Clinical Toolkit

Clinical Tips: Anger

Understanding and assessing anger-related difficulties in young people

Anger is a healthy emotion and is not a problem in itself. Anger can become problematic when it is experienced intensely, a person feels angry a lot of the time, and/or has difficulty expressing their anger in a healthy way. Problematic anger is not a mental health disorder, but problematic anger may be a feature of a number of mental health disorders e.g. Oppositional Defiance Disorder, Post Traumatic Stress Disorder, Major Depressive Disorder and Borderline Personality Disorder. Problematic anger is often a sign of clinical distress and/or loss of control which deserves clinical attention.

Individuals who experience chronic and/or intense anger, or who have difficulty expressing their anger in appropriate ways, can experience significant psychological distress and functional impairment. Problematic anger can have a particularly detrimental impact on a person's interpersonal relationships. Problematic anger affects both young men and young women. Difficulties expressing anger can involve both suppression of anger (i.e. internalising or 'bottling it up') and inappropriate expression of anger (i.e. aggressive behaviour), both of which can cause significant distress and functional impairment.

It is important to recognise the problems that can result from a young person suppressing their anger. While suppression of anger is sometimes helpful and appropriate, it can become unhealthy when a young person frequently suppresses their anger, or does so in situations in which it is not helpful. Difficulties identifying feelings of anger, and a tendency to supress anger can have a profound impact on young people, often meaning that their needs are not met. When anger is supressed in this way, a young person will often present with other internalising symptoms such as anxiety, depression and low self-esteem. Anger may also be turned toward themselves and can contribute to self-harm.

It is also important to recognise that aggressive behaviours can mask underlying emotional distress. This is particularly the case with young men who often present with externalising symptoms (including aggressive behaviour and other risk taking behaviours) rather than affective complaints which may mask underlying affective disorders.

Interventions for anger-related difficulties

The GP and AHP have key roles in providing strategies, and more importantly, skills training to young people that struggle to manage their anger. In considering what works in treating anger-related difficulties, it is helpful to consider:

(i) specific anger management programs (usually offered when anger and/or aggressive behaviour is the presenting concern)

(ii) broader principles of working with problematic anger for young people presenting with other difficulties where anger-related difficulties contribute to them

1. Anger management programs

Cognitive Behavioural Therapy (CBT) has been found to be moderately effective for the treatment of problematic anger in young people (Sukhodolsky, Kassinove & Gorman, 2004).

CBT helps an individual regulate intense emotions, modify cognitive distortions, express their anger through assertive communication and appropriate social behaviours.

Anger management interventions are typically offered when anger is the main presenting issue and often in the context of aggressive behaviour. Young people are taught to recognise and monitor anger and use coping skills to manage excessive anger. They are then encouraged to identify and practice responses to anger-inducing situations.

There are four CBT-based anger-management interventions that have different areas of focus:

i. **Skills development**: this includes treatments that target overt anger expression and use modelling and behavioural rehearsal to develop appropriate social behaviours. Modelling is

used to demonstrate the adaptive changes that are expected of a young person, and feedback provides the guidelines and reinforcement for the acquisition of new skills.

ii. **Eclectic/Multimodal treatment:** The multimodal orientation begins with the assumption that therapy must assess seven discrete but interactive modalities (abbreviated by the acronym BASIC ID, which stands for Behaviour, Affect, Sensation, Imagery, Cognition, Interpersonal factors, and Drug/Biological considerations). This psychoeducational framework encourages therapists to improvise and tailor therapy to the young person. This approach focuses on intensive assessment and problem-targeted therapy.

iii. **Problem-solving** includes treatments that target cognitive deficits and distortions and use techniques such as attributional training, self-instruction, and consequential thinking.

iv. **Affective education**: This includes treatments that focus on covert anger experiences and included techniques of emotion identification, self-monitoring and anger arousal, and relaxation.

Skills training and multimodal treatments are more effective in reducing aggressive behaviour and improving social skills. However, problem-solving treatments are more effective in reducing the subjective anger experience.

For young people exhibiting aggressive behaviour, the focus of anger management should be on actual behaviour change. This is important to reduce aggressive behaviour, and is more effective than treatments that modify internal constructs or affective education treatments, such as relaxation.

2. Broad principles of working with problematic anger

Many young people presenting with other mental health and substance use difficulties benefit from some work addressing problematic anger. The basic principle of intervention is affective education, raising awareness of the antecedent signs of anger, and supporting a young person to express their anger in an appropriate way.

Antecedents to anger typically include changes in thoughts, emotions, behaviour and physical sensations. As different young people will experience the escalation of anger differently, it is worthwhile exploring these signs individually with each young person rather than just providing educational materials. The focus here is on raising awareness of early warning signs and developing consciousness of the progression of these signs.

For example, a young person might develop a map of early warning signs in different domains such as:

Emotional: rising anxiety and tension that feels uncomfortable, feeling jealous, feeling excluded and unloved

Thoughts: imagining a partner choosing to be with other people over themselves, self-critical thoughts

Physical: increased muscle tension, sense of tightness in the chest, perception of elevated body temperature

Behavioural: pacing, agitation

For young people who have a tendency toward aggression, the AHP can support the young person to develop an understanding of how these signs or symptoms evolve or progress from escalation to explosion to post-explosive feelings and realisation. By raising awareness and supporting the young person to develop a working model of this process, the AHP facilitates the young person to arrive at new insights and ideas for intervention. This may involve interrupting the process or active techniques to diffuse the anger such as perspective taking.

It is worthwhile evaluating some of the negative consequences of the post-explosive phase to assist with motivation to change– i.e., by being conscious of the fall-out from explosive episodes – e.g. damage to reputation, diminished self-esteem, shame, embarrassment, loss of friends and relationships, property damage, injury, etc.

Rehearsal of potential or hypothetical conflict scenarios may be less confronting or less contaminated by negative association than analysis of the actual occasions that have occurred. This may allow the young person to think more. Similarly, it can be helpful to ask the young person to anticipate responses and potential interventions for vignettes involving hypothetical characters, or celebrities.

For young people who have difficulty expressing their anger and tend to supress it, or behave passive aggressively, the AHP may focus more on exploring the trigger to their anger (e.g. a partner acting insensitively toward me), validating their anger, and affective education about anger as a healthy emotion. Exploring the costs of internalising

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their anger (e.g. they don't know they have upset me; their behaviour won't change; I feel more upset), acting passive aggressively (e.g. tension in relationships), and the potential benefits of expressing their anger through assertive communication is often helpful.

Psychoeducation, role playing and skill building in assertive communication, including the use of role plays, is often helpful.

Clinical tips in working with anger-related difficulties

Some points for intervention include both problem-specific approaches and non-specific interventions. These include:

- Grounding with mindfulness skills that increase awareness of surrounds and the environment and ability to reflect on the trigger for their anger
- Normalisation of anger as a healthy emotion and distinction between anger and aggression
- Relaxation strategies
- Exercise
- Psychoeducation and skills training in assertive communication
- Direct conflict resolution that usually involves assertive communication with the person a young person feels angry toward
- Perspective taking – i.e., trying to imagine the other person's perspective and motivations
- Delaying the immediacy of escalation of anger by taking time out
- Speaking with friends or supportive people including family or counsellors to allow for some ventilation of internal distress and to establish dialogue that leads to new perspectives
- Maintaining friendly body language and communication skills that are incompatible with anger / rage

For more helpful resources

The headspace evidence summary: understanding and assessing anger-related difficulties in young people – A guide for clinicians

Centre for Clinical Interventions (CCI – Western Australia): Assertiveness (self-help and clinician resources)

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Reachout

References

Baker D. and Rice S. (2017) *Keeping it real: Reimagining mental health care for all young men.* Melbourne: Orygen, The National Centre of Excellence in Youth Mental Health.

Scanlan F, Parker A & Montague A (2016) *Evidence Summary: Understanding and assessing anger-related difficulties in young people – A guide for clinicians. Orygen – the National Centre of Youth Mental Health. Melbourne*

Sukhodolsky, D.G., Kassinove, H., & Gorman, B.S. (2004). Cognitive-behavioral therapy for anger in children and adolescents: A meta-analysis. *Aggression and Violent Behavior, 9,* 247-269.

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