

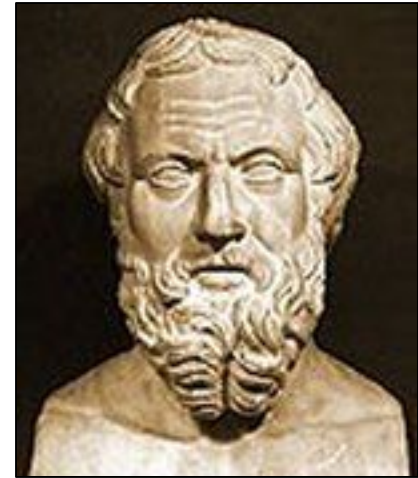
Posttraumatic Stress Disorder Among Combat Veterans

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PTSD: A Brief History

- Herodotus: Greek historian who was the first to document the psychological impact of war.¹
 - Battle of Marathon, 490 BCE:
 - Athenian soldier becomes blind after seeing someone killed in front of him.
 - Battle of Thermopylae, 480 BCE:
 - Spartan soldiers unable to return combat due to psychological exhaustion from prior battles.



The Battle of Thermopylae

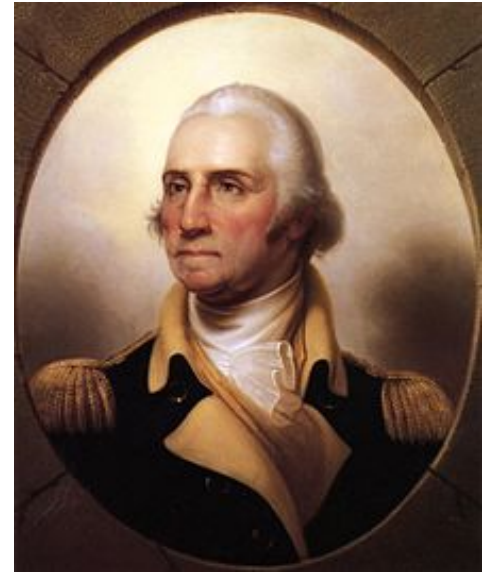
The American Revolution

- ▶ John Henry, Patrick Henry's son, goes "raving mad" after walking among bodies after the Battle of Monmouth.²
 - Goes missing and resigns his commission nine months later.
- ▶ Letters home from Continental Army soldiers describe the trauma and the disconnect between the military and the public.



The American Revolution

- ▶ George Washington warns of problems awaiting returning soldiers.
- ▶ Joseph Plumb Martin writes of the struggles of veterans of the Continental Army confirming Washington's fears.



The Civil War

- A.K.A. Soldier's Heart, Irritable Heart, or DaCosta's Syndrome in honor of Jacob Mendes Da Costa who investigated the condition during the war.
- Originally thought to be a heart condition due to symptoms commonly associated with cardiovascular problems:
 - Nightmares, sleep disturbance, headache, palpitations, chest pain, and digestive problems.



World War I: Shell Shock

- ▶ Unusual psychiatric symptoms initially thought to be the effect of blast exposure on the brain.
- ▶ Later noticed among combat soldiers not exposed to exploding shells.



World War II

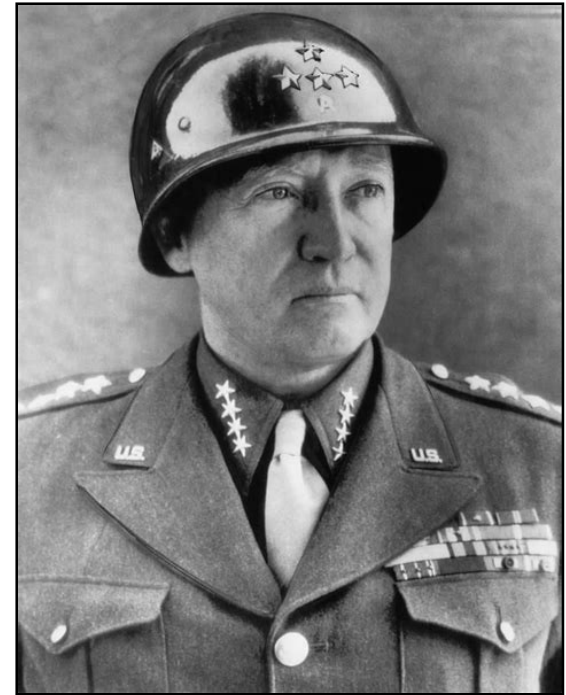
- ▶ Combat Neurosis, Combat Exhaustion, Battle Fatigue, Combat Stress Reaction
- ▶ 40% of medical discharges were for psychiatric reasons.³
- ▶ Department of Defense releases films during and after the war to educate clinicians about psychiatric symptoms stemming from combat.



3. Shultz Vento (2012)

Stigma Persists

- ▶ In August, 1943, General George Patton slaps Private Charles H. Kuhl after learning that he suffered from “battle fatigue.”
- ▶ Patton slaps Private Paul G. Bennett a week later for the same reason.
- ▶ Patton was ultimately relieved of command, but the majority of the public were in support of him.

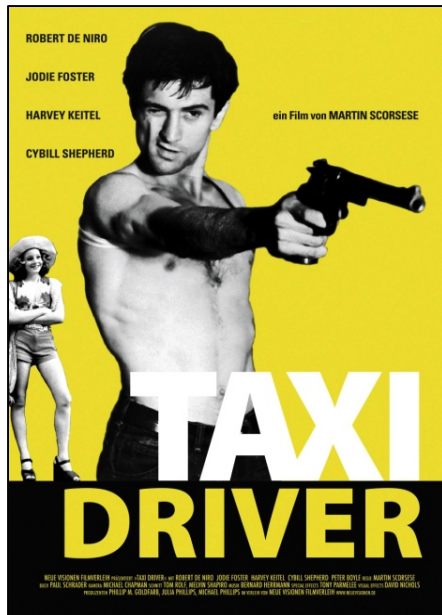


Vietnam War: Post-Vietnam Syndrome

- ▶ First described in *The NY Times* in 1972.⁴
- ▶ Characterized by guilt, resentment, rage, emotional numbing and alienation.
- ▶ “Rap Groups” developed and led by veterans begin in 1970 in NYC to address symptoms and problems.
 - ▶ Posttraumatic Stress Disorder first included in the Diagnostic and Statistical Manual of Mental Disorders in 1980.



The Myth of the Disturbed and Violent Veteran



Stereotypes Linger...

- ▶ In a recent survey, 84% of employers and 75% of civilians viewed veterans as “heroes,” but only 26% of employers and 22% of civilians considered them “strategic assets in their communities.”⁵
- ▶ 40% incorrectly believed that a majority suffered from PTSD.
- ▶ Employers views on veterans’ needs:
 - Mental health services: 92%
 - Employment services: 88%
 - Education services: 65%



The Truth About Veterans' Mental Health

- ▶ Only around one-third of veterans have served in a war zone with a similar percentage having been exposed to dead, dying, or wounded people.⁶
- ▶ The majority (69%) of OEF/OIF veterans do not experience significant mental health problems upon their return from combat.⁷
- ▶ Veterans are more likely to be married, have higher average annual incomes, are as likely to be employed, and more likely to have completed some college education than non-veterans.⁶



Mental Health Problems Among Returning Veterans

- ▶ Approximately 44% of OEF/OIF veterans reported problems readjusting to civilian life.⁸
- ▶ PTSD: 4–20%
 - Greater combat exposure associated with higher risk.⁹
- ▶ Depression: 5–37%
- ▶ Mild TBI: 20–23%
- ▶ Alcohol Abuse: 5–39%



PTSD and Combat

“An abnormal reaction to an abnormal situation is normal behavior” *Victor Frankl, 1946.*



PTSD: Diagnostic Criteria

- ▶ 20 Symptoms in Four Main Categories
- ▶ **Marked Alterations in Arousal and Reactivity**
- ▶ Irritable behavior and angry outbursts
- ▶ Hypervigilance
- ▶ Exaggerated Startle
- ▶ Problems with concentration
- ▶ Sleep disturbance
- ▶ Reckless or self-destructive behavior



PTSD: Diagnostic Criteria

▶ Intrusion Symptoms

- Intrusive and Distressing Memories
- Nightmares
- Flashbacks
- Psychological Distress in Response to Trauma Cues
- Physiological Reactions to Trauma Cues



PTSD: Diagnostic Criteria

- ▶ **Avoidance Symptoms**
 - Of memories, thoughts, or feelings
 - Of reminders and triggers
- ▶ **Forms of Avoidance**
 - Restriction of activities, especially uncontrolled environments, often due to “Fear of Anger”
 - Reluctance to discuss traumatic events
 - Withdrawal from relationships
 - Drugs and Alcohol



PTSD: Diagnostic Criteria

- ▶ **Negative Alterations in Cognitions and Mood Associated with the Traumatic Event**
 - Negative beliefs or expectations about oneself, others, or the world
 - Persistent distorted thoughts about the cause or consequences of the event leading to blame of self or others (e.g., survivor's guilt)
 - Decreased interest in activities
 - Inability to remember aspects of the trauma
 - Emotional numbing
 - Persistent negative emotional state (e.g., fear, horror, anger)
 - Feelings of detachment or estrangement from others



PLEASE

Tell me how bad YOUR day was...

Combat-Related PTSD and its Relationship to Anger Problems

- ▶ Combat veterans with PTSD report more anger, hostility and aggression than combat veterans without the disorder.¹⁰
- ▶ Vietnam Veterans with and without PTSD:¹¹
 - ▶ Domestic violence in the past year: 33% vs. 15%
 - ▶ Incidents of aggression in the past year: 4.9 vs. 1.3
- ▶ OEF/OIF Veterans with and without PTSD¹²
 - ▶ Physical Aggression: 48% vs. 21%
 - ▶ Severe Violence: 20% vs. 6%
 - ▶ Alcohol abuse a major factor in the relationship

10: Mac Manus et al. (2015); 11: Kulka et al. (1990);
12: Elbogen et al. (2014)



**CHRISTINE
LOEBER**



**DR. JENNIFER
GOLICK**



**DR. JENNIFER
GONZALES**

Weapons and Warriors

- ▶ Gun ownership is higher among veterans and even higher among veterans entering treatment for PTSD.¹³
- ▶ Veterans with PTSD were more likely to report having fired a weapon when threatened compared to non-combat-veterans without mental illness.¹⁴
- ▶ Close to two-thirds of veterans seeking healthcare at one VA reported owning at least one combat-style knife with a blade five inches or longer.¹⁵
 - ▶ PTSD severity was positively correlated with the number of knives owned.

13: Hall & Friedman (2013); 14: Freeman & Roca (2001);
15: Strom et al. (2012)

Combat PTSD and Criminal Behavior

- ▶ Overall, veterans are half as likely to be incarcerated than the general population.¹⁶
- ▶ PTSD is a risk factor for criminal justice system involvement and incarceration¹⁷
 - ▶ 46% of Vietnam veterans with PTSD arrested or jailed at least once vs. 12% without PTSD.¹⁸



16: U.S. Dept. of Justice (2010); 17: Greenberg & Rosenheck (2009); 18: Kulka et al. (1990)

Combat PTSD–Related Anger and Criminal Behavior

- ▶ Anger is the PTSD symptom most associated with criminal behavior.¹⁹
- ▶ Percentage of OEF/OIF veterans arrested since deployment:
 - ▶ 9% for all combat veterans.
 - ▶ 23% with PTSD and high irritability/anger had been arrested
 - ▶ 13% with PTSD and low irritability/anger



PTSD: Treatment

▶ Overview of VA PTSD Services

- Outpatient individual psychotherapy
- Group psychotherapy
 - Supportive psychotherapy
 - Anger Management
 - Trauma Processing
 - Distress Tolerance
 - Mindfulness
- Residential PTSD Program
- Couple/Family Therapy
- Peer Support



Evidenced-Based Treatments for PTSD

- ▶ Prolonged Exposure Therapy
 - A 9 to 15 session intervention designed to reduce the distress and functional impairment stemming from trauma.
 - Psychoeducation
 - In Vivo Exposure
 - Imaginal Exposure



Evidenced-Based Treatments for PTSD

- ▶ Cognitive Processing Therapy
 - A 12 session cognitive behavioral intervention to reduce the intensity of PTSD symptoms and associated symptoms: depression, anxiety, guilt and shame and to improve daily functioning.
 - Psychoeducation
 - Identification of “Stuck Points”
 - Highlight Patterns of Problematic Thinking
 - Learn Questions to Challenge Negative Thoughts and Problematic Beliefs

Tips for Interacting with Veterans

- ▶ Look for signs of veteran status and when in doubt, ask.
 - Veteran indicators: military style haircut; unit and conflict decals; military clothing and gear, etc.
- ▶ Honesty, trust and respect go a long way.²⁰
 - If you are not a combat veteran, avoid using phrases like, “I understand what you’re going through...”
- ▶ If possible, involve others who are also military veterans.

Tips for Interacting with Veterans

- ▶ Whenever possible, avoid an adversarial posture, or other behavior that might lead the veteran to feel backed into a corner.¹⁹
- ▶ Trash bags, dead deer and road repairs as triggers and perceived threats.
- ▶ Combat veterans may be physically in New Jersey, but mentally back in Iraq or Afghanistan.
- ▶ Tailgating and not stopping as survival tactics.
- ▶ Don't underestimate the importance of honor and codes of conduct.

The Long Road Home

- ▶ “A Marine is a Marine
...there’s no such thing
as a former Marine.”
*General James F. Amos, 35th
Commandant of the Marine Corps*
- ▶ “Once a soldier, always a
soldier.” *General Raymond T.
Odierno, U.S. Army Chief of Staff*



Strangers in a Familiar Land

- Rates of PTSD for US veterans are as high as 20% compared to 1.5% for the Israeli Defense Forces.
- As of 2017, only 6% of the US population has served in the military
 - In Israel, 74% over 18 serve
 - By 2040, 3.7% of the US population will have served
- The more disconnected the public is from the wars that are fought on their behalf, the more difficulty soldiers have upon their return.²¹



21. Junger (2016)

Help for Veterans

- ▶ VA Veterans Crisis Hotline: (800) 273-TALK (8255)
- ▶ VANJ PTSD Services
 - Nancy Friedman, Ph.D., Program Coordinator
 - (908) 647-0180 x1569; Nancy.Friedman@VA.gov
- ▶ Outpatient PTSD Clinical Team
 - Lyons Campus-Bradley D. Sussner, Ph.D.
 - (908) 647-0180 x4862; Bradley.Sussner@VA.gov
 - East Orange Campus-Dianna Rowell-Boschulte, Ph.D.
 - (973) 676-1000 x2271; Dianna.Rowell@VA.gov
- ▶ PTSD Residential Treatment Program
 - Mia Downing, Ph.D.-(908) 647-0180 x4613; Mia.Downing@VA.gov
- ▶ National Center for PTSD: www.ptsd.va.gov
- ▶ Rutgers/NJDMAVA Vet2Vet: (866) 838-7654, www.njveteranshelpline.org

▶ And You!!!.....

