

Assessment and Treatment of Anger in Service Members and Veterans: An Overview

Center for Deployment Psychology

Uniformed Services University of the Health Sciences



Disclaimer

The views expressed are those of the presenter and do not necessarily reflect the opinions of the Uniformed Services University of the Health Sciences, the Department of Defense, or the U.S. Government.



Learning Objectives

- Differentiate between anger and aggression.
- Describe the prevalence of anger-related problems in Veterans and Service Members.
- Identify assessment and treatment strategies for problematic anger.



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Outline

- Definition of anger and aggression
- Description of problems related to anger in Service members and Veterans
- Prevalence of anger-related problems in Service members and Veterans
- Assessment and treatment of problematic anger



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Anger and Aggression



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Anger

“A strong feeling of being upset or annoyed because of something wrong or bad; the feeling that makes someone want to hurt other people, to shout, etc.; the feeling of being angry.”

“A strong feeling of annoyance, displeasure, or hostility.”



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Merriam-Webster Dictionary; Oxford Dictionary

Aggression

“Hostile or violent behavior or attitudes toward another; readiness to attack or confront.”

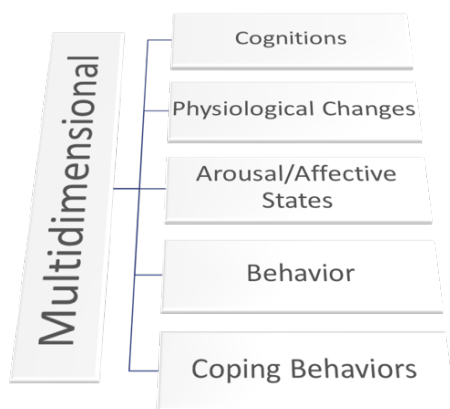
“A forceful action or procedure (as an unprovoked attack) especially when intended to dominate or master; hostile, injurious, or destructive behavior or outlook especially when caused by frustration.”

Merriam-Webster Dictionary; Oxford Dictionary



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Construct of Anger



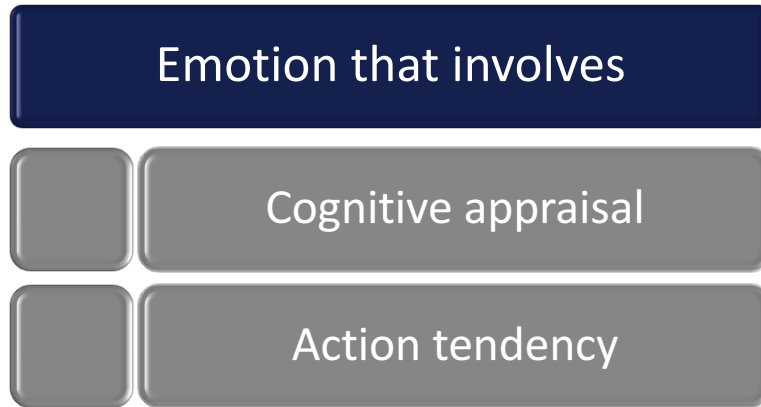
U.S. Army photo illustration by JFC: Paige Pennington, 2nd Cav. Div. P&G. Public Domain image.



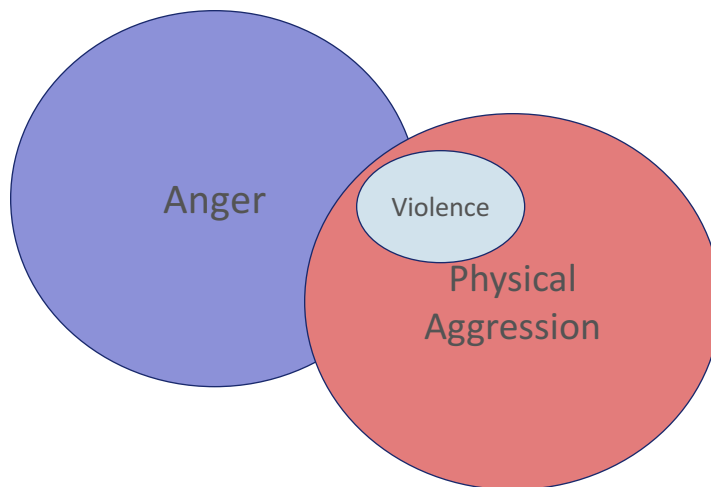
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Eckhardt et al. (2004); Taft et al (2012)

Construct of Anger



Anger, Physical Aggression, and Violence



Dichotomy of Anger

State Anger

- Emotional state
- Feelings vary in intensity
- From mild annoyance or irritation to intense fury or rage

Trait Anger

- Chronic individual differences in the frequency, intensity, and duration of state anger episodes

Spielberger (1988)



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Integrative Cognitive Model

Hostile Interpretation

Ruminative Attention

Effortful Control

Wilkowski & Robinson (2010)



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Trichotomy of Anger

- Emotion
 - Episodic
 - Varying intensity
- Mood
 - Relatively prolonged
 - Generally less intense
- Temperament
 - Recurrent
 - Pervasive



3. Area photo by Timothy J. McCreel/Visuals Unlimited



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Fernandez (2013)



Problematic Anger

- Use of DSM-V Definitions
 - Dysfunctional or maladaptive
 - Intermittent Explosive Disorder
- Stimulus-Response Perspective
 - Weighing the response against the stimulus
 - Over-reaction vs. under-reaction

Fernandez (2013)



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Possible Consequences of Problematic Anger

- Interpersonal conflict
 - Family environment
 - Work environment
 - Psychotherapy
- Impaired judgement
 - Increased risk-taking
- Physical health risks
 - Hypertension
 - Arteriosclerosis



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Fernandez (2013)



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Case Example

- 35 year-old male Veteran
- Medically discharged from U.S. Army in 2012
- Two deployments but never outside the wire
- Attending local university
- Encouraged to seek therapy by academic counselor
- Motivation for treatment is low
- Prefers to seek treatment in community



Problems Related to Anger and Aggression in Service Members and Veterans



Prevalence of Anger Problems

- Challenges in obtaining accurate understanding as to the scope of the problem
 - Conceptualization
 - Measurement
 - Sampling



U.S. Army photo illustration by Staff Sgt. Mark Burnett. Public Domain image.

Worthen et al. (2014); Fernandez (2013)



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Prevalence of Anger Problems

- Population based estimates
- Variability in measurement
- Among post-9/11 veterans, the estimates range from 32% to 57%
- Prevalence of problems related to anger appears to be similar among men and women

Pew Research Center (2011); Sayer et al (2010); Wheeler (2007); Worthen et al (2014)



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Vulnerability of National Guard vs. Active Duty Soldiers (OIF)

- PTSD and depression significantly increased from the 3 to 12-month time points for both National Guard and Active Duty
- Magnitude of increase was greater for National Guard than Active Duty
- Among National Guard functional impairment and either alcohol misuse or aggressive behaviors between 3 and 12 months increased significantly
- Among Active Duty alcohol misuse and aggressive behaviors did not change significantly

Thomas et al. (2010) ; Taylor et al. (2013)



What Contributes to Anger-Related Problems?

- Factors contributing to anger problems reported by OEF/OIF Veterans:
 - Most problems directly followed separation from military
 - Loss of structure
 - PTSD
 - Moral injury
- Increased social isolation for women experiencing problems with anger

Worthen & Ahern (2014)



What Contributes to Anger-Related Problems?

- Factors associated with higher prevalence of anger problems reported by veterans:
 - Conditions associated with anger
 - Combat exposure
 - Deployment to Iraq
 - Pre-deployment functional impairment
 - Lower education level
 - Less unit cohesion
 - Lower rank
 - Physical or sexual abuse history



U.S. Army photo illustration by Pfc. Paige Pennington, 24 Cav. Div., P&O, Public Domain Image.

Pew Research Center (2011); Sayer et al (2010); Wheeler (2007); Worthen et al (2014); Elbogen et al. (2010); Renshaw & Kiddie (2012); Wright et al. (2012); Afari et al. (2015); Jakupcak et al. (2007) ; Taylor et al. (2013); Balie et al (2015)



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Post-Deployment Aggression and Violence in OEF/OIF Veterans

- Estimates during the prior month for:
 - Physical assault 10%
 - All types of physical aggression 29%
- Combat exposure associated with post-deployment physical aggression and violence
- Risk of violence increased with greater intensity and frequency of combat exposure
- Limitations included neglect of pre-military violence risk
- Symptoms of PTSD relate differently to behavior
- Alcohol misuse strongly associated with aggression

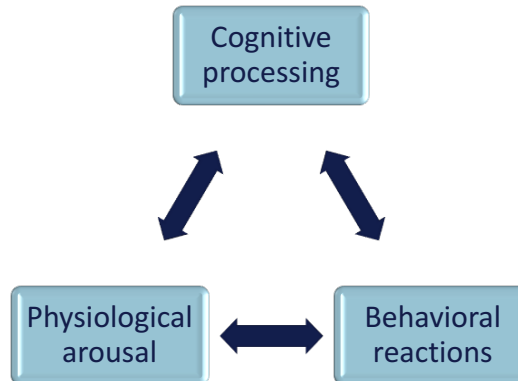
MacManus et al. (2015)



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Anger and PTSD

- Traumatic experience leads to rapid escalation of threat perception, transforms anger rapidly, and results in near automatic action.



Chemtob et al. (1997)



PTSD, Anger and Aggression

- Possible reasons for increased problems with anger and aggression in Veterans with PTSD
 - Information processing deficits
 - Heightened threat perception
 - Co-morbid depression, alcohol use problems, and TBI
 - Trust
 - Shame and guilt
 - Powerlessness

Taft et al. (2012)



PTSD and Aggression

- For both men and women, emotion dysregulation fully accounted for relationship between PTSD and impulsive aggression
- Difficulty distinguishing between safe vs. potentially unsafe individuals and environmental cues
- PTSD interventions may be augmented with emotion regulation skills training

Miles et al. (2015)



Coping: PTSD and Anger

- Cognitive and behavioral efforts in response to stressor that is perceived as exceeding resources
- Multidimensional with three overlapping conceptual approaches to classification:
 - Orientation
 - Method
 - Focus

Tiet et al. (2006); Folkman & Lazarus (1991)



Assessment of Anger in Service Members and Veterans



Motivation for Treatment

- Relationships
 - Family
 - Friends
 - Coworkers/Supervisors
- Health
- Legal



Assessment Measures

- State-Trait Anger Expression Inventory-2 (STAXI-2)
- Novaco Anger Scale and Provocation Inventory (NASPI)
- Anger Disorders Scale (ADS)
- Aggression Questionnaire (AQ)
- Revised Conflict Tactics Scales (CTS-2)

Assessment Recommendations

- Use direct and non-judgmental approach
- Discuss limits of confidentiality
- Begin with presenting problem
- Inquire explicitly regarding anger-related problems
- Indicate frequency, duration, and intensity of anger
- Assess aggression
- Conduct interview with collateral source(s)
- Perform safety assessment

Fernandez (2013); Taft et al. (2012)

A black and white graphic featuring a man's face in profile, looking to the right, with a shattered glass effect overlaid on the image. The text "Violence Risk Assessment" is prominently displayed in a large, bold, white font at the top. Below it, the text "Violence Risk Assessment:" is followed by a list of factors: "Static Factors" (with sub-points "Dispositional" and "Historical") and "Dynamic Factors" (with sub-points "Clinical" and "Contextual"). The number "34" is in the bottom right corner, and a small copyright notice is at the very bottom.

Violence Risk Assessment

Violence Risk Assessment:

Static Factors

- Dispositional
- Historical

Dynamic Factors

- Clinical
- Contextual

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Eibogen et al. (2010)

U.S. Army Illustration by Sgt. Brandon Burchette, 1st BCT/40th ID, Ft. Cav. Div. Public Domain 2010

Prototype of Checklist for Assessing Violence Risk Among Veterans

Look at static factors empirically related to violent behavior (e.g., demographics, traits, and history)

Veteran-specific

- Younger Age (<40)
- Maltreatment/abuse as a child
- Past violence/aggression
- Exposed to combat during service

General population

- Male
- Age of onset of violence (<13)
- Criminal arrests for violence
- Psychopathic traits

Adjust risk estimate by considering current dynamic, individual-level variables (e.g., clinical diagnosis)

Veteran-specific

- Meets criteria for PTSD
- High PTSD symptom severity
- Substance abuse
- Depression

General population

- Personality disorder
- Current violent thoughts
- Anger problems
- Acute psychotic or manic symptoms

Examine dynamic protective or risk factors currently in the Veteran's environment e.g., life situation)

Veteran-specific

- Current employment
- Financial stability/debt

General population

- Living stability
- Engaged in mental health treatment
- Adherent to psychiatric medications
- Supportive family
- Strong social network

Elbogen et al. (2010)



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Anger Management Techniques and Treatments for Service Members and Veterans



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Anger Management Techniques and Treatments

- Group vs. Individual
- Research on effectiveness of treatments
- Cognitive-behavioral techniques
 - Challenging anger-related thoughts
 - Relaxation skills
 - Effective communication
 - Coping strategies
- Process and motivational issues
 - Conveying sense of hopefulness and optimism



Taft et al. (2012)



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PTSD Treatment and Comorbid Symptoms

- Reduction in depression symptoms, general anxiety, and psychotic prone thinking
- Reduction on suicidal ideation (not after controlling for depression and hopelessness)
- Decrease in trauma related anger

Minnen et al. (2015)



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Anger Management for Substance Abuse and Mental Health Clients (SAMHSA, 2002)

- Developed for use at San Francisco VA Medical Center and San Francisco General Hospital
- Combined CBT approach
- Developed for groups; twelve 90-minute sessions
- Ideal number of participants is eight
- VTC as effective as live group
- Conducive for individual therapy
- At least 2 weeks of abstinence recommended

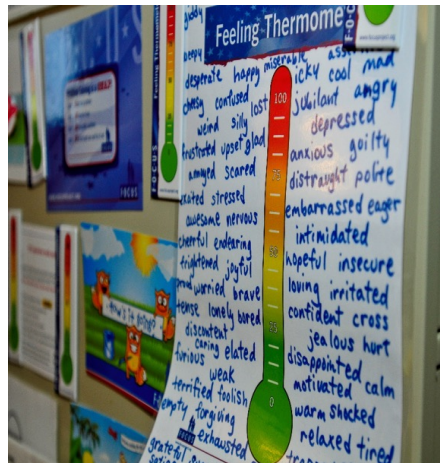


Reilly et al. (2002); Morland et al. (2010)

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Anger Management for Substance Abuse and Mental Health Clients (SAMHSA, 2002)

- Psychoeducation and Anger Meter
- Check-in Procedures
- Anger Control Plan
- Deep Breathing
- Aggression Cycle
- Progressive Muscle Relaxation
- ABCD Model
- Thought Stopping
- Assertiveness Training and Conflict Resolution



Reilly et al. (2002)

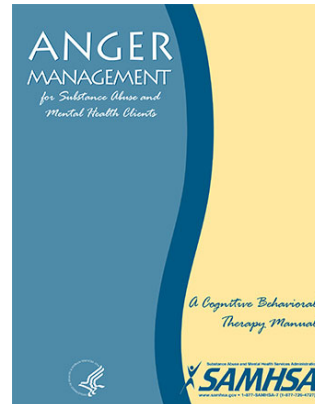
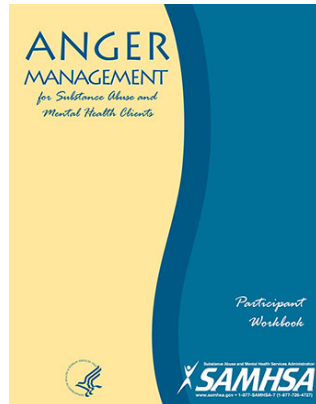
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Resources

Resources

- <http://aftredployment.dcoe.mil/topics-anger>
- <http://maketheconnection.net/symptoms/anger-irritability>
- <http://www.ptsd.va.gov/public/problems/anger-and-trauma.asp>

- Anger and Irritability Management Skills (AIMS):
Developed specifically for Veterans. Practical skills and tools to manage anger and develop self-control.
- <http://www.veterantraining.va.gov/aims/>



<http://www.samhsa.gov>



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CDP Website: deploymentpsych.org

- Descriptions and schedules of upcoming training events
- Blog updated daily with a range of relevant content
- Articles by subject matter experts related to deployment psychology, including PTSD, mTBI, depression, and insomnia
- Other resources and information for behavioral health providers
- Links to CDP's Facebook page and Twitter feed



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Online Learning

<http://www.deploymentpsych.org/content/online-courses>

NOTE: All of these courses can be taken for free, or for CE Credits for a fee

- Cognitive Processing Therapy (CPT) for PTSD in Veterans and Military Personnel (1.25 CEs)
- Prolonged Exposure Therapy for PTSD in Veterans and Military Personnel (1.25 CEs)
- Epidemiology of PTSD in Veterans: Working with Service Members and Veterans with PTSD (1.5 CEs)
- Provider Resiliency and Self-Care: An Ethical Issue (1 CE)
- Military Cultural Competence (1.25 CEs)
- The Impact of Deployment and Combat Stress on Families and Children, Pt 1 (2.25 CEs)
- The Impact of Deployment and Combat Stress on Families and Children, Part 2 (1.75 CEs)
- The Fundamentals of Traumatic Brain Injury (TBI) (1.5 CEs)
- Identification, Prevention, & Treatment of Suicidal Behavior in Service Members & Veterans (2.25 CEs)
- Depression in Service Members and Veterans (1.25 CEs)

All of these courses and several others are contained in the Serving Our Veterans Behavioral Health Certificate program, which also includes 20+ hours of Continuing Education Credits for \$350.



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Provider Support

CDP's "Provider Portal" is exclusively for individuals trained by CDP in evidence-based psychotherapies (e.g., CPT, PE, and CBT-I)

- **Consultation message boards**
- **Hosted consultation calls**
- **Printable fact sheets, manuals, handouts, and other materials**
- **FAQs and 1:1 interaction with answers from SMEs**
- **Videos, webinars, and other multimedia training aids**



Participants in CDP's evidence-based training will automatically receive an email instructing them how to activate their user name and access the "Provider Portal" section at Deploymentpsych.org.



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