

# ANGER MANAGEMENT

## BEHAVIORAL DEFINITIONS

1. History of explosive, aggressive outbursts out of proportion with any precipitating stressors, leading to assaultive acts or destruction of property.
2. Overreactive hostility to insignificant irritants.
3. Swift and harsh judgmental statements made to or about others.
4. Body language suggesting anger, including tense muscles (e.g., clenched fist or jaw), glaring looks, or refusal to make eye contact.
5. Use of passive-aggressive patterns (e.g., social withdrawal, lack of complete or timely compliance in following directions or rules, complaining about authority figures behind their backs, uncooperative in meeting expected behavioral norms) due to anger.
6. Consistent pattern of challenging or disrespectful attitudes toward authority figures.
7. Use of abusive language meant to intimidate others.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## LONG-TERM GOALS

1. Decrease overall intensity and frequency of angry feelings, and increase ability to recognize and appropriately express angry feelings as they occur.
2. Develop an awareness of current angry behaviors, clarifying origins of and alternatives to aggressive anger.

3. Come to an awareness and acceptance of angry feelings while developing better control and more serenity.
4. Become capable of handling angry feelings in constructive ways that enhance daily functioning.
5. Demonstrate respect for others and their feelings.

---



---



---



---



---



---

## SHORT-TERM OBJECTIVES

1. Identify situations, thoughts, feelings that trigger anger, angry verbal and/or behavioral actions and the targets of those actions. (1)
- ▼ 2. Cooperate with a medical evaluation to assess possible organic contributors to poor anger control. (2)
- ▼ 3. Cooperate with a physician evaluation for possible treatment with psychotropic medications to assist in anger control and take medications consistently, if prescribed. (3, 4)

## THERAPEUTIC INTERVENTIONS

1. Thoroughly assess the various stimuli (e.g., situations, people, thoughts) that have triggered the client's anger and the thoughts, feelings, and actions that have characterized his/her anger responses.
2. Refer the client to a physician for a complete physical exam to rule out organic contributors (e.g., brain damage, tumor, elevated testosterone levels) to poor anger control. ▼
3. Assess the client for the need for psychotropic medication to assist in control of anger; refer him/her to a physician for an evaluation and prescription of medication, if needed. ▼

---

▼ indicates that the Objective/Intervention is consistent with those found in evidence-based treatments.

## 12 THE COMPLETE ADULT PSYCHOTHERAPY TREATMENT PLANNER

- ▼ 4. Keep a daily journal of persons, situations, and other triggers of anger; record thoughts, feelings, and actions taken. (5, 6)
- ▼ 5. Verbalize increased awareness of anger expression patterns, their possible origins, and their consequences. (7, 8, 9, 10)
- 4. Monitor the client for prescription compliance, effectiveness, and side effects; provide feedback to the prescribing physician. ▼
- 5. Ask the client to keep a daily journal in which he/she documents persons, situations, and other triggers of anger, irritation, or disappointment (or assign “Anger Journal” in *Adult Psychotherapy Homework Planner*, 2nd ed. by Jongsma); routinely process the journal toward helping the client understand his/her contributions to generating his/her anger. ▼
- 6. Assist the client in generating a list of anger triggers; process the list toward helping the client understand the causes and extent of his/her anger. ▼
- 7. Assist the client in coming to the realization that he/she is angry by reviewing triggers and frequency of angry outbursts. ▼
- 8. Assist the client in identifying ways that key life figures (e.g., father, mother, teachers) have expressed angry feelings and how these experiences have positively or negatively influenced the way he/she handles anger. ▼
- 9. Ask the client to list ways anger has negatively impacted his/her daily life (e.g., injuring others or self, legal conflicts, loss of respect from self and others, destruction of property); process this list. ▼

- ▼ 6. Agree to learn alternative ways to think about and manage anger. (11, 12)
  - ▼ 7. Learn and implement calming strategies as part of managing reactions to frustration. (13, 14)
  - ▼ 8. Identify, challenge, and replace anger-inducing self-talk with self-talk that facilitates a less angry reaction. (15, 16)
- 10. Expand the client's awareness of the negative effects that anger has on his/her psychical health (e.g., increased susceptibility to disease, injuries, headaches). ▼
- 11. Assist the client in reconceptualizing anger as involving different components (cognitive, physiological, affective, and behavioral) that go through predictable phases (e.g., demanding expectations not being met leading to increased arousal and anger leading to acting out) that can be managed. ▼
- 12. Assist the client in identifying the positive consequences of managing anger (e.g., respect from others and self, cooperation from others, improved physical health); ask the client to agree to learning new ways to conceptualize and manage anger. ▼
- 13. Teach the client calming techniques (e.g., muscle relaxation, paced breathing, calming imagery) as part of a tailored strategy for responding appropriately to angry feelings when they occur. ▼
- 14. Assign the client to implement calming techniques in his/her daily life when facing anger trigger situations; process the results, reinforcing success and redirecting for failure. ▼
- 15. Explore the client's self-talk that mediates his/her angry feelings and actions (e.g., demanding expectations reflected in should, must, or have to statements); identify and challenge biases, assisting

## 14 THE COMPLETE ADULT PSYCHOTHERAPY TREATMENT PLANNER

- him/her in generating appraisals and self-talk that corrects for the biases and facilitates a more flexible and temperate response to frustration. ▽
- ▽ 9. Learn and implement thought-stopping to manage intrusive unwanted thoughts that trigger anger. (17)
- ▽ 10. Verbalize feelings of anger in a controlled, assertive way. (18, 19)
- ▽ 11. Learn and implement problem-solving and/or conflict resolution skills to manage interpersonal problems. (19, 20)
16. Assign the client a homework exercise in which he/she identifies angry self-talk and generates alternatives that help moderate angry reactions; review; reinforce success, providing corrective feedback toward improvement. ▽
17. Assign the client to implement a “thought-stopping” technique on a daily basis between sessions (or assign “Making Use of the Thought-Stopping Technique” in *Adult Psychotherapy Homework Planner*, 2nd ed. by Jongsma); review implementation; reinforce success, providing corrective feedback toward improvement. ▽
18. Use instruction, modeling, and/or role-playing to teach the client assertive communication; if indicated, refer him/her to an assertiveness training class/group for further instruction. ▽
19. Conduct conjoint sessions to help the client implement assertion, problem-solving, and/or conflict resolution skills in the presence of his/her significant others. ▽
19. Conduct conjoint sessions to help the client implement assertion, problem-solving, and/or conflict resolution skills in the presence of his/her significant others. ▽
20. Teach the client conflict resolution skills (e.g., empathy, active listening, “I messages,” respectful communication, assertiveness

without aggression, compromise); use modeling, role-playing, and behavior rehearsal to work through several current conflicts.



- ▼12. Practice using new anger management skills in session with the therapist and during homework exercises. (21, 22, 23)
21. Assist the client in constructing a client-tailored strategy for managing anger that combines any of the somatic, cognitive, communication, problem-solving, and/or conflict resolution skills relevant to his/her needs. ▼
22. Select situations in which the client will be increasingly challenged to apply his/her new strategies for managing anger. ▼
23. Use any of several techniques, including relaxation, imagery, behavioral rehearsal, modeling, role-playing, or in vivo exposure/behavioral experiments to help the client consolidate the use of his/her new anger management skills. ▼
- ▼13. Decrease the number, intensity, and duration of angry outbursts, while increasing the use of new skills for managing anger. (24)
24. Monitor the client's reports of angry outbursts toward the goal of decreasing their frequency, intensity, and duration through the client's use of new anger management skills (or assign "Alternatives to Destructive Anger" in *Adult Psychotherapy Homework Planner*, 2nd ed. by Jongsma); review progress, reinforcing success and providing corrective feedback toward improvement. ▼
- ▼14. Identify social supports that will help facilitate the implementation of anger management skills. (25)
25. Encourage the client to discuss his/her anger management goals with trusted persons who are likely to support his/her change.



- ▼15. Implement relapse prevention strategies for managing possible future trauma-related symptoms. (26, 27, 28, 29, 30)
- ▼16. Read a book or treatment manual that supplements the therapy by improving understanding of anger and anger management. (31)
26. Discuss with the client the distinction between a lapse and relapse, associating a lapse with an initial and reversible angry outburst and relapse with the choice to return routinely to the old pattern of anger. ▼<sup>EB</sup>
27. Identify and rehearse with the client the management of future situations or circumstances in which lapses back to anger could occur. ▼<sup>EB</sup>
28. Instruct the client to routinely use the new anger management strategies learned in therapy (e.g., calming, adaptive self-talk, assertion, and/or conflict resolution) to respond to frustrations. ▼<sup>EB</sup>
29. Develop a “coping card” or other reminder on which new anger management skills and other important information (e.g., calm yourself, be flexible in your expectations of others, voice your opinion calmly, respect others’ point of view) are recorded for the client’s later use. ▼<sup>EB</sup>
30. Schedule periodic “maintenance” sessions to help the client maintain therapeutic gains. ▼<sup>EB</sup>
31. Assign the client to read material that educates him/her about anger and its management (e.g., *Overcoming Situational and General Anger: Client Manual* by Deffenbacher and McKay, *Of Course You’re Angry* by Rosselini and Worden, or *The Anger Control Workbook* by McKay). ▼<sup>EB</sup>

- |  |  |
|--|--|
| <p>17. Identify the advantages and disadvantages of holding on to anger and of forgiveness; discuss with therapist. (32, 33)</p>     | <p>32. Discuss with the client forgiveness of the perpetrators of pain as a process of letting go of his/her anger.</p>                            |
|  | <p>33. Assign the client to read <i>Forgive and Forget</i> (Smedes).</p>   |
| <p>18. Write a letter of forgiveness to the perpetrator of past or present pain and process this letter with the therapist. (34)</p> | <p>34. Ask the client to write a forgiving letter to the target of anger as a step toward letting go of anger; process this letter in session.</p> |
| <p>____.</p> <p>_____</p>  | <p>____.</p> <p>_____</p>  |
| <p>____.</p> <p>_____</p>  | <p>____.</p> <p>_____</p>  |
| <p>____.</p> <p>_____</p>  | <p>____.</p> <p>_____</p>  |

## DIAGNOSTIC SUGGESTIONS

**Axis I:**

312.34	Intermittent Explosive Disorder
296.xx	Bipolar I Disorder
296.89	Bipolar II Disorder
312.8	Conduct Disorder
310.1	Personality Change Due to Axis III Disorder
309.81	Posttraumatic Stress Disorder
V61.12	Physical Abuse of Adult (by Partner)
V61.83	Physical Abuse of Adult (by non-Partner)


**Axis II:**

301.83	Borderline Personality Disorder
301.7	Antisocial Personality Disorder
301.0	Paranoid Personality Disorder
301.81	Narcissistic Personality Disorder
301.9	Personality Disorder NOS
