

## Anger Management Program Completion Letter

To whom it may concern,

I am a registered clinical counsellor with the [BC Association of Clinical Counsellors and a member of the Canadian Counselling and Psychotherapy Association]. Over five sessions, I have conducted the anger management program with [Client Name] at Gobind Wellness. The initial consultation and first appointment took place on [Start Date] and the client's final appointment was [End Date]. Each session ran for the duration of an hour, totalling five hours of anger management program completion.

### Session Breakdown

1. [Date] – Assessment, education and awareness.
2. [Date] – Identifying anger triggers and how poorly handled anger can cause problems in other facets of life.
3. [Date] – Practicing positive conflict resolution and fair fighting skills
4. [Date] – Setting goals, tracking progress, and rewarding yourself
5. [Date] – How to deal with someone else's anger and maneuver around difficult individuals

During each session, the client was taught an array of therapeutic techniques to recognize anger, prevent its build-up, and navigate through negative emotions. He/she actively participated in one-on-one activities to demonstrate each theory, and successfully completed assigned homework that was expected to be brought to every appointment. Relaxation and meditation methods were explored, and positive anger outlets were suggested to promote ongoing progress.

[Client name] has successfully completed the anger management program, and it is my professional opinion that he has been adequately equipped to control his temper and negative emotions.

[Counselor's Name, Credentials, License Number] [Date Signed]

Counselor's Signature: \_\_\_\_\_

Gobind Wellness

[Gobind Wellness Address]

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