Proven Strategies To De-Escalate Anger & Violent Episodes

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Dr. Buddy Rydell: Let me explain something to you, Dave. There are two kinds of angry people in this world: explosive and implosive. Explosive is the kind of individual you see screaming at the cashier for not taking their coupons. Implosive is the cashier who remains quiet day after day and finally shoots everyone in the store. You're the cashier.

Dave Buznik: No, no, no. I'm the guy hiding in the frozen food section dialing 911. I swear.
WHY CHANGE

- Responsibility and blame
- Other condemnation
- Self-righteousness
- Cathartic expression
- Short-term reinforcement
THE ART AND SCIENCE OF HEALING

CAN YOU REMEMBER AN EXPERIENCE WHEN SOMEONE (A CLIENT, FRIEND OR CHILD) CAME TO YOU UPSET WITH AN UNSOLVABLE PROBLEM AND IN YOUR PRESENCE CAME UP WITH THE SOLUTION WITHOUT YOU SAYING A WORD?
• Heart-rhythm synchronization can occur in interactions between two people and also between a person and their pets.

• The top of the graph shows the dog’s (Mabel) heart rhythm shift when the boy (Josh, shown in the lower part of the graph) entered the room, sat down and proceeded to consciously experience feelings of love towards Mabel.
• When Josh consciously felt feelings of love and care towards his pet, his heart rhythms became more coherent, and this change appears to have influenced Mabel’s heart rhythms, which then also became more coherent. There was no physical contact between them.
THE ART AND SCIENCE OF HEALING

A Boy and His Dog

Heart Rhythms

Josh and Mabel in separate rooms
Josh enters room and loves Mabel
Josh leaves room Mabel wants Josh to stay

Josh
(The Boy)

Mabel
(The Dog)
Electromagnetic Field of the Heart

Our thoughts and emotions affect the heart’s magnetic field, which energetically affects those in our environment whether or not we are conscious of it.
ANGER AND AGGRESSION

A PROCESS NOT AN EVENT
SELF-IMAGE

• Violation of our image of ourselves (ego) leads to……..

• Defenses in the form of narcissistic character defects such as judgmentalism and anger fueled by…

• A fear of losing control
SELF-IMAGE

• Expectations
  – Unfulfilled expectations can lead to anger and resentment

• Victims stance
  – Could have, should have, ought to have been

• Example-Being rejected
Whenever I get mad at you, you never seem to get upset. How do you manage to control your temper?

I just go and clean the toilet.

How does that help?

I use your toothbrush.
ANGER AND FEAR

• FEELINGS (SENSATIONS)
  – First accept the feeling without resistance, condemnation or a need to label the feeling
  • WELCOMING PRAYER
  – Let it be while it empties out energy
  – Later the thoughts can be looked at and their character changed
  – If feeling has totally been surrendered and let go usually all thoughts attached to it will disappear replaced by a concluding thought which handles the matter quickly
ANGER AND FEAR

• Many live their life regretting the past and fearing the future therefore, unable to experience the peace of the moment

• Victor Frankl- "Logotherapy", "Man’s Search for Meaning"
  – To give the past a different meaning and to look for the hidden gift in it
  – Emotional events and traumatic occurrences will change considerably if a new meaning is placed around them
ANGER AND FEAR

• “Everything can be taken from a man but one thing: the last of the human freedoms—to choose one’s attitude in any given set of circumstances, to choose one’s own way.” Frankl, 1959

• Every life experience contains a hidden lesson (EX-SORROW)

• When we discover this a healing takes place
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
MANAGING RISK

• Give yourself time to review your options
• Consult a colleague
• Develop a safety plan
  – Developed with the patient to reduce violence risk and might include avoiding triggers, using mindfulness, how and whom to ask for help; include caregivers or significant others in the discussion
• Assess level of care
  – Increased intensity or increasing number of outpatient contacts; telephone check-ins; for non-adherent patients outpatient commitment might be viable in some states
• Reassess medications
• Be informed about medication risks
  – Some medications associated with increase in violent acts; utilize the website for the Institute for Safe Medication Practices (www.ismp.org); subscription required
  – See Exhibit One
• Refer when needed
  – If patient requires treatment in areas where you are not well trained consider referral
MANAGING RISK

• Guns
  – Understand what a gun means to the individual (for example, a veteran who has been in combat)
  – Document a firearm disposition plan
  – If will not relinquish guns they might agree to place them with a friend or remove the ammunition
  – Gun safes or trigger locks
CLINICAL PEARLS FOR RISK ASSESSMENT

• ASK ABOUT SLEEP
  – Decades ago sleep problems were identified as a short-term (one year) risk factor (Fawcett et al. *Am J Psych.* 1990:147(9):1189-1194.)
  – Recent studies also emphasize sleep disturbances as risk factor (Pigeon, WR et al. *Am Journal Pub Health*;2012;102(s1):S93-S97.)
  – Importantly, even after controlling for depression, hopelessness and alcohol problems, sleep was identified as a risk factor
  – No stigma attached to sleep
• HIGH ANXIETY
  – Anxiety and agitation can mediate the change from thinking about suicide to acting on those thoughts
  – Anxiety Disorders strongly associated with suicide (Nock, MK et al. Mol Psychiatry 2010;15(8):868-867.)
  – It is not unusual for a patient who does not appear anxious to express profound internal agitation/anxiety
    - This can be described as anguish or psychache
      – “Do you feel like you are crawling out of your skin?”
      – “Do you feel like you are about to explode?”
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”.
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.
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”
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
LEARNED COPING AND SURVIVAL SKILLS

- “Checker System”
  - **S**cans
  - **A**llerts
  - **M**otivates

- Helping the client have a different relationship with themselves
  - Psychoeducation
  - Promotes integration
LEARNED COPING AND SURVIVAL SKILLS

• Intervention
  – Personify the “Checker”
  – Observe what is going on
    • Cortex
    • Discernment
  – Teach self-regulation strategies
    • Breathing
LEARNED COPING AND SURVIVAL SKILLS

– 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
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
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
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?
CASE STUDY

• 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.”
EMPIRICALLY PROVEN STRATEGIES

- **Relaxation**
  - Reduce physiological and emotional arousal

- **Cognitive**
  - Reduce anger inducing information processing
  - Increase problem-solving ability

- **Behavioral**
  - Teach adaptive behaviors
RELAXATION THERAPY

• Start early

• Techniques include:
  – Control breathing
  – Voice tone and tempo
  – Progressive relaxation
  – Caution with mental imagery
MANAGING NEGATIVE FEELING STATES

• **TWO MINUTES OF SILENCE**
  - The auditory cortex has a separate network of neurons that fires when silence begins.
  - Two hours of silence per day prompted cell development in the hippocampus.
  - Silence helps newly generated cells to differentiate into neurons and integrate into the system.
  - Creates a state of “environmental enrichment”.
  - Two minutes of silence allows the “default mode”-situated in the prefrontal cortex- to activate.
MANAGING NEGATIVE FEELING STATES

• TWO MINUTES OF SILENCE (continued)
  – The “default mode” gathers and evaluates information. Focused attention curtails this scanning activity
  – It is observed most closely during the psychological task of reflecting on one’s personality and characteristics (self-reflection)
  – It integrates external and internal information (Joseph Moran, Frontiers in Human Neuroscience, 2013)

Gross, DA. “This is Your Brain on Silence.” Brain in the News. September 2016, pgs. 5-6.
MANAGING NEGATIVE FEELING STATES

• BREATHING FROM YOUR HEART (HEARTMATH) (continued)
  – The breathes should be a little deeper than usual
    • 5-6 seconds on the in-breath and 5-6 seconds on the out-breath
  – Appreciate the differences in your feeling state

• APPRECIATION BREATHE
  – 2-3 times per day
  – Bring into your mind something or someone you appreciate
MANAGING NEGATIVE FEELING STATES

• APPRECIATION BREATHE (continued)
  – Might consider using a nice note or email from a friend that you carry with you
  – Could be a prayer or Bible verse
  – Discern the changes you experience as you read or recall the positive experience

• BE OF SERVICE
  – “I’VE LEARNED THAT PEOPLE WILL FORGET WHAT YOU SAID, PEOPLE WILL FORGET WHAT YOU DID, BUT PEOPLE WILL NOT FORGET HOW YOU MAKE THEM FEEL.” Maya Angelou
MANAGING NEGATIVE FEELING STATES

• **BE OF SERVICE** (continued)
  – Focus on your environment
  – Kindly act to be of service to people, places and things
  – Notice how your feelings change as you direct love outward
  – The more you give of yourself the more we are filled with Love (kenosis)
MANAGING NEGATIVE FEELING STATES

• OTHER APPROACHES
  – Grounding
  – Taking a walk in nature
  – Playing with dogs, cats and small children
  – Taking a shower
  – Writing in a journal
  – Listening to certain music such as classical, improvisational jazz, Tibetan Incantations, Gregorian Chant, etc.
  – Physical exercise
You're angry right now. Wanna sing? Do you know "I Feel Pretty"?

- Anger Management Movie Quotes
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.
LABELING 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
COGNITIVE THERAPY

SITUATION -> AUTOMATIC THOUGHT

BEHAVIORS, EMOTIONS, PHYSIOLOGY
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.
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.
<table>
<thead>
<tr>
<th>SITUATION</th>
<th>AUTOMATIC THOUGHT</th>
<th>EMOTION</th>
<th>ALTERNATE RESPONSES</th>
<th>OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Samantha met a new friend who said he would call her and did not</td>
<td>\textbf{“He really doesn’t like me”} \textbf{“Why do people always lie to me”}</td>
<td>\textbf{ANGRY HURT}</td>
<td>\textbf{“Maybe he is busy”} \textbf{“Maybe he will call in the next two days if he doesn’t I will call him”}</td>
<td>Her friend didn’t call so Samantha called him, he was glad to hear from her and they are going out on Saturday</td>
</tr>
</tbody>
</table>
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.”
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.”
Research has demonstrated the effectiveness of treatment approaches using contingency management (CM) principles, which involve giving patients tangible rewards to reinforce positive behaviors.
CONTINGENCY MANAGEMENT

• To Reduce Unwanted Behavior
  – Present something undesirable (additional chores)
    • “Positive Punishment”
  – Keep something desirable (restrict access to video games)
    • “Negative Punishment”

• To Increase Desired Behavior
  – Provide something desirable (borrow the car)
    • “Positive Reinforcement”
  – Remove or reduce aversive conditions
    • “Negative Reinforcement”
BEHAVIOR THERAPY

STIMULUS ➔ RESPONSE

SETTING LIMITS
SETTING LIMITS

A GOOD PARENT SETS GOOD LIMITS

FAIR
CONSISTENT
AVAILABLE
SETTING LIMITS

Overly Strict

Very Loose
TRIGGERS

Anger Thermometer

Write 2 things or situations that make you feel each of the emotions listed below.

Furious
1. 
2. 

Angry
1. 
2. 

Frustrated
1. 
2. 

Calm
1. 
2. 

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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.”
ROAD RAGE PREVENTION

HOW TO KEEP CALM IN TRAFFIC JAMS
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.”
Marsha is a 35 year old upwardly mobile vice-president at a major corporation.

When she was promoted to vice-president her reporting relationship changed and she found herself getting into arguments with her female supervisor—a senior vice-president.

Chief complaint—Should I leave the company or stick it out?
BEHAVIOR THERAPY

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
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
BEHAVIORAL SAFETY PLAN

MY PERSONAL SAFETY PLAN

- Remember that craving goes away
- I can write in my journal
- I can call my sponsor (299-289-5555)
- I can call my lover (299-426-1776)
- I can read from my favorite recovery book
- I can read affirmations
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.”
The Fact That There's A Highway To Hell And Only A Stairway To Heaven Says A Lot About Anticipated Traffic Numbers.
EXHIBIT ONE: MEDICATIONS WITH VIOLENCE POTENTIAL

10. Desvenlafaxine (Pristiq) An antidepressant which affects both serotonin and noradrenaline, this drug is 7.9 times more likely to be associated with violence than other drugs.

9. Venlafaxine (Effexor) A drug related to Pristiq in the same class of antidepressants, both are also used to treat anxiety disorders. Effexor is 8.3 times more likely than other drugs to be related to violent behavior.

8. Fluvoxamine (Luvox) An antidepressant that affects serotonin (SSRI), Luvox is 8.4 times more likely than other medications to be linked with violence.

7. Triazolam (Halcion) A benzodiazepine which can be addictive, used to treat insomnia. Halcion is 8.7 times more likely to be linked with violence than other drugs, according to the study.

6) Atomoxetine (Strattera) Used to treat attention-deficit hyperactivity disorder (ADHD), Strattera affects the neurotransmitter noradrenaline and is 9 times more likely to be linked with violence compared to the average medication.

5) Mefoquine (Lariam) A treatment for malaria, Lariam has long been linked with reports of bizarre behavior. It is 9.5 times more likely to be linked with violence than other drugs.

4) Amphetamines: (Various) Amphetamines are used to treat ADHD and affect the brain’s dopamine and noradrenaline systems. They are 9.6 times more likely to be linked to violence, compared to other drugs.

3) Paroxetine (Paxil) An SSRI antidepressant, Paxil is also linked with more severe withdrawal symptoms and a greater risk of birth defects compared to other medications in that class. It is 10.3 times more likely to be linked with violence compared to other drugs.

2) Fluoxetine (Prozac) The first well-known SSRI antidepressant, Prozac is 10.9 times more likely to be linked with violence in comparison with other meds.

1) Varenicline (Chantix) The anti-smoking medication Chantix affects the nicotinic acetylcholine receptor, which helps reduce craving for smoking. It’s 18 times more likely to be linked with violence compared to other drugs — by comparison, that number for Xyban is 3.9 and just 1.9 for nicotine replacement.
EXHIBIT TWO: DIFFERENTIAL DIAGNOSIS

• Neurological Dysfunction
  – ADHD
  – Autism
  – Dementia

• Brain Damage and Injury
  – Frontal lobe injury
  – Exposure to toxins
  – Maternal alcohol/ drug usage
EXHIBIT TWO: 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)
- Conduct Disorder
- Posttraumatic Stress Disorder
EXHIBIT TWO: DIFFERENTIAL DIAGNOSIS

- Mental Illness
  - With paranoid symptoms
    - Panic Disorder
    - Schizophrenia
    - Mania
    - Depressive Disorder
    - Drug Intoxication and withdrawal
- Mental Retardation
- Oppositional Defiant Disorder
EXHIBIT TWO: DIFFERENTIAL DIAGNOSIS

• Medical Diseases
  – Encephalitis
  – Alzheimer's Disease
  – Cerebrovascular Accident
  – Seizure disorders
EXHIBIT THREE: FAMILY ANNIHILATORS

- Slaying of family by parent
- Increased by over 50% in first decade of 21st century
- Typically perceived as a spree killing or serial murders
- Mostly male (59%)
- Very few had criminal justice or mental health history
EXHIBIT THREE: FAMILY ANNIHILATORS

- By age: 55% in 30’s; 10%-20’s; oldest was 59 yo
- Over one-half on weekends especially Sunday
- 81% attempted suicide after the event
- No recorded case of stand-off with the police
- 71% employed often successful
- Stabbing and CO most common methods
- Causation-66% family breakup (including access to kids) and financial difficulties
EXHIBIT THREE: FAMILY ANNIHILATORS

• FOUR TYPES: masculinity and perception of power set the background with family role of the father being central to masculinity; may be last ditch attempt to perform masculine role
  – SELF-RIGHTEOUS
    • Blames mother as responsible for family breakup
    • Sees their bread winner status as key to their image of an ideal family
EXHIBIT THREE: FAMILY ANNIHILATORS

- DISSAPPOINTED
  - Believes his family let him down or undermined his vision of ideal family
  - Example—children not following the traditional religious and cultural customs of father

- ANOMIC
  - Family has become firmly linked to the economy
  - See family as a result of his economic success allowing him to display his achievements
  - If father becomes a failure the family no longer serves the function
EXHIBIT THREE: FAMILY ANNIHILATORS

– PARANOID

• Perceive an external threat to family (often social service or legal system) which father fears will side against him and take away children

• Twisted desire to protect family

• **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
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
PHARMACOTHERAPY

- History of Impulsivity
  - SSRIs
  - Lithium

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