

Integration of Anger Management and Domestic Violence Treatment

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History of Domestic Violence Treatment

Historic Non-Accountability

- Family violence not taken seriously;
- Family violence not a social issue;
- People's right to physical and sexual safety not extended to marriage.

The Result of Non-Accountability

A violent partner was not held responsible for his/her actions.

A Gradual Change

Part of broad anti-violence movement.

Feminist movement emergence.

Spousal abuse:

- a public issue,

- a social justice concern,

- a clear violation of law.

Duluth Model: Ways Men Control Women

- Coercion and threats
- Intimidation
- Emotional Abuse
- Isolation
- Economic Abuse
- Using Children
- Using Male Privilege
- Minimize/Deny/Blame

The Source of Divergence

Power and Control model = a sociocultural model.

Proper treatment: male re-education.

Implications: Males solely responsible.

- Female violence always defensive.

- No mutual violence.

- No anger management.

- No couples counseling.

- No family therapy.

- No psychotherapy.

Weaknesses

- One size does not fit all.
- Denial/minimization of same-sex violence, female initiated violence, mutual violence, attachment disorders, psychological disorders.
- Over-politicized and over-institutionalized.
- Research does not support the power and control model.

Current Research Findings

No single model works best.

There are many causes of domestic violence.

Males and females have similar rates and reasons for violence.

Convergence

- Anger management has become more accepted in d.v. treatment.
- As long as it is not the only or primary model.
- Anger management counselors are becoming more aware of domestic violence.
- Standard anger management tools do work well in d.v. settings.

Significant Differences

- 1) D.V.: Life or death awareness is critical.
- 2) Anger = emotion; D.V. = behavior.
- 3) D.V.: Much more criminal justice system involvement.
- 4) D.V. has multiple clients.
- 5) Less confidentiality in domestic violence treatment.

More Differences

- 6) Single perpetrator/single client model in d.v.
- 7) More couples and family work in anger management.
- 8) Not all d.v. clients have diagnosable anger issues.
- 9) Much better research in anger management than d.v.

Similarities

- 1) Both: Clients vary on a continuum of severity.
- 2) Both: Benefit from anger management focus.
- 3) Both: Often have rapid onset of problematic behavior.
- 4) Both: Have multiple causes.
- 5) Both: Need varied treatment depending on causes.

Research Findings

- Positive r : anger and aggression.
- Positive r : anger and domestic violence.
- Positive r : *cause* = expressive vs. instrumental aggression.

Some Possible Anger/DV Connections

- 1) Exculpatory: “Out of control” anger used as excuse for d.v.
- 2) Extreme anger/rage → Aggression in general.
- 3) Extreme anger/rage → Only domestic violence.
- 4) Low/moderate anger → General aggression.
- 5) Low/moderate anger → Only domestic violence.

More Connections

- 6) Independent: Anger does not predict aggression.
- 7) Independent: Aggression and/or d.v. do not predict anger.
- 8) One person's d.v. → Anger/aggression/d.v. in another.
- 9) Another common cause → both concerns.

Anger/Domestic Violence Goals

To Include anger management as a significant component of domestic violence treatment programs.

To link anger management with domestic violence prevention and recidivism reduction.

What Causes Angry Domestic Violence?

- Traditional model of anger: frustration/aggression hypothesis.
- DiGiuseppe and Tafrate: a protest against perceived injustice.
- Potter-Efron: a defense against perceived threat.

Sources of Sense of Threat

- Trauma.
- Insecure attachment: dismissive, preoccupied, fearful.
- Dangerous reality.

Some Major Threats

- To physical safety.
- To sense of empowerment.
- To relationship security.
- To sense of acceptability in community.
- To core values.

The Physiology of Insecurity

Porges' Polyvagal Theory: chronic insecurity produces:

- Poor vagal tone.
- Irritability.
- Emotional dysregulation.
- Hyperactive reaction to environment.
- Impulsive acting out.
- Withdrawal.
- Insecure attachment.

Physiological Response during Anger Episodes

- Increased heart rate.
- Increased blood pressure.
- Airways in lungs open more.
- Decreased actions in digestive system.
- Increased blood flow to skeletal muscles.
- Extreme situations: “seeing red,” loss of conscious awareness.

A Core Sense of Safety

A core sense of safety is ultimately the best anger inhibitor.

Safety allows the brain to thrive, not just survive.

Lack of a sense of safety → greater risk for anger/aggression.

Safety Correlations

- Higher vagal tone.
- Ability to self-soothe.
- Ability to self-regulate.
- Positive social engagement.
- Enhanced ability to attend to and take in information from others.
- Consistent caretaking.

Emerging Linkages

- Rage: misidentified, underreported and misunderstood.
- Brain Change: an opportunity for improved treatment.

Rage: Survival Based Anger

- Rage involves amygdala-triggered unconscious reactions to perceived severe threats.
- Rage is a transformative experience.

Core Aspects of Rage Reaction

- Extreme anger.
- Loss of conscious awareness.
- Lack of normal sense of self.
- Loss of behavioral control.
- Inability to explain what is happening or what happened.

Differences: Rage vs. Anger

- Anger may be goal-directed; Rage is always threat-directed.
- Anger is a single emotion; Rage is often a blended emotion.
- Anger is ego-syntonic; Rage is ego-dystonic.
- Bottom line: they feel different and they are different.

Five Clear Threats Trigger Rages

- 1) To physical well-being: SURVIVAL RAGE
- 2) To your sense of control: IMPOTENT RAGE
- 3) To valued sense of self in society: SHAME-BASED RAGE
- 4) To attachments: ABANDONMENT RAGE
- 5) To moral identity and values: OUTRAGE

Goals with Rage

- Become aware of the signs.
- Identify rage for clients – Give it a name.
- Help clients limit rage attacks.
- Medicate if necessary.

Brain Change

Main concept:

lasting change in behaviors ↔ lasting changes in the brain

Brain Change Plans: A Tool for Anger Management and Domestic Violence Counseling

Clients can take control of their therapy.

By designing and implementing a personal brain change plan.

The plans utilize the principles of neuroplasticity.

But are operationalized in easy to understand language.

Conclusion

Anger management and domestic violence aren't identical.

But they overlap and can utilize similar treatment models.

We need to become proficient in both areas to be most effective.