FIVE EYES MHRIC

A MENTAL HEALTH RESEARCH AND INNOVATION COLLABORATIVE IN MILITARY, VETERAN AND FAMILY MENTAL HEALTH

Plain language summary

ANGER IN MILITARY AND VETERANS WITH AND WITHOUT POST-TRAUMATIC STRESS DISORDER (PTSD): THE ELEPHANT IN THE ROOM

THE ISSUE

Problematic anger in military personnel and Veterans, can lead to long-term emotional, social, and occupational difficulties, as well as potential harm to self or others. Research shows that almost one in every three Veterans report problematic anger in the years following departure from the military. Despite this trend, problematic anger has been the proverbial 'elephant' in the room: largely overlooked in clinical training programs and prevention strategies for military and Veteran services. This gap leaves service providers and service members unprepared to adequately prevent and address problematic anger.

WHY IT MATTERS

Although anger is a powerful motivator for action in the face of threat and danger, when anger becomes a frequent, intense, and long-lasting pattern, it can lead to problematic anger and negatively impact an individual's life and those around them. Addressing problematic anger is essential for the well-being and successful readjustment of military service members and Veterans to civilian society.

WHAT WE FOUND

Advances in understanding problematic anger are needed in four domains.

First, it is important to identify the role of problematic anger in suicidality given that recent studies have found that problematic anger increases the risk of suicide-related behaviors. Research is needed to understand how problematic anger may fuel impulsivity through the inability to manage highly intense, negative emotions and may interfere with developing and maintaining close relationships that can contribute to a sense of purpose and meaning.

Second, it is critical to understand the mechanisms linking problematic anger and aggression. While aggression in the military context is trained as part of a real-world occupational requirement, problematic anger can exacerbate aggression. Problematic anger can compound an individual's tendency to react emotionally and to interpret ambiguous events through a lens of hostility. These biases can result in greater risk of aggression.

Third, brief measures of problematic anger need to be refined so they can be integrated into research and clinical screening. One such measure that has been tested in military and Veteran samples is the five-item Dimensions of Anger Reactions scale (DAR-5). The DAR-5 measures anger frequency, intensity, duration, impulse for aggression, and interference with social functioning. As a brief and validated tool, it can be easily incorporated into clinical assessments and a way for military personnel and Veterans to monitor their own emotions in treatment programs.

Fourth, new strategies for preventing and managing anger need to be developed. These advancements can take advantage of anger-focused therapies that are based in cognitive-behavioural therapy and technology-based programs adapted for military and Veterans with co-occurring PTSD.

NEXT STEPS

Future directions for researchers and clinicians should include the following:

1. **Anger Assessments:** Include measurement of anger in military and Veteran studies to ensure that problematic anger is considered and addressed.
2. **Non-Clinical Interventions:** Focus on non-clinical interventions within the occupational health context, leveraging the role of leaders and peers. This emphasizes the importance of creating a supportive environment within the military and Veteran communities.
3. **Screen for Problematic Anger**: Ensure military and Veteran patients receiving evidence-based care are first screened for problematic anger to match their needs to effective treatment.
4. **Early Interventions**: Initiate prevention and early interventions at the start of basic training and continue throughout the individual's military service and beyond.
5. **Clinical Training:** Train clinicians to build skills and confidence in providing evidence-based treatments in problematic anger to military and Veterans.
6. **Support Emerging Interventions:** Enable implementation of evidence-based treatment for problematic anger by supporting new and emerging interventions both alone and in the context of PTSD.
7. **Provide Information:** Offer information to military leaders, Veterans, and their families to help them understand and recognize problematic anger. Encourage self-management (through emerging digital options) and promote seeking evidence-based professional support when needed.

By following these recommendations, the issue of problematic anger in military personnel and Veterans can be prioritized. Clinicians can routinely incorporate assessment, early intervention, and treatment for problematic anger into their health-promotion activities. Researchers can evaluate and inform these clinical efforts through empirical scrutiny. Together, these efforts can offer a comprehensive and practical way to address the 'elephant' in the room.

This is a plain language summary of Problematic anger in military and Veteran populations with and without PTSD: The elephant in the room.

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