ANGER CONTROL PROBLEMS

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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. Demonstrate respect for the rights of others to have their own thoughts and feelings.

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SHORT-TERM OBJECTIVES

EBT 1. Work cooperatively with the therapist toward agreed-upon therapeutic goals while being as open and honest as comfort and trust allow. (1, 2)

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. EBT

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 their progress in therapy (see, e.g., *Psychotherapy Relationships That Work: Vol. 1* by Norcross & Lambert and *Vol. 2* by Norcross & Wampold). EBT

2. Identify situations, thoughts, and feelings associated with anger, angry verbal and/or behavioral actions, and the targets of those actions. (3)

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.

3. Complete psychological testing or objective questionnaires for assessing anger expression. (4)

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. 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).

5. Provide behavioral, emotional, and attitudinal information toward an assessment of specifiers relevant to a *DSM* diagnosis, motivation for change, sociocultural considerations, the efficacy of treatment, and the suicide risk. (6, 7)

6. Assess the client's cognitive, behavioral, and emotional status related to insight, motivation, and comorbid disorders: (1) level of insight toward the presenting problems (e.g., from demonstrating good insight into the problem to demonstrating resistance to acknowledging the problem); (2) level or stage of motivation to change (e.g., from voicing strong motivation and demonstrating action toward change to voicing and/or demonstrating resistance to change); and (3) evidence of relevant comorbidities (e.g., depression secondary to an anxiety disorder) including vulnerability to suicide, if appropriate (e.g., increased suicide risk when comorbid depression is evident).

7. Assess relevant sociocultural factors and degree of impairment: (1) issues of age, gender, culture, resources, and preferences that could help explain the presenting problem(s), affect treatment selection and outcome, and provide a better understanding of the client's behavior; and (2) severity of distress and disability to determine appropriate level of care as well as the efficacy of treatment (e.g., no longer demonstrates severe impairment but the problem now is causing mild or moderate distress/disability).

6. Cooperate with explorations as to the appropriate level of care currently needed. (8)

8. Evaluate an appropriate level of care based on the severity of the client's functional impairment and/or symptom severity. Consider outpatient, inpatient, residential, intensive outpatient (IOP), or partial hospitalization (PHP) programs that have recognized expertise in treating anger control problems.

7. Agree to an evaluation for admission to an inpatient psychiatric care provider. (9)

9. Refer client for an inpatient admission evaluation to an appropriate psychiatric hospital or psychiatric unit in a general hospital setting.

Inpatient/Partial Hospitalization

8. Cooperate with admission process to inpatient psychiatric care. (10)

10. Facilitate the client's admission to inpatient care, either voluntary or involuntary/judicial, if the client is a threat to self or others and/or is unable to provide for their own basic needs.

9. Comply with unit rules following program guidelines and cooperate with the staff in their therapeutic interactions. (11, 12, 13, 14)

11. Have staff supportively provide the client with unit rules regarding behavioral expectations (e.g., no disrupting groups/milieu) and consequences of nonadherence (e.g., decrease in privileges, group restrictions, transfer to less stimulating/more structured environment); request consistent follow-through.

12. Support staff in maintaining a milieu that demonstrates a safe, calm, and therapeutic environment in which the client is treated with respect and support as an individual.

13. Support staff in providing a supportive milieu (e.g., staff availability to discuss any topic client wishes; empathic responsiveness; encouragement; modeling) to enhance and expand trust with others.

14. Support staff in demonstrating a calm, tolerant demeanor to decrease the client's fears about communicating their needs.

10. Talk to staff when sensing the onset of fearfulness, anger, confusion, and/or agitation. (15, 16, 17)

15. Have staff ensure the client is monitored and supervised every 15 minutes for hostile and aggressive behavior.

16. Administer medication in as-needed situations, as ordered by prescriber.

17. Collaborate with staff to determine if a more restrictive level of care is needed within the inpatient environment, such as an intensive care unit.

11. Attend group therapy to discuss feelings of anger and impulses produced by those feelings; calmly and openly receive feedback from the group members. (18)
12. Learn to express feelings in a nonaggressive manner through artistic expression. (19)
13. Establish postdischarge needs and outpatient treatment goals. (20)
14. Develop an understanding of postdischarge living situation. (21)
15. Identify changes needed to maintain benefits and to prevent rehospitalization. (22, 23)
16. Discuss issues related to proper anger management and postdischarge return to work. (24)
17. Specify the postdischarge community leisure options that will be pursued. (25)

18. Facilitate or request the group therapist to facilitate group therapy toward developing emotion regulation skills and appropriate, assertive peer interactions without aggressive reactivity.
19. Instruct the art therapist to conduct art therapy group to teach the client how to express angry feelings and impulses via artistic expression; process with therapist, peers, or both.
20. Meet with the client and family/support system to educate them about the signs of symptom escalation. Instruct family/support members in ways to seek clinical assistance.
21. Arrange for an appropriate level of post-discharge care for the client. Consider residential, IOP, PHP, or back to home with outpatient follow-up care.
22. Collaborate with the client on identifying outpatient treatment needs and developing therapy goals along with ways to identify triggers early on and appropriately respond.
23. Reinforce with the client the importance of maintaining changes and managing stress.
24. Secure appropriate, signed information releases to share information and dispositional planning with relevant personnel.
25. Provide the client with community leisure resource information and encourage its use. Help the client develop a social support system or utilize community resources (e.g., YMCA, YWCA, service organizations, etc.).

Outpatient

18. 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. (26, 27, 28)

26. 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 & Bruce.

27. 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.

28. 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, e.g., *Motivational Interviewing* by Miller & Rollnick).

19. Cooperate with a medication evaluation for possible treatment with psychotropic medications to assist in anger control; take medications consistently, if prescribed. (29, 30)

29. Assess the client for the need and willingness to take psychotropic medication to assist in control of anger; refer them to a qualified prescriber for a medication evaluation, if needed.

30. Monitor the client's psychotropic medication adherence, side effects, and effectiveness; confer as indicated with the prescriber.

20. Keep a daily journal of persons, situations, and other triggers of anger; record thoughts, feelings, and actions taken or not. (31, 32)

31. 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 & Bruce); routinely process the journal toward helping the client understand their own contributions to generating anger.

32. Assist the client in generating a list of anger triggers; process the list toward helping the client understand the causes and expressions of anger.

21. Verbalize increased awareness of anger expression patterns, their causes, and their consequences. (33, 34)

33. 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, e.g., *Anger Management* by Kassinove & Tafrate; *Overcoming Situational and General Anger* by Deffenbacher & McKay).

34. 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.

22. Verbalize an understanding of how the treatment is designed to help regulate anger, effectively manage it, and improve quality of life. (35)

35. 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.

23. Read material that supplements the therapy by improving understanding of anger, anger control problems, and their management. (36)

36. Assign the client reading material that educates them about anger and its management (see, e.g., *Overcoming Situational and General Anger: Client Manual* by Deffenbacher & McKay; *Anger Management for Everyone* by Tafrate & Kassinove); process and revisit relevant themes throughout therapy to help the client consolidate understanding of relevant concepts.

24. Learn and implement calming and coping strategies as part of an overall approach to managing anger. (37)

25. Identify, challenge, and replace anger-inducing self-talk with self-talk that facilitates a more measured response. (38, 39, 40)

37. 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 & Bruce). EBT

38. 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 them 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. EBT

39. Assign the client a homework exercise to identify angry self-talk and generate alternatives that help regulate angry reactions; review; reinforce success, resolve obstacles toward sustained and effective implementation (or supplement with "Journal and Replace Self-Defeating Thoughts" in the *Adult Psychotherapy Homework Planner* by Jongsma & Bruce). EBT

40. 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. EBT

26. Learn and implement thought-stopping as part of a new approach to managing angry feelings when they arise. (41)

41. 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 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 & Bruce); review implantation, reinforcing success and problem-solving obstacles.

27. Learn and implement assertive communication skills for addressing frustration and anger in an honest, appropriate, respectful, and direct manner. (42)

42. 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 (see, e.g., *Your Perfect Right* by Alberti & Emmons).

28. Learn and implement problem-solving/solution-finding skills and/or conflict resolution skills to address personal and interpersonal problems. (43, 44, 45)

43. 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 & Bruce).

44. 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.

45. Conduct conjoint sessions to help the client implement new personal and interpersonal skills (e.g., assertion, problem-solving, and/or conflict resolution skills) with their significant other (or supplement with "Applying Problem-Solving to Interpersonal Conflict" in the *Adult Psychotherapy Homework Planner* by Jongsma & Bruce). EBT

EBT 29. Practice using new anger management skills in session with the therapist and during homework exercises. (46, 47, 48)

46. 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 their needs. EBT

47. Select situations with the client in which the client will be increasingly challenged to apply new strategies for managing anger (i.e., graduated practice). EBT

48. 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. EBT

EBT 30. Decrease the number, intensity, and duration of angry outbursts, while increasing the use of new skills for managing anger. (49)

49. 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 & Bruce); review progress, reinforcing success and providing supportive corrective feedback toward sustained improvement. EBT

EBT 31. Verbalize an understanding of relapse prevention and the difference between a lapse and relapse. (50, 51)

50. Provide a rationale for relapse prevention that discusses the risk and introduces strategies for preventing it. EBT

51. 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. EBT

EBT 32. Identify potential situations that could trigger a lapse and implement strategies to manage these situations. (52, 53, 54, 55)	52. Identify and rehearse with the client the management of future situations or circumstances in which lapses back to anger could occur. EBT 53. 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. EBT 54. 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. EBT 55. Schedule periodic "maintenance" sessions to help the client maintain therapeutic gains. EBT
33. Identify the advantages and disadvantages of holding on to anger and of forgiveness; discuss with therapist. (56, 57)	56. Discuss with the client forgiveness of the perpetrators of pain as a process of letting go of anger. 57. Assign the client to read *Forgive and Forget* by Smedes; process the content as to how it applies to the client's own life.
34. Write a letter of forgiveness to the perpetrator of past or present pain and process this letter with the therapist. (58)	58. 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.
35. Participate in acceptance and commitment therapy (ACT) for learning a new approach to anger and anger management. (59, 60, 61)	59. Use an ACT approach to help the client experience and accept the presence of anger-invoking thoughts and images without allowing 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, e.g., *Acceptance and Commitment Therapy* by Hayes, Strosahl, & Wilson).

60. Assign the client homework in which they practice lessons from ACT to consolidate the approach into everyday life.

61. Assign the client reading consistent with the ACT approach to supplement work done in session (see, e.g., *Get out of Your Mind and into Your Life* by Hayes).

36. Learn and implement mindfulness meditation as part of a new approach to anger management and improved quality of life. (62)

62. Teach mindfulness meditation; help the client recognize the negative thought processes associated with anger and change 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, e.g., *Guided Mindfulness Meditation* [Audio CD Series] by Kabat-Zinn).

37. Gain insight into the origins of current anger control problems by discussing experiences that may be involved in their development. (63)

63. 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.

38. Identify social supports that will help facilitate the implementation of anger management skills. (64)

64. Encourage the client to discuss anger management goals with trusted persons who are likely to support their change.

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DIAGNOSTIC SUGGESTIONS

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

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