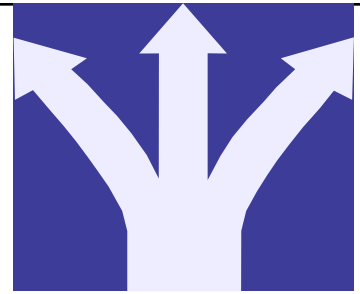


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The Treatment of Anger Control Problems

While the exploits of celebrities such as Charlie Sheen highlight the issue of anger control there has been little serious discussion about the treatment of persons who may have anger control problems. Part of the difficulty is that compared to other common emotional disorders associated with anxiety and depression, there is significantly less outcome research that exists on the efficacy of anger treatments.

Dr. Raymond Tafrate, a professor at Central Connecticut State University, identified 17 published studies of anger treatments and found empirical support for cognitive, relaxation-based, skills-training and multicomponent interventions. The vast majority of the empirical literature on anger treatment investigated behavioral, cognitive, or cognitive-behavioral therapies.

Dr. Tafrate and Dr. Raymond DiGiuseppe at St. John's University in New York wrote a paper proposing a comprehensive treatment model for individuals with anger control problems. They identified 6 components of the model:

1. *Cultivate the therapeutic relationship*- Individuals who have anger problems often want to express their feelings about how unfairly they have been treated and would like to change the behaviors of others who have triggered their anger rather than altering their own emotional responses. A therapist needs to validate an angry client's sense of being offended by others.
2. *Address motivation for change*- Clients initially come into treatment usually at the behest of someone else-whether the courts, a spouse or partner, or an employer. They do not necessarily see the need to change how they process their feelings of anger. It will be important for the therapist to help the client understand how their expression of anger negatively impacts on their well-being
3. *Manage Physiological Arousal*- Individuals who have difficulty with their anger will frequently experience immediate and high physiological arousal. A focus of treatment would be to help the person decrease bodily tension to reduce the risk of losing control of his/her anger.
4. *Foster Cognitive Change*- Angry clients generally engage in thinking distortions about events that occur in their lives. Cognitions involving blame, demandingness, overgeneralization and misattribution are quite common. A goal of treatment is to encourage more realistic and precise thinking which will then allow for more successful emotional and behavioral change.
5. *Implement Behavior Change*- Persons with anger control problems lack a range of options to respond to events that may trigger anger and there is a significant level of habitualness in those situations. Helping clients learn and practice alternative behaviors allows them to achieve a certain level of confidence that they can handle situations differently. Drs. Tafrate and DiGiuseppe recommend that therapists use some type of exposure treatment, such as exposure to imaginal scenes of anger triggers or actual role plays allowing the person to learn more healthy responses.
6. *Teach Relapse Prevention*- Drs. Tafrate and DiGiuseppe indicate that given the automaticity of anger and the difficulty of maintaining motivation to change anger, individuals with anger control problems would likely benefit from learning how to respond to lapses in their anger control skills.

Dr. Tafrate and Dr. DiGiuseppe also suggested other components to keep in mind when considering treatment interventions with persons who have anger control problems:

(Continued)

1. *Contain impulsive behaviors*— Persons often arrive in treatment because how they have handled their feelings of anger has resulted in serious difficulties with spouses/partners, children, other family members or work colleagues. An important first step is to help minimize ongoing negative expressions of a person's anger. Usually, teaching escape strategies for the individual to use when he/she begins to experience an episode of anger can be useful.

2. *Incorporate forgiveness*— Individuals with anger control problems frequently have resentments towards other individuals that fuels their feelings of anger. While learning techniques to help cope with anger in the moment is essential, a person may also benefit from forgiveness interventions that can reduce the significance of resentments.

3. *Consider systemic interventions*— Since individuals commonly direct their anger at significant others, it is worthwhile to consider the context in which the anger occurs. It may be productive to have spouses/partners or other significant others provide data on how the person's anger is manifested and the negative consequences that may arise as well as become involved in some of the sessions.

References:

DiGiuseppe, R. and Tafrate, R.C. (2001). *A Comprehensive Treatment Model for Anger Disorders*. *Psychotherapy*, 38, 3, 262-271.

Tafrate, R.C. (1995). *Evaluation of Treatment Strategies for adult anger disorders*. In H. Kassinove (Ed.), *Anger Disorders: Definition, Diagnosis and Treatment* (pp. 109-130). Washington, DC: Taylor and Francis.

FROM THE FILES:

Playing Violent Video Games Changes Brain Function

Yang Wang, MD from the Indiana University School of Medicine assessed changes in brain function after one week of violent video game playing.

The subjects were 22 healthy men 18 to 29 years of age whose past exposure to violent video games was low. They were randomized to play a violent shooting game for about 10 hours the first week and then to refrain from playing for the second week or to play no

violent video games for the entire 2-week period.

Functional magnetic resonance imaging (fMRI) was performed at study entry and at 1 and 2 weeks. During fMRI, the participants completed 2 modified Stroop tasks. During the emotional Stroop task, subjects pressed buttons matching the color of visually presented words. Words indicating violent actions were interspersed with nonviolent action words in pseudorandom order. During the counting Stroop task, subjects completed a cognitive inhibition counting task.

The researchers found that after 1 week of violent video game play, the study group showed less activation in the left inferior frontal lobe during the emotional task and less activation in the anterior cingulate cortex during the counting task compared with their baseline results and results in the control group.

According to another researcher in the study, Vincent Mathews, MD, professor of radiology at Indiana University School of Medicine, "Their executive functioning abilities were decreased and so were their cognitive functioning abilities."

Medscape News, 12/9/2011

Dietary Trans Fat Linked To Aggression

Consumption of dietary trans fatty acids is associated with irritability and aggression

The cross-sectional study of 945 adult men and women provides the first evidence linking trans-fat consumption to adverse behaviors that affect others. The lead author of the study was Beatrice A. Golomb, MD, PhD from the University of California, San Diego.

The investigators used baseline dietary information and behavioral assessments to analyze the relationship between dietary intake of trans fatty acids and aggression or irritability.

The researchers collected nutrient data using a food frequency questionnaire, they collected information on behavioral acts of aggression toward self, others and objects with a variety of validated instruments including Conflict Tactics Scale (CTS) and Life History of Aggression (LHA). They found that participants who ate more trans fat had higher scores on each of these measures. It was true for men and women and across age groups and ethnicity.

Medscape News, 4/4/12