



Trauma Focused Anger Management

Presented by:

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Workshop Aims

- Description of trauma-focused anger management
- Goal of trauma-focused anger management
- Four types of trauma-based anger and rage
- Profile of clients experiencing trauma-based anger
- Summary of approaches and interventions

Intro #1 Trauma

Trauma-focused anger management is an approach that recognizes that angry outbursts and behaviors may seem like something in the present, but is more often associated with something in the past. Trauma-focused anger management takes a unique approach to treating angry clients by looking at the root of their anger, and making connections that were previously unrecognized, including early childhood experiences.

(Per Birmingham Anxiety and Therapy Clinic)

Trauma-focused anger management seeks to ultimately have clients exhibit more adaptive anger management skills, leading to more adaptive behavioral functioning.

Four “4” Types of Trauma

Trauma-based anger and rage is based on ‘pre-existing’, pre-situational distress. Rage occurs when a person has reached their threshold and is fueled by frustration and terror.

FOUR TYPES OF TRAUMA-BASED ANGER:

- Survival Based Anger
- Impotence Based Anger
- Shame Based Anger
- Attachment Based Anger

By Dr. Leonard Ingram, Co-Founder of the Anger Institute of Chicago (with Mitch Messer)

Impotence Based Anger

PSYCHO/EMOTIONAL SYMPTOMS:

Can't tolerate perceived disrespect, feels powerless over their environment, external locus of control, poor primary and secondary appraisal skills, impaired assessment of body and facial cues, diminished self-respect, concrete thought processes.

MALADAPTIVE BEHAVIOR SYMPTOMS:

Poor interpersonal skills functioning (dominating others, violent and aggressive), poor impulse control verbally and physically

NEEDS BEING MET BY BEHAVIOR:

Power and control over their lives and environment, respect from others

INTERVENTIONS:

Enhanced conflict resolution skills, teaching them to gain 'power' through their skills and talents (empowerment), teaching assertiveness skills

Survival Based Anger

PSYCHO/EMOTIONAL SYMPTOMS:

Anger/fear from trying to survive their environment (lack of supervision, structure and/or nurturing). They can't tolerate threats or perceived threats to their physical well-being, poor primary and secondary appraisal skills (Lazarus), concrete thought processes. Difficulty setting goals, immediate gratification oriented

MALADAPTIVE BEHAVIORAL SYMPTOMS:

Hypervigilant (fight or flight), aggressive, violent, poor cooperation with others (interpersonal functioning, poor impulse control)

NEEDS BEHAVIORS ARE MEETING:

Power and control, developing a stronger internal locus of control

INTERVENTIONS:

Reframing perceptions of threats, enhancing self respect, teaching assertiveness skills, teaching conflict resolution skills

Shame Based Anger

PSYCHO/EMOTIONAL SYMPTOMS:

Self Contempt, hypersensitive to criticism, rejection, and humiliation. Has strong fear of failure and taking risks, fear of setting goals. 'Victim' mindset, resists accountability for actions.

MALADAPTIVE BEHAVIORAL SYMPTOMS:

May avoid certain roles and tasks of life, lacks emotional resiliency, resists putting sufficient towards accomplishments (obtaining employment, completing school tasks, etc.). May exhibit poor interpersonal functioning and social skills. May overcompensate for having a small 'private self' by having a big 'public self'.

NEEDS BEING MET BY BEHAVIORS:

Protecting fragile ego sense of self

INTERVENTIONS:

Build self-respect, model mutual respect. Become a 'holding environment' (ground them, support them, guide them)

Attachment Based Anger

PSYCHO/EMOTIONAL SYMPTOMS:

Fear of abandonment, fear of rejection, distrust of others, fear of emotional intimacy

MALADAPTIVE BEHAVIORAL SYMPTOMS:

Impaired interpersonal functioning, may resist expressing emotional intimacy. Conflict-laden relationships, may sabotage potentially loving relationships, may withdraw from roles and tasks of life.

NEEDS BEING MET BY BEHAVIORS:

Avoiding being hurt (rejected, abandoned), protecting fragile ego

INTERVENTIONS:

Model developing healthy attachments, with clients. Develop a therapeutic rapport.

'Profile' of a Client Experiencing Trauma Based Anger

PSYCHO/EMOTIONAL SYMPTOMS:

External locus of control, concrete thought processes, inadequate primary and secondary appraisal skills (threat detection, reading body cues, etc.), feelings of self-contempt, distrust of others

MALADAPTIVE BEHAVIORAL FUNCTIONING:

Violent, aggressive, impaired interpersonal functioning, conflict-laden relationships, withdraws from roles and tasks of life.

Summary of Approaches and Interventions

CBT (Reframing perceptions and worldview)

DBT Skills building (distress tolerance, emotional regulation, building self-respect, interpersonal effectiveness, etc.)

Unlocking Stored Trauma (“the body keeps score”):

Mindfulness exercises, T.R.E (Dr. D. Bercelli), Grounding exercises, Progressive muscle relaxation, etc.

Internal Family Systems: Examining defense mechanisms and ‘sub-personalities’

Adlerian Therapy: Meeting psycho/social needs in constructive , adaptive ways: Power and control, belonging and connection, autonomy, etc. (Goals and purposes of maladaptive behaviors)

Positive Psychology/Solutions Focused Therapy: Developing positive goals, relationships, activities, etc.