

**A Research Based Approach  
To The Treatment of Anger, Aggression  
& Addiction**

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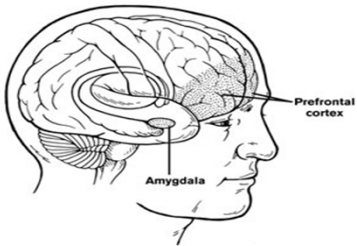
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**SELF-IMAGE**

- Heraclitus (5<sup>th</sup> Century BC)- "*Know Thyself*"
- People with faulty self-images tend to have...
  - *High levels of anxiety*
  - *High levels of defensiveness*
  - *High levels of self-doubt*
  - *High levels of narcissism*
- IN OTHER WORDS...CHARACTER DEFECTS

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## SELF-IMAGE

- **WHO AM I?**
  - SELF or soul
  - Nothing and Everything
  - I know nothing
  - No motives, judgments or opinions
- If one develops the concept of “I” (ego) for example “I am rich”, “I am beautiful”, I am smart”, “I need a new car to be happy”, this self-image will lead to misery and suffering

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## SELF-IMAGE

- When someone or something violates your belief about your self-image you will suffer- get angry, upset, defensive, etc.
- **THINK ABOUT THIS...**  
*What has your self-image ever done for you?*

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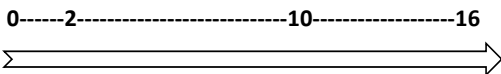
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## EGO DEVELOPMENT

- ALTERED WORLDVIEW INITIALLY DEVELOPED BETWEEN TWO AND TEN YEARS OF AGE



- 0-2: KINESTHETIC, NONLINEAR
- 2-10: WONDERFUL RECEIVER
- 10-16: SELF-REFLECTIVE CONSCIOUSNESS

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## THE EGO

HEINZ KOHUT-EGO PSYCHOLOGY

**GRANDIOSE SELF (EGO) IS FORMED BY  
INTERNALIZING "ALL GOOD" AND  
EXTERNALIZING "ALL BAD"  
EXPERIENCES**

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## THE EGO

- *Striving for security and certainty*
  - Illusions
  - Struggle to gain and to achieve which can lead to GREED
  - Always becoming, desiring and wanting
  - Always afraid
  - This fear is often beneath ANGER

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## THE EGO

- *Comparing and contrasting*
  - When it believes it is better than others it is euphoric
    - PRIDEFUL and ARROGANT
  - When it believes it is worse than another it becomes depressed
    - This can lead to ENVY and JEALOUSY
- *Is temporal*
  - Psychological time

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## THE EGO

- *Personal gain*
  - PRIDE
    - Front man for the ego
    - Always JUDGING others
    - Has motives, opinions and positionalities
  - To possess
    - LUST
  - Always wants more and better
    - GLUTTONY

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## THE EGO

- **THE EGO DEMANDS ATTACHMENT**
  - IN ORDER TO LOVE MUST BE FREE OF ATTACHMENT AND CHARACTER DEFECTS
    - ATTACHMENT TO ANOTHER (IMAGE WE HAVE OF THE OTHER) LEADS TO...
    - PRIDE OF POSSESSION WHICH LEADS TO...
    - SENSE OF SECURITY (ILLUSION) WHICH LEADS TO ...
    - FEAR OF LOSING THE OTHER WHICH LEADS TO...
    - INCREASED ANXIETY AND GREATER ATTACHMENT (BEING POSSESSED BY THE OTHER)

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## THE EGO

- **THE EGO DEMANDS ATTACHMENT**
  - ATTACHMENT SEPARATES AND CAUSES CONFLICT
    - "I AM ATTACHED TO BEING A HINDU"
    - "I AM ATTACHED TO BEING A CITIZEN OF BULGARIA"
  - WITHOUT ATTACHMENT
    - NO CONFLICT
    - COMPASSION FOR THE OTHER
    - BEGINNING OF UNCONDITIONAL LOVE AS OUR RELATIONSHIPS ARE BASED ON FREEDOM AND COMPASSION

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## THE EGO

- "I" AM...
  - ONLY WHEN I AM THINKING, IN CONFLICT, SUFFERING, OCCUPIED, JUDGING, COMPARING WITH STRAIN AND CHOICE
  - WHEN OCCUPIED WITH AMBITION OR WITH GOD
  - "MORE" IS THE WAY OF THE MIND KNOWING IT EXISTS
  - SENSATIONS PLUS THOUGHT EQUALS DESIRE

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## THE EGO

- IN THE STATE OF "I" AM...
  - *ONE CANNOT MEDITATE*
  - *ONE CANNOT HAVE A QUIET MIND*
  - *ONE CANNOT FIND "TRUTH", THE "ACTUAL", GOD, THE HOLY SPIRIT OR THE "REAL"*

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## REMOVING DEFECTS OF CHARACTER

- Story of the Prodigal Son
- Some things psychology and pharmacology cannot effectively treat
- *Narcissism is such a problem*
- All character defects come from the narcissistic self-image of the ego
- This leads to an altered *worldview* based on the duality of good and evil that is truly an illusion

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## REMOVING DEFECTS OF CHARACTER

- **WORLDVIEW**
  - **Grandiosity** is a worldview that demands “I need to be better than you”
  - When I perceive I am not better than you it leads to anger and/or depression which in turn can lead to judgmentalism, motives and opinions
  - When I perceive I am better than you, it leads to elation, enhanced self-image and a lack of empathy

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## REMOVING DEFECTS OF CHARACTER

- THE EGO FUNCTIONS IN THE PAST AND THE FUTURE AND IS **FEAR** BASED
- CHARACTER DEFECTS CAN BE SEEN AS SPIRITUAL DEFICITS
- CHARACTER DEFECTS RESPOND BEST TO SPIRITUAL METHODS SUCH AS...
  - THE STEPS OF AA
  - BEATITUDES
  - HINDUISM
  - BUDDHISM
  - UNDERSTANDING OF PSYCHOLOGICAL TIME

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## EGOLESS

- **HOW DO YOU KNOW YOUR TRUE SELF?**
  - “WHAT I AM” —————> “WHAT I SHOULD BE”
    - CREATES A CONFLICT (DUALITY)
    - LEADS TO CONFUSION AND DESIRE
  - EXAMPLE: “I AM GREEDY” AND I DESIRE TO “NOT BE GREEDY”
    - “I AM GOING TO CHANGE”
      - NOW YOU HAVE INTRODUCED TIME AND THERE IS NO REALITY IN TIME
      - TIME IS ALWAYS ABOUT THE PAST
      - TRANSCENDENCE IS ALWAYS ABOUT THE PRESENT

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## EGOLESS

- **HOW DO YOU KNOW YOUR TRUE SELF?**
  - **WITH HONESTY, ACCEPTANCE AND PATIENCE**
    - THE MIND IS CONDITIONED BY CENTURIES OF EDUCATION
    - CONDITIONED BY PRIMARY CARE-GIVERS, NATIONALITY, RELIGION, CULTURE
      - EXAMPLE: "I AM A CHRISTIAN"
        - » CONDITIONED BY 2000 YEARS OF HISTORY
    - SELF-HONESTY LEADS TO SELF-KNOWLEDGE AND IS THE BEGINNING OF WISDOM
    - DON'T CONCENTRATE (MEANS MAKING A CHOICE)

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## EGOLESS

- **HOW DO YOU KNOW YOUR TRUE SELF?**
  - **OPEN ATTENTION**
    - AWARENESS AND ACCEPTANCE WITHOUT INTERPRETATION
    - TO OBSERVE WITHOUT JUDGMENT, CONDEMNATION OR EVALUATION HOW ONE IS THINKING AND FEELING NOT JUST SUPERFICIALLY BUT WITH DEPTH
    - TO KNOW ONESELF AS ONE IS FROM MOMENT TO MOMENT

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## EGOLESS

- **HOW DO YOU KNOW YOUR TRUE SELF?**
  - **FIRST, IF ANGRY, GREEDY, JEALOUS, LUSTFUL, ETC.**
    - JUST OBSERVE IN THE PRESENT WITHOUT...
      - JUDGING
      - CONDEMNING
      - COMPARING
      - CONTRASTING
      - EVALUATING
    - LET THE FEELING FLOWER AND THEN DISAPPEAR
    - NOW THE MIND IS SILENT AND IN THE MOMENT ALLOWING FOR CONNECTION TO TRANSCENDENT POWER
    - BECOME A LIGHT UNTO YOUR SELF

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## EGOLESS

- **HOW DO YOU KNOW YOUR TRUE SELF?**
  - SECOND, END THE SEARCH FOR EXPERIENCES
    - EXPERIENCES BECOME MEMORY (PAST)
    - MEMORY DISTORTS OBSERVATION (CONDITIONING)
      - MAY HAVE VISIONS, EXPERIENCES ACCORDING TO YOUR CONDITIONING
    - MUST HAVE NO EXPERIENCER (EGO)
      - EXPERIENCER IS THE CONDITIONED EGO
      - MAY HAVE AN EXPERIENCE BUT IT IS DISTORTED AND CONDITIONED
      - COMES FROM THE PROJECTION OF MEMORY, IT IS NOT SOMETHING NEW

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## EGOLESS

- **HOW DO YOU KNOW YOUR TRUE SELF?**
  - THIRD, OBSERVE YOUR FEARS, PLEASURES, SORROWS AND ALL THE COMPLEXITIES OF DAILY LIVING IN YOUR RELATIONSHIPS
    - OBSERVE IMPLIES THERE IS NO OBSERVER
    - THEREFORE, NO SUPPRESSION, DENIAL OR ACCEPTANCE BUT MERE OBSERVATION
      - THIS DOESN'T DISTORT PERCEPTION

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## EGOLESS

- **HOW DO YOU KNOW YOUR TRUE SELF?**
  - NOW THE MIND IS SILENT
  - AFTER DOING THE ABOVE YOU HAVE ARRIVED AT "WHAT IS" NOT "WHAT SHOULD BE"
  - THERE IS NO EFFORT TO CONTROL BY COMPARISONS
  - IT IS THE "WHAT IS" IN THE PRESENT MOMENT THAT UNDERGOES A RADICAL TRANSFORMATION

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## ANGER AND FEAR

- NO OTHER PERSON CAN MAKE YOU FEEL ANYTHING- YOU DO IT TO YOURSELF
- THERE IS NO ANGER OR FEAR IN REALITY-IT ONLY RESIDES WITHIN YOU
- WHEN WE GET ANGRY AT ANOTHER IT IS BECAUSE THEY DIDN'T LIVE UP TO YOUR EXPECTATIONS
- FEAR OFTEN COMES FROM CONCERN ABOUT LOSING SOMETHING VALUABLE TO US

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## TREATMENT OF FEAR

- MAY PRESENT AS ANXIETY OR ANGER
- ◆ Want energy but not feeling
- ◆ Disassemble
  - Physical symptoms
    - Can you handle them?
  - Emotional symptoms
    - Can you handle them?
- ◆ Not experiencing fear just a bunch of symptoms
- ◆ "Fear is not you, it is just a symptom"

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## TREATMENT OF FEAR

- ◆ "You are bigger than your fears."
- ◆ Anger and other outward expressions of fear represents a need to control what feels unmanageable
  - PARADOX
- ◆ "Your fear and anger give people control over you"
- ◆ "When you lose the fear of fear the world cannot control you!"

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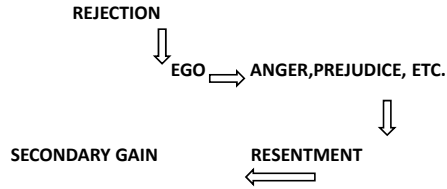
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## THE EGO

- EMOTION, ESPECIALLY NEGATIVE EMOTION ARE "TOOLS" OF THE EGO



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## THE EGO-LESS SELF

*IF THERE IS NO PSYCHOLOGICAL TIME THERE IS NO CONFLICT. THE EGO IS TIME BOUND TO THE PAST AND FUTURE. WITHOUT TIME WE WOULD BE IN THE PRESENT MOMENT-IN A SPACE THAT HAS NO WORDS AND NO CENTER AND NO "ME". WE WOULD EXPERIENCE PEACE AND JOY AND THE IMMENSE ENERGY OF THE UNIVERSE*

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## THE EGO-LESS SELF

WHEN THE MIND IS STILL, TRANQUIL, NOT SEEKING ANY ANSWER OR SOLUTION, NEITHER RESTING NOR AVOIDING-IT IS ONLY THEN THAT THERE CAN BE REGENERATION BECAUSE THEN THE MIND IS CAPABLE OF PERCEIVING WHAT IS TRUE AND IT IS TRUTH THAT LIBERATES YOU NOT YOUR EFFORT TO BE FREE.

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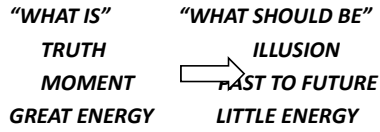
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### THE EGO-LESS SELF-SOURCE OF CONFLICT



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### Violent Behavior Multi-determined

- Genetic Tendencies
  - Serotonin transporter gene 5-HTTLPR
  - MAO low activity allele
- Traumatic childhood experiences
  - Orbitofrontal Cortex
  - Reduction in serotonin levels
  - Disorganized Attachment
- Paranoid personality style
  - Organized or Disorganized
- Frontal cortex injury
- Alcohol/Drugs-acute and chronic

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### Violent Behavior Multi-determined

- Girls and women are not necessarily less violent than boys and men
  - Female
    - Indirect
    - Covert
  - Men
    - Immediate outward physical aggression
- Various Psychiatric Disorders
- Hormones-Testosterone

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## Anger, Aggression and Addiction

- Alcohol
  - Serotonin
- Stimulants
  - Fight or Flight
  - Increased Dopamine in Prefrontal Cortex
- Arylcyclohexylamines
  - PCP
  - Ketamine

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## Differential Diagnosis

- Neurological Dysfunction
  - ADHD
  - Autism
  - Dementia
- Brain Damage and Injury
  - Frontal lobe injury
  - Exposure to toxins
  - Maternal alcohol/ drug usage

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## Differential Diagnosis

- Personality traits and disorders
  - Antisocial traits or ASPD (Antisocial Personality Disorder)
  - Paranoid traits or PPD (Paranoid Personality Disorder)
  - Borderline traits or BPD (Borderline Personality Disorder)
- Neurotransmitters and hormones
  - Serotonin
    - Many antiaggression meds work thru this system
  - Testosterone

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## Differential Diagnosis

- Mental Illness
  - With paranoid symptoms
    - Panic Disorder
    - Schizophrenia
    - Mania
    - Depressive Disorder
    - Drug Intoxication and withdrawal
  - Mental Retardation
  - Oppositional Defiant Disorder
  - Conduct Disorder
  - Posttraumatic Stress Disorder

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## Differential Diagnosis

- Medical Diseases
  - Encephalitis
  - Alzheimer's Disease
  - Cerebrovascular Accident
  - Seizure disorders

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## Brief Assessment

- Information about past and current behavior
  - Client/Patient
  - Friends and family
- Review of past treatment
  - Successful
  - Unsuccessful
- Clinical evaluation over time
  - Medical
  - Psychosocial

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### Case Study

29 yo male (Marcus) was physically abused by his father. When his father was drunk he would hit Marcus with a belt. At age 12 Marcus made a decision to never let anyone hurt him again. From that point on whenever he felt threatened by a male authority figure he would “get in their face”.

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### Case Study

27 yo female (Gina) would listen to her parents scream obscenities and hit each other. One day when she was 11 yo she decided that she would no longer put up with the situation. Every time her parents would fight and scream at each other, she would run away from home.

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### Learned Coping and Survival Skills

- Fear or threat (real or perceived) of being out of control leads to:
  - Withdrawal
  - Attack of others
  - Avoidance
  - Attack of self
- “Freeze, Flight or Fight”

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### Modulation Ratio

- IN ORDER TO USE THE COGNITIVE AND BEHAVIORAL RECOVERY STRAEGIES TAUGHT IN TREATMENT AND SELF-HELP WANT CLIENT TO HAVE:

**INHIBITION**  
**EXCITATION**

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### Clinical Example of Vertical Integration

- Can be used with anger and many Anxiety Disorders where lower brain overrides cortical areas
- “Checker System”
  - Amygdala
  - Basal Ganglia
  - Brain Stem

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### Clinical Example of Vertical Integration

- “Checker System”
  - Scans
  - Alerts
  - Motivates
- Helping the client have a different relationship with themselves
  - Psychoeducation
  - Promotes integration

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## Clinical Example of Vertical Integration

- Intervention
  - Personify the “Checker”
  - Observe what is going on
    - Cortex
    - Discernment
  - Teach meditation
    - Breathing

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## Clinical Example of Vertical Integration

- Promote Dialogue
  - Have Cortex communicate with subcortical areas
    - “Thank you for trying to keep me safe”
    - “You are my friend”
    - “Here is the deal, we need to talk about being safe”  
(contingent communication with self)
- Cortex and “Checker” as a team
  - Convince “Checker” that it does not have to be hyperactive

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## Pharmacotherapy

- Aggressive Episode
  - Oral
    - Risperidone 2mg oral soln & Lorazepam 2mg
    - Benzodiazepines
    - Atypical Antipsychotics
  - IM
    - Lorazepam 2mg
      - Diazepam and chlordiazepoxide are absorbed slowly and erratically
      - Pts abusing stimulants are more conducive to seizures and EPS

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## Pharmacotherapy

- Haloperidol 5mg & Lorazepam 2mg
- IM Atypical Antipsychotics
  - Olanzapine (Zyprexa)
    - » Agitation associated with schizophrenia, bipolar mania and dementia
  - Ziprasidone (Geodon)
    - » Agitation associated with schizophrenia and schizoaffective disorder
- FDA approved long-acting form of injected risperidone called Risperdal Consta

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## Pharmacotherapy

- History of Impulsivity
  - SSRIs
  - Lithium
- History of mood swings
  - Mood stabilizers
    - Lithium
    - Tegretol
    - Depakote

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## Non-Pharmacological Management

- Don't Personalize
- Understand your personal reaction to anger
- Assess the environment for potential danger
- Know where the client is at all times
- Keep an appropriate distance

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## Non-Pharmacological Management

- Validate the client
- Shift from Emotional to Cognitive or Behavioral Stance
  - What lead up to you feeling this way?
- Give the client a sense of being in control
- Clear the area of other clients or move client to safe place

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## Case Study

Larry was a 23 yo alcoholic and addict. His therapy group had a new therapist and before he even met the therapist he looked at him and said, "I'm going to break your \_\_\_\_\_ head."

What would you do in this situation?

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## Dialogue between client and clinician

- Larry: "I'm going to break your \_\_\_ head."
- Therapist: "Whatever you do don't stop behaving the way you are now because you know and I know that it saved your life-didn't it?"
- Therapist: "I'd like to talk to that part of you that made a conscious decision to never let anyone hurt you again."

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## Empirically Proven Approaches

- Relaxation
  - Reduce physiological and emotional arousal
- Cognitive
  - Reduce anger inducing information processing
  - Increase problem-solving ability
- Behavioral
  - Teach adaptive behaviors

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## Why Change ?

- Responsibility and blame
- Other condemnation
- Self-righteousness
- Cathartic expression
- Short-term reinforcement

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## Therapeutic Relationship

THE ESSENCE OF A RELATIONSHIP OCCURS IN A MOMENT. THE DEPTH OF THE RELATIONSHIP TAKES TIME. WHY IS IT THAT ONE STAFF MEMBER CAN WALK INTO A ROOM AND THE CLIENTS IMMEDIATELY CALM DOWN WHILE ANOTHER STAFF MEMBER WALKS IN THE ROOM AND ALL HECK BREAKS LOOSE? THE ESTABLISHMENT OF THE RELATIONSHIP IS A PRELUDE TO CLINICAL EFFECTIVENESS.

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## Relaxation Therapy

- Start early
- Techniques include:
  - Control breathing
  - Voice tone and tempo
  - Progressive relaxation
  - Caution with mental imagery

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## Meditation Procedure

- Establish a routine
  - Times
  - Places
- Choose Technique
  - Repeat a prayer or special saying
  - Focus on a word or phrase
    - “One”
  - Directed Breathing
  - Progressive Muscle Relaxation

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## Meditation Procedure

- Choose Technique (continued)
  - Warming of the hands
  - Warming of another part of body
    - Chest
    - Feet
  - Focus on a spot on the wall
- As a part of the meditation close with “What am I grateful for today?”

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### Smell the Flowers, Blow Out the Candle



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### Case Study

Samantha was a 17 yo female who smoked marijuana because it helped her to “mellow-out”. In early recovery she was having problems with anxiety and anger. Her therapist taught her several strategies that involved tensing and relaxing muscles along with cognitive and behavioral techniques.

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### Labeling Our Feelings

- Verbalizing our feelings and labeling emotions makes them less intense.
- Photograph of an angry or fearful face causes increased activity in the amygdala
  - Creates a cascade of events resulting in “fight or flight” response
- Labeling the angry face changes the brain response

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## Labeling Our Feelings

- Labeling the response caused the amygdala to be less active and the right ventrolateral prefrontal cortex to activate.
- Using mindfulness and labeling the feelings one experiences allows the prefrontal cortex to override the amygdala.
  - Matthew Lieberman, UCLA, Psychological Science, May 2007

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## David Creswell, UCLA

- “We found the more mindful you are, the more activation you have in the right ventrolateral prefrontal cortex and the less activation you have in the amygdala. We also saw activation in widespread centers of the prefrontal cortex for people who are high in mindfulness. This suggests people who are more mindful bring all sorts of prefrontal resources to turn down the amygdala.”

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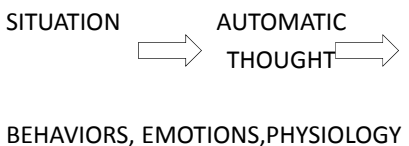
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## Cognitive Therapy



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### Cognitive Therapy

- Our thoughts, behaviors and emotions are related
- Patients are often oblivious to these connections
  - Example-Client felt despondent but did not realize this emotion was triggered by a friend’s failure to greet him. When asked, “Try to remember what you were thinking when your mood changed to sadness” the patient responded, “I assumed my friend was ignoring me because she does not like me anymore.”

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### Cognitive Therapy

- Example- Sometimes people infer their mood from their behavior. A speaker giving a presentation on the lower deck of a cruise ship assumed because his legs were shaking he was nervous until he realized the floor was vibrating because it was close to the propeller shafts.
- Controlled experiments show people infer their feelings from their behavior or what they think is their behavior

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### Cognitive Therapy

- Example- Men looked at nude pictures of women in a *Playboy* magazine as they listened to what they thought was their heart rate. The men were then asked to rate their attraction to the nudes. Experimenters found men gave the highest ratings when they thought their hearts were beating faster or slower than normal although this feedback had nothing to do with their actual heart rates.
- Valins, S. *J Pers Soc Psychol.* 1966;4:400-408.

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## Cognitive Therapy

- **Correcting Thinking Errors (distorted thinking can affect mood)**
  - Clients overgeneralize from a single failure and assume they are failures
  - Sometimes they extend this distorted thinking with catastrophizing where one negative incident mushrooms into an imagined chain of events ending in disaster.

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## Cognitive Therapy

- **Other common distortions include...**
  - Black-and-white thinking, also known as polarized or all-or-nothing thinking is imagining that events will lead to one extreme or another. For example, if I am not a complete success then I am a complete failure.
  - Focusing on the negative involves filtering out the positives from an experience.
  - Mind reading involves guessing what others are thinking and feeling without sufficient evidence.

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## Cognitive Therapy-Dysfunctional Thought Record

SITUATION	AUTOMATIC THOUGHT	EMOTION	ALTERNATE RESPONSES	OUTCOME
SAMANTHA MET A NEW FRIEND WHO SAID HE WOULD CALL HER AND DID NOT	"HE REALLY DOESN'T LIKE ME"  "WHY DO PEOPLE ALWAYS LIE TO ME"	<b>ANGRY</b>  <b>HURT</b>	"MAYBE HE IS BUSY" "MAYBE HE WILL CALL IN THE NEXT TWO DAYS IF HE DOESN'T I WILL CALL HIM	HER FRIEND DIDN'T CALL SO SAMANTHA CALLED HIM, HE WAS GLAD TO HEAR FROM HERE AND THEY ARE GOING OUT ON SATURDAY

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### Cognitive Therapy-Reframes

CT: "My mother is always angry at me."  
TH: "Let's see you are 15 yo and have been around you mom for 5475 days. In all of these days she has always been angry at you?"  
CT: "Well no-not everyday"  
TH: "Tell me about one of the days that you really had fun together."

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### Cognitive Therapy-Reframes

CT: "I get so mad when my husband says, 'Are you going out to another meeting?'"  
TH: "You have been clean and sober for over 90 days now and you average 4 meetings a week...so that's 48 meetings. So your husband has said this to you approximately 48 times."  
CT: "Yes"  
TH: "Why does this still surprise you?"

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### Behavior Therapy

STIMULUS      RESPONSE



SETTING LIMITS



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### Behavior Therapy-Changing Response

57 yo male (Lyle) came to treatment with his wife. She said, "My husband gets mad at other drivers, starts to curse and gives them obscene gestures. He is going to get us killed." Lyle said, "I cannot help it. Those idiots on the highway really make me nuts." His wife stated, "We drive a VW and last week the driver of a large truck chased us off of an exit ramp."

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### Behavior Therapy-Changing Response

CT: "When I talk to my sister on the phone, she keeps telling me that I am not an alcoholic." She says, "With will power you can control your drinking."  
TH: "How does that make you feel?"  
CT: "Angry and Frustrated. She just cannot admit that alcoholism runs in our family."  
TH: "For right now, why don't you email your sister instead of speaking with her on the phone."

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## Behavioral Exposure

CT: "I am afraid to go home for Christmas because everyone will be drinking."

PLAN:

- Use group role play to provide imaginal exposure
- Incorporate relaxation and cognitive techniques
- Limit "in vivo" exposure
- Create a safety plan

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## Safety Plan

- On a 3x5 index card
  - If things get too heavy at home during Christmas I will:
    - Call my sponsor
    - Find a meeting to attend
    - Practice my relaxation technique
    - Use the cognitive strategies I have learned in treatment
    - If I need to, I can always leave

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## Use Of Humor

CT: "My supervisor is a "flaming asshole" and every time I am around him I get angry."

TH: "I've never seen a flaming asshole, can you draw me a picture of one?"

CT DRAWS A PICTURE

TH: "Every time you see your supervisor think of this picture."

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## THANK YOU FOR ATTENDING

CHILDREN WANT TO DO  
WELL AND PLEASE.  
ADOLESCENTS  
BELIEVE THEY ARE AS  
BAD AS THEY HAVE  
BEEN TOLD.



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