Addressing Trauma Related Guilt:
Treatment Implications and Unique Considerations
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Objectives
1) Discuss the subtypes of trauma-related guilt and give examples to help make each type more easily recognizable for the clinician
2) To present options for assessment of trauma-related guilt and ways to objectively measure treatment gains
3) To discuss unique considerations related to patient population
4) To share implications for treatment selection for PTSD with trauma related guilt
5) To discuss strategies to address trauma-related guilt within evidence-based treatments for PTSD

Trauma Related Guilt
• “An unpleasant feeling accompanied by a belief (or beliefs) that one should have thought, felt or acted differently.” (Kubany, 1994)

Problems Associated with Guilt
• Decreased willingness to seek assistance (Resick, Monson & Chard, 2010)
• Poorer response to PTSD treatment (Norman, Wilkins, Myers, & Allard, 2014)
• Higher levels of general negative thoughts about the world (Beck et al. 2013)
• More likely to receive negative reactions from others
  • Creating more guilt, shame, and lack of social support (Renner, Wackett & Ganderton, 1988; Tangney, 1995)
Factors Associated with Guilt

- The magnitude of guilt experienced depends on six factors:
  - Experience of a negative event
  - Distress
  - Perception of responsibility
  - Lack of justification
  - Wrongdoing
  - False beliefs about pre-outcome knowledge

(Subtypes of Guilt)

1) Global Guilt- Overall severity of guilt
2) Distress- General level of emotional turmoil related to the trauma
3) Guilt Cognitions
   - Hindsight Bias
   - Responsibility
   - Insufficient Justification
   - Wrongdoing

Guilt Cognitions

- Hindsight Bias
  - Based on a perceived failed obligation to prevent harm or disregarded evidence that a negative event was going to occur
  - Examples: “I should have known he was going to hurt me.” “If I would have just recognized that piece of trash was an IED, I could have prevented the explosion.”

Guilt Cognitions

- Responsibility
  - Degree to which the Veteran feels solely or mostly responsible for what happened
  - Examples: “It is my fault that my friend is dead.” “If I had not previously taken lives, my wife would not have miscarried.” “If I had not reported the first rape, I would not have been raped again.”
Guilt Cognitions

- Insufficient Justification
  - Beliefs about the soundness of the reasons for his/her actions during the trauma
  - Examples: “I should have been able to fight him off.” “I can't believe I just froze. I did not even help my friends, I just froze.” “If I had only reached the medic sooner, he would not have died.”

- Wrongdoing
  - Degree to which a person feels a sense of personal moral failure related to the trauma or that the person purposely did something wrong
  - Personal values or mores were violated during the trauma
  - Examples: “I am a bad person because of what I did.” “I do not deserve a good life because of my actions.” “I am a monster.”

Assessing Guilt

- The Trauma-Related Guilt Inventory (TRGI) (Kubany et al., 1996)
  - 32-point inventory
  - 5-point scale ranging from 0 (not at all true) to 4 (extremely true)
  - Three main scales:
    - Global guilt
    - Distress
    - Guilt cognitions
      - Hindsight bias/Responsibility
      - Lack of justification
      - Wrongdoing

- Trauma Interview: Prolonged Exposure Therapy for PTSD (Foa et al., 2007)
- Posttraumatic Stress Disorder Checklist for DSM-5 (PCL-5) (Weathers et al., 2013)
- Clinician-Administered PTSD Scale for DSM-5 (CAPS-5) (Weathers et al., 2015)
Measuring Treatment Gains

- TRGI: Multiple administrations throughout treatment to review guilt subtype changes
- PCL-5: Pay close attention to guilt items during weekly administrations and if not improving need to shift focus to guilt cognitions
- Overall, there is a shortage of trauma related guilt inventories currently in use.

Unique Considerations Related to Population

- Gender Differences
- Age Differences

Gender Difference Considerations

- Inconsistent Findings:
  - Women have higher guilt than men (Hoffman, 1975; Else-Quest, Higgins, Allison & Morton, 2012)
  - Men and women have similar rates of guilt in adulthood, but adolescent girls have greater guilt than adolescent boys (Etsebarria, Isasi, & Perez, 2002)
  - Men and women have similar levels of trait guilt, men have higher state guilt (Kugler & Jones, 1992)

Gender Theories

- Emotions
  - Women as feminine “caretakers” men as masculine “providers” (Janoff-Bulman & Wortman, 1977; Silfver & Halkama, 2007)
- Victimization
  - Societal myths that “men cannot be raped” or “only gay men can be raped” (Turchick & Edwards, 2002)
  - Women are raised to accept victimization as a part of female identity (Janoff-Bulman, 1979)
Findings related to Gender

• In a population of treatment-seeking Veterans who have experienced MST:
  • Women were found to have significantly higher levels of Hindsight Bias (prevention)
  • Men were found to have higher levels of Insufficient Justification (actions during)
  • There was no difference found in Wrongdoing

Age Differences

• Limited data on the impact of age on trauma-related guilt
  • Guilt in general tends to decrease with age
    – Similar trajectory as other emotions that are often viewed as negative
  • Recent research shows that age is a moderating factor for gender for Hindsight Bias
    – Hindsight Bias is highest in younger males and in older females

Treatment Selection

• First line treatments for PTSD?
  • VA/DoD: CPT and PE are first line interventions for PTSD
  • CPT vs PE: how to choose
    – Both are effective at treating global guilt and wrongdoing
    – CPT superior to PE in remediating hindsight bias and lack of justification

Treatment Selection

• High drop out and nonresponsive rates in trauma focused approaches
  • Patient preference
  • Second-Line Interventions
    – CAM approaches
    – Novel delivery modalities
    – Variant of EMDR: Accelerated Resolution Therapy
How to Address Guilt in CPT

- Guilt and self-blame in CPT
- Responsibility VS. Blame
  - Intentionality

How to Address Guilt in CPT

- Stuck points – “If only...,” “I should have...”
- Common guilt-related stuck points:
  - If I had done my job better, then other people would have survived.
  - Other people were killed because I messed up.
  - Because I did not tell anyone, I am to blame for the abuse.
  - Because I did not fight against my attacker, the abuse is my fault.
  - It is my fault the accident happened.
  - If I had been paying attention, no one would have died.
  - If I hadn’t been drinking, it would not have happened.
  - I can never really be a good, moral person again because of the things that I have done.
  - I am a monster.

Responsibility Pie

How to Address Guilt in PE

- Assess during Trauma Interview
  - Resist urges to challenge guilt too soon
  - Gathering information only

- Provide Psychoeducation about “new information”
  - “One of the goals of PE is that you will be able to get new, sometimes more accurate information about the events of the trauma. This happens because we are no longer avoiding thinking/talking about the trauma, but are instead open to considering new possibilities as we process through it.”
How to Address Guilt in PE

- Watch for opportunities to discuss changes related to guilt during imaginal exposures
  - “What felt important today”
  - Repeating and summarizing thoughts about guilt during processing time
    - Again, resist urge to challenge
    - Be sure to point out discrepancies/changes from previous sessions, ask about these changes
- Process through thoughts about listening to tape
  - Ensure that the client is listening to both the imaginal exposure tape and the whole session tape
  - Process through reactions to hearing discrepancies on the tape
- Reinforce openness to consider “new information”

Trauma Informed Guilt Reduction

- 4 Module CBT based treatment to address guilt related to combat trauma
  - Four to Seven 90 minute sessions
  - Can be used as an adjunctive treatment or stand alone option
  - Found to significantly reduce guilt, as well as PTSD and Depression (Norman, Wilkins, Myers, & Allard, 2014)

Trauma Informed Guilt Reduction

- Four Modules:
  - Psychoeducation about the role of guilt in PTSD and common types of guilt
  - Assess for hindsight bias, insufficient justification, responsibility, and wrong doing
    - Help the patient recall a more accurate context of what occurred
  - Identify values
    - Values that are important now and values that may have been violated at time of trauma
  - Create a plan that will allow the client to live in-line with values going forward (Norman, Wilkins, Myers, & Allard, 2014)

Let’s practice

- CPT Impact Statement-
  - “As I think back on what occurred on January 1, 2005 I can’t help but recognize my role. I was the one who decided to take the convoy down that path, and it is because of my actions that 3 of my soldiers were killed. Three lives taken, way too soon. I should have selected a different path, and the IED would never have gone off. Now my life will never be the same. I see them in my dreams, I think of them constantly, I will never forget. I can’t believe that despite all of my training, it came down to this. I let myself and my soldiers down. I do not deserve to live a happy life.”
Practice

- PE Review of Homework
  - “Well, I listened to my tape last night like you told me, and well, something was off. I know it was me saying those things because we recorded it together, but man, I wanted to jump through that recording and shake myself. I was so focused on taking that shot and the guilt that I felt after. It was like I did not even recognize that there were others there with me shooting. On the tape when you asked about what I was thinking when I took the shot, I totally missed what I think you were getting at there. You know, that if I did not take the shot that I would have been killed. So I'm not yet sure what to do with those thoughts, it feels like my mind is spinning, but there is definitely more to the memory that I was missing.”

Questions?

References


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