The Intersection of Anger and Trauma: Understanding and Implementing Therapeutic Approaches

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Learning Objectives

1. Explore knowledge and understanding of Anger and Trauma
2. Review diagnostic symptoms of Trauma
3. Review diagnoses that have anger as a component
4. Explore therapeutic interventions to Trauma and Anger
5. Discuss “Therapist Traps”
What Do We Know About ANGER?
What is Anger?

• Defense Mechanism
• Survival Response
• Several categories and styles: sudden, avoidant, masked, explosive, addictive, shame–based, moral, habitual
• Gets needs met: has worked with at least one person!
• Motivation to move from point A to point B
• Impacts self regulation
• Impacts thought process, attention, focus
• Can create on-going problems in life...
What’s Aggression
What’s the difference from anger?
When Anger Becomes Aggression

• Creates on-going consequences
• Internal: guilt, shame, embarrassment
• External: violence, legal inclusion, loss of privileges
• Social: losing friends, ostracized from groups/places
Types of Behavior

- Passive
  - Ignoring your feelings and wants and placing others feelings/wants first
- Passive-Aggression
  - Passive directly in the conflict and aggressive indirectly
- Assertive
  - Stating what you want and how you feel AND taking other people’s feelings and wants into consideration
- Aggressive
  - Ignoring other people’s feelings and placing your feelings first
WHAT DO WE KNOW ABOUT Trauma?
What do We Know About Trauma?

- Survival instinct related to fear of threat to life
- Protection
- Activation
- Automatic Response
- Causes clinically significant distress in various areas of functioning
- Co-occurring medical conditions (Psyche/Soma)
- Impacts Systems
- Has components of Anger/Aggression
Group Exercise

- **Review**
  - Review a past or current client with anger/aggression/trauma

- **Discuss**
  - Discuss the therapist traps that have come up during the therapeutic process

- **Explain**
  - Explain how you worked through these traps and the affect on the therapeutic relationship
PTSD Criteria

Criterion A: Exposure
- Direct Exposure
- Witnessing
- Learning that a relative or close friend was exposed to the trauma
- Indirect exposure to aversive details of the trauma

Criterion B: Persistent Re-experiencing
- Unwanted upsetting memories
- Nightmares
- Flashbacks
- Emotional Distress after exposure to traumatic reminders
- Physical reactivity after exposure to traumatic reminders
PTSD Criteria

Criterion C: Avoidance of trauma-related stimuli
- Trauma related thoughts or feelings
- Trauma-related reminders

Criterion D: Negative thoughts or Feelings
- Inability to recall key features of the trauma
- Overly negative thoughts/assumptions about oneself or the world
- Exaggerated blame of self or others for causing the trauma
- Negative Affect
- Decreased interest in activities
PTSD CRITERIA

Criterion E: Trauma-Related Arousal and Reactivity
- Irritability or Aggression
- Risky or destructive Behavior
- Hypervigilence
- Heightened Startle Response
- Difficulty Concentrating
- Difficulty Falling Asleep

Criterion F: Symptoms last more than one (1) month

Criterion G: Symptoms create distress or functional impairment

Criterion H: Symptoms are not due to medications, substance use, or other illness
Four Distinct Clusters

- Re-experiencing
  - Transference
  - Dysfunctional relationship patterns or connecting strategies
  - Trauma pockets
- Avoidance
  - Fight/Flight/Freeze
  - Dissociation
  - Isolation
  - Not completing assignments
  - Increase somatic presentations
  - Deception
- Negative Cognitions/Mood
  - Errors in Thinking
  - Defense mechanisms to avoid responsibility
  - Mis-diagnosis/ Medication
  - Distorted belief systems to regulate intimacy and distance in relationships
- Arousal
  - Poor boundaries/Acting out
  - Rebelliousness/Antisocial traits
  - Frontal lobe shuts down
  - Fight/flight mode
  - Hyper alert
Possible Misdiagnosis of Anger/Trauma

<table>
<thead>
<tr>
<th>Disorder</th>
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<tbody>
<tr>
<td>Oppositional Defiant Disorder</td>
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<tr>
<td>Attention-Deficit/Hyperactivity Disorder</td>
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<tr>
<td>Conduct Disorder</td>
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<tr>
<td>Intermittent Explosive Disorder</td>
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<tr>
<td>Borderline Personality Disorder</td>
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<tr>
<td>Anxiety Disorder</td>
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<tr>
<td>Substance Use Disorder</td>
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<tr>
<td>Depression</td>
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<td>Obsessive Compulsive Disorder</td>
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Other Important Emotions

- Emptiness
- Loneliness
- Confusion
- Discomfort
-Disconnected
- Disappointed
- Rejected

- Uncared for
- Distrusting
- Hopeless
- Helpless
- Aimless
- Sadness
- Shame/embarrassment
Group Exercise

Review

- Review one or two current or past clients with anger/aggression/trauma concerns

Discuss

- Discuss the four distinct clusters and possible misinterpretations of the client’s behavior

Explain

- Explain how these behaviors can inform a mis-diagnosis of the client
Four Distinct Clusters

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Therapeutic Interventions
Emotion Regulation Skills

Dialectical Behavior Therapy (Linehan, Marsha)

- Mindfulness
- Coping Skills
- Sensations

Somatic Work (Somatic Psychology)

- Deep Breathing
- Relaxation Exercises
- Improving the mind-body connection
Trauma Pockets

Donald G. Dutton; Reactive Aggression
Trauma Pockets
Schema-Focused Therapy

- Focuses on Life Traps

- Schemas
  - Mistrust-Abuse
  - Emotional Deprivation
  - Defectiveness
  - Entitlement-Self-Centeredness
  - Subjugation

- Dr. Jeffrey Young
Family Systems

- Explore history of family pathology
- Client’s perceptions of family dynamics
- Assess patterns of interaction
- What are the influences of family dynamics?

Family Systems Theory Murray Bowen
Animal-Assisted Therapy

- Used in a variety of settings
- A Dog’s Story
- Matching Breathing Rhythms
- Useful for educational and motivational effectiveness
Wolf-Assisted Therapy
Pharmacological Interventions

- Gabapentin
- Beta-Blockers
- Hydroxyzine
- Benzodiazepines
- Anti-depressants
- Buspar
Group Exercise

Review
- Review therapeutic interventions used with a past or current client working through anger/trauma

Discuss
- Discuss therapeutic interventions in this presentation and their application to that client

Explain
- Explain how these models may be effective in working with these types of clients
Therapeutic Interventions

**Be Prepared**
- Adequately prepare for client, i.e. obtain and review records (past and current) and obtain a good case conceptualization
- Understand client’s patterns of anger and predict triggers
  - Consider gender projections
  - Ask client their experience with the purpose of their anger, i.e. did it push people away or pull them in closer.
  - Awareness of personality patterns which use anger, rage, blame to regulate distance and intimacy in relationships with self and others.
  - Assess risk accurately determining whether dealing with anger or rage; when triggered can you maintain a safe environment

**Address counter-transference in supervision**
- Understand the functions of anger and your personal history and response to anger, aggression and trauma
Therapist Traps

Assuming of Trust
Interpersonal Boundaries and Limits
Locus of Responsibility
Control
Denial and/or Projection
Idealization
Internal and External Motivation
Burn out and Compassion fatigue
Transference / Countertransference
Assuming Trust

- Clients with anger/aggression/trauma backgrounds may not know how to trust others

- Therapists attempt to demonstrate (verbally and behaviorally) that trust is possible

- Client may look for evidence of untrustworthiness throughout treatment
Boundaries and Limits

- Histories of inconsistent nurturing and distorted family roles
- Uncertainty can cause confusion and pushing limits
- Confrontation is ok
Locus of Responsibility

- Different ways to “check out” of treatment
- Arguing the other side
- Preserving hope and safety
- Internal and External Motivation
Control

- Severe trauma may create biphasic responses
- Re-enactments of traumatic experiences
- Control is tenuous and frequently breaks down
- Therapist can get caught in “putting out fires” or feeling a sense of ineffectiveness
Counter-transference

- Defensive
- Reactive
- Induced
- Aim Attachment
  - Idealization
- Projection
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<td>• Refers to PTSD like symptoms</td>
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<td>• Can be associated with “secondary trauma” or “vicarious trauma”</td>
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<td>• Burnout is a state of physical, emotional and mental exhaustion</td>
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Questions/Comments