Understanding Anger in Veterans: Tips and Strategies to Support Veterans Struggling with Anger

Darren's story

Darren (DOB 1989), the younger son of Bev and Tony, grew up in Adelaide. He was a well-adjusted popular kid; a good student achieving above average grades. He excelled at sport, particularly athletics. Unlike his peers and older brother, he was not a risk taker, sailing through his teenage years unscathed. For as long as he could remember, he had always wanted to be an electrician. He was thrilled when his uncle offered him an electrical apprenticeship at the end of Year 11. The apprenticeship experience surpassed his expectations.

When his mother died suddenly in June 2009, he '*went off the rails a bit'* binge drinking with his brother and mates. Until then, Darren had only been a moderate drinker. He didn't like how alcohol interfered with his weight lifting which he started during his apprenticeship, and which now occupied most of his '*down time'*. After Bev died, he found solace in his brother's company which necessitated, due to his brother's favourite pastime, long sessions at the pub. Darren struggled with the late nights and early work starts. Despite his uncle giving him a couple of warnings, he was shocked and disappointed in himself, when his apprenticeship was terminated.

He had inherited a small amount of money from his mother and for the next couple of months he was unemployed and drinking heavily. '*I was kinda numb, not really thinking about anything, but I got a wake up call when I noticed how I couldn't lift the weights I used to'*. In 2010, somewhat impulsively, he made a decision to move to Darwin, purchase a small house and join the Australian Defence Force. '*It was more to help me get my drinking in line…I never wanted to follow in my brother's footsteps who drinks way too much …. but little did I know it would be the best decision of my life'*.

Upon entry to the Australian Defence Force, Darren trained as an engineer and was surprised at how easily he took to it; enjoying it more than being an electrician. In fact, he valued everything about being in the army and living in Darwin. He had given up drinking, had joined a gym and was dating Tanya who worked in administration on the barracks. '*I was stoked how, after joining the army, everything just came together. I felt proud of who I was and what I was doing*.'

Over the next six years, Darren undertook two tours of duty in Iraq and Afghanistan respectively, where due to his engineering training he was responsible for bomb and Improvised Explosive Device disposal. In both tours he had multiple contacts and was involved in exchanges of fire. The first tour went relatively well. Darren trusted his skills and performed well in his work. He enjoyed the camaraderie, getting on well with his team mates who looked out for him, aware that this was his first deployment.

In the second tour of duty he did well in his tasks, but he found this deployment much harder. Darren felt his unit was sent on missions at very short notice, with little information about the location or nature of the task. On one occasion Darren was blamed, unfairly so he thought, for the unit bringing the wrong equipment. He became increasingly angry at what he felt were communication failures by his commanders. Then something awful happened. One of Darren's team members, a young guy with whom Darren had formed a close alliance, was seriously injured in combat.

Darren's immediate and overriding reaction to the situation was how unfair it was. He felt the unit could have been briefed better. He became disillusioned about the army and about what was expected of the troops. '*Skilled, tough focused guys we are, we could cope with danger and anything that war would throw at us, if only* …'. Darren couldn't shake these feelings and over time he started to feel it was affecting his communication with his superiors.

For the first couple of months after returning from this second tour of duty, Darren felt an unfamiliar tension. He was unsettled and jumpy, quick to flare up, often about trivial things. If his meal wasn't hot enough or if one of his mates was playing music too loud. He'd gotten himself into a few fights and had started drinking again, so it didn't really surprise him when he punched one of his sergeants, after the sergeant intervened in a verbal stoush Darren was having by telling him to settle down. He was surprised when he was issued with administrative discharge shortly afterwards. He was so irritated he didn't bother to pay too much attention to the reasons.

Tanya and Darren were now living together, Tanya having moved in three years ago. Initially, after his discharge she was sympathetic and encouraged Darren to '*take it easy, be kind to yourself, take some time out before you decide what you are going to do next*'. Darren spent more time at the gym, but something had shifted for him and he couldn't focus on the weights like he used to. It felt like a different gym. He was constantly distracted and irritated; other members weren't cleaning the equipment after use, were taking too long, not taking it seriously, the music was too loud, not loud enough, or the air conditioning was up too high. He niggled with and occasionally would confront other members. On other occasions when Darren felt too jumpy he'd leave and go home, but by the time Tanya came home, he'd have got himself into such a state that they'd inevitably have an argument. So instead, he started going to the pub and having a beer or two to calm himself down.

One day there was a woman at the gym who wasn't using the equipment properly and Darren just lost it, '*I really yelled at her, used some pretty filthy language and that was it, they didn't care how long and loyal my membership had been, they banned me.'*

Darren now divided his time between the pub and home. Mindful of controlling his drinking he'd limit his beers to four per day. The rest of the day '*was spent at home, watching telly'*. He started to get headaches and almost every other day he found himself '*eating a couple of Panadols'*. Most days by the time Tanya got home he'd be so irritated with his day that he'd verbally lash out at her. He never thought she'd annoy him, had always thought she '*was perfect for him',* but more and more he'd be impatient with and frustrated by her. Soon the arguments escalated and Darren would take his frustrations out on the walls. He became increasingly frightened of his anger. He was fearful of his own strength and what would happen if he ever really hit someone, especially Tanya. However, she never gave him the chance because after a few weeks Tanya moved out.

Darren struggled on his own and found himself reacting to the slightest things. People in the street who looked at him the '*wrong way'* or walked too slowly, anyone really was at risk. Risky it was, because Darren had no doubt of his strength, and how quickly his anger could appear like a flash out of nowhere. He was terrified that the two made a deadly combination.

Nowadays he feels constantly tense. His headaches persist and are now a daily occurrence. Panadol no longer works. Darren wonders if he could just ease that pain he'd be in a better position to '*get my old life back, or at least start lifting weights again and get back with Tanya*'. He makes an appointment with his GP to discuss what stronger meds might be available.

Understanding Anger in Veterans: Tips and Strategies to Support Veterans Struggling with Anger

This document answers the most common questions that remained outstanding at the webinar's conclusion.

Frequently Asked Questions

1. What is anger and when does it become problematic?

Anger is a normal human emotion and can serve useful purposes when controlled or directed productively. However, when anger gets out of control and becomes the habitual response to everyday events it can become a problem. Problematic anger can destroy relationships and have wide-ranging negative effects on others.[1]

Anger can often lead to violence if not properly controlled and some people use anger as an excuse for being abusive towards others. Violence and abusive behaviour gives someone power and control over another person usually through creating fear.[2]

The goal is to manage anger more effectively so that it doesn't impact on the veterans' life or their family and friends.

2. What are the current recommended evidence-based treatments for anger?

The experiences of anger and posttraumatic stress disorder (PTSD) have a strong association, and many effective and empirically-validated treatments and interventions exist that target PTSD in veteran and military populations.[3]

Psychological Treatment

Cognitive behaviour therapy (CBT) can be effective and includes the following elements:

- Arousal management –breathing techniques and distraction techniques.
- Cognitive therapy – to identify unhelpful beliefs and develop ways of challenging those beliefs.
- Exposure for anger – imagining anger-triggering events and practicing skills of anger management in response.
- Behavioural techniques –problem solving, assertion techniques, and negotiation and conflict resolution skills.

[1] http://www.vvcs.gov.au/Services/GroupPrograms/doing-anger-differently.htm
[2] Australian Psychological Society "Managing your anger" (accessed 13 July 2017). Retrieved from http://www.psychology.org.au/publications/tip_sheets/anger/
[3] Australian Centre for Posttraumatic Mental Health (2014). *What are the effective psychological interventions for veterans with problematic anger and aggression?* Department of Veterans' Affairs, Canberra, pg 5.

Pharmacological Treatment

- If anger presents as a secondary problem related to a mood disorder, PTSD or anxiety disorder, effective medical treatments of these conditions will reduce the severity of abnormal anger and associated aggression.
- Impulsive aggression has been shown to improve with treatments including lithium and various anticonvulsant medicines. Selective serotonin reuptake inhibitors antidepressants may have a role in improving anger symptoms even when anger occurs in the absence of other common mental health problems.

Self-management Strategies

It may be beneficial to discuss basic self-management strategies that veterans can use to reduce their symptoms while more targeted psychological and/or pharmacological interventions take effect.[4] Strategies that can help veterans recognise the problem and increase their motivation to engage in treatment can be found on the *At Ease* website.

3. What Department of Veterans' Affairs resources are available to treat veterans with anger issues?

The Department of Veterans' Affairs (DVA) provides access to a range of treatment services for veterans who are experiencing anger issues.

Clinicians can refer veteran clients and their immediate families to the Veterans and Veterans Families Counselling Service (VVCS). VVCS provides free and confidential, nation-wide counselling and support for war and service-related mental health conditions, such as PTSD, anxiety, depression, sleep disturbance and anger. Support is also available for relationship and family matters that can arise due to the unique nature of the military lifestyle.

Additionally, VVCS offers the Doing Anger Differently program, which is an educational and skills-based group program assisting participants to understand anger and aggression. The VVCS Group Programs calendar provides program dates in locations across Australia. If you have a client you consider may benefit from VVCS support, please call 1800 011 046 within business hours to discuss (www.vvcs.gov.au).

The *At Ease* website can help veterans, current serving military personnel and family members identify other symptoms of poor mental health, find self-help tools and advice, access professional support and learn about mental health treatment options.

The *High Res* website and mobile app can assist serving and ex-serving military personnel and their families manage stress and build resilience. The *High Res* website and app include a tool called, Defusing Anger, that provide strategies to help veterans adjust their physical reactions, behaviours and thoughts to better control their anger.

4. What is the link between anger issues and other mental health conditions, such as PTSD?

Anger is often reported co-morbidly with PTSD.[5] Those who have been exposed to traumatic events commonly report anger as an issue and this appears to be a significant issue associated with continued psychological disturbance long after exposure.[6]

[4] Australian Centre for Posttraumatic Mental Health (2014). *What are the effective psychological interventions for veterans with problematic anger and aggression?* Department of Veterans' Affairs, Canberra, pg 5.
[5] Forbes D, Creamer M, Hawthorne G, Allen N, McHugh T. Comorbidity as a predictor of symptom change after treatment in combat-related posttraumatic stress disorder.2003; 191(2):93-99.
[6] Forbes D et al. A concise measure of anger in combat-related posttraumatic stress disorder. 2004; 17(3):249-256.

For veterans, comorbid anger and aggression has been identified as frequently associated with PTSD, with this association prominent in combat veterans.[7] It is important to screen for depression, anxiety and PTSD if anger issues have been detected.

5. What is the impact on family members of veterans with anger issues and what support is available?

Problematic anger is commonly reported in veterans and can persist for many years. It is associated with high levels of distress and can have detrimental effects on interpersonal relationships, general functioning, and increase risk of interpersonal violence. Problematic anger and aggression are also commonly associated with the experience of mental health conditions, such as disorder PTSD. (Forbes et al. 2014).[8]

There are a number of resources available to families dealing with a veteran's problematic anger.

1800RESPECT - is the national family violence and sexual assault counselling service. It is a free, confidential service available 24 hours a day, 7 days a week. Call 1800 737 732 to speak to a professional counsellor.

Kids Helpline - is a free, private and confidential, telephone and online counselling service specifically for young people aged between 5 and 25. Call 1800 551 800, 24 hours a day, 7 days a week.

Lifeline - provides crisis support services for domestic abuse and family violence. Call 131 114, 24 hours a day, 7 days a week.

VVCS - provides supportive, confidential counselling to members of the veteran and ex-service community, and their immediate families, who need support or are in crisis. Call 1800 011 046, 24/7.

VVCS also offers a Building Better Relationships program for veterans to recognise and understand how the military experience may impact on partners and/or parents and develop skills to strengthen emotional ties and understand self-care, develop greater mutual appreciation, communicate more effectively and share goals for the future.

[7] Forbes D, Parslow R, Creamer M, Allen N, McHugh T, Hopwood M. Mechanisms of anger and treatment outcome in combat veterans with posttraumatic stress disorder.;2008; 21(2):142-149.

[8] Forbes D et al. Evaluation of the Dimensions of Anger Reactions-5 (DAR-5) Scale in combat veterans with posttraumatic stress disorder. 2014; 28(8):830-835.

Australian Government
Department of Veterans' Affairs

Mental Health and the Military Experience

WEBINAR PANEL

mhpn Mental Health Professionals' Network

Understanding Anger in Veterans: Tips and Strategies to Support Veterans Struggling with Anger

7.15 pm – 8.30 pm AEST, Tuesday 11 July 2017

Webinar panelists

Dr Monica Moore

General Practitioner

Dr Moore graduated in 1983 and undertook initial training in Cognitive Behaviour Therapy and Motivational Interviewing in 1996. As well as further training in CBT and ACT, she has completed the Advanced Certificate of IPT, Diploma of Clinical Hypnosis, Certificate of EFT, and EMDR.

Dr Moore has coordinated the Sutherland MHPN since its inception in 2009, and is a founding member of the Australian Society for Psychological Medicine. She has been involved in training general practitioners and allied health clinicians since 2002, with RACGP, PDP Seminars, GP Synergy, CESPHN, Australian Society of Hypnosis, Black Dog Institute, GPCE, NSW Institute of Psychiatry, Rural Doctors Association, Sphere, and the Sutherland Division of General Practice.

Dr Tony McHugh

Psychologist

Tony McHugh is the manager of Professional Practice (Public Sector & Non-Government Organisations) for the Australian Psychological Society. Until early 2015, he was the manager and principal psychologist for trauma-related mental health services at Austin Health, a major tertiary level hospital in Melbourne for over two decades. In these roles, Tony has been responsible for the set up and development of comprehensive psychological treatment programs for severely traumatised Australian Defence Force personnel, combat veterans and community groups, including police and other emergency services personnel.

Tony has also acted as a psychological advisor to the Australian Centre for Posttraumatic Mental Health and the Transport Accident Commission of Victoria. He has provided considerable leadership in the area of emergencies and disasters since the Bali

bombing and was instrumental in the three-year delivery of assessment and treatment services from Austin Health for those affected by the 2009 Victorian Bushfires.

Tony has routinely provided workshops across Australia on the psychological treatment of post-traumatic reactions, with a special focus on PTSD and posttraumatic anger. In the area of PTSD and anger he has recently submitted a PhD, as well as completed a number of peer reviewed publications.

Early in his professional career, he held a number of significant appointments, including assistant director for the Early Psychosis Prevention and Intervention Centre and senior project officer in the (then) Victorian Office of Psychiatric Services.

Dr Jonathon Lane
Psychiatrist

Dr Lane works at the Hobart Clinic, Murray Street rooms, seeing outpatients. Approximately sixty percent of his practice is with current military and veteran patients. He completed his Psychiatry Fellowship training in Tasmania in 2014, and his previous work includes a significant Forensic and Military component. Dr Lane has been in the Australian Army in both full-time and Reserve roles for some 27 years, including a range of general Army duties for ten years before completing his Medical degree and working for the Army as a Doctor. Dr Lane was deployed to Afghanistan in 2013, where he worked with US Forces for six months as part of the Mental Health Team in the NATO ROLE 3 in Kandahar, in southern Afghanistan. He is still an active Reservist and works with a range of units around Australia. He was awarded a Churchill Fellowship to look at mental health programs for military personnel and veterans, which he completed in 2015. As a part of this, he visited various US military and Veterans' Affairs treatment facilities to look at a range of inpatient, outpatient, and peer-led group programs for both serving and retired military personnel, and intends to develop similar programs in Hobart. His primary interests are young adults, and the military / veteran population groups. He continues to have a strong educational focus as well, providing education on mental health and PTSD issues to the Tasmanian Police, Emergency Services, Australian Army, and teaches 3rd and 4th Year Medical students at the University of Tasmania.

Facilitator:
Prof Mark Creamer
MA (Clin), PhD, FAPS,
Psychologist

Professor Mark Creamer is a clinical and consulting psychologist with over 30 years' experience in the field of posttraumatic mental health. He is internationally recognized for his work in the field.

He provides policy advice, training, and research consultancy to government and non-government organisations, with the aim of improving the recognition, prevention and treatment of psychological problems following stressful life events.

Mark is a Professorial Fellow in the Department of Psychiatry, University of Melbourne, and has an impressive research record with over 180 publications. Mark is an accomplished speaker and has given numerous invited addresses at national and international conferences.