviour became even more challenging at home. She experienced flashbacks and was often unable to separate past from present. During the flashbacks, she would return to past behaviours that had been a response to her environment and those within it. This was extremely difficult for the family, and twice-weekly sessions became advisable.

Zoe had no emotional boundaries and was physically hurting herself. She would frequently come skipping into the session, yet her face was contorted with rage, further indicating her internal confusion. We worked at separating the past from the present, helping Zoe to differentiate between them and to begin to develop positive relationships with those who were around her now.

We did this in many ways. In the first half of the session, we explored the past by painting her thoughts or making clay monsters and smashing them. She said that her anger had 'outgrown' her, was bigger than her, she didn't know what to do about it, and was often angry with herself for not being able to stop her rage from exploding out of her. As a response to this, we installed time boundaries in the session that were agreed at the start, so that they were respectful of – and responsive to – Zoe's needs that day. Sometimes, Zoe asked for longer in the first half; at other times, we kept to the previously agreed arrangement.

In the second part of each session, we talked about everyday events like school lessons and activities, favourite food, TV programme, plans for the rest of the day, friends and hobbies. We ended the session with a relaxation exercise, so that Zoe could re-enter her present world feeling calmer. On occasion, she would sleep briefly. This surprised me when it first happened, but she was beginning to trust that I wouldn't harm her while she slept, although I also understood that she was exhausted by her internal confusion and need to fight.

Having a clear first half to the session facilitated Zoe's learning and her capacity to talk about and express her feelings in a way that she could control and manage, rather than having them control her. She began to gain mastery over her behaviours, and her anger receded.

For me, the work was often difficult, frustrating and challenging. I held Zoe's anger, I felt her pain and distress, and I also experienced her exhaustion. Supervision was invaluable. ■

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everyday experiences reinforces and integrates learning. For instance, I might ask, 'When your dad started shouting at you and made you angry and upset, what do you think was happening inside your body? Let's look at your body map and see.' Or, 'When you went into class after Tommy thumped you, how did you manage to keep calm and control those angry feelings? I wonder what the caveman would have done?' Or (with a focus on communication), 'Well done for going up to your bedroom instead of hitting your little brother! Did you tell your mother about how you managed that situation? I'm sure she would enjoy hearing how well you managed it.'

Tracking events and situations

If they become aware of how angry events, situations and feelings develop, young people learn to recognise the triggers and patterns. Minuchin[3] calls this 'tracking'. Tracking angry events is useful for parents, too. It highlights how things build up and the interactional nature of family behaviour. This helps them better manage similar situations in the future.

Exploring different types of relationships

As part of the work, we study aspects of social communication. We focus on three relationship types:

- **Complementary relationships**: One up, one down. Eg teacher and pupil, parent and child. Works as long as each knows and accepts their place.
- **Reciprocal relationships**: Healthy relationships based on trust, mutual respect and cooperation.
- **Symmetrical relationships** (Figure 5): These are the most likely to lead to angry battles and confrontation. The process in the diagram continues until one participant backs down, or it escalates into a confrontational argument because neither will back down. These types of relationships are characterised by a lack of resolution and increasing intensity over time. Escalations can be avoided by acting differently at transition points. At a later, calmer time, issues should be discussed and rules developed around the issue.

Communication skills

Training in communication skills helps young people develop more acceptable ways of meeting their needs. Role-playing of difficult social situations can help young people better understand their behaviour, responses and feelings. They can practise new ways of handling peer, family and professional relationships. We explore:

- Being clear about feelings and needs.
- Asking for help when needed.
- Sharing feelings and problems versus bottling them up.

I use Virginia Satir's[4] story of a high and low 'pot' (Figure 6) as a way of promoting feeling talk between family members. Satir describes how, when she was a child on a farm, the contents of the family cooking pot reflected the economic and psychological health of her family. When times were good, it was full of wonderful ingredients and everyone felt happy. When times were bad, it was half empty and contained less palatable food. The content of the pot became a metaphor for a person's self-worth. Satir reflected on what needed to be added to the pot in order to increase self-worth and what should be removed. In family work, I ask family members to say what needs to be put in their pot to make them feel good? What needs to be taken out to make them feel better? What can people put into each other's pot? It's a useful tool for developing communication around emotional needs in family and individual therapy.

Family work

After the individual work, I re-engage the family. With permission, we share information from the individual work. This is often a powerful and enlightening process for parents. The focus is on exploring patterns of behaviour and communication within the family that lead to anger and violence. Parents and other family members are encouraged to reflect on their own experiences of anger. For some parents and siblings this can be traumatic and may necessitate individual work for themselves.

The Virginia Satir story promotes reflection about needs and encourages emotional talk. Questions such as 'How many people does it take to have an argument?' promote both insight and interactional thinking. The discussion of symmetrical relationships, and how they may operate within the family, helps parents better understand how arguments develop and how their own feelings and needs can fuel escalations in their children's behaviour. Other questions help parents and children develop their understanding of events, the importance of communication and their management of their feelings. Such questions might be: 'How would you know your son was upset? What signs would you see? What happens when you have had a fall-out? What lies beneath your son's anger? When do you think you could have stopped things escalating?'

We shouldn't underestimate the usefulness of basic parenting advice. We can also refer parents to parenting courses, if they are available. Helping parents appreciate their own needs and experiences and how they impact on their interactions with their children can be invaluable. Helping parents achieve a consistent approach to their children's behaviour, with clear communication and rules, can considerably reduce tensions within a family.

By the end of the family work, the parents will have some new strategies for managing angry situations at home. They will have more

Figure 5

Figure 6

insight into how their child feels and the impact of their own life experiences on their management of the children. Clear rules around angry behaviour should be in place. For older children, contracts are often useful. Follow-up by the clinic is provided as a way of supporting change.

Work with the school

Angry and aggressive children can be difficult to manage in school. Staff and other students can feel intimidated and afraid, and relationships between home and school become strained, particularly if the young person has been aggressive to school staff. Encouraging good communication between home and school is an important part of therapy.

Therapy can identify why the young person is having difficulties in school. For instance, there may be bullying, social anxiety, absenteeism or problems with certain teachers and subjects. Family difficulties, such as illness in a parent, can impact on school behaviour.

Sharing such information can help schools develop more sensitive strategies. Finding a teacher the young person likes, to support them, is important. Some schools run anger management groups, employ counsellors or use Connexions as a source of help and support. School nurses and doctors can also be important sources of advice and support.

We search for events in the young person's life that reflect their recognition and good management of these powerful feelings

Conclusion

Working with anger can be stressful and demanding. We may hear distressing and painful narratives. It's important not to be discouraged if we do not always succeed in our work. Working with anger can raise issues in our own life too, so we need to ensure we get enough support through regular supervision. ■

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Working for positive outcomes

Multi-agency support is a challenge that pays dividends to all stakeholders when the joint investment is made with mutual respect and commitment. Sarah Catchpole explains

Some 15 years ago, a senior educational welfare officer of my acquaintance claimed that *the* enormous challenge in multi-agency work in the years ahead was going to be that of achieving good-enough outcomes for all the different stakeholders. And he was right. Good multi-agency working is proving to be a real challenge. But the outcomes can be extremely positive for many – especially when a belief in joint collaboration transcends the need for a position of individual expertise. If curiosity and thoughtfulness about expectations of others AND the needs of the young person can be 'held in mind', intervention plans often make good fits with the different systems.

In this article, I will be drawing out three strands from this area of joined-up working to illustrate the progress being made towards excellent practice.

Firstly, I will make some observations about the changes in multi-agency practice over the last 10 years, and tie this into the Children's Act and Common Assessment Framework (CAF) panels using a systems perspective. Secondly, I am going to offer some practical suggestions for best-practice multi-agency work, from my perspective within a Tier 2/3 CAMHS team. Finally, I will provide some short case jottings to illustrate various aspects of multi-agency work. (Identities have been altered to protect all participants.)

Changes in multi-agency practice

The position I take reflects my personal journey from sole practitioner 10 years ago (as a school counsellor) to my current position as a specialist mental health practitioner in a multi-professional CAMHS team.

Troubled and troubling pupils frequently live in struggling families with substance abuse, domestic violence, ill health, neglect, poverty and learning difficulties – adverse factors that are known to lessen a child's resilience. More often than not, inter-generational attachment difficulties play a big part; in these cases, the child does not hold the difficulties alone, but frequently carries them for others in the family.