

DEPARTMENT OF VETERANS AFFAIRS

Support And Family Education



Session Nine – What I Can Do When My Family Member Is Angry or Violent

Materials Needed:

[Handout Q: Anger Management – Time-Out Process](#)

[Handout R: Referrals for Domestic Violence](#)

Brochures on local treatment options for anger-management difficulties

I. Anger – a normal human emotion

- A. Just as with other feelings (e.g., sadness, joy), humans experience anger at different times and express the emotion in different ways.
- B. Although many people think that being angry is wrong or bad, anger itself is not a problem. The behaviors that stem from this emotion can become problematic.

II. Important issues to consider about anger and violent behavior

- A. Intense emotions may be a symptom of the mental illness. For example, one symptom of depression is increased irritability; and angry outbursts can be part of the experience of PTSD.
 - 1. However, individuals can learn to control these strong emotions. Part of treatment often involves learning to be accountable for one's behavior.
 - 2. Your family member may try very hard to blame you for his/her behavior, sometimes using his/her mental illness/PTSD as an excuse. However, even if someone is struggling with serious emotional problems, it is never okay to harm another human being.
- B. Research is finding that many veterans returning from Iraq and Afghanistan are having significant difficulties with anger. For example, one study of returning

service members found that 19% acknowledged problems with anger 4 months after homecoming (Bliese, et al., 2007). Another study of Iraqi/Afghanistan veterans seeking care in a VA medical center found that over half had conflicts with their partners involving “shouting, pushing, or shoving,” and over one quarter reported that this partner was “afraid of them” (Sayers et al., 2007).

- C. Anger may be related to delusional thinking.
- D. Anger and its expression may be strongly affected by substance use.
- E. The presence of a head injury or traumatic brain injury (TBI) can also affect a person’s ability to manage anger effectively. In the Global War on Terrorism, more than one of five wounded have endured a TBI (often due to an improvised explosive device [IED], or roadside bomb) (Okie, 2005). People who have experienced this kind of injury are prone to increased irritability, aggression, and impulsive behavior – all of which can be challenging for relationships.
- F. You may not have done anything to upset the person. Further, you are never responsible for your family member’s acting-out behavior (even if your behavior upsets him/her).
- G. Anger may be the emotion that is expressed directly, but the individual may be experiencing a great deal of fear underneath the anger.

III. Common causes of anger in all human beings

(Note: These can be reality-based or not, such as with paranoia.)

- A. Feelings of injustice (feeling somehow wronged or treated unfairly)
- B. Feeling of personal or physical attack (feeling threatened by another person)
- C. Feelings of inferiority or lack of control (put-downs, excessive criticism, being told what to do, feeling like you don’t have any choices)
- D. Feelings of vulnerability (feeling exposed or afraid of being harmed, emotionally or physically)

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Discussion Questions:

- What pushes your buttons (e.g., your family member’s not taking medications, refusing to go to the doctor, refusing to participate in family activities, not taking care of hygiene, drinking too much alcohol)?

- What pushes your family member's buttons (e.g., being told what to do, being in overwhelming situations, feeling out of control)?

E. Although our science is not very good at predicting violent behavior, the best predictor of future violence is past violent behavior. Reflecting on the situations that surrounded previous acts of violence can provide clues as to potentially difficult situations in the future. This information may also guide efforts to prevent future violence.

IV. Effects of chronic anger

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Discussion Question: How can chronic anger and/or inappropriate expressions of anger affect the family?

- A. Strains interpersonal relationships
- B. May lead to feelings of guilt, regret and shame
- C. Can have adverse effects on communication (may not feel safe to express one's feelings honestly for fear of consequences – so significant emotional distance may result)
- D. May result in family members feeling like they are “walking on eggshells”
- E. May be somatic/physical effects of chronic anger in family members (e.g., migraines, stomach problems, tension, jaw/temporo-mandibular joint pain)
- F. May lead to physical violence, which is never acceptable, regardless of the cause

V. Cycle of violence: Episodes of violence have a predictable beginning, middle, and end.

Write stages on board. (Woolis, 1992)

Phase One	Activation	Stress occurs.
Phase Two	Escalation	Intervene now if possible.
Phase Three	Crisis	Violence may occur.
Phase Four	Recovery	Agitation lessens.
Phase Five	Stabilization	Guilt and remorse occur.

- A. Family members often try to intervene in the most heated moments (in crisis or recovery phases). During these phases, people are not ready or able to take in information and discuss issues calmly.
- B. However, intervening in the escalation stage has the highest likelihood of preventing an angry outburst.
- C. Most effective communication can occur (and efforts made to prevent future violence) in phase five (stabilization).
- D. If you ever feel in danger, immediately remove yourself from the situation and/or call 911. You should never stay in a frightening situation.

VI. Coping strategies for dealing with another individual's anger

- A. Be prepared.
 - 1. Decide in advance what the limits are regarding your relative's expression of anger. These limits need to be consistently enforced to be effective.

Example: I will tolerate my family member raising his/her voice, but I will not put up with swearing or name-calling.
 - 2. Decide in advance the consequences of such behavior.

Example: I will walk away from the discussion if name-calling or swearing begins.
 - 3. Discuss these limits with your loved one during a calm time. Clearly and concisely explain the limit without getting into a debate or justifying your rationale.
 - 4. Follow through on the consequence every time. Otherwise, your family member will learn that he/she doesn't have to abide by this limit and will push you the next time.
- B. Stay calm and nonjudgmental.
- C. Attempt to understand and acknowledge the person's angry feelings. Often an individual escalates his/her expression of anger when feeling misunderstood. The intensity of the anger usually decreases when the person feels that the listener is genuinely trying to understand.
- D. Choose your words wisely. Avoid generalizations ("you always..." or "you never..."), as these evoke retorts, counterattacks, and further polarization.

- E. Avoid asking too many questions (can spark defensiveness and further anger).
- F. Use *I* statements to report your own feelings.

Example: When you yell at me, I feel hurt.

VII. Time-out process

- A. Many parents use a time-out process in disciplining their children. Although the discipline strategy and this anger-management tool share the common goal of giving each party some time to cool down, the techniques are quite different.
- B. This time-out process is a mutually agreed-upon strategy between equals (rather than involving a power differential such as in a parent-child relationship). Further, this technique helps people disengage from conflict early in the argument (to avoid further escalation), rather than functioning as a form of punishment.
- C. This is an excellent process to negotiate with your family member in advance (during a calm time).

Distribute Handout Q: Time-Out Process.

- 1. Review the process step by step.***
- 2. Role play in session.***
- 3. Brainstorm possible obstacles in applying it to participants' relationship(s).***
- 4. Problem-solve possible solutions.***

VIII. Violence in relationships

- A. Threats of physical violence and/or actual violence are very important issues to address in families. Abuse should never be tolerated, as it is damaging to you, your family member, and your relationship.
- B. Domestic violence is a significant issue in our families, as 25% of American women and 8% of men are raped and/or physically assaulted by a current/former spouse or partner at some time in their lives (Tjaden & Thoenees, 2000). The FBI estimates that a woman is beaten every 15 seconds in the United States.
- C. Most people with mental illness are not violent; rather, many are socially withdrawn and quiet. Most research has not found a higher incidence of violence among people with mental illness than in the general population (Woolis, 1992). However, Vietnam veterans who have symptoms of PTSD are at increased risk for perpetrating acts of domestic violence (Beckham, Feldman,

Kirby, Hertzberg & Moore, 1997; Jordan et al., 1992; Riggs, 1997; Sherman et al., 2006).

- D. Although large-scale research is not yet available regarding veterans from the Global War on Terrorism, clinical experience and preliminary data (Sayers et al., 2007) indicate that violence may be a significant problem (especially when substance abuse is also involved).

Distribute list of local referrals for domestic violence (example shown in [Handout R: Referrals for Domestic Violence](#)).

This list includes 24-hour crisis hotlines and emergency shelters. Shelters provide a safe place to stay, without the guilt of imposing on friends or extended family. Contact numbers for low-cost legal aid and victim protective orders (VPOs) are also listed.

IX. Local treatment options for individuals dealing with anger-management issues

Example: Oklahoma City VA Medical Center

- A. Anger-Management Class – 8-week class that assists people with anger-management issues in identifying triggers for anger and learning effective ways of expressing it.
- B. Couples or family therapy
- C. Psychiatric medications