

# ANGER CONTROL PROBLEMS

## BEHAVIORAL DEFINITIONS

1. Shows a pattern of episodic excessive anger in response to specific situations or situational themes.
2. Shows a pattern of general excessive anger across many situations.
3. Shows cognitive biases associated with anger (e.g., demanding expectations of others, overly generalized labeling of the targets of anger, anger in response to perceived “slights”).
4. Shows direct or indirect evidence of physiological arousal related to anger.
5. Reports a history of explosive, aggressive outbursts out of proportion with any precipitating stressors, leading to verbal attacks, assaultive acts, or destruction of property.
6. Displays overreactive verbal hostility to insignificant irritants.
7. Engages in physical and/or emotional abuse against significant other.
8. Makes swift and harsh judgmental statements to or about others.
9. Displays body language suggesting anger, including tense muscles (e.g., clenched fist or jaw), glaring looks, or refusal to make eye contact.
10. Shows passive-aggressive patterns (e.g., social withdrawal, lack of complete or timely adherence in following directions or rules, complaining about authority figures behind their backs, uncooperative in meeting expected behavioral norms) due to anger.
11. Passively withholds feelings and then explodes in a rage.
12. Demonstrates an angry overreaction to perceived disapproval, rejection, or criticism.
13. Uses abusive language meant to intimidate others.
14. Rationalizes and blames others for aggressive and abusive behavior.
15. Uses aggression as a means of achieving power and control.

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### LONG-TERM GOALS

1. Learn and implement anger management skills to reduce the level of anger and irritability that accompanies it.
2. Increase honest, appropriate, respectful, and direct communication using assertiveness and conflict resolution skills.
3. Develop an awareness of angry thoughts, feelings, and actions, clarifying origins of, and learning alternatives to aggressive anger.
4. Decrease the frequency, intensity, and duration of angry thoughts, feelings, and actions and increase the ability to recognize and assertively express frustration and resolve conflict.
5. Implement cognitive behavioral skills necessary to solve problems in a more constructive manner.
6. Come to an awareness and acceptance of angry feelings while developing better control and more serenity.
7. Become capable of handling angry feelings in constructive ways that enhance daily functioning.
8. Demonstrate respect for the rights of others to have their own thoughts and feelings.

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## SHORT-TERM OBJECTIVES

- ▼ 1. Work cooperatively with the therapist toward agreed-upon therapeutic goals while being as open and honest as comfort and trust allow (1, 2).
2. Identify situations, thoughts, and feelings associated with anger, angry verbal and/or behavioral actions, and the targets of those actions. (3)
3. Complete psychological testing or objective questionnaires for assessing anger expression. (4)

## THERAPEUTIC INTERVENTIONS

1. Establish rapport with the client toward building a strong therapeutic alliance; convey caring, support, warmth, and empathy; provide nonjudgmental support and develop a level of trust with the client toward feeling safe to discuss anger control issues and their impact on the client's life. ▼
2. Strengthen powerful relationship factors within the therapy process and foster the therapy alliance through paying special attention to these empirically supported factors: work *collaboratively* with the client in the treatment process; reach agreement on the *goals and expectations* of therapy; demonstrate *consistent empathy* toward the client's feelings and struggles; verbalize *positive regard* toward and *affirmation* of the client; and collect and deliver *client feedback* as to the client's perception of his/her/their progress in therapy (see *Psychotherapy Relationships That Work: Vol. 1* by Norcross and Lambert and *Vol. 2* by Norcross and Wampold). ▼
3. 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 anger responses.
4. Administer to the client psychometric instruments designed to objectively assess anger expression (e.g., *Anger, Irritability, and Assault Questionnaire*; *Buss-Durkee Hostility Inventory*; *State-Trait Anger Expression Inventory*); give the client feedback regarding the results of the assessment; readminister as indicated to assess treatment response.

4. Cooperate with a complete medical evaluation. (5)
5. 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. (6, 7, 8, 9)
5. Arrange for a medical evaluation to rule out nonpsychiatric medical and substance-induced etiologies for poorly controlled anger (e.g., brain injury, tumor, elevated testosterone levels, stimulant use).
6. 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).
7. Assess the client for evidence of research-based correlated disorders (e.g., oppositional defiant behavior with attention deficit hyperactivity disorder [ADHD], depression secondary to an anxiety disorder) including vulnerability to suicide, if appropriate (e.g., increased suicide risk when comorbid depression is evident).
8. 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.
9. 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).

- ▼<sup>EB</sup> 6. Explore the consequences of anger, motivation, and willingness to participate in treatment, and agree to participate to learn new ways to think about and manage anger. (10, 11, 12)
- ▼<sup>EB</sup> 7. Cooperate with a medication evaluation for possible treatment with psychotropic medications to assist in anger control; take medications consistently, if prescribed. (13, 14)
- ▼<sup>EB</sup> 8. Keep a daily journal of persons, situations, and other triggers of anger; record thoughts, feelings, and actions taken or not. (15, 16)
10. Assist the client in identifying the positive consequences of managing anger (e.g., respect from others and self, cooperation from others, improved physical health, etc.); assign “Alternatives to Destructive Anger” in the *Adult Psychotherapy Homework Planner* by Jongsma). ▼<sup>EB</sup>
11. Ask the client to list and discuss ways anger has negatively affected daily life (e.g., hurting others or self, legal conflicts, loss of respect from self and others, destruction of property); process this list. ▼<sup>EB</sup>
12. Use motivational interviewing techniques toward clarifying the client’s stage of change, moving the client toward the action stage in which the client agrees to take specific actions to conceptualize and manage anger more effectively (see *Motivational Interviewing* by Miller and Rollnick). ▼<sup>EB</sup>
13. Assess the client for the need and willingness to take psychotropic medication to assist in control of anger; refer him/her to a physician for an evaluation and prescription of medication, if needed. ▼<sup>EB</sup>
14. Monitor the client’s psychotropic medication adherence, side effects, and effectiveness; confer as indicated with the prescriber.
15. Ask the client to self-monitor, keeping a daily journal in which the client documents persons, situations, thoughts, feelings, and actions associated with moments of anger, irritation, or disappointment (or supplement with “Anger Journal” in the *Adult Psychotherapy Homework Planner* by Jongsma); routinely process the journal toward helping the client understand his/her/their own contributions to generating anger. ▼<sup>EB</sup>
16. Assist the client in generating a list of anger triggers; process the list toward helping the client understand the causes and expressions of anger. ▼<sup>EB</sup>

- ▽ 9. Verbalize increased awareness of anger expression patterns, their causes, and their consequences. (17, 18)
- ▽ 10. Verbalize an understanding of how the treatment is designed to help regulate anger, effectively manage it, and improve quality of life. (19)
- ▽ 11. Read material that supplements the therapy by improving understanding of anger, anger control problems, and their management. (20)
- ▽ 12. Learn and implement calming and coping strategies as part of an overall approach to managing anger. (21)
- 17. Convey a model of anger that involves different dimensions (cognitive, physiological, affective, and behavioral) that interact predictably (e.g., demanding expectations not being met leading to increased arousal and anger leading to aggression), and that can be understood and changed (see *Anger Management* by Kassonov and Tafrate; *Overcoming Situational and General Anger* by Deffenbacher and McKay). ▽
- 18. Process the client's list of anger triggers and other relevant journal information toward helping the client understand how cognitive, physiological, and affective factors interplay to produce anger. ▽
- 19. Discuss the rationale for treatment, emphasizing how functioning can be improved through change in the various dimensions of anger; revisit relevant themes throughout therapy to help the client consolidate understanding. ▽
- 20. Assign the client reading material that educates him/her about anger and its management (e.g., *Overcoming Situational and General Anger: Client Manual* by Deffenbacher and McKay; *Anger Management for Everyone* by Kassonov and Tafrate); process and revisit relevant themes throughout therapy to help the client consolidate understanding of relevant concepts. ▽
- 21. As part of a larger personal and interpersonal skill set, teach the client tailored calming techniques (e.g., progressive muscle relaxation, breathing induced relaxation, calming imagery, cue-controlled relaxation, applied relaxation, mindful breathing) for reducing chronic and acute arousal that accompanies anger expression (or supplement with "Deep Breathing Exercise" in the *Adult Psychotherapy Homework Planner* by Jongsma. ▽

- ▼<sup>EB</sup> 13. Identify, challenge, and replace anger-inducing self-talk with self-talk that facilitates a more measured response. (22, 23, 24)
22. Use cognitive therapy techniques to explore the client's self-talk that mediates angry feelings and actions (e.g., demanding expectations reflected in should, must, or have-to statements); identify, challenge, and change biased self-talk, assist him/her in generating appraisals that correct for the biases and facilitate a more flexible and temperate response to frustration; explore underlying assumptions and schema if needed. Combine new self-talk with calming skills as part of a coping skills set for managing anger. ▼<sup>EB</sup>
23. Assign the client a homework exercise to identify angry self-talk and generate alternatives that help regulate angry reactions; review; reinforce success, problem-solve obstacles toward sustained and effective implementation (or supplement with "Journal and Replace Self-Defeating Thoughts" in the *Adult Psychotherapy Homework Planner* by Jongsma). ▼<sup>EB</sup>
24. Role-play the use of calming and cognitive coping skills to visualized anger-provoking scenes, moving from low- to high-anger scenes. Assign the implementation of calming and cognitive techniques in daily life and when facing anger-triggering situations; process the results, reinforcing success and problem-solving obstacles. ▼<sup>EB</sup>
- ▼<sup>EB</sup> 14. Learn and implement thought-stopping as part of new approach to managing angry feelings when they arise. (25)
25. As part of a multicomponent coping strategy (e.g., "stop, calm, think, and act" approach), assign the client to implement a "thought-stopping" technique in which the client shouts STOP in his/her/their mind at the first signs of anger (or supplement with "Making Use of the Thought-Stopping Technique" in the *Adult Psychotherapy Homework Planner* by Jongsma); review implantation, reinforcing success and problem-solving obstacles. ▼<sup>EB</sup>

- ▼<sup>EB</sup> 15. Learn and implement assertive communication skills for addressing frustration and anger in an honest, appropriate, respectful, and direct manner. (26)
- ▼<sup>EB</sup> 16. Learn and implement problem-solving/solution-finding skills and/or conflict resolution skills to address personal and interpersonal problems. (27, 28, 29)
26. Use skills-training interventions (e.g., instruction, modeling, role-playing, rehearsal, and practice) to help the client learn and implement assertive communication, highlighting its distinctive elements as well as the pros and cons of assertive, unassertive (passive), and aggressive communication (or supplement with *Your Perfect Right* by Alberti and Emmons). ▼<sup>EB</sup>
27. Use skills-training interventions (e.g., instruction, modeling, role-playing, rehearsal, and practice) to help the client learn and implement problem-solving/solution-finding skills (e.g., defining the problem clearly, brainstorming multiple solutions, listing the pros and cons of each solution, seeking input from others, selecting and implementing a plan of action, evaluating the outcome, and readjusting the plan as necessary (or supplement with “Problem-Solving: An Alternative to Impulsive Action” in the *Adult Psychotherapy Homework Planner* by Jongsma). ▼<sup>EB</sup>
28. Use skills-training interventions (e.g., instruction, modeling, role-playing, rehearsal, and practice) to help the client learn and implement conflict resolution skills (e.g., empathy, active listening, “I messages,” respectful communication, assertiveness without aggression, problem-solving, compromise). ▼<sup>EB</sup>
29. Conduct conjoint sessions to help the client implement new personal and interpersonal skills (e.g., assertion, problem-solving, and/or conflict resolution skills) with his/her/their significant other (or supplement with “Applying Problem-Solving to Interpersonal Conflict” in the *Adult Psychotherapy Homework Planner* by Jongsma). ▼<sup>EB</sup>

## 22 THE COMPLETE ADULT PSYCHOTHERAPY TREATMENT PLANNER

- ▼<sup>EB</sup> 17. Practice using new anger management skills in session with the therapist and during homework exercises. (30, 31, 32)
- ▼<sup>EB</sup> 18. Decrease the number, intensity, and duration of angry outbursts, while increasing the use of new skills for managing anger. (33)
- ▼<sup>EB</sup> 19. Verbalize an understanding of relapse prevention and the difference between a lapse and relapse. (34, 35)
- ▼<sup>EB</sup> 20. Identify potential situations that could trigger a lapse and implement strategies to
30. 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/their needs. ▼<sup>EB</sup>
31. Select situations with the client in which the client will be increasingly challenged to apply new strategies for managing anger (i.e., graduated practice). ▼<sup>EB</sup>
32. Use any of several techniques, including relaxation, imagery, behavioral rehearsal, modeling, role-playing, or in vivo exposure/behavioral experiments to help the client consolidate and generalize the use of new anger management skills. ▼<sup>EB</sup>
33. Monitor the client's reports of anger episodes toward the goal of decreasing their frequency, and increasing adaptive management through the client's use of new anger management skills (or supplement with "Alternatives to Destructive Anger" in the *Adult Psychotherapy Homework Planner* by Jongsma); review progress, reinforcing success and providing supportive corrective feedback toward sustained improvement. ▼<sup>EB</sup>
34. Provide a rationale for relapse prevention that discusses the risk and introduces strategies for preventing it. ▼<sup>EB</sup>
35. 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>
36. Identify and rehearse with the client the management of future situations or circumstances in which lapses back to anger could occur. ▼<sup>EB</sup>

manage these situations.  
(36, 37, 38, 39)

21. Identify the advantages and disadvantages of holding on to anger and of forgiveness; discuss with therapist. (40, 41)
22. Write a letter of forgiveness to the perpetrator of past or present pain and process this letter with the therapist. (42)
23. Participate in acceptance and commitment therapy (ACT) for learning a new approach to anger and anger management. (43, 44, 45)
37. 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>▽
38. 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>▽
39. Schedule periodic “maintenance” sessions to help the client maintain therapeutic gains. <sup>EB</sup>▽
40. Discuss with the client forgiveness of the perpetrators of pain as a process of letting go of anger.
41. Assign the client to read *Forgive and Forget* by Smedes; process the content as to how it applies to the client’s own life.
42. 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.
43. Use an ACT approach to help the client experience and accept the presence of anger-invoking thoughts and images without allowing him/her/them to change the client’s commitment to value-driven action; reinforce the client’s efforts toward engaging in activities that are consistent with identified, personally meaningful values (see *Acceptance and Commitment Therapy* by Hayes, Strosahl, and Wilson).
44. Assign the client homework in which he/she/they practice lessons from ACT to consolidate the approach into everyday life.


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| <p>24. Learn and implement mindfulness meditation as part of a new approach to anger management and improved quality of life. (46)</p>               | <p>45. Assign the client reading consistent with the ACT approach to supplement work done in session (see <i>Get Out of Your Mind and into Your Life</i> by Hayes).</p>   |
| <p>25. Gain insight into the origins of current anger control problems by discussing experiences that may be involved in their development. (47)</p> | <p>46. Teach mindfulness meditation; help the client recognize the negative thought processes associated with anger and change his/her/their relationship with these thoughts by accepting thoughts, images, and impulses that are reality-based while noticing but not reacting to non-reality-based mental phenomena (see <i>Guided Mindfulness Meditation</i> [Audio CD Series] by Kabat-Zinn)</p> |
| <p>26. Identify social supports that will help facilitate the implementation of anger management skills. (48)</p>                                    | <p>47. Assist the client in identifying past relationship dynamics (e.g., with father, mother, others) that may have influenced the development of current anger control problems; discuss how these experiences have positively or negatively influenced the way the client handles anger.</p>   |
| <p>— . _____<br/>_____</p>   | <p>48. Encourage the client to discuss anger management goals with trusted persons who are likely to support his/her/their change.</p>  |
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## DIAGNOSTIC SUGGESTIONS

ICD-10-CM	DSM-5 Disorder, Condition, or Problem
F63.81	Intermittent Explosive Disorder
F31.xx	Bipolar I Disorder
F31.81	Bipolar II Disorder
F91.x	Conduct Disorder

<b>ICD-10-CM</b>	<b>DSM-5 Disorder, Condition, or Problem</b>
F07.0	Personality Change Due to Another Medical Condition
F43.10	Posttraumatic Stress Disorder
Z69.12	Encounter for Mental Health Services for Perpetrator of Spouse or Partner Violence, Physical
Z69.82	Encounter for Mental Health Services for Perpetrator of Nonspousal Adult Abuse
F60.3	Borderline Personality Disorder
F60.2	Antisocial Personality Disorder
F60.0	Paranoid Personality Disorder
F60.81	Narcissistic Personality Disorder
F60.9	Unspecified Personality Disorder

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