

# ANGER CONTROL PROBLEMS

## CLIENT PRESENTATION

### 1. Episodic Excessive Anger (1)<sup>1</sup>

- A. The client described a history of loss of temper in response to specific situations.
- B. The client described a history of loss of temper that dates back many years, including verbal outbursts and property destruction, typically related to specific emotional themes.
- C. As treatment has progressed, the client has reported increased control of his/her/their situational episodic excessive anger.
- D. The client has had no recent incidents of episodic excessive anger.

### 2. General Excessive Anger (2)

- A. The client shows a pattern of general, excessive anger across many situations.
- B. The client does not appear to be experiencing anger in response to specific issues, but as a general pattern.
- C. As treatment has progressed, the client has verbalized insight into his/her/their pattern of excessive anger.
- D. The client has made progress in controlling his/her/their pattern of excessive anger.

### 3. Cognitive Biases Toward Anger (3)

- A. The client shows a pattern of cognitive biases commonly associated with anger.
- B. The client makes demanding expectations of others.
- C. The client tends to generalize labeling the targets of his/her/their anger.
- D. The client tends to have anger in reaction to perceived slights.
- E. As treatment has progressed, the subject displays decreased patterns of cognitive biases associated with anger.

### 4. Evidence of Physiological Arousal (4)

- A. The client displayed direct evidence of physiological arousal in relation to his/her/their feelings of anger.
- B. The client displays indirect evidence of physiological arousal related to his/her/their feelings of anger.
- C. As treatment has progressed, the subject's level of physiological arousal has decreased as anger has become more managed.

### 5. Explosive, Destructive Outbursts (5)

- A. The client described a history of loss of temper in which he/she/they have destroyed property during fits of rage.
- B. The client described a history of loss of temper that dates back to childhood, involving verbal outbursts as well as property destruction.

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<sup>1</sup> The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Complete Adult Psychotherapy Treatment Planner*, Sixth Edition, by Jongsma, Peterson, and Bruce (Hoboken, NJ: Wiley, 2020).

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- C. As therapy has progressed, the client has reported increased control over his/her/their temper and a significant reduction in incidents of poor anger management.
- D. The client has had no recent incidents of explosive outbursts that have resulted in destruction of property or intimidating verbal assaults.

#### 6. Explosive, Assaultive Outbursts (5)

- A. The client described a history of loss of anger control to the point of physical assault on others who were the target of his/her/their anger.
- B. The client has been arrested for assaultive attacks on others when he/she/they have lost control of his/her/their temper.
- C. The client has used assaultive acts as well as threats and intimidation to control others.
- D. The client has made a commitment to control his/her/their temper and terminate all assaultive behavior.
- E. There have been no recent incidents of assaultive attacks on anyone, in spite of the client having experienced periods of anger.

#### 7. Overreactive Irritability (6)

- A. The client described a history of reacting too angrily to rather insignificant irritants in his/her/their daily life.
- B. The client indicated that he/she/they recognize that he/she/they become too angry in the face of rather minor frustrations and irritants.
- C. Minor irritants have resulted in explosive, angry outbursts that have led to destruction of property and/or striking out physically at others.
- D. The client has made significant progress at increasing frustration tolerance and reducing explosive overreactivity to minor irritants.

#### 8. Physical/Emotional Abuse (7)

- A. The client reported physical encounters that have injured others or have threatened serious injury to others.
- B. The client showed little or no remorse for causing pain to others.
- C. The client projected blame for his/her/their aggressive encounters onto others.
- D. The client has a violent history and continues to interact with others in a very intimidating, aggressive style.
- E. The client has shown progress in controlling his/her/their aggressive patterns and seems to be trying to interact with more assertiveness rather than aggression.

#### 9. Harsh Judgment Statements (8)

- A. The client exhibited frequent incidents of being harshly critical of others.
- B. The client's family members reported that he/she/they react very quickly with angry, critical, and demeaning language toward them.
- C. The client reported that he/she/they have been more successful at controlling critical and intimidating statements made to or about others.
- D. The client reported that there have been no recent incidents of harsh, critical, and intimidating statements made to or about others.

**10. Angry/Tense Body Language (9)**

- A. The client presented with verbalizations of anger as well as tense, rigid muscles and glaring facial expressions.
- B. The client expressed his/her/their anger with bodily signs of muscle tension, clenched fists, and refusal to make eye contact.
- C. The client appeared more relaxed, less angry, and did not exhibit physical signs of aggression.
- D. The client's family reported that he/she/they have been more relaxed within the home setting and has not shown glaring looks or pounded his/her/their fist on the table.

**11. Passive-Aggressive Behavior (10)**

- A. The client described a history of passive-aggressive behavior in which he/she/they would not comply with directions, would complain about authority figures behind their backs, and would not meet expected behavioral norms.
- B. The client's family confirmed a pattern of the client's passive-aggressive behavior in which he/she/they would make promises of doing something, but not follow through.
- C. The client acknowledged that he/she/they tend to express anger indirectly through social withdrawal or uncooperative behavior, rather than using assertiveness to express feelings directly.
- D. The client has reported an increase in assertively expressing thoughts and feelings and terminating passive-aggressive behavior patterns.

**12. Time Bomb (11)**

- A. The client tends to passively withhold feelings, and then explodes in a rage.
- B. The client seems to be "adding up" slights and irritations, waiting until enough have been "banked" and then explodes into a rage.
- C. The client appears to have rageful feelings under the surface, but presents in a passive manner.
- D. As treatment has progressed, the client has improved in regard to being able to express his/her/their feelings appropriately, and has decreased the reactive rage episodes.

**13. Overreaction to Perceived Negative Circumstances (12)**

- A. The client seems to overreact to perceived disapproval, rejection, or criticism.
- B. The client can become angry even when no disapproval, rejection, or criticism exists.
- C. The client tends to have a bias toward his/her/their experience of disapproval, rejection, or criticism.
- D. As treatment has progressed, the client has decreased his/her/their pattern of overreaction to disapproval, rejection, or criticism.
- E. The client has decreased his/her/their angry overreaction to perceived disapproval, rejection, or criticism.

**14. Verbal Abuse (13)**

- A. The client acknowledged that he/she/they frequently engage in verbal abuse of others as a means of expressing anger or frustration with them.

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- B. Significant others in the client's family have indicated that they have been hurt by his/her/their frequent verbal abuse toward them.
- C. The client has shown little empathy toward others for the pain that he/she/they have caused because of his/her/their verbal abuse of them.
- D. The client has become more aware of his/her/their pattern of verbal abuse of others and is becoming more sensitive to the negative impact of this behavior on them.
- E. There have been no recent incidents of verbal abuse of others by the client.

### 15. Rationalization and Blaming (14)

- A. The client has a history of projecting blame for his/her/their angry outbursts or aggressive behaviors onto other people or outside circumstances.
- B. The client did not accept responsibility for his/her/their recent angry outbursts or aggressive behaviors.
- C. The client has begun to accept greater responsibility for his/her/their anger control problems and blame others less often for his/her/their angry outbursts or aggressive behaviors.
- D. The client verbalized an acceptance of responsibility for the poor control of his/her/their anger or aggressive impulses.
- E. The client expressed guilt about his/her/their anger control problems and apologized to significant others for his/her/their loss of control of anger.

### 16. Aggression to Achieve Power and Control (15)

- A. The client appears to use aggression as a means to achieve power and control over others.
- B. The client uses veiled threats of aggression as a way to intimidate others.
- C. As treatment has progressed, the client has decreased aggression as mean of achieving power and control over others.

## INTERVENTIONS IMPLEMENTED

### 1. Establish Rapport (1)<sup>2</sup>

- A. Caring was conveyed to the client through support, warmth, and empathy.
- B. The client was provided with nonjudgmental support and a level of trust was developed.
- C. The client was urged to feel safe in expressing his/her/their anger symptoms.
- D. The client began to express feelings more freely as rapport and trust level have increased.
- E. The client has continued to experience difficulty being open and direct about his/her/their expression of painful feelings; he/she/they were encouraged to use the safe haven of therapy to express these difficult issues.

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<sup>2</sup> The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Complete Adult Psychotherapy Treatment Planner*, Sixth Edition, by Jongsma, Peterson, and Bruce (Hoboken, NJ: Wiley, 2020).

**2. Focus on Strengthening Therapeutic Relationship (2)**

- A. The relationship with the client was strengthened using empirically supported factors.
- B. The relationship with client was strengthened through the implementation of a collaborative approach, agreement on goals, demonstration of empathy, verbalization of positive regard, and collection of client feedback.
- C. The client reacted positively to the relationship-strengthening measures taken.
- D. The client verbalized feeling supported and understood during therapy sessions.
- E. Despite attempts to strengthen the therapeutic relationship, the client reports feeling distant and misunderstood.
- F. The client has indicated that sessions are not helpful and will be terminating therapy.

**3. Assess Anger Dynamics (3)**

- A. The client was assessed for various stimuli that have triggered his/her/their anger.
- B. The client was assisted in identifying situations, people, and thoughts that have triggered his/her/their anger.
- C. The client was assisted in identifying the thoughts, feelings, and actions that have characterized his/her/their anger responses.

**4. Administer Psychological Testing (4)**

- A. The client was administered psychometric instruments designed to objectively assess anger expression.
- B. The client was assessed with the *Anger, Irritability, and Assault Questionnaire (AIAQ)*.
- C. The client was assessed with the Buss-Durkee Hostility Inventory (BDHI).
- D. The client was assessed with the *State-Trait Anger Expression Inventory (STAXI)*.
- E. The client was given feedback about the results of the assessment.

**5. Refer for Physical Examination (5)**

- A. The client was referred for a complete physical examination to rule out organic contributors (e.g. brain damage, tumor, elevated testosterone levels) to his/her/their anger.
- B. The client has complied with the physical examination and the results were shared with him/her/them.
- C. The physical examination has identified organic contributors to poor anger control and treatment was suggested.
- D. The physical examiner has not identified any organic contributors to poor anger control, and this was reflected to the client.
- E. The client has not complied with the physical examination to assess organic contributors and was redirected to do so.

**6. Assess Level of Insight (6)**

- A. The client's level of insight toward the presenting problems was assessed.
- B. The client was assessed in regard to the syntonic versus dystonic nature of his/her/their insight about the presenting problems.
- C. The client was noted to demonstrate good insight into the problematic nature of the behavior and symptoms.

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- D. The client was noted to be in agreement with others' concerns and is motivated to work on change.
- E. The client was noted to be ambivalent regarding the problems described and is reluctant to address the issues as a concern.
- F. The client was noted to be resistant regarding acknowledgment of the problem areas, is not concerned about them, and has no motivation to make changes.

### 7. Assess for Correlated Disorders (7)

- A. The client was assessed for evidence of research-based correlated disorders.
- B. The client was assessed in regard to his/her/their level of vulnerability to suicide.
- C. The client was identified as having a comorbid disorder, and treatment was adjusted to account for these concerns.
- D. The client has been assessed for any correlated disorders, but none were found.

### 8. Assess for Culturally Based Confounding Issues (8)

- A. The client was assessed for age-related issues that could help to better understand his/her/their clinical presentation.
- B. The client was assessed for gender-related issues that could help to better understand his/her/their clinical presentation.
- C. The client was assessed for cultural syndromes, cultural idioms of distress, or culturally based perceived causes that could help to better understand his/her/their clinical presentation.
- D. Alternative factors have been identified as contributing to the client's currently defined "problem behavior," and these were taken into account in regard to his/her/their treatment.
- E. Culturally based factors that could help to account for the client's currently defined "problem behavior" were investigated, but no significant factors were identified.

### 9. Assess Severity of Impairment (9)

- A. The severity of the client's impairment was assessed to determine the appropriate level of care.
- B. The client was assessed in regard to his/her/their impairment in social, relational, vocational, and occupational endeavors.
- C. It was reflected to the client that his/her/their impairment appears to create mild to moderate effects on the client's functioning.
- D. It was reflected to the client that his/her/their impairment appears to create severe to very severe effects on the client's functioning.
- E. The client was continuously assessed for the severity of impairment, as well as the efficacy and appropriateness of treatment.

### 10. Identify Positive Consequences of Anger Management (10)

- A. The client was asked to identify the positive consequences he/she/they have experienced in managing his/her/their anger.
- B. The client was assigned the homework exercise "Alternatives to Destructive Anger" from the *Adult Psychotherapy Homework Planner* (Jongsma).

- C. The client was assisted in identifying positive consequences of managing anger (e.g. respect from others and self, cooperation from others, improved physical health).
- D. The client was asked to agree to learn new ways to conceptualize and manage anger.

**11. List Negative Anger Impact (11)**

- A. The client was assisted in listing ways that his/her/their explosive expression of anger has negatively impacted his/her/their life.
- B. The client was supported as he/she/they identified many negative consequences that have resulted from his/her/their poor anger management.
- C. It was reflected to the client that his/her/their denial about the negative impact of his/her/their anger has decreased and he/she/they have verbalized an increased awareness of the negative impact of his/her/their behavior.
- D. The client has been guarded about identifying the negative impact of his/her/their anger and was provided with specific examples of how his/her/their anger has negatively impacted his/her/their life and relationships (e.g. injuring others or self, legal conflicts, loss of respect from self or others, destruction of property).

**12. Use Motivational Interviewing (12)**

- A. Motivational interviewing techniques were used to help the client clarify his/her/their stage of motivation to change.
- B. Motivational interviewing techniques were used to help move the client to the action stage in which he/she/they agree to learn new ways to conceptualize and manage anger.
- C. The client was assisted in identifying his/her/their dissatisfaction with the status quo and the benefits of making changes.
- D. The client was assisted in identifying his/her/their level of optimism for making changes.

**13. Refer for Medication Evaluation (13)**

- A. The client was referred to a prescribing clinician to evaluate him/her/them for psychotropic medication to reduce anger symptoms.
- B. The client has completed an evaluation by the prescribing clinician and has begun taking medications.
- C. The client has resisted the referral to a prescribing clinician and does not want to take any medication to reduce anger symptoms; his/her/their concerns were processed.

**14. Monitor Medication Adherence (14)**

- A. The client's adherence with the clinician's prescription for psychotropic medication was monitored for the medication's effectiveness and side effects.
- B. The client reported that the medication has been beneficial to him/her/them in reducing his/her/their experience of anger symptoms; the benefits of this progress were reviewed.
- C. The client reported that the medication does not seem to be helpful in reducing anger symptoms; this was reflected to the prescribing clinician.
- D. The therapist conferred with the prescribing clinician to discuss the client's reaction to the psychotropic medication, and adjustments were made to the prescription by the physician.

**15. Assign Anger Journal (15)**

- A. The client was assigned to keep a daily journal in which he/she/they will document persons or situations that cause anger, irritation, or disappointment.
- B. The client was assigned “Anger Journal” in the *Adult Psychotherapy Homework Planner* (Jongsma).
- C. The client has kept a journal of anger-producing situations, and this material was processed within the session.
- D. The client has become more aware of the causes for and targets of his/her/their anger as a result of journaling these experiences on a daily basis; the benefits of this insight were reflected to him/her/them.
- E. The client has not kept an anger journal and was redirected to do so.

**16. List Targets of/Causes for Anger (16)**

- A. The client was assigned to list as many of the causes for and targets of his/her/their anger that he/she/they are aware of.
- B. The client’s list of targets of and causes for anger was processed in order to increase his/her/their awareness of anger management issues.
- C. The client has indicated a greater sensitivity to his/her/their angry feelings and the causes for them as a result of the focus on these issues.
- D. The client has not been able to develop a comprehensive list of causes for and targets of anger and was gently offered examples in this area.

**17. Reconceptualize Anger (17)**

- A. The client was assisted in reconceptualizing anger as involving different components that go through predictable phases.
- B. The client was taught about the different components of anger, including cognitive, physiological, affective, and behavioral components.
- C. The client was taught how to better discriminate between relaxation and tension.
- D. The client was taught about the predictable phases of anger, including demanding expectations that are not met, leading to increased arousal and anger, which leads to acting out.
- E. The client displayed a clear understanding of the ways to conceptualize anger and was provided with positive reinforcement.
- F. The client has struggled to understand the ways to conceptualize anger and was provided with remedial feedback in this area.

**18. Process Anger Triggers (18)**

- A. The client was assisted in processing the list of anger triggers and other relevant journal information.
- B. The client was assisted in understanding how cognitive, physiological, and effective factors interplay to produce anger.

- C. The client was reinforced for his/her/their insight into anger triggers and the cognitive, physiological, and effective factors.
- D. The client struggled to connect his/her/their anger triggers with cognitive, physiological, and effective factors and was provided with remedial information in this area.

**19. Discuss Rationale for Treatment (19)**

- A. The client was engaged in a discussion about the rationale for treatment.
- B. Emphasis was placed on how functioning can be improved through change in various dimensions of anger management.
- C. The concept of rationale for treatment and how functioning can be improved through change in the various dimensions of anger management was revisited.

**20. Assign Reading Material (20)**

- A. The client was assigned to read material that educates him/her/them about anger and its management.
- B. The client was directed to read *Overcoming Situational and General Anger: Client Manual* (Deffenbacher and McKay).
- C. The client was assigned to read *Anger Management for Everyone* (Kassinove and Tafrate).
- D. The client has read the assigned material on anger management and key concepts were reviewed.
- E. The client has not read the assigned material on anger management and was redirected to do so.

**21. Teach Calming Techniques (21)**

- A. The client was taught deep-muscle relaxation, rhythmic breathing, and positive imagery as ways to reduce muscle tension when feelings of anger are experienced.
- B. The client was assigned “Deep Breathing Exercise” in the *Adult Psychotherapy Homework Planner* (Jongsma).
- C. The client has implemented the relaxation techniques and reported decreased reactivity when experiencing anger; the benefits of these techniques were underscored.
- D. The client has not implemented the relaxation techniques and continues to feel quite stressed in the face of anger; he/she/they were encouraged to use the techniques.

**22. Explore Self-Talk (22)**

- A. The client’s self-talk that mediates his/her/their angry feelings was explored.
- B. The client was assessed for self-talk, such as demanding expectations reflected in “should,” “must,” or “have to” statements.
- C. The client was assisted in identifying and challenging his/her/their biases and in generating alternative self-talk that correct for the biases.
- D. The client was taught about how to use correcting self-talk to facilitate a more flexible and temperate response to frustration.

**23. Assign Self-Talk Homework (23)**

- A. The client was assigned a homework exercise in which he/she/they identify angry self-talk and generate alternatives that help moderate angry reactions.

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- B. The client was assigned “Journal and Replace Self-Defeating Thoughts” in the *Adult Psychotherapy Homework Planner* (Jongsma).
- C. The client’s use of self-talk alternatives was reviewed within the session.
- D. The client was reinforced for his/her/their success in changing angry self-talk to more moderate alternatives.
- E. The client was provided with corrective feedback to help improve his/her/their use of alternative self-talk to moderate his/her/their angry reactions.

### 24. Role-Play Calming and Cognitive Coping (24)

- A. The client was assisted in visualizing anger-provoking scenes, then using relaxation and cognitive coping skills.
- B. The client engaged in role-plays regarding the use of relaxation and cognitive coping in anger-provoking scenes.
- C. The client was gradually moved from low to high anger-inducing scenes.
- D. The client was assigned to implement calming techniques in his/her/their daily life and when facing anger-triggering situations.
- E. The client’s experience of using relaxation and cognitive coping in his/her/their daily life was processed, with reinforcement for success and problem solving for obstacles identified.

### 25. Assign Thought-Stopping Technique (25)

- A. The client was directed to implement a thought-stopping technique on a daily basis between sessions.
- B. The client was assigned “Making Use of the Thought-Stopping Technique” in the *Adult Psychotherapy Homework Planner* (Jongsma).
- C. The client’s use of the thought-stopping technique was reviewed.
- D. The client was provided with positive feedback for his/her/their helpful use of the thought-stopping technique.
- E. The client was provided with corrective feedback to help improve his/her/their use of the thought-stopping technique.

### 26. Teach Assertive Communication (26)

- A. The client was taught about assertive communication through instruction, modeling, and role-playing.
- B. The client was assigned *Your Perfect Right* (Alberti and Emmons).
- C. The client was referred to an assertiveness training class.
- D. The client displayed increased assertiveness and was provided with positive feedback in this area.
- E. The client has not increased his/her/their level of assertiveness and was provided with additional feedback in this area.

### 27. Teach Problem-Solving Skills (27)

- A. The client was taught problem-solving skills.

- B. The client was taught about 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, and evaluating and readjusting the outcome.
- C. The client was assigned “Problem-Solving: An Alternative to Impulsive Action” in the *Adult Psychotherapy Homework Planner* (Jongsma).
- D. The client displayed a clear understanding of the use of the problem-solving skills and displayed this through examples.
- E. The client struggled to understand the use of problem-solving skills and was provided with remedial feedback in this area.

**28. Teach Conflict Resolution Skills (28)**

- A. The client was taught conflict resolution skills through modeling, role-playing, and behavioral rehearsal.
- B. The client was taught about empathy and active listening.
- C. The client was taught about “I messages,” respectful communication, assertiveness without aggression, and compromise.
- D. The client was reinforced for his/her/their clear understanding of the conflict resolution skills.
- E. The client displayed a poor understanding of the conflict resolution skills and was provided with remedial feedback.

**29. Conduct Conjoint Session for Skill Generalizations (29)**

- A. The client was asked to invite his/her/their significant other for a conjoint session.
- B. The client and his/her/their significant other were seen together in order to help implement assertiveness, problem-solving, and conflict resolution skills.
- C. The client was assigned “Applying Problem-Solving to Interpersonal Conflict” in the *Adult Psychotherapy Homework Planner* (Jongsma).
- D. The client was reinforced for his/her/their increased use of assertiveness, problem-solving, and conflict resolution skills with his/her/their significant other.
- E. The client’s significant other was urged to assist the client in his/her/their use of assertiveness, problem-solving, and conflict resolution skills.
- F. The client has not regularly used assertiveness, problem-solving, and conflict resolution skills with his/her/their significant other and was assisted in identifying barriers to this success.

**30. Construct Strategy for Managing Anger (30)**

- A. The client was assisted in constructing a client-tailored strategy for managing his/her/their anger.
- B. The client was encouraged to combine somatic, cognitive, communication, problem-solving, and conflict resolution skills relevant to his/her/their needs.
- C. The client was reinforced for his/her/their comprehensive anger management strategy.
- D. The client was redirected to develop a more comprehensive anger management strategy.

**31. Select Challenging Situations for Managing Anger (31)**

- A. The client was provided with situations in which he/she/they may be increasingly challenged to apply his/her/their new strategies for managing anger.
- B. The client was asked to identify his/her/their likely upcoming challenging situations for managing anger.
- C. The client was urged to use his/her/their strategies for managing anger in successively more difficult situations.

**32. Consolidate Anger Management Skills (32)**

- A. Techniques were used to help the client consolidate his/her/their new anger management skills.
- B. Techniques such as relaxation, imagery, behavioral rehearsal, modeling, role-playing, or *in vivo* exposure/behavioral experiences were used to help the client consolidate the use of his/her/their new anger management skills.
- C. The client's use of techniques to consolidate his/her/their anger management skills were reviewed and reinforced.

**33. Monitor/Decrease Episodes (33)**

- A. The client's reports of angry episodes were monitored, toward the goal of decreasing their frequency, intensity, and duration.
- B. The client was urged to use his/her/their new anger management skills to decrease the frequency, intensity, and duration of his/her/their anger episodes.
- C. The client was assigned "Alternatives to Destructive Anger" in the *Adult Psychotherapy Homework Planner* (Jongsma).
- D. The client's progress in decreasing his/her/their angry episodes was reviewed.
- E. The client was reinforced for his/her/their success at decreasing the frequency, intensity, and duration of his/her/their anger episodes.
- F. The client has not decreased his/her/their frequency, intensity, or duration of anger episodes, and corrective feedback was provided.

**34. Provide Rationale for Relapse Prevention (34)**

- A. The client was provided with the rationale for relapse prevention.
- B. The client was helped to understand that treatment will focus on identifying risks and introducing strategies to prevent the risk situations from continuing on.

**35. Differentiate Between Lapse and Relapse (35)**

- A. A discussion was held with the client regarding the distinction between a lapse and a relapse.
- B. A lapse was associated with an initial and reversible return of angry outbursts.
- C. A relapse was associated with the decision to return to the old pattern of anger.
- D. The client was provided with support and encouragement as he/she/they displayed an understanding of the difference between a lapse and a relapse.
- E. The client struggled to understand the difference between a lapse and a relapse and was provided with remedial feedback in this area.

**36. Discuss Management of Lapse Risk Situations (36)**

- A. The client was assisted in identifying future situations or circumstances in which lapses could occur.
- B. The session focused on rehearsing the management of future situations or circumstances in which lapses could occur.
- C. The client was reinforced for his/her/their appropriate use of lapse management skills.
- D. The client was redirected in regard to his/her/their poor use of lapse management skills.

**37. Encourage Routine Use of Strategies (37)**

- A. The client was instructed to routinely use the strategies that he/she/they have learned in therapy (e.g. calming, adaptive self-talk, assertion, and/or conflict resolution).
- B. The client was urged to find ways to build his/her/their new strategies into his/her/their life as much as possible.
- C. The client was reinforced as he/she/they reported ways in which he/she/they have incorporated coping strategies into his/her/their life and routine.
- D. The client was redirected about ways to incorporate his/her/their new strategies into his/her/their routine and life.

**38. Develop a “Coping Card” (38)**

- A. The client was provided with a “coping card” on which specific coping strategies were listed.
- B. The client was assisted in developing his/her/their “coping card” in order to list his/her/their helpful coping strategies.
- C. The client was encouraged to use his/her/their “coping card” when struggling with anger-producing situations.

**39. Schedule “Maintenance” Sessions (39)**

- A. The client was assisted in scheduling “maintenance” sessions to help maintain therapeutic gains and adjust to life without anger outbursts.
- B. Positive feedback was provided to the client for his/her/their maintenance of therapeutic gains.
- C. The client has displayed an increase in anger symptoms and was provided with additional relapse prevention strategies.

**40. Teach Forgiveness (40)**

- A. The client was taught about the process of forgiveness and encouraged to begin to implement this process as a means of letting go of his/her/their feelings of strong anger.
- B. The client focused on the perpetrators of pain from the past, and he/she/they were encouraged to target them for forgiveness.
- C. The advantages of implementing forgiveness versus holding on to vengeful anger were processed with the client.
- D. Positive feedback was provided as the client has committed self to attempting to begin the process of forgiveness with the perpetrators of pain.
- E. The client has not been able to begin the process of forgiveness of the perpetrators of his/her/their pain and was urged to start this process as he/she/they feel able to.

**41. Assign Books on Forgiveness (41)**

- A. The client was assigned to read books on forgiveness.
- B. The client was assigned to read the book *Forgive and Forget* (Smedes) to increase his/her/their sensitivity to the process of forgiveness.
- C. The client has read the book *Forgive and Forget* and key concepts were processed within the session.
- D. The client acknowledged that holding on to angry feelings has distinct disadvantages over his/her/their beginning the process of forgiveness; he/she/they were urged to start this process.
- E. The client has not followed through with completing the reading assignment of *Forgive and Forget* and was encouraged to do so.

**42. Assign Forgiveness Letter (42)**

- A. The client was asked to write a letter of forgiveness to the target of his/her/their anger as a step toward letting go of that anger.
- B. The client has followed through with writing a letter of forgiveness of the perpetrator of pain from his/her/their past, and this was processed within the session.
- C. The client has not followed through with writing the forgiveness letter and was noted to be very resistive to letting go of his/her/their feelings of angry revenge.
- D. Writing and processing the letter of forgiveness have reduced the client's feelings of anger and increased his/her/their capacity to control its expression.

**43. Use ACT Approach (43)**

- A. The use of acceptance and commitment therapy (ACT) was applied.
- B. The client was assisted in accepting and openly experiencing angry thoughts and feelings, without being overly impacted by them.
- C. The client was assisted in committing his/her/their time and efforts to activities that are consistent with identified personally meaningful values.
- D. The client has engaged well in the ACT approach and applied these concepts to his/her/their symptoms and lifestyle.
- E. The client has not engaged well in the ACT approach, and remedial efforts were applied.

**44. Assign ACT Homework (44)**

- A. The client was assigned homework situations in which he/she/they practice lessons from mindfulness meditation and ACT.
- B. The client was assisted in consolidating his/her/their mindfulness meditation and ACT approaches into his/her/their everyday life.

**45. Assign Reading on Mindfulness and ACT (45)**

- A. The client was assigned reading material consistent with mindfulness and the ACT approach to supplement work done in session.
- B. The client was assigned *Get out of Your Mind and into Your Life* (Hayes).
- C. The client has read assigned material and key concepts were processed.
- D. The client has not read assigned material and was redirected to do so.

**46. Teach Mindfulness Meditation (46)**

- A. The client was taught mindfulness meditation techniques to help recognize negative thought processes associated with anger.
- B. The client was taught to focus on changing his/her relationship with the anger-related thoughts by accepting the thoughts, images, and impulses that are reality-based while noticing, but not reacting to, non-reality-based mental phenomenon.
- C. The client was assisted in differentiating between reality-based thoughts and non-reality-based thoughts.
- D. The client has used mindfulness meditation to help overcome negative thought processes that trigger anger and was reinforced for this.
- E. The client has struggled to apply mindfulness meditation and was provided with remedial assistance in this area.

**47. Identify Anger Expression Models (47)**

- A. The client was assisted in identifying key figures in his/her/their life who have provided examples to him/her/them of how to positively or negatively express anger.
- B. The client was reinforced as he/she/they identified several key figures who have been negative role models in expressing anger explosively and destructively.
- C. The client was supported and reinforced as he/she/they acknowledged that he/she/they manage his/her/their anger in the same way that an explosive parent figure had done when he/she/they were growing up.
- D. The client was encouraged to identify positive role models throughout his/her/their life whom he/she/they could respect for their management of angry feelings.
- E. The client was supported as he/she/they acknowledged that others have been influential in teaching him/her/them destructive patterns of anger management.
- F. The client failed to identify key figures in his/her/their life who have provided examples to him/her/them as to how to positively express his/her/their anger and was questioned more specifically in this area.

**48. Encourage Disclosure (48)**

- A. The client was encouraged to discuss his/her/their anger management goals with trusted persons who are likely to support his/her/their change.
- B. The client was assisted in identifying individuals who are likely to support his/her/their change.
- C. The client has reviewed his/her/their anger management goals with trusted persons and their responses were processed.
- D. The client has not discussed his/her/their anger management goals and was redirected to do so.