Managing Mood Dysregulation in a Veteran Population and the Impact of Military Culture

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“BATTLEMIND” vs. Civilian Mind

• Ten psychological adaptations to military training that can cause trouble in a civilian environment, which are an acronym for the term “BATTLEMIND” (Hoge, et al, 2006)

• 7% of the American population serves in active duty.
• 1-2% serve in combat.
• 93% of the American population does not serve which means that they may not have a good understanding of how veterans view the world after active duty (National Center for Veterans Analysis and Statistics, 2014).

Note: BATTLEMIND was developed by the US ARMY for readjustment of active duty combat personnel to military base/civilian life, but because I see the impact of military training in the clinical setting on a daily basis at the VAMC, I have adapted this presentation to be inclusive of all veterans, not only those who experienced combat.
Buddies & Unit Cohesion vs. Withdrawal

• COMBAT/MILITARY CAREER: Buddies who were with you in combat/service members share common experiences.

• AT HOME: you may prefer the company of veterans instead of family

• TRANSITION: Cohesion in combat/military results in bonds with fellow soldiers that last a lifetime, but back home, re-establishing bonds with family and friends that have changed takes time.

• It is possible that unrealistic and idealized relationship expectations will damage or destroy existing relationships.
Accountability vs Controlling Behavior

• COMBAT/MILITARY CAREER: Maintaining gear and control of your weapon was necessary for survival.

• AT HOME:
  – You may become angry with those who “mess with” your stuff, even if insignificant.
  – You may think that no one except you cares about doing things “right”. HYPERSENSE OF JUSTICE.

• TRANSITION: Accountability at home means “small” details are no longer important & family decisions and personal space are shared. – No such thing as “small” details as inattention can get you killed.
Targeted Aggression vs. Inappropriate Aggression

• COMBAT/MILITARY CAREER:
  – Split second decisions that are lethal in highly ambiguous environments are necessary to keep you alive.
  – Anger keeps you “pumped” – alert, awake, and alive.

• AT HOME:
  – You may overreact to minor insults
  – You may display inappropriate aggression, or “snap” at your loved ones, buddies, etc.

• TRANSITION: In combat, the enemy is the target; back home, there are no enemies.

• Need to reassessment of threat for a non-combat response.
Tactical Awareness vs. Hypervigilance

• COMBAT/MILITARY CAREER: Survival depends upon being aware of your surroundings at all times and reacting immediately to sudden changes.

• AT HOME:
  – You may feel “keyed up” or anxious in large groups or confined situations.
  – You may be easily startled, especially when you hear loud noises.
  – You may have difficulty sleeping or have nightmares.

• TRANSITION: combat/military experience requires alertness and sustained attention; back home, it takes time to learn to relax.

- MINDFULNESS
Lethally Armed vs. “Locked & Loaded” at Home

• COMBAT/MILITARY CAREER: Carrying your weapon at all times was mandatory and necessary.

• AT HOME: You may feel a need to have weapons on you or in your home/car at all times and believe that you & your loved ones are not safe without them.

• TRANSITION: In combat/military experience, it is dangerous to be unarmed; back home, it is dangerous to be armed.
Mission Security vs. Secretiveness

• COMBAT/MILITARY CAREER: You can only talk about the mission with those who need to know; you only talk about combat/military experiences with unit members.

• AT HOME: You may avoid sharing any of your military experiences with your family, intimate partner, family, and friends.

• TRANSITION: The “need to know” now includes family and friends.
Individual Responsibility vs. Guilt

• COMBAT/MILITARY CAREER: Your responsibility is to survive and to do your best to keep your buddies alive.

• AT HOME:
  – You may feel that you have failed your buddies if they were killed or seriously injured.
  – You may be bothered by memories of those who were wounded or killed.

• TRANSITION: Responsibility in combat/military experiences involves making life-and-death decisions in the heat of battle; at home, it is learning from these decisions without second-guessing. – SELF-TRUST
Non-defensive (combat) Driving vs. Aggressive Driving

- COMBAT/MILITARY CAREER: Driving fast, unpredictably, changing lanes quickly, straddling the middle line, and keeping other vehicles at a distance is designed to avoid IED’s & VBIED’s (Vehicle Born IED’s).
- AT HOME: Aggressive driving leads to speeding tickets, accidents, & fatalities.
- TRANSITION: combat/military driving is necessary to avoid danger in the combat zone; it is dangerous at home, even though it “feels right”.
Discipline & Ordering vs. Conflict

- **COMBAT/MILITARY CAREER**: Survival depends on discipline & obeying orders.
- **AT HOME**: inflexible interactions (i.e., ordering & demanding behavior) with your intimate partner, family, and friends often leads to conflict.
- **TRANSITION**: giving and following orders involves a clear chain of command which does not exist within families and friendships.
Why is Anger Management an issue for so many Veterans?

• Anger is the only acceptable emotion in the military. All “sticky/gooey” emotions are channeled towards anger.
• Disrespect and narcissistic injury (e.g., I can’t give you extra duties, I can’t demote you – powerlessness increases anger)
• Higher Expectations of those with whom they interact on a daily basis which appears to be directly related to their military training:
  – Rules & Regulations
  – Codes of Conduct
  – Chain of Command
Anger Management (continued)

• Chronic Pain complicates Anger
  – Increases blood pressure
  – Migraine headaches
  – Irritability
  – Hopelessness
  – Power/control
  – Hyperarousal (blood pressure)
  – Insomnia
  – Nightmares (muscle tension)
Emotional Control vs. Anger/Detachment

• COMBAT/MILITARY CAREER: Controlling your emotions during combat/military experience is critical for mission success.

• AT HOME: failing to display emotions or showing only anger around family and friends will hurt your relationships. You may be seen as detached and uncaring. (Again, anger is the only acceptable emotion)

• TRANSITION: Emotional control in combat/military experience is necessary, but back at home, limiting your emotions leads to relationship failures.
Anger “Thermostat” & Emotional Dysregulation

Life Events resulting in decreased emotional regulation

Increase in Anger

Feeling disrespected at the store

Argument with loved one

“Boiling Point” is reached
BATTLEMIND Summary & transition to Mood Dysregulation

• Military acculturation & training, regardless of branch, fundamentally changes how a person views the world and readjustment requires cognitive retraining. (DBT Social Skills)

• Becoming mindful of these psychological changes and adapting to the civilian world will contribute greatly to a Veteran’s improved quality of life.
Discussion of Mood Dysregulation, Sxs of Post-Traumatic Stress Disorder (PTSD) and Sxs of Borderline Personality Disorder (BPD) [as a mood dysregulated disorder]
DSM-5 Dx Criteria for PTSD

• A. Exposure to actual or threatened death, serious injury, or sexual violence.
• B. Intrusive Sxs beginning after trauma event.
• C. Persistent avoidance of stimuli associated w/traumatic event.
• D. Negative alterations in cognitions and mood associated w/traumatic event.
• E. Marked alterations in arousal and mood associated w/trauma event.
• F. Duration of the disturbance more that 1 month.
• G. Clinically significant distress or impairment.
• H. Disturbance is not attributable to substance issue or medical condition.
DSM-5 Dx Criteria for Borderline Personality Disorder (BPD)

- A pervasive pattern of instability of interpersonal relationships, self-image, and affects, as indicated by five (or more) of the following:
  - Frantic efforts to avoid real or imagined abandonment
  - Unstable and intense interpersonal relationships
  - Unstable self-image or sense of self.
  - Impulsivity
  - Recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior.
  - Affective instability due to a marked reactivity of mood Chronic feelings of emptiness.
  - Inappropriate, intense anger or difficulty controlling anger
  - Transient, stress-related paranoid ideation or severe dissociative symptoms.
Overlap of Mood Dysregulation and PTSD Sxs

- Significant overlap of Sxs
Sx Overlap of Mood and PTSD

- Unstable and intense interpersonal relationships
- Unstable sense of self since leaving the military – loss of identity.
- Impulsivity.
- Suicidal Ideation.
- Affective instability due to a marked reactivity of mood and Chronic feelings of emptiness.
- Inappropriate, intense anger or difficulty controlling anger
- Transient, stress-related paranoid ideation or severe dissociative symptoms.
- Distress Tolerance for PTSD = Avoidance and Substance Abuse
DBT Skills Training Modules

Marsha Linehan (1993)

1. MINDFULNESS (Wise Mind) – hyperarousal complicates
   – What Skills (Observe, Describe, Participate)
   – How Skills (Non-judgmentally, One-mindfully, Effectively)

2. DISTRESS TOLERANCE- substances/avoidance
   – Wise Mind ACCEPTS (activities, contributing, comparisons, (use opposite) emotions, pushing away, thoughts, sensations)
   – Self-Soothe with the five (5) senses
   – IMPROVES (imagery, meaning, prayer, relaxation, one thing at a time, vacation, encouragement)
DBT Skills Training Module

• Distress Tolerance (continued)
  – Using Pros and Cons
  – Guidelines for Accepting Reality
    • Observing your Breath
    • Half Smiling
    • Awareness
  – Willingness
  – Turning Your Mind
  – Radical Acceptance
3. EMOTION REGULATION –
(anger management/hyper sense of justice)

– Reduce Vulnerability
  • PLEASE (treat physical illness, eating, [no] altering drugs, sleep, exercise)
  • Build Mastery (of skills)
  • Build Positive Experiences
  • Be mindful of current emotion
  • Opposite to emotion action
4. INTERPERSONAL EFFECTIVENESS

- Content of conversations are mostly rational but delivery is dysfunctional by becoming angry/aggressive which feeds the cycle of not “fitting in.”

  - Objectives Effectiveness
    - DEAR MAN (describe, express, assert, reinforce / mindful, appear confident, negotiate)
  - Relationship Effectiveness (relearn empathy)
    - GIVE (gentle, interested, validate, easy manner)
    - FAST (fair, [no] apologies, stick to values, truthful)
Cognitive Processing Therapy (CPT)

Resik, Monson, & Chard (2010)

• Five (5) areas of life affected by trauma
  – Safety
  – Trust (self & others)
  – Power/Control
  – Esteem (self & others)
  – Intimacy (emotional & physical)
Difficulties in Regulating Emotions Scale (DERS) (Gratz & Roemer, 2004) – lifetime questionnaire

- Higher scores on this self-report measure indicates greater distress and more closely fits the BPD Dx criteria
- 6 subscales to identify areas for Tx planning
  1. Nonacceptance of emotional responses (NONACCEPTANCE)
  2. Difficulties engaging in goal directed behavior (GOALS)
  3. Impulse control difficulties (IMPULSE)
  4. Lack of emotional awareness (AWARENESS)
  5. Limited access to emotion regulation strategies (STRATEGIES)
  6. Lack of emotional clarity (CLARITY)
Beck Depression Inventory-2 (BDI-2) to identify self-report Sxs of depression and Suicidal Ideation.
Borderline Symptom List-23 (BSL-23) to identify self-report areas of overall distress and self-esteem
Patient Health Questionnaire-9 (PHQ-9) to identify self-report Sxs for confirmation of PCL-5 and BDI-2
PTSD Checklist-5 (PCL-5) to identify self-report Sxs of trauma
Summary (continued)

• It is recommended that utilizing a combination of the DBT Skills Training Modules, CPT for PTSD, CBT for Anxiety, CBT for Depression, and CBT for Chronic Pain will be effective protocols to assist with readjustment issues.

• Utilizing the DERS, BSL-23, BDI-II, PCL-C, & PHQ-9 to measure progress in therapy will also be helpful.
References

• Beck, et al. (1996) Beck Depression Inventory – 2 (BDI-2))
• http://www.dbtselphelp.com  (civilian/public resource)
• http://www.va.gov/painmanagement
References

- Kroenke, Spitzer, and Williams, (2001) Patient Health Questionnaire-9 (PHQ-9)
- http://www.battlemind.org
- www.ptsd.va.gov (global resource for trauma)
- www.mentalhealth.va.gov