

WEEK 5

TBI AND ANGER: IDENTIFICATION, OPTIONS, AND UNDERSTANDING

GOALS/OBJECTIVES:

This module contains information that will help participants better understand how their respective TBI is related to their experience of anger.

The primary goals of this week will be for participants to:

- Be better able to identify their anger and the triggers of their anger
- Learn and practice socially acceptable coping options, and better understand how their anger affects themselves and others
- Provide psycho-education on how anger is related to TBI—why this anger feels extreme, the causes of anger, the fact that anger issues are a common side effect of TBI, etc.
- Facilitate discussion with the participants about what their own anger looks like
- Practice skills for coping with anger, using visual aids to better understand anger (e.g. the anger volcano or dam)
- Assign homework regarding practicing the identification of anger

TIME:

Allow 1.5 hours for the session.

NUMBER OF PARTICIPANTS:

A minimum of four participants is recommended.

WEEK 5

PREPARATION



VIDEO

Watch the following video:

<https://youtu.be/EOAFmzyvI9M>



PRINT HANDOUTS

- Understanding TBI & Anger
- Jim's Anger Management Plan and blank copy for participants
- Take Home Impressions

These handouts can be found in the handout section for this week, the facilitator's guide will indicate when these should be referenced.

For further background on this topic, the facilitator is encouraged to visit the following links:

<https://www.brainline.org/article/anger-following-brain-injury>

<http://www.msctc.org/tbi/factsheets/Emotional-Problems-After-Traumatic-Brain-Injury>



WRITE

Write the following group rules on the white board for reference for participants throughout the treatment group:

- **Confidentiality:** The information we discuss in this group is private, and members are expected to keep it that way.
- **Respect:** Give your attention and consideration to participants, and they will do the same for you. Examples include:
 - No talking over each other,
 - Pay attention to the person talking (listen, don't just wait for your turn to talk)
 - Encourage each other, etc.
- **Participation:** You are expected to take part in the discussion and contribute to this group. The pace of this group, however, may limit some participation. Let's briefly discuss one way that the group leader(s) can signal you when we need to wrap up discussion and move on.

WEEK 5

PREPARATION



WRITE

Write the following learning objectives on the white board for reference throughout the treatment group:

- Structure and topic
- Homework review
- Education about the relationship of anger/aggression and TBI
- Ability to identify anger, and how a history of TBI effects experienced anger
- Trigger identification
- Break
- Coping with anger
- Group Activity
- Reflection/Homework

Note: *If additional rules were agreed upon, be sure to include each additional rule during this review.*

WEEK 5

ACTIVITIES



ESTABLISH GROUP RULES

5 MINUTES

Now we are going to review the rules that we will follow throughout the duration of this treatment group. If you have any questions about any of the group rules, I can help to clarify what is meant by that rule.

- 1. Confidentiality:** The information we discuss in this group is private, and members are expected to keep it that way. What is discussed in the group may be highly personal at times, and should not be discussed outside of the group.
- 2. Respect:** Give your attention and consideration to your fellow participants, and they will do the same for you. Examples of respectful behavior include:
 - Not talking over each other
 - Paying attention to the person talking (listen, don't just wait for your turn to talk)
 - Encouraging each other by responding to each other in a positive manner.Have the participants give other examples of how to show respect, and add those to the list as desired.
- 3. Participation:** You are expected to take part in the discussion and contribute to this group. The pace of this group, however, may limit some participation. Often individuals who have TBI struggle to stay on topic. Let's briefly discuss one way that the group leader(s) can signal you if you are off topic and/or when we need to wrap up discussion and move on.

Note: Ask the group participants what other rules they believe should be in place, and add them to the list if they are applicable and constructive rules that are agreed upon by most or all the group members. It may be helpful to write the group rules on the board, or to create a written list on a large sheet of paper that may be posted in the group room for easy reference. Be sure to communicate to participants the expectations you have for their behavior (for example, how you would like people to excuse themselves from the group if a break becomes necessary, how the group should handle conflicts among group members, etc.). Setting these specifics out ahead of time will help to avoid confusion when these situations inevitably occur.



DISCUSSION PROMPT

What other rules does the group want to establish?



ICE BREAKER AND INTRODUCTION

5-10 MINUTES

If incorporating new participants into the group, write the Icebreaker questions outlined in Group 1 on the white board so members can refer to them. Facilitator should utilize one or both of the following Icebreaker questions to warm up the group and establish rapport. The facilitator should feel free to participate in the Icebreaker by providing their own response to the questions alongside the group members.

- What is the best advice anyone has ever given you? Share it with the group.
- What is your favorite month of the year, and why?

Review Take-Home Impressions Form

- During the past week, have you done anything differently because of what you learned in previous groups? If so, please describe what you did.
- Were you able to use your new strategies/skills in any way? Please describe your experience.



EXPLAIN THE NATURE AND PACING OF THE GROUP

2-5 MINUTES

- Because we only have an hour and a half for each group meeting, it is important that we cover everything that is necessary.
- I will provide a brief overview of what this group will be about, and then I will guide you through several topics about TBI (such as symptoms, recognition, anger triggers, effective anger-reducing habits, stress management, etc.).

- **Important:** To get through all the material, I will be keeping us on point by giving reminders when that section's time is almost up. If we are off-topic, I will redirect you to the relevant topic. If you would like to continue to discuss the topic that I redirected you from, please let me know after group so that we can discuss it at greater length. If necessary, we'll use the signal we agreed upon earlier to wrap up discussions.



HOMEWORK REVIEW

5-10 MINUTES

During the previous week, you were asked to practice working with communication strategies.

- How did it go (can you describe one situation)?
- What style of communication would you say you used most?
- Did you use any particular communication strategy (such as "I" statements)
- Do you feel you were successful with your communication?

Note: *If participants have not completed the previously assigned homework, please ask the following question:*

- *What led to your decision to not complete the assignment?*
- *What do you need to do for yourself this week to help you be able to complete the homework assignment?*

WEEK 5

CONTENT



INTRODUCE ANGER AND GOALS FOR THIS MODULE

5-10 MINUTES

Today, I will guide you through several topics about TBI and anger. We will discuss the relationship of anger/aggression and TBI, learn to identify anger and how a history of TBI affects the experience of feeling anger, and identify triggers for anger and physiological responses. We will also learn coping strategies for anger and do a stress management technique.

Describe anger and its causes:

- There are many physical reasons a person might feel irritable and have an angry outburst. These include pain, headache, lack of sleep, medication side-effects, infections, seizures, illness, or problems with hearing or vision.
- There are also emotional reasons one might feel anger. These include: Feeling humiliated, frustrated, disrespected, or overlooked. It is important to recognize that anger is only a response to an emotion, not truly an emotion itself. For example, if someone feels humiliated, that may turn into anger, but at its core, that anger is actually the emotion of shame or embarrassment.
- Anger can also arise from the emotions we experience when we experience a loss, changes in family and job roles, frustration about being less independent, and disappointment or confusion due to not being able to process or control what's going on around you.

Briefly discuss how TBI affects anger:

- How can TBI affect how fast you get angry? How can it affect how intense your anger feels to you?

- Discuss how excessive anger is often a symptom present in individuals with TBI. Facilitator may say something like, the brain is made up of a lot of different parts, which all control different aspects of our emotions and behavior. When certain parts of the brain that help us control and process emotions become injured, it becomes more difficult to control emotions such as anger. It may also become more difficult to recognize when that anger is getting out of control.
- Discuss how anger can be a positive emotion when controlled appropriately; discuss how anger can be a negative emotion when it leads to aggressive behaviors.
- Anger is an attempt to communicate, even though it often shuts down communication. This is where coping skills can help.
- What happens when you act out angrily? How does it affect the people in your life?
- Why is it important to be aware of things and situations that tend to make us angry?

Provide participants with anger handout (located in the Handouts section at the end of this module).



CURRENT ABILITY TO IDENTIFY ANGER

5-10 MINUTES

- Describe what your anger looks like? Get examples from the group.
- Has your style of anger changed throughout your life?
- Given your understanding of TBI and what we've discussed previously, how do you think your TBI has influenced the way you experience and express anger?
- Next, we will discuss how you can better understand your behavior.



IDENTIFICATION OF TRIGGERS AND PHYSIOLOGICAL RESPONSES

10 MINUTES

Now that we talked about what anger looks like to all of us, let's discuss what kinds of things seem to make us angry.

- What things seem to make you upset or angry?

Discuss for a few minutes; try to focus on and identify client participant triggers.

- Why do you think these things cause you to get angry?

Note: Although these triggers may be personal to specific individuals within the group, allow some group discussion if other participants are offering feedback or insight into potential reasons for why these triggers cause anger.

- So when this trigger occurs, we start to get angry. Can anyone identify some physical responses you have in your body when you get triggered?
 - Examples (if participants have trouble identifying these responses): increased heart rate, angry facial expressions, clenched fists, etc.

Note: If group is struggling utilize the following or personal examples of triggers:

- Does your heart rate seem to increase?
- Does your face feel hot?
- Are you clenching your fists?

BREAK

5 MINUTES

Now we are going to take a five-minute break. During this break, we are going to do our guided breathing exercise. This is a very good technique for when you start to get angry and need to calm down.

- Breathe in through the nose, out through the mouth holding count with the facilitator. Count one in, one out, two in, two out, until you get to ten. At ten, count backwards: Ten in, ten out, nine in, nine out, etc.



OPTIONS FOR COPING WITH ANGER

5-10 MINUTES

Before the break, we were talking about our triggers and how anger makes us feel. Anger affects us all in many different ways, and we all have different ways of dealing with it.

- What are some ways you cope with anger?

Remember: Stress the importance of honesty with these coping strategies. Regardless of whether the skills participants mention are physical or verbal, involve substance use, involve avoidance, etc., it is important to identify their most often utilized coping strategies so that new ones can be implemented to replace those which are maladaptive.

Note: When participants begin to voice their coping strategies, write these skills on a white board (or on flip chart if white board is not available); this will allow for easier facilitation of discussion, and will also allow the group to pair their triggers with coping skills.

If common themes appear:

- It seems that many of you share similar ways of coping with anger. Why do you feel that these help you?

We have identified different ways we currently cope with our anger. Let's try to brainstorm some alternative ways we can process anger. Provide Anger Management handout to participants (located in the Handouts section at the end of this module.). Read through the handout out loud. Allow time for discussion.

Follow up questions:

- What has stopped you from utilizing these alternative strategies before?
- What will be your motivation to use these in the future?
- How can they insure that they will utilize these positive coping skills in the future?

Ask group members if they are familiar with safety planning for unhealthy behaviors. If any individuals are, ask them if they can understand how safety planning can work for anger management.

Safety planning is exactly what it sounds like: creating a plan in advance that you can use to keep yourself and others safe in situations that are risky. For example, if you know that you tend to get into arguments with a certain family member, and you know you are going to see that family member at an upcoming family gathering, what might you put in your safety plan to help you avoid running into conflict with that person when you see them?

Answers: Plan to avoid being in direct conversation with that family member. Practice strategies for steering the conversation away from topics that could cause conflict. Prepare yourself to walk away from the conversation if you feel yourself getting upset. Tell someone else who will be there about your concerns, and ask them to keep an eye out and come interrupt you and lead you away if they see you and the certain family member becoming heated.

Have group participants consider a situation in their lives that they should make a safety plan for, and ask them to share with the group if they are comfortable doing so.

WEEK 5

GROUP ACTIVITY



UNDERSTANDING ANGER MANAGEMENT

10 MINUTES

Read the following vignette aloud to the group:

Mark is upset with his girlfriend, Maria, because he believes that recently she has been spending much more time with her friends than with him. He feels ignored, and he misses her attention. This makes him feel angry. When he picks her up for a date one Friday night, he is upset, but he decides not to mention it and to try to have a good time. He hopes that they don't end up fighting. As they drive to the restaurant, Mark asks Maria how her day at work went. She tells him about an annoying co-worker she has, and about how she is stressed about a new project her boss has given her. When they are done discussing Maria's day, she asks Mark how his day went. However, while Mark is telling Maria about his day, Maria pulls out her phone and begins texting a friend. She says, "Don't worry, Mark, I'm listening," but keeps texting, and even laughs out loud at something her friend said, interrupting Mark's story. Mark begins to grip the steering wheel tighter. He feels his heart rate increase, and he feels his patience wearing thin. He notices he is beginning to drive faster. This alarms Maria, and she shouts, "Mark! Slow down!" For Mark, this is the last straw, and his anger boils over. He explodes at Maria, yelling, "You're so selfish! I always listen to you, but you never listen to me! You don't care about me, or how things are going in my life. All you care about is your stupid friends!" They arrive at the restaurant safely, but spend a half hour in the parking lot, yelling at each other in the car. By the end of the argument, neither feels like having dinner. The night is ruined, and Mark drives Maria home.

He isn't sure whether their relationship will last if they cannot stop fighting like this!

Now let's take some time to pick apart this scenario and talk about what could have been done better.

- If Mark had created a safety plan for this situation, what should he have included in it?
- What could Mark have done differently in terms of discussing his feelings with Maria?
- What physical signs of building anger were present for Mark?
(Answer: clenching his grip on the steering wheel, increased heart rate, urge to yell, driving faster)
- What made this situation unsafe?
(Answer: Being in a moving vehicle, where he is unable to walk away to de-escalate the situation.)
- What could Mark have said to Maria instead to communicate his feelings better? What communication strategies could he have used?
(Answer: I Statements, avoiding absolutes such as "always" and "never.")

WEEK 5

REFLECTION/HOMEWORK



10 MINUTES

As we come to the end of group today, I would like us all to take a minute to reflect on the topics we have discussed today.

Facilitator should distribute the “Jim’s Example Anger Management Plan” and the blank “Anger Management Plan” to group members at this time.

For homework, I would like to you to complete two tasks. First, I would like you to work alone or with your Support Person to outline an Anger Management Plan to use to help you manage your emotions next time you feel angry. Refer to the example copy filled out by “Jim” as a guide for how to create your own plan. As you can see, there are several specific sections in this plan:

- There is a section where you are asked to describe a situation in which you know anger will arise for you.
- The next section guides you in creating a specific reaction plan to use when you feel your symptoms of anger occurring. Be as specific as possible when completing this section- the more specific your safety plan, the better it will be able to help you! The next section asks you to list things that you know you should not do, because you are aware of the potential negative consequences.
- The final section asks you to create a list of people that you have access to that will help you to process the anger you experienced, once you have calmed down.
- If possible, this plan should be carried with you wherever you go for reference, in case you run into a triggering situation unexpectedly.
- Second, I would like you to complete the Take-Home Impressions Handout as a way to reflect on what you learned and worked on in group today, and bring it with you to our next session.



DISCUSSION PROMPT

Do you have any questions?

WEEK 5

HANDOUTS

UNDERSTANDING TBI & ANGER

JIM'S ANGER MANAGEMENT PLAN AND
BLANK COPY FOR PARTICIPANTS

TAKE HOME IMPRESSIONS

UNDERSTANDING TBI & ANGER

The brain-injured person is, in some ways, a different person. What makes him or her angry may be different than what used to upset them before the injury. We need to learn what those things are. Here are some common factors that contribute to anger after brain injury.

Stimulation factors include: High noise or activity level, the occurrence of unexpected events, lack of structure or routine.

Personal factors include: Frustration, fear/anxiety, embarrassment, shame or guilt, discovery or confrontation of problems, cognitive impairments – especially memory deficits and confabulation (remembering things that did not happen), communication impairments, rigid thinking.

Medical factors include: Pain, fatigue, hypoglycemia (low blood sugar), medications (levels low or high), use of alcohol or drugs.

ANGER WARNING SIGNS

Speech signs: Loud high voice, cursing, name-calling, threats, accusations

Behavioral signs: Making fists, increased movement and fidgeting, angry facial expressions, moving towards the object of anger, breaking things, throwing things, threatening people, searching for or picking up weapons, hitting, kicking and other forms of violence.

Physiological signs: Fast breathing, fast heart rate, sweating, over-aroused, tense muscles, flushed face, bulging eyes.

Mental signs: Fantasies of doing any of the speech or behavioral signs, negative thoughts about others, confusion, feelings of frustration, feelings of fear or anxiety, feelings of embarrassment, shame or guilt, feelings of hurt.

EARLY INTERVENTION STRATEGIES

These strategies are for staff and families to use when the brain-injured person is too confused to be responsible for his or her actions. It is important for staff and families to remember during this time that the anger is due to the injury, and they should not take it personally.

Prevention: Make the environment safe by removing potential weapons, keeping alcohol and drugs inaccessible, keeping vehicles and dangerous tools inaccessible, etc.

Regulate Level of Stimulation: Some need to avoid over-stimulation, while others need to be kept busy and distracted.

Provide Appropriate Level of Supervision.

Provide the least restrictive environment possible.

Provide reorientation as needed; much of the anger in an agitated confused and disoriented person can come from misperceiving and misunderstanding the situation.

Staff and families should frequently remind the person of where they are, what is happening and why.

MANAGEMENT STRATEGIES

Withdraw: Leave the person alone for a short period of time, if this can be done safely. As you leave, tell them briefly what you are doing and why. "You are beginning to get upset. We are going to leave you alone for a few minutes so you can calm down."

Distract: Change the subject, the focus of activity or the location. Use a concrete object as a focus when possible.

Re-orient and Reassure: Remind the person of where they are, what is going on and why.

Try to clear up misunderstandings when this can be done without renewing argument.

Direct the person in activities that may reduce agitation, such as guided relaxation.

SELF-CONTROL STRATEGIES

These strategies are to be phased in when the brain injured person has recovered enough learning abilities and awareness to begin to cooperate in learning to control anger.

"Back Off, Calm Down, Try Again": Because the impulsive anger resulting from brain injury often comes and goes suddenly, an effective way to deal with it is for the angry person to back off, calm down and try again. This strategy can be phrased in the individual's own words or whatever expression is comfortable such as "retreat, relax, return" or "take a break" or "time out". The following is a breakdown of these steps, presented in more detail.

Back Off: When warning signs appear, the person should leave the situation and go to a safe place. Others may have to cue him or her to leave. If the person will not leave, the other people present should leave instead, if possible. Practicing backing off when not angry (like a fire drill) will help this go more smoothly when it is really needed.

Calm Down: When the person has backed off to a safe place, he or she should work on calming down. Many techniques can be used to calm down including deep breathing, listening to soft music, meditation, prayer, closing eyes, going for a walk, or engaging in controlled physical exercise.

Preparing to Return: Once calm, the person may need to rethink the situation and prepare to return. If able, the person may want to ask themselves some questions, such as:

Do I need to apologize to anyone?

Do I need to explain why I left?

Do I need to tell anyone my feelings?

What can I do to avoid this next time?

Here are some example statements that illustrate rethinking the situation:

"I don't hate my mother; I'm just angry with her."

"Maybe she had a point I should listen to."

"He's not wrong, we just disagree."

Try Again: When the person returns from backing off and calming down he or she may need to apologize, talk through the issue, explain the backing off and feelings, then resume what he or she was doing. Once a person has learned to back off, calm down and try again successfully, he or she can work on calming down in the situation without leaving.

ANGER CUE CARDS

Anger cue cards can be used to remind the brain injured person of their warning signs such as Loud Voice, Tense Muscles, Confusion, or Thoughts of Hitting. These cards should be carried by the brain-injured person and optional copies can be placed where anger incidents often happen, or where backing off/calming down takes place.

A Back Off card might say: "I'm feeling angry, I need to back off!"; "Leave the room"; "Breathe deeply" "Relax muscles." Etc.

DIFFERENT ANGER REACTIONS TO BRAIN INJURY

Anger at the cause of injury: The victim of an injury may be angry at the cause of the injury such as a drunk driver, an assailant, or at the circumstances surrounding an accident. Such people often need help finding effective and satisfying channels for their anger. Often, they can talk this out with a trusted friend or family member.

Grief Reaction: It is human nature to grieve when we lose something, not just when someone dies, but also when we suffer an injury or illness. We try to find reasons for our losses. One part of a grief reaction is anger at what we think caused it. This anger can also get displaced onto any handy target. People can work through these reactions by talking out their feelings. This is such a human experience that it usually does not require a psychologist, just a trusted and understanding person. However, poor memory or judgment or emotional or personality problems can complicate grief reactions, and psychotherapy may be needed.

Frustration: When frustration contributes to angry reactions, the person needs to begin to recover by trying easier things. Specific preparation can also be taken before difficult tasks. For example, “Now it’s time to go shopping. I know this is sometimes frustrating for you. How will you know if you are starting to get frustrated, and what will you do about it?”

Normal, Legitimate Anger: Brain injured people, like everyone else, sometimes have legitimate reasons to get angry. If their legitimate anger is discounted, ignored or “treated”, they may get angrier. If they have expressed their anger inappropriately, their angry actions should be dealt with separately from their legitimate complaint. They should not get their way just because they made a fuss, but the complaint should not be ignored.

Brain injured people often have impaired judgment which can contribute to anger problems. Cognitive rehabilitation for judgment can help. People with these difficulties need to check their judgments with caregivers or people they trust. Alcohol and drugs can contribute to anger problems. The clearest solution is abstinence but abuse programs or counseling may be needed. Not taking prescribed medications can also contribute to anger problems. The doctor should be told if the medications have not been taken as directed and if there have been any problems.

Conclusion:

Anger is a common problem following brain injury. It has many causes, and there are many solutions to be tried. The rehabilitation team, the family and friends and the brain injured person can all work together to understand and manage the problem to help the brain injured person to work towards recovering self-control.

JIM'S EXAMPLE ANGER MANAGEMENT PLAN

Here is a situation where I might get angry, and I want to have a plan of action:

During free time when I'm playing cards or basketball with the other guys. I'm really competitive and I get really angry when I start to lose, or if I get fouled in basketball. Getting fouled in basketball is a pretty big trigger for me.

If I begin to become angry during this situation, I will do the following things to cope:

I SHOULD DO THE FOLLOWING:

- Ask the officers if I can have a moment to calm myself down and think
- Ask the officers if I can have a time-out ("space") within staff eyesight—requesting "space" specifically reduces proximity to others and pressure to talk about the issue first
- While having space, utilize a preferred stress management technique learned in group. *Examples are: Progressive Muscle Relaxation, Positive Imagery, Mindfulness of Breath, etc.*
- While taking space, don't think about how the situation is making you angry. Instead, think about how I can start to calm myself down and avoid any bad consequences.
- Remove myself from the situation

I SHOULDN'T DO THE FOLLOWING:

- Cuss out others
- Jump out of my chair in an aggressive manner
- Yell at others
- Become physically aggressive
- Stay in the situation and become more angry
- Refuse to talk to others about the situation

After I have calmed myself, I can speak to my support person to process my anger.

ANGER MANAGEMENT PLAN

Here is a situation where I get angry and where I can come up with a plan of action:

If I begin to become angry during this situation, I will do the following things to cope:

I SHOULD DO THE FOLLOWING:

I SHOULDN'T DO THE FOLLOWING:

After I have calmed myself, I can speak to the following people to process my anger:

TAKE-HOME IMPRESSIONS

You are encouraged to fill out this handout after attending each meeting of this group. Doing this is optional, but it is designed to help you retain as much of what you learned in today's session as possible. In your own words, please answer the following prompts:

1. SOMETHING I LEARNED ABOUT TBI TODAY THAT I DID NOT KNOW BEFORE IS:

2. SOMETHING I LEARNED TODAY THAT I WANT TO SHARE WITH SOMEONE IN MY LIFE IS:

I will share this with: _____

because: _____

3. I STILL HAVE QUESTIONS ABOUT:

4. ONE STRATEGY I LEARNED TODAY THAT I BELIEVE WILL HELP ME IS:

5. THESE ARE THREE SITUATIONS WHERE I CAN SEE MYSELF USING THAT STRATEGY/SKILL:

1) _____

2) _____

3) _____