



healthfocus
clinical psychology services

healthfocus

A Big Hello to everyone. It is Spring time!

Since 2004, Healthfocus Clinical Psychology Services has been serving residents in Armadale, Kelmscott, Roleystone, Byford, Bedfordale and surrounding areas. Healthfocus was founded by Lisa Irving, and initially focussed on assisting clients with stress claims and worker's compensation injuries. This included helping people to cope with conflict at work, adjusting to new work situations or overcoming trauma following a critical incident in the workplace, and assisting people with injuries to better manage chronic pain and adjust to permanent injuries or illnesses. Over time, Healthfocus's services expanded to include the psychology of 'coping' and helping clients to cope more effectively, especially with depression, anxiety and trauma-related conditions. Debbie joined the practice in 2007, Yong in 2011, Monique in 2013 and Zdenka joined the team in 2015.

In 2015, Lisa 'handed the reins' of management to Yong Lee. Lisa continues as a Senior Clinical Psychologist with Healthfocus, while Yong, has taken on the responsibilities of management and administration. Yong has practiced in psychology since 1999, initially within the education sector, and then gaining postgraduate qualifications in both Organisational and Clinical Psychology, with a wealth of experience in Vocational Rehabilitation and psychological assessment.

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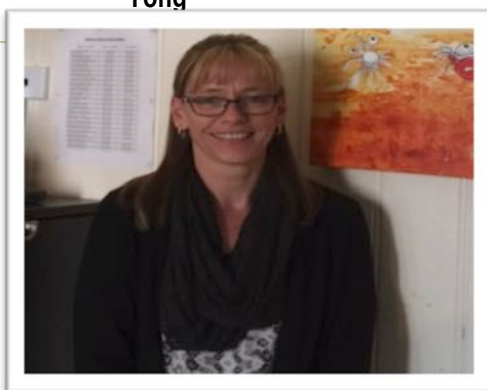
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Yong

Yong would like to take this opportunity to introduce our two committed administration staff, Ms Jane Warrington, Administration Manager, and Ms Rachel Smith, Marketing and Administration Manager.

Here is a short introduction from them. Please feel free to contact Jane and Rachel who will always do their best to assist you.



Jane

Hello everyone, I am Jane and my main role with Healthfocus is to provide relevant information to stakeholders, including doctors, patients and insurers and to make sure that their respective needs are attended to. I am at Healthfocus on Mondays, Tuesdays, Thursdays and Fridays. Please feel free to contact me if you have any questions regarding referrals, accounts, and any other administrative items and I will be very happy to assist with your enquiry.



Rachel

Hi there, my name is Rachel and in addition to administrative responsibilities, I take care of marketing and promotion of Healthfocus's services. Please contact me if you need more referral pads, specific information about our psychologists' specialties, or any other questions about referrals.

Shortly, we will be sending out new referrals pads and information profiles for our psychologists.

In this newsletter, we have an article by Dr Zdenka Bartova about understanding anger, more specifically, anger management for children and adolescents.

Understanding Anger

Anger management for children and adolescents – an introduction by Dr Zdenka Bartova

Many common emotional problems we see in our practice are issues related to anger management. Overt expressions of anger can be confronting, especially when displayed by a child. Anger is often considered to be a negative emotion. Research indicates that anger is associated with aggressive behaviour and violence, and with a range of health problems, including increased risk for heart disease and high blood pressure (Saini, 2009). Yet there are also indications that anger can be adaptive. In essence, we can approach anger as a messenger that tells us that something is not quite right. For children, feeling angry is generally about their perceived inability to achieve their goals because of various obstacles (Rohlf & Krahé, 2015).

The first step of anger management is to understand anger as a complex emotional response and to learn to recognise early warning signs. Although anger is an emotion, it is associated with a range of physiological changes, from shaking, heart palpitations, tense muscles, sweating to feeling hot. Anger also involves changes in the way we think. For instance, we may have thoughts of things spinning out of control or wanting to lash out. However, it is important to stress that there is a difference between anger and aggression. Whereas anger is an emotion that is not necessarily unhealthy or destructive, aggression is a behaviour that is often problematic.

One way to describe anger is using the “pressure cooker” model (French, 2001). An empty pressure cooker sitting on a stove would just be an empty pot on a stove. However, once one adds ingredients, increases the heat, closes the lid, and prevents the release of steam, things start to happen. The build-up of anger can be viewed as the build-up of steam in the pot.

The contents of the pot represent unresolved emotions related to past events. A child who throws a tantrum over not getting a chocolate in a shop may have recently been teased at preschool, had a playdate cancelled or lost a favourite toy. A tantrum over a chocolate could be an expression of sadness or frustration of past events that have not been resolved. Not being able to get the chocolate is an example of an external trigger; it is the match that lights the flame under the cooker.

The pressure cooker is a useful analogy because breaking down the process of cooking in a pressure cooker into individual components helps us to break down the components of emotional regulation so that it is more manageable. If we overfill the pot with ingredients, cook those ingredients on a hot flame and keep the lid on with no steam release, the lid will blow off, just like keeping a lot of unresolved issues inside, poor coping with triggers, engaging in a negative self-talk and not releasing emotions in a constructive way would lead to an explosion of anger. So what are the alternatives?

The match: Managing external triggers

Helping the child monitor his/her triggers may be useful. Is he or she getting angry at school but not at home? Does the child get angry every time you ask him to do his homework? Does he generally get angry over other people taking his possessions, such as a sibling taking his toys? Once you and the child are aware of the triggers, determine if you can work out a way of coping with them, whether by avoidance (avoid the child who is teasing him), negotiation (agree how long he is expected to do homework before he can play), task management (help him to break down his work into manageable tasks) or boundary management (help the siblings work out rules of borrowing).

The flame: Changing the self-talk

Help the child to become aware of his thoughts and to reinterpret a frustrating situation in a more positive way. Some examples of positive self-talk are: “It doesn’t matter”, “I can handle this”, “Don’t stress” etc. It may help to encourage the child to see things from others’ perspectives.

Steam release: Letting go of physical tension

The physiological aspect of anger can be quite overwhelming to the child and releasing such tension may have to occur before the child is able to focus on other strategies. The release strategies can be anything from listening to music, going for a walk, sport, deep breathing, counting to 10, walking away and having a quiet time alone to using imagination to transport oneself to a peaceful place. It may also be useful to distract the child by engaging him in an activity he normally enjoys.

The lid: Expressing anger effectively

Some children may find it difficult to talk about their anger and may instead prefer to express it through art or by writing a story about it. Whatever form the expression takes, it is important to help the child work out what it is exactly he or she is angry about and whether or not something can be done about it. If it is a situation or circumstance that cannot be changed or avoided in the future, help the child work toward acceptance. If it is something the child feels needs to be addressed, help him practice assertive communication. You can rehearse or role play with your child what he or she can say to the other person by using the following steps:

1. Describe the situation: remember to be specific, for instance: “When you call me stupid in front of my friends...”
2. Describe how you feel or felt in the situation, for instance: “I feel embarrassed...”

You may also add two more steps where the child expresses what he would like the other person to do differently and what he can do in return. Assertive communication is about expressing oneself clearly and calmly without blame, “put downs” or aggressive statements. It also means learning to say or accept ‘no’.

Remember that anger is a normal emotion that cannot be avoided but can be managed, and that anger management strategies are skills that are developed through practice.

For more information on the pressure cooker model, please see *Getting Along and Keeping Cool* resources available on the Centre for Clinical Interventions website (French, 2001.)

References:

French, R. (2001). *Getting Along and Keeping Cool: A group program for aggression control*. Perth, WA, Australia: Centre for Clinical Interventions. Retrieved on 9th August 2015 from http://www.cci.health.wa.gov.au/resources/minipax.cfm?mini_ID=18



Dr Zdenka Bartova