ANGER

BEHAVIORAL DEFINITIONS

1. History of explosive, aggressive outbursts out of proportion to any precipitating stressors leading to assaultive acts or destruction of property.
2. Overreaction of hostility to insignificant irritants.
3. Swift and harsh judgment statements made to or about others.
4. Body language of tense muscles (e.g., clenched fist or jaw, glaring looks, or refusal to make eye contact).
5. Use of passive-aggressive patterns (e.g., social withdrawal due to anger, lack of complete or timely compliance in following directions or rules, complaining about authority figures behind their backs, or nonparticipation in meeting expected behavioral norms).
6. Anger intensity that leads to mental confusion (e.g., all or nothing thinking, progressive use of abusive language expressed to self or others).
7. Hypersensitivity to perceived disapproval, rejection, or criticism that causes angry communication breakdowns.
8. Passive avoidance of conflict and irritations that contribute ultimately to a rapid (and often inappropriate), intense expression of anger.
9. Uses aggression as a means to achieve needed power and control.

LONG-TERM GOALS

1. Decrease frequency and intensity of expression of angry feelings.
2. Increase ability for coping with angry feelings in a constructive way that enhances daily functioning.
3. Improve awareness and understanding of anger: How it is triggered and its consequences.
4. Access and accept a greater range of emotions with more flexibility and ability to express these emotions constructively.

<table>
<thead>
<tr>
<th>SHORT-TERM OBJECTIVES</th>
<th>THERAPEUTIC INTERVENTIONS</th>
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<tbody>
<tr>
<td>1. Describe history of what triggers anger and how it is expressed. (1, 2)</td>
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<td>2. Verbalize where anger comes from (antecedents), how it manifests (behavior), and what results (consequences) are likely to be produced by it. (3, 4, 5)</td>
<td>2. Confront the client’s attempts to minimize his/her poor management of anger to project blame on to others, or to discount the harmful consequences.</td>
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<td>3. Teach the client a basic objective perspective on anger that minimally includes instruction on the Antecedents of anger, Behavior and physical features associated with anger, and Consequences of anger (i.e., the ABCs of anger).</td>
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<td>4. Assign reading from anger management curriculum (e.g., The Prepare Curriculum by Goldstein; Reasoning and Rehabilitation by Ross, Fabiano, and Ross; Controlling Anger and Learning to Manage [CALM] Program by Winogron, VanDieten, and Gauzas; or The EQUIP Program: Teaching Youth to Think and Act Responsibly Through a Peer Helping Approach</td>
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by Gibbs, Potter, and Goldstein) that addresses and provides an overview of a social learning, behaviorally-based perspective on anger.

5. Assign the client to read *Of Course You’re Angry* by Rosellini and Worden or *Anger: How to Live With and Without It* by Ellis.

3. Attend anger management or assertiveness training didactic sessions. (6, 7)

6. Assign the client to anger management or assertiveness training classes.

7. Process principles the client has learned in the didactic sessions focused on anger management or assertiveness training; apply these principles to his/her daily life through role-playing or modeling.

4. Complete a self-administered anger/aggression assessment instrument and accept feedback of results. (8, 9)

8. Administer to the client a validated anger/aggression assessment test (e.g., Aggression Inventory (AI) by Gladue, Aggression Questionnaire (AQ) by Buss and Perry, State-Trait Anger Scale (STAS) by London and Spielberger).

9. Provide the client with an objective interpretation and normative feedback of his/her scores and profile on the validated anger/aggression test administered.

5. Verbalize common triggers people experience that provoke anger. (10, 11, 12)

10. Teach and explore with the client the insidious aspects of anger that displace other feelings (e.g., pain, guilt) and reinforce ignorance through projection.

11. Assign specific exercises from an established curriculum and
workbook that teaches the causes and consequences of anger (e.g., *The Prepare Curriculum* by Goldstein; *Reasoning and Rehabilitation* by Ross, Fabiano, and Ross; *Controlling Anger and Learning to Manage [CALM] Program* by Winogron, VanDieten, and Gauzas; *Anger Workout Book* by Weisinger; *Treating Alcohol Dependence* by Monti, Abrams, Kadden, and Coney; *Criminal Conduct and Substance Abuse Treatment* by Wanberg and Milkman).

12. Guide the client in a brainstorming session that identifies common triggers that instigate anger in people; ask the client to compile a written list of potential triggers.

6. Sort generic anger triggers into those that are internal versus external. (12, 13)

12. Guide the client in a brainstorming session that identifies common triggers that instigate anger in people; ask the client to compile a written list of potential triggers.

13. Ask the client to sort potential triggers into those that are internal or originate from within the client (e.g., jealousy, perceived rejection, guilt) and those that are external or originate from the environment (e.g., threatened, rights trampled on, belittled).

7. Verbalize what arousal is and how it affects human functioning negatively and positively. (11, 14)

11. Assign specific exercises from an established curriculum and workbook that teaches the causes and consequences of anger (e.g., *The Prepare Curriculum* by Goldstein; *Reasoning and Rehabilitation* by...
14. Teach the client how emotional/physical arousal influences performance using the notion of a distribution or bell curve to show how it occurs at various levels or elevations (e.g., low arousal leads to less than optimal performance, medium levels are associated with optimal performance, high arousal leads to decreased performance).

8. List common cues for identifying arousal and the process for how angry feelings generally emerge for people. (11, 14, 15)

11. Assign specific exercises from an established curriculum and workbook that teaches the causes and consequences of anger (e.g., The Prepare Curriculum by Goldstein; Reasoning and Rehabilitation by Ross, Fabiano, and Ross; Controlling Anger and Learning to Manage [CALM] Program by Winogron, VanDieten, and Gauzas; Anger Workout Book by Weisinger; Treating Alcohol Dependence by Monti, Abrams, Kadden, and Coney; Criminal Conduct and Substance Abuse Treatment by Wanberg and Milkman).

14. Teach the client how emotional/physical arousal influences per-
formance using the notion of a distribution or bell curve to show how it occurs at various levels or elevations (e.g., low arousal leads to less than optimal performance, medium levels are associated with optimal performance, high arousal leads to decreased performance).

15. Guide the client in a brainstorming session that identifies common cues that can potentially alert people to when they are becoming angry (e.g., tight tummy, dry mouth, heart rate increases, blood pressure increases, shallower breathing, clenched fists, perceived threats).

9. Sort anger cues into those that occur in the early, middle, and late stage of escalation. (11, 15, 16)

11. Assign specific exercises from an established curriculum and workbook that teaches the causes and consequences of anger (e.g., The Prepare Curriculum by Goldstein; Reasoning and Rehabilitation by Ross, Fabiano, and Ross; Controlling Anger and Learning to Manage [CALM] Program by Winogron, VanDieten, and Gauzas; Anger Workout Book by Weisinger; Treating Alcohol Dependence by Monti, Abrams, Kadden, and Coney; Criminal Conduct and Substance Abuse Treatment by Wanberg and Milkman).

15. Guide the client in a brainstorming session that identifies common cues that can potentially alert people to when they are becoming angry (e.g., tight tummy, dry mouth, heart rate
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increases, blood pressure increases, shallower breathing, clenched fists, perceived threats).

16. Ask the client to organize a generic list of anger cues into logical, chronological order as they would be apt to occur in a typical experience with anger (e.g., early stage: perceive a threat, shallower breathing; middle: hear rate increases, dry mouth; late: blood pressure increases, tight tummy, fists clenched).

10. List five of the best personal consequences for anger expression and the five worst personal consequences. (4, 11, 17)

4. Assign reading from anger management curriculum (e.g., The Prepare Curriculum by Goldstein; Reasoning and Rehabilitation by Ross, Fabiano, and Ross; Controlling Anger and Learning to Manage [CALM] Program by Winogron, VanDieten, and Gauzas; or The EQUIP Program: Teaching Youth to Think and Act Responsibly Through a Peer Helping Approach by Gibbs, Potter, and Goldstein) that addresses and provides an overview of a social learning, behaviorally-based perspective on anger.

11. Assign specific exercises from an established curriculum and workbook that teaches the causes and consequences of anger (e.g., The Prepare Curriculum by Goldstein; Reasoning and Rehabilitation by Ross, Fabiano, and Ross; Controlling Anger and Learning to Manage [CALM] Program by Winogron, VanDieten, and Gauzas; Anger
11. Monitor and record anger episodes, degree of escalation, and the related context and time of day they occurred. (11, 18)

17. Ask the client to list the five best and worst consequences for himself/herself that have resulted from his/her expression of anger; process these consequences.

11. Assign specific exercises from an established curriculum and workbook that teaches the causes and consequences of anger (e.g., The Prepare Curriculum by Goldstein; Reasoning and Rehabilitation by Ross, Fabiano, and Ross; Controlling Anger and Learning to Manage [CALM] Program by Winogron, VanDieten, and Gauzas; Anger Workout Book by Weisinger; Treating Alcohol Dependence by Monti, Abrams, Kadden, and Coney; Criminal Conduct and Substance Abuse Treatment by Wanberg and Milkman).

18. Provide the client with a standard form for recording his/her episodes with anger that notes the situation or trigger, the rating of the degree of anger felt, how anger was expressed, the outcome, assessment of how he/she responded, as well as date and time.

12. Share the results of monitoring anger and verbalize lessons learned from the data. (11, 18, 19)

11. Assign specific exercises from an established curriculum and workbook that teaches the causes and consequences of anger (e.g., The Prepare Curriculum by Goldstein;
13. List several techniques that could be used to reduce anger quickly. (20, 21)  

14. Write an inventory of personal triggers (external and internal)  

12. Guide the client in a brainstorming session that  

18. Provide the client with a standard form for recording his/her episodes with anger that notes the situation or trigger, the rating of the degree of anger felt, how anger was expressed, the outcome, assessment of how he/she responded, as well as date and time.  

19. Process with the client the results of his/her anger monitoring, concentrating on what can be learned from that personal behavior information.  

20. Instruct the client in a technique for progressive muscle relaxation that enables him/her to relax his/her entire body within 5 to 10 minutes and have him/her practice this technique daily for at least one week.  

21. Teach the client simple, quick techniques (e.g., deep breathing, counting backward, engaging in pleasant imagery, using a worry stone) to immediately help reduce anger elevations in a variety of situations.
for anger and prioritize them in terms of strength and frequency. (12, 13, 22)

identifies common triggers that instigate anger in people; ask the client to compile a written list of personal triggers.

13. Ask the client to sort potential triggers into those that are internal or originate from within the client (e.g., jealousy, perceived rejection, guilt) and those that are external or originate from the environment (e.g., threatened, rights trampled on, belittled).

22. Review and help the client inventory and prioritize his/her own personal anger triggers.

15. Verbalize the importance of self-statements and the role they play in either escalating or reducing anger. (23)

23. Explain the role of self-talk and how it can lead to either negative or positive reaction to anger triggers; demonstrate how this Mental process modifies the Antecedent condition, Behavioral reaction, and Consequences model by the interjection of a subjective element between Antecedents and Behavior (thus, the A-M-B-C model).

16. Identify instances of engaging distorted self-talk and the consequences of this on anger management. (24, 25)

24. Assist the client in identifying and inventorying his/her distorted self-talk in response to recent triggers and cues.

25. Process what the consequences might be for the client reacting to his/her most common distorted self-talk statements.

17. List and implement alternative, positive, realistic self-talk in response to internal and external anger trigger situations. (26, 27)

26. Facilitate a brainstorming inventory of alternative positive and realistic self-statements to the cues and trigger situations that the client finds most frequently (or intensively)
associated with his/her anger experiences.

27. Teach the client how to substitute positive and realistic self-statements in response to triggers.


11. Assign specific exercises from an established curriculum and workbook that teaches the causes and consequences of anger (e.g., *The Prepare Curriculum* by Goldstein; *Reasoning and Rehabilitation* by Ross, Fabiano, and Ross; *Controlling Anger and Learning to Manage [CALM] Program* by Winogron, VanDieten, and Gauzas; *Anger Workout Book* by Weisinger; *Treating Alcohol Dependence* by Monti, Abrams, Kadden, and Coney; *Criminal Conduct and Substance Abuse Treatment* by Wanberg and Milkman).

25. Process what the consequences might be for the client reacting to his/her most common distorted self-talk statements.

28. Instruct the client in a basic self-evaluation process that is simple, but geared to increase his/her objectivity in assessing his/her anger expression and its consequences surveying antecedents, behavioral expressions of anger, and consequences.

19. Implement new alternative skills for altering interpersonal expressions of anger. (29, 30)

29. Teach the client to implement a thought-stopping technique (e.g., thinking of a stop sign and then a pleasant scene, or snapping a rubber band on the wrist) that cognitively interferes with distorted
cognitive messages that fuel anger; monitor and encourage the client’s use of this technique in daily life between sessions.

30. Use role-playing, modeling, and empty chair techniques to teach the client interpersonal expressions of anger that are constructive and assertive, rather than alienating and aggressive.

20. Write an inventory of resentments and old anger targets that continue to recycle and facilitate engaging current triggers. (22, 31)

21. Verbalize how resentments lead to negative expressions of anger. (31, 32)

22. Review and help the client inventory and prioritize his/her own personal anger triggers.

31. Assign the client the task of listing all the resentments he/she experiences, especially those that recycle over time in his/her life.

32. Show the client how to dissect resentments he/she has identified according to either a 12-step model or a cognitive/behavioral (A-M-B-C) model and encourage him/her to apply these principles to his/her resentment.

22. Verbalize an action plan for coping with and resolving old resentments. (4, 5, 11, 33, 34)

4. Assign reading from anger management curriculum (e.g., *The Prepare Curriculum* by Goldstein; *Reasoning and Rehabilitation* by Ross, Fabiano, and Ross; *Controlling Anger and Learning to Manage [CALM] Program* by Winogron, VanDieten, and Gauzas; or *The EQUIP Program: Teaching Youth to Think and Act Responsibly Through a Peer*...
Helping Approach by Gibbs, Potter, and Goldstein) that addresses and provides an overview of a social learning, behaviorally-based perspective on anger.

5. Assign the client to read Of Course You’re Angry by Rosellini and Worden or Anger: How to Live With and Without It by Ellis.

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33. Assign the client to write an action plan for each of his/her recurring resentments that addresses the triggers, cues, anger reducers, self-statements, and self-evaluation.

34. Ask the client to write a letter of forgiveness to each individual associated with significant resentments.

23. Verbalize how influential people in growing up have modeled anger expressions. (5, 35)

5. Assign the client to read Of Course You’re Angry by Rosellini and Worden or Anger:
35. Assist the client in identifying ways key life figures (e.g., father, mother, and teachers) have expressed angry feelings and how positively or negatively these experiences have influenced the way he/she handles anger.

5. Assign the client to read *Of Course You’re Angry* by Rosellini and Worden or *Anger: How to Live With and Without It* by Ellis.

36. Assign the client to list the experiences of life that have hurt and led to anger.

37. Empathize and clarify feelings of hurt and anger tied to traumas of the past.

24. Identify pain and hurt of past or current life that fuels anger. (5, 36, 37)

25. Verbalize recognition of how holding on to angry feelings freezes you and hands control over to other and cite the advantages of forgiveness. (34, 38, 39)

26. Complete a reassessment with a valid anger/aggression instrument and accept feedback of results. (40, 41)

40. Reassess the client with a validated anger/aggression assessment test (e.g., Aggression Inventory (AI) by Gladue, Aggression Questionnaire (AQ) by Buss and Perry, State-Trait Anger Scale (STAS) by London and Spielberger).

41. Provide the client with an objective interpretation and
27. Receive normative feedback regarding reassessment scores on an anger/aggression instrument that includes presentation of “gain scores” (i.e., the difference between pretest and posttest). (40, 41)

40. Reassess the client with a validated anger/aggression assessment test (e.g., Aggression Inventory (AI) by Gladue, Aggression Questionnaire (AQ) by Buss and Perry, State-Trait Anger Scale (STAS) by London and Spielberger).

41. Provide the client with an objective interpretation and normative feedback of his/her reassessment scores and profile of the validated anger/aggression test administered.

DIAGNOSTIC SUGGESTIONS:

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
<th>DSM-5 Disorder, Condition, or Problem</th>
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<tbody>
<tr>
<td>312.34</td>
<td>F63.81</td>
<td>Intermittent Explosive Disorder</td>
</tr>
<tr>
<td>296.xx</td>
<td>F31.xx</td>
<td>Bipolar I Disorder</td>
</tr>
<tr>
<td>296.89</td>
<td>F31.81</td>
<td>Bipolar II Disorder</td>
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<td>312.82</td>
<td>F91.2</td>
<td>Conduct Disorder, Adolescent-Onset Type</td>
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<tr>
<td>312.81</td>
<td>F91.1</td>
<td>Conduct Disorder, Childhood-Onset Type</td>
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<tr>
<td>310.1</td>
<td>F07.0</td>
<td>Personality Change Due to Another Medical Condition</td>
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<td>309.81</td>
<td>F43.10</td>
<td>Posttraumatic Stress Disorder</td>
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<td>301.83</td>
<td>F60.3</td>
<td>Borderline Personality Disorder</td>
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<td>F60.0</td>
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<td>F60.81</td>
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<tr>
<td>301.9</td>
<td>F60.9</td>
<td>Unspecified Personality Disorder</td>
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