

Wisconsin Public Psychiatry Network Teleconference (WPPNT)

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**Easing the Invisible Burden:
Combat Veterans, Guilt, and the
Struggle for Reintegration**

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Overview

- The importance of addressing guilt
- Common mental health concerns: symptoms and interactions with guilt
- Moral injury and its relationship to guilt
- Reintegration
 - Three tasks
 - How guilt affects those tasks
- Addressing guilt in psychotherapy

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Common Mental Health Concerns

- PTSD, Depression
 - Over 2.3 million troops have deployed since October, 2001.
 - Research suggests that approximately 20% of troops return from a deployment with a diagnosable mental health disorder and/or TBI (n=460,000)
 - Rates are likely to be higher for those deploying multiple times.

Hoge, 2004; Rand, 2008

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Common Mental Health Concerns

- PTSD
 - Intrusion
 - Nightmares, intrusive thoughts, flashbacks, physiological or psychological reactivity to triggers
 - Avoidance
 - Avoiding thoughts/feelings related to traumatic experiences; avoiding places/activities that may trigger memories of traumatic events
 - Negative alterations in cognitions and mood
 - Inability to recall key features of the traumatic event (usually dissociative amnesia; not due to head injury, alcohol, or drugs).
 - Persistent (and often distorted) negative beliefs and expectations about oneself or the world (e.g., "I am bad," "The world is completely dangerous").
 - Persistent distorted blame of self or others for causing the traumatic event or for resulting consequences.
 - Persistent negative trauma-related emotions (e.g., fear, horror, anger, guilt, or shame).
 - Hyperarousal
 - Insomnia, irritability, concentration problems, hyperstartle, hypervigilance

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Depression

- Depressed mood
- Anhedonia
- Amotivation
- Sleep disruption
- Appetite disruption
- Fatigue/lethargy
- Guilt/shame
- Suicidal ideation
- *Guilt appears to increase the risk of suicidal ideation and behaviors in combat veterans.*

Fontana et al (1992); Hendin and Haas (1991)

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Moral Injury

“Perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations” (Litz et al., 2009).

For example:

- Having taken lives
- Having acted more aggressively than was necessary
- Having failed to prevent a buddy’s death
- Having participated in or witnessed atrocities

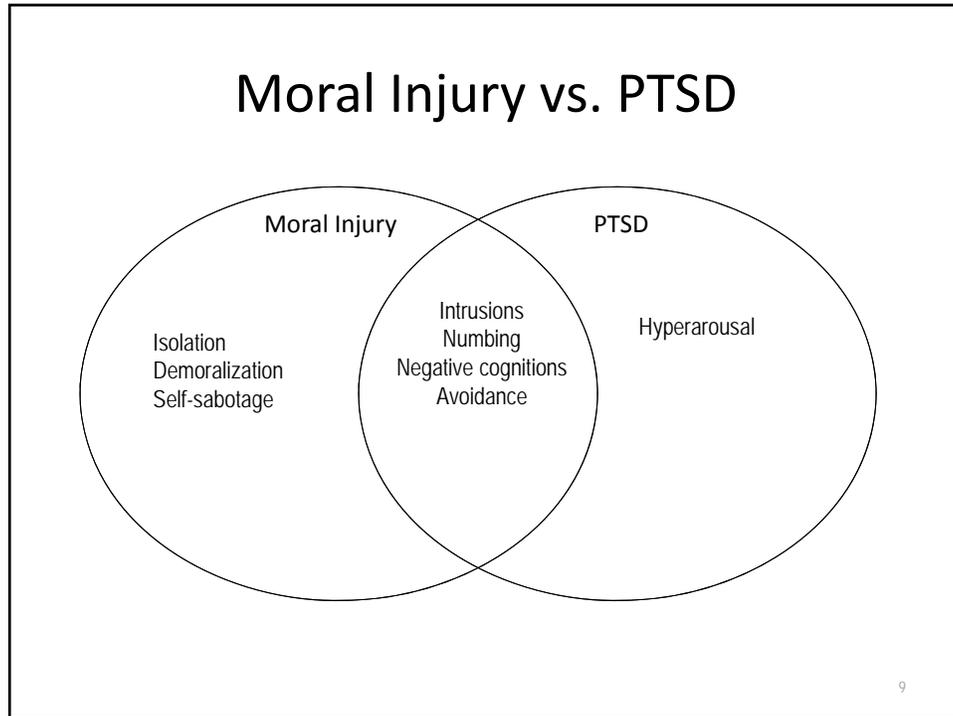
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Common Experiences

- 94% of soldiers in Iraq reported receiving small-arms fire.
- 86% of soldiers in Iraq reported knowing someone who was seriously injured or killed.
- 68% reported seeing dead or seriously injured Americans.
- 51% reported handling or uncovering human remains.
- 77%, of soldiers deployed to Iraq reported shooting or directing fire at the enemy.
- 48% reported being responsible for the death of an enemy combatant.
- 28% reported being responsible for the death of a noncombatant.

Hoge, et al., 2004

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Reintegration

Reintegration from combat involves a complex set of tasks. Ideally, successful reintegration allows combat veterans to negotiate the vast differences in culture between combat and the civilian world. The ultimate goal is for combat veterans to feel like productive members of their communities and their families, as well as comfortable with their identities.

Reintegration

Reintegration is:

- Societal (reengaging with civilian culture, finding a meaningful way to contribute)
- Interpersonal (rejoining a family, creating new relationships)
- Intrapsychic (relearning who one is after the intense and often negative experiences of combat)

Guilt and/or moral injury can affect reintegration at any of these levels.

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Case Examples

- CT and 40 years of guilt
- JB and the haunted soul
- KT and the search for forgiveness
- JS and the struggle for selfhood

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Addressing Guilt: Treatment Goals

- Targeting distorted beliefs, especially those related to the self
- Contextualizing actions and decisions
- Making amends/“Paying it forward”
- Rediscovering/redefining the self
- Rediscovering purpose and meaning

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Addressing Guilt: Treatment Goals

The ultimate goal: Self-forgiveness and self-acceptance, so that reintegration in all its forms can occur.

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Addressing Guilt: Treatment Mechanisms

A variety of modalities can be helpful:

- Cognitive Behavioral Therapy: A focus on identifying, examining and changing distorted cognitions related to blame, guilt and shame.
- Cognitive Processing Therapy: A short-term, manualized therapy with a focus on identifying distorted cognitions related to safety, trust, control, self-esteem, other people, and relationships.
- Prolonged Exposure: A short-term, manualized therapy with a focus on repeated imaginal exposure to the traumatic event. Though the focus is not on addressing distorted cognitions, repeated tellings of trauma narrative often result in more objective beliefs about personal responsibility
- Interpersonal/relational therapy: Offering genuine, non-judgmental connection and a safe place to explore issues related to the self, to discuss things perhaps never shared before, can be enormously healing. Additionally, a focus on the veteran's interpersonal functioning can be critical in terms of reversing some of the isolation that may occur as a result of shame and guilt.

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Case Examples, Revisited

- CT and the ongoing struggle for integration
- JB and growing sense of purpose
- KT and the renewed joy of fatherhood
- JS and the rediscovered self

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Thank you!

Questions?

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