



ANGER MANAGEMENT INTAKE FORM

Date of Assessment: _____

DEMOGRAPHICS

Name: _____ DOB: _____

Address: (Home): _____

Home Phone: _____

Probation Officer/Court of referral: _____

Marital Status: Married Single Divorced Separated

Living Situation: Live with partner Live alone Live w/family Friend

How long in current residence? Rent Own:

Who lives with client at residence (include names, ages and relationships to client)

Dependents: _____ How many children? ____ : Spouse: _____ Other Dependents: _____

EDUCATION

Highest grade completed: _____ GED HS College/Degree Received

If drop out, why:

EMPLOYMENT

Current Employee: _____ Phone: _____

Address: _____

Current Job Title: _____ Length of Employment: _____

MEDICAL/HEALTH

Do you have any ongoing health problems?: Yes No. If yes, please explain:

Are you currently taking any medications?: Yes No. If yes, what are you taking:

PSYCHIATRIC STATUS

Have you ever been treated for psychological or emotional problems? Yes No.
If yes, for what were you being treated?

How long ago did you receive counseling or treatment?

Did you complete the program: Yes No. If no, why not?

Have you experienced serious depression, sadness, hopelessness, loss of interest, difficulty with daily functions, in the past 30 days or in your life time: Yes No.
If yes, explain:

Have you experienced serious anxiety, tension, up-tightness, stress, unreasonably worried, inability to relax? Yes No. If yes, explain when was the last time and how often does this occur:.

Have you experienced hallucinations-saw things or heard voices that were not there? Yes No. When was the last time you experienced hallucinations?

Have you experienced trouble understanding, concentrating, or remembering? Yes No. If yes, explain:

Have you experienced trouble controlling violent behavior, including episodes of rage or violence? Yes No. When was the last time this occurred?

What usually triggers this behavior?

Have you experienced thoughts of suicide in the past 30 days or in your life time? Yes No. If yes, explain:

Do you feel suicidal today? Yes No. If yes, do you have a plan? Yes No. If yes, describe your plan:

Have you ever attempted suicide? Yes No. If yes, explain:

Have you felt like hurting others or committing homicide? Yes No. If yes, whom did you want to hurt and what were the reasons?

Have you ever been prescribed medication(s) for any psychological or emotional problems? Yes No If yes, for what was the medication prescribed?

Was the treatment successful? Yes No Explain:

ALCOHOL AND DRUG HISTORY

At what age did you have your first drink of alcohol and/or drugs?

What did you use?

Do you currently drink alcohol and/or use drugs? Yes No. If yes, what do you use: How often do you use and how much?

If you do not currently drink alcohol or use drugs, have you ever drank alcohol and/or used drugs? Yes No. How long ago did you quit?

For what reasons did you quit?

Have you ever received a DUI? Yes No. How many? What was your Blood Alcohol Level on your last one?

Have you ever received treatment for alcohol or drug abuse/dependence? Yes No. If yes, when and where were you in treatment?

Did you successfully complete treatment? Yes No. If not, why not?

Are you still abstinent? Yes No. If no, what triggered your relapse?

Where you drinking and/or using drugs during your most recent abusive episode? Yes No. Is the use of alcohol &/or drugs a problem in your relationship? Yes No.

Do you need help for alcohol or drug abuse/dependency problems? Yes No.

CHILDHOOD HISTORY

By whom were you raised? Parents Grandparents Relatives Foster Care

Are your parents/guardian living or deceased: Living (M / F) Deceased (M / F).

Did you experience any traumatic events during your childhood (i.e., deaths, abuse, etc.) Yes No. If yes, explain:

Explain how you came to leave home:

Number of siblings:

Is your relationship with your siblings close or distant? Explain:

How would you describe your relationship with your father? Close Distant

Explain what made it close or distant:

Were you or any of your siblings physically, psychologically, or sexually abused as children? Yes No. By whom?

What was the impact emotionally and psychologically on the abused?

How would you describe your relationship with your mother?Close Distant

Explain what made it close or distant?

Did you have any problems with anger or violent behavior as a child or teenager?Yes No. If yes, please explain: .

Were there any other events or circumstances regarding your childhood that may help us understand your particular counseling needs?Yes No. If yes, explain:

Did you ever see your father or mother physically or psychologically abuse each other? Yes No. If yes, explain:

What impact did seeing/hearing one of your parents abuse the other have on you emotionally, psychologically, or physically?

<p style="text-align: center;">ANGER/VIOLENCE HISTORY MOST RECENT ANGER EPISODE</p>

Please describe in detail your most recent anger incident:

When did the anger episode occur?

Where did the anger episode occur?

With whom?

What happened?

What actions did you demonstrate during the angry episode?Physical Verbal
Threats Property destruction Other: Explain:

Main types of angry words and thoughts during the angry episode:

Explain how did you feel physically while you were angry? Tense Rush Strong
No Other

How did the angry episode end?

Were there any use of alcohol and/or drugs by anyone involved? Yes No. If yes, by whom?

Was this incident typical? Yes No.

Duration:

When you become angry, how long to you remain angry?

Intensity:

On a scale of 1 to 10, with one representing no anger and 10 representing explosive anger, rate the intensity of your anger during the angry episode.

Frequency:

How often have you had trouble with your anger:

- This time only This month only Last six months Since childhood
Adolescent Only as an adult (Every single day)

CONNECTION BETWEEN YOUR USE OF ALCOHOL/DRUGS AND ANGER/AGGRESSION

- Anger/aggression gets worse when using.
I only get in trouble with my anger/aggression while using.
I'm less angry/aggressive when I drink or use drugs.
Others tell me there is a connection but I have trouble believing it.
There seems to be no connections at all.
Other alcohol/drug connections with anger/aggression (Explain)

EXPLAIN YOUR WORST ANGER EPISODE

When and with whom were involved?

What happened?.

Main types of angry words and thoughts during this episode:

How did this angry episode start?

How did it end?

Any alcohol or drugs by anyone involved? Yes No. If yes, who was using?

What actions did you demonstrate during the angry episode? Physical Verbal
 Threats Property destruction Other: Explain:

WITH WHOM DO YOU GET ANGRY

Partner Parents/Step-Parents Your children (step-children)
 Relatives Employer/Co-workers Friends Other(whom)

What about?

FAMILY OF ORIGIN

Describe what the following people do/did with their anger, especially when you were growing up:

Your father/stepfather:

Your mother/stepmother:

Your brother/sisters:

Other significant persons(grandparents, etc.)

Is there any family history of bad temper, assaults, homicides or suicides?

In general, what did you learn about anger from your family?

ANY CURRENT PROBLEMS WITH OR HISTORY OF:

NA

Problem:

Describe:

- Brain injury
- Stroke
- Epilepsy/Seizures
- Attention Deficit Disorder
- Premenstrual Syndrome
- Depression
- PTSD

Other serious illness

Are you currently taking any medications: Yes No. If yes, what are you taking?

LEGAL HISTORY RELATING TO ANGER/AGGRESSION

Current legal problems related to anger/aggression:

Past legal problems related to anger/aggression:

HOW HAVE YOU ATTEMPTED TO CONTROL YOUR ANGER?

- I never have.
- Talk to myself. What do you say to yourself to control your anger?
- Leave the scene. How long? What do you do?
- Try to relax. How?
- Go to a self help group such as A.A.
- Other? What?

Is there anything else you can tell me that might help me understand your anger and how it affects you and others?

Recommendation

What would you like to change or learn as a result of counseling?

- 1.
- 2.
- 3.

Clinician Signature:

Date:

Anger Management Program

8-12 Session Curriculum

TOPICS WILL INCLUDE:

OVERVIEW/ CAUSES OF ANGER
MANAGEMENT

UNDERSTANDING TRIGGERS

MANAGING YOUR ANGER

CALMING TECHNIQUES

CONFLICT RESOLUTION

STRESS AND ANXIETY

PRACTICAL SOLUTIONS



National Anger Management Association

Specialist Certification

NATIONAL ANGER MANAGEMENT ASSOCIATION

CERTIFIED
ANGER
MANAGEMENT
SPECIALIST
LEVEL II



Selah

Wellness & Therapeutic Services, LLC



Sharon J. Lawrence

LCSW-C, ACSW, EAS-C, CAMS-II

www.myselahwellness.com



Therapy Works LLC
by Angela Hill



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Adult Anger Management Program



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FACILITATORS

Sharon J. Lawrence

Sharon J. Lawrence is the owner and primary clinician of Selah Wellness & Therapeutic Services, LLC. Licensed Clinical Social Worker (MD/VA), Certified Anger Management Specialist-II (CAMS-II), Certified Prepare-Enrich Facilitator, Certified Life Coach, an Approved Clinical Supervisor in Social Work (MD) and an Employee Assistance Specialist-Clinician. She has over 15 years experience working with children, adults, couples and families.

Angela Hill

Angela Hill is the owner and primary therapist of TherapyWorks by Angela Hill LLC. Angela is a mental health professional with the following certifications: Licensed Clinical Professional Counselor in Maryland (LCPC), National Certified Counselor (NCC), Employee Assistance Specialist-Clinical (EAS-C), Certified Anger Management Specialist II (CAMS-II), and Distance Credentialed Counselor (DCC). With more than 17 years of experience in counseling and therapy services, she also holds certification as a Certified Life Coach and Approved Clinical Supervisor.

Anger Management Program

Too much anger can be costly, both physically and emotionally. Most people can express their anger in appropriate ways in some situations, and yet be ineffective in others.

The Anger Management Workbook and Curriculum reduces levels of anger especially in provocative situations. Participants will learn effective skills, concepts and techniques to stop escalation and to resolve conflicts.

The workbook and curriculum is accredited by the National Anger Management Association (NAMA). The evidence-based and clinically-proven anger management practices are presented in clear and understandable language and usable for individuals, groups, or teaching classes or workshops.

The twelve (12) Modules include effective anger management skills, calming techniques, expressing negative emotion skills, stress and anxiety management, conflict resolution skills, and practical solutions.

GROUP SCHEDULE

Come join us for either a 8 or 12 week anger management group designed to help you learn appropriate ways to handle conflict, manage anger, and avoid domestic violence.

Please call for dates and times of upcoming sessions

All classes are held on Wednesdays at 7:00 pm. Arrival Time: 6:45 pm (check-in). No admittance after 7:00 pm.

This curriculum is used to help individuals gain a sense of control over their lives. It is appropriate for self-referral and meets court mandated requirements.

Location:

9500 Arena Drive, Suite 440
Largo, Maryland 20774

- *Location is subject to change depending on size of class*

Registration & Questions:

Email or call
(301) 875-5680 or
(301) 971-4086
sharonlawrence@myselahwellness.com

ADULT ANGER MANAGEMENT GROUP

8 SESSION CURRICULUM



TOPICS WILL INCLUDE:

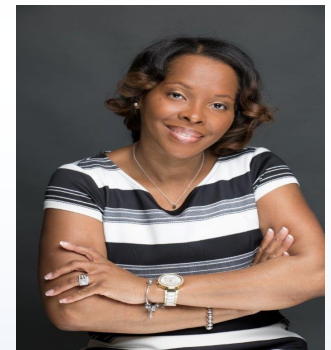
- CAUSES OF ANGER
- UNDERSTANDING TRIGGERS
- MANAGING YOUR ANGER
- CONFLICT RESOLUTION
- STRESS AND ANXIETY
- PRACTICAL SOLUTIONS

WEDNESDAYS 7:00 PM– 8:00 PM

BEGINNING November 1, 2017

**SELAH
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SHARON J. LAWRENCE
LCSW-C, LCSW, ACSW, EAS-C, CAMS-II
NAMA APPROVED FACILITATOR

For more information call:

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