

AGGRESSIVE/SADISTIC

BEHAVIORAL DEFINITIONS

1. Uses cruelty or violence to establish dominance in social relationships.
2. Publicly degrades or torments others (or takes part in public degradation or humiliation of others).
3. When in a position of power, uses authority to exploit, punish, or persecute others under his/her control.
4. Delights in causing or contributing to the physical or psychological suffering of others (including animals).
5. Engages in deception for the sole purpose of harming, coercing, or inflicting pain on others.
6. Uses intimidation and other fear tactics to obtain desired results and/or meet needs in interpersonal situations.
7. Is highly controlling and/or restrictive of those with whom he or she has a close relationship.
8. Fascinated by instruments and acts of violence, such as weapons, martial arts, injury, or torture.

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LONG-TERM GOALS

1. Reduce hostile, aggressive, belligerent behavior, including both verbal and physical abuse.
2. Decrease humiliation of others.

3. Treat others under his/her authority fairly and with dignity.
4. Discontinue intentionally harming others.
5. Use healthy means to influence others, such as assertiveness and negotiation, rather than rage, intimidation, or terrorizing.
6. Refrain from lying for the purpose of hurting others.
7. Be comfortable with close others having appropriate autonomy.
8. Improve capacity to see how own behaviors are harmful to others.
9. Establish at least one relationship that involves, at minimum, a modest degree of mutuality, empathy, and trust.
10. Let go of, or sublimate, unhealthy fascination with injury and torture.

SHORT-TERM OBJECTIVES

1. Express satisfaction with the therapeutic relationship as indicated by the verbalization of difficulties and concerns.
(1, 2)

2. Provide behavioral, emotional, and attitudinal information toward an assessment of specifiers relevant to a *DSM* diagnosis, the efficacy of treatment, and the nature of the therapy relationship.
(3, 4, 5, 6)

THERAPEUTIC INTERVENTIONS

1. Establish goals based on the client’s perceived needs, and closely tie discussions to the client’s goals.

2. Express to the client an interest in hearing his/her side of the story that explains his/her argumentative or aggressive behavior.

3. Assess the client’s level of insight (syntonic versus dystonic) toward the “presenting problems” (e.g., demonstrates good insight into the problematic nature of the “described behavior,” agrees with others’ concern, and is motivated to work on change; demonstrates ambivalence regarding the “problem described” and is reluctant to address the issue as a

- concern; or demonstrates resistance regarding acknowledgment of the “problem described,” is not concerned, and has no motivation to change).
4. Assess the client for evidence of research-based correlated disorders (e.g., oppositional defiant behavior with ADHD) including vulnerability to suicide, if appropriate (e.g., increased suicide risk when comorbid depression is evident).
 5. Assess for any issues of age, gender, or culture that could help explain the client’s currently defined “problem behavior” and factors that could offer a better understanding of the client’s behavior.
 6. Assess for the severity of the level of impairment to the client’s functioning to determine appropriate level of care (e.g., the behavior noted creates mild, moderate, severe, or very severe impairment in social, relational, vocational, or occupational endeavors); continuously assess this severity of impairment as well as the efficacy of treatment (e.g., the client no longer demonstrates severe impairment, but the presenting problem now is causing mild or moderate impairment).
 3. Establish specific treatment goals. (7)
 7. Establish a list of goals of treatment, such as to get greater cooperation from others, to discontinue conflicts with authority, to discontinue legal problems due to violence,

- to get better performance evaluations at work, and/or to have more satisfying interpersonal relationships.
4. Establish a trusting relationship with the therapist. (8, 9, 10)
 5. Reduce hostile, aggressive, belligerent behavior, including both verbal and physical abuse. (11, 12)
 6. Express appropriate displeasure or anger toward a person who is critical or generates frustration rather than becoming enraged or vengeful. (13, 14)
 8. Express the practical advantages of participating in the psychotherapeutic relationship, such as the opportunity to learn how to get his/her needs met more effectively in the context of the present system (e.g., hospital or prison) or in relationships.
 9. Accurately empathize but avoid appearing weak or soft in the client's eyes by refraining from asking directly about his/her feelings and emotions early in the treatment.
 10. Enter into the client's worldview by expressing that respect in the therapeutic relationship must be earned.
 11. Use Open-ended questions, Affirmations, Reflections, and Summaries (OARS) to establish a therapeutic alliance and begin discussion about change (see *Motivational Interviewing* by Miller and Rollnick).
 12. Use motivational interviewing strategies to assess and encourage motivation for change, noticing "change talk," such as Desire, Ability, Reason, and Need for Change, as well as Commitment, Activation, and Taking steps to change (DARN-CAT).
 13. Conduct or refer the client to Dialectical Behavior Therapy Skills Training groups—Core Mindfulness, Interpersonal Effectiveness, Emotion

Regulation, and Distress Tolerance—in order to teach the client how to balance and regulate emotions and interact well with others (see *Skills Training Manual for Treating Borderline Personality Disorder* by Linehan). Support with bibliotherapy, such as *The Dialectical Behavior Therapy Skills Workbook* by McKay, Wood, and Brantley and/or DBT Diary and Skills Coach (Durham DBT, app).

14. Process the use of relevant Dialectical Behavior Therapy skills—Core Mindfulness, Interpersonal Effectiveness, Emotion Regulation, and/or Distress Tolerance—in an individual session. Support with bibliotherapy, such as *The Dialectical Behavior Therapy Skills Workbook* (McKay, Wood, and Brantley) and/or DBT Diary Card and Skills Coach (Durham DBT, app).
7. Decrease or eliminate the use of violence for purposes of intimidation or humiliation. (15)
15. Discuss the history of consequences the client has had with violent encounters (or assign “Anger Journal” in *The Adult Psychotherapy Homework Planner* by Jongsma); process whether the consequences are consistent with the client’s goals at this time. Emphasize the positive aspects (e.g., if client says he/she usually gets his/her way), followed by questions such as “So why would you want to change?” thus encouraging the client to enumerate the reasons he/she is motivated to change (see *Motivational Interviewing* by Miller and Rollnick).

8. Decrease or eliminate humiliation of others. (16)
9. Discontinue intentionally harming others. (17)
10. Engage in respectful relations with superiors. (18)
16. Teach the concept of “self-fulfilling prophecy” and how humiliating others elicits enmity from them, which then leads to more attacks and counterattacks. Discuss how to break the cycle using assertive (and, if the client is ready, empathic) communication (see *Disorders of Personality* by Millon).
17. Use rational emotive therapy to replace extreme beliefs associated with the Punitiveness schema (e.g., “That jerk was disrespecting me and I’m going to teach him a lesson” or “She deserves to be humiliated”) with more balanced ones (e.g., “He is being disrespectful, but who cares, I’m going to follow my own agenda” or “She may have made a mistake”). Support with bibliotherapy, such as *Reinventing Your Life* by Young and Klosko (see *Schema Therapy* by Young, Klosko, and Weishaar).
18. Use simple and complex reflections to unearth ambivalence and encourage and guide change-based statements (e.g., when the client says, “I am ready to be assertive with my boss rather than trying to intimidate her,” “You are planning to be more assertive with her,” or “You are feeling confident that you can develop a healthier, more balanced relationship with your boss.”). Further encourage change talk by asking for additional elaboration and details.

11. Verbalize that demeaning statements and verbal abuse are harmful to desired relationships. (19, 20)
12. Acknowledge having hurt another person emotionally and/or physically or having caused undeserved harm. (21)
13. Express regret or sorrow about having hurt another person's feelings or having caused undeserved harm. (22, 23)
19. Review the client's pattern of verbal abuse and confront rationalizations that the verbal abuse was deserved and that there was no other option; label verbal abuse as such and initiate a zero-tolerance policy within therapy sessions, at an inpatient unit, and/or within the client's family.
20. Point out the client's use of demeaning statements and attempts at intimidation when they are directed toward the therapist; explore the purpose of the communication and its effects. Set limits on the use of demeaning and abusive behavior in therapy.
21. Challenge the client's rationalizations about hurting others, such as the belief that hitting someone didn't really hurt them or that words cannot harm anyone, replacing irrational beliefs with more balanced ones, such as that hitting someone virtually always produces harm; most people get angry or sad in response to others' cruel words (or assign "How I Have Hurt Others" in the *Adult Psychotherapy Homework Planner* by Jongsma).
22. In a psychodrama, group, or individual session, with the therapist (or a group member) playing the client, ask the client to play the person who was hurt or intimidated (role reversal). Continue the intervention until the client achieves emotional identification with the victim

- (or assign “Letter of Apology” in the *Adult Psychotherapy Homework Planner* by Jongsma).
23. Train the client to use meditation (e.g., thought-watching exercise) by assigning *Wherever You Go, There You Are* (Kabat-Zinn) or *How to Meditate* (LeShan), processing key concepts with therapist; demonstrate technique during session and assign practice as homework. Refer to a Mindfulness-Based Stress Reduction program, if available.
 24. Assign readings on assertiveness training (e.g., *Your Perfect Right* by Alberti and Emmons) to the client; discuss the key points. Emphasize how assertiveness, not aggressiveness, is a tool to increase compliance with requests and get needs met over long periods of time (or assign “Becoming Assertive” or “Assertive Communication of Anger” in the *Adult Psychotherapy Homework Planner* by Jongsma).
 25. Use role-play, modeling, and behavioral rehearsal with the client to simulate situations that demand assertiveness; provide feedback regarding the appropriateness of his/her responses.
 26. Assign *Good Boss, Bad Boss* by Sutton; process key ideas regarding how cruelty leads to poor worker performance and how attuned leadership leads to excellence.
 27. Utilize interpersonal effectiveness skills from
14. Use healthy means to influence others, such as assertiveness and negotiation rather than intimidation or terrorizing. (24, 25)
 15. Treat others under his/her authority fairly and with dignity. (26, 27)

16. Express regret at lying to hurt another person; endeavor to refrain from doing so in the future. (28)
17. Be comfortable with a family member (e.g., spouse, child) having appropriate autonomy rather than being restricting and controlling towards him/her; acknowledge the fears underlying the controlling behavior. (29, 30)
18. Report an instance of being open and self-disclosing in at least one relationship. (31, 32, 33)
28. Explore the meaning of repetition compulsion with the client, connecting current aggressive behavior (e.g., using physical or verbal intimidation or lying to cause emotional pain) with wounds from the past.
29. Explore with the client's significant others the themes of rejection and distancing, encouraging each family member to examine his/her own emotions and how defensiveness against pain and fear of vulnerability contribute to the distancing and reduction of intimacy that occurs. Acknowledge the fears underlying the controlling behavior, such as fear of abandonment or humiliation. Take into account both partners' attachment style (e.g., using the Adult Attachment Scale or the Attachment Style Questionnaire). Support with bibliotherapy, such as *Love Sense* (Johnson) (see also *The Practice of Emotionally Focused Couple Therapy* by Johnson).
30. Process the client's difficulties in allowing autonomy to his/her children. Relate the client's difficulties to his/her fear regarding loss of control. Process individually or with partner/spouse initially, then bring in the affected child(ren) as needed.
31. Confront the client's detachment from tender feelings (e.g., caring, empathy, sadness, compassion, guilt) as a protection from his/her own pain endured in dialectical behavior therapy to improve work relationships.

- childhood. Explore the consequences of the pattern of detachment, including the self-fulfilling prophecy of self-protection from pain leading to isolation and thus greater pain.
32. Frame change (behavioral experiments) in terms of the client's natural boldness (e.g., "So it sounds like there is potentially a big gain to being more open, but there is a big risk of being humiliated. It will take courage to see this through. Are you up for it?").
 33. Encourage the client to view choosing to engage with others differently (without aggression; with compassion) as a "bold move" that he/she must be willing to take; consider using applied willingness techniques, such as the "jump exercise" (see *Acceptance and Commitment Therapy* by Hayes, Strosahl, and Wilson); or assign "Letter of Apology" in the *Adult Psychotherapy Homework Planner* by Jongsma).
 19. Express empathy for another person. (34, 35)
 34. Express accurate empathy and unconditional positive regard for the client, allowing him/her to learn by example.
 20. Develop socially appropriate outlets for hostile impulses rather than acting them out. (36)
 35. Assign the client to read *Empathy* (Krznaric); process key ideas.
 36. Brainstorm about activities that will allow the client to sublimate hostility and competitiveness into socially acceptable outlets (such as sports, academic pursuit of the topic of torture, or advocacy to stop torture). Integrate ideals, such as

- sportsmanship and teamwork, into the intervention. Process with the client the temptation to become overly aggressive or obsessed and the negative consequences that result.
21. Verbalize acceptance of having limits set by the therapist and/or significant others. (37)
 22. Provide alternative positive or neutral explanations for others' behavior rather than assuming that they are motivated by malice. (38, 39, 40)
 37. Set boundaries on the therapy relationship (e.g., set boundaries regarding intimidating behavior, noting its presence and purpose and how it will not work in this context) and process them with the client (e.g., the negative impact it has on relationships). Explore how this interaction generalizes to other important relationships in the client's life.
 38. Explore the client's negative projections about others' motives, such as assuming malicious intent, including the therapist (if applicable). Identify how the client's negative assumptions relate to interactions with others in the client's past (e.g., early interactions with parents).
 39. Brainstorm with the client about alternative positive or neutral explanations for others' behavior (or assign "Check Suspicions Against Reality" in the *Adult Psychotherapy Homework Planner* by Jongsma); encourage the client to identify evidence for and against each belief, thereby assessing its likelihood.
 40. Encourage the client to describe experiences in prison and the rules of prison culture (e.g., how a sign of weakness can lead to physical or mental brutalization). Challenge the client to experiment with different kinds of

- relationships outside of prison settings, providing training on how to recognize trustworthiness in others.
23. Verbalize beliefs that will encourage the maintenance of long-term relationships. (41)
 24. Cooperate with a referral to a physician to evaluate the need for psychotropic medication. (42)
 25. Take medications as prescribed, and report on effectiveness and side effects. (43)
 26. Verbalize how being a victim of emotional, verbal, and/or physical abuse affects current relationships and attitudes. (44, 45)
 41. Explore the client's beliefs regarding intimate relationships associated with the Mistrust/Abuse schema (e.g., that you can't trust anyone, that everyone will take advantage of you if they can). Challenge the ideas using rational emotive techniques, replacing unrealistic ideas with more flexible and realistic ones (e.g., most people can be trusted to some degree; everyone has faults; some people can sincerely help others, at least some of the time).
 42. Refer the client to a physician for an evaluation for medication to reduce irritability and hyper-reactivity. Help the client process costs and benefits of a psychiatric evaluation.
 43. Monitor the client's use of medications for compliance with prescription, effectiveness, and side effects. Regularly assess for signs of dependence on or addiction to prescription medications. On a regular basis, confer with the prescribing physician about the effectiveness of the psychotropic medication.
 44. Explore the client's history of abuse and family hostility (or assign "Share the Painful Memory" in the *Adult Psychotherapy Homework Planner* by Jongsma); relate these experiences to current feelings of anger, distrust, need to control, and intimidating behavior.

45. Process with the client how abuse from others leads to abusive behavior. Discuss the pain caused to everyone by this cycle. Suggest methods for breaking the cycle.

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DIAGNOSTIC SUGGESTIONS

<u>ICD-9-CM</u>	<u>ICD-10-CM</u>	<u>DSM-5 Disorder, Condition, or Problem</u>
312.34	F63.81	Intermittent Explosive Disorder
301.7	F60.2	Antisocial Personality Disorder
301.81	F60.81	Narcissistic Personality Disorder
301.9	F60.9	Unspecified Personality Disorder

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