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Having Post-Traumatic Stress Disorder Not a Crime

By Céline Paillot

In the 2007 movie “In the Valley of Elah,” a retired military investigator works with a police detective to uncover the truth between deployments to Iraq.

The son was murdered by two of his unit comrades near their military base in the United States, in a moment of utter, justifiable rage.

The movie concludes that post-traumatic stress disorder is one reason the atrocity happened.

The movie is fiction. Yet, the case of Army Staff Sgt. Robert Bales, who on March 1 became a war crimes suspect in the massacre of civilians in Afghanistan, is all too real.

Bales, a veteran of four war tours who suffered a brain injury in an accident, is waiting at Fort Leavenworth, charged with 17 counts of murder.

Many are speculating that PTSD, traumatic brain injury and financial struggles led to

this atrocity. But even if this is an explanation, it is not a justification. Nothing can justify such a massacre.

PTSD is not a crime or a character flaw, but a mental disorder – a disease affecting the neurobiological functioning of the brain.

Among combat veterans, the likelihood of developing the disease over the course of life is 22 percent to 31 percent – nearly four times the likelihood for other Americans.

The number of veterans treated per year for brain injuries increased by 623,326, or 117.6 percent, between 1997 and 2010. The rate of increase has been highest for Iraq and Afghanistan veterans.

Other research demonstrates that individuals with PTSD are at risk for having additional mental disorders, such as depression or psychotic symptoms.

PTSD can result from any traumatic event – combat; an automobile accident, for

example. In short, the victims of PTSD experience a traumatic event that is being re-experienced through recurrent and intrusive recollections. The trauma becomes inescapable, invading one’s thoughts, emotions and behaviors.

Patients with these symptoms try to avoid anything that resembles or symbolizes the trauma and, eventually, they become numb. They also, however, become hyper-aroused, constantly on the edge, waiting for signs of imminent danger.

Imagine your house alarm system going off, and you cannot shut it off. It does not protect you or your family from an intruder anymore, and makes your own home unlivable.

PTSD intoxicates you with irrepressible fear.

Committing a crime is not part of the diagnostic criteria for PTSD, yet sometimes it can be a tragic contributing factor.

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Several diagnostic tools and treatment approaches are available. Some programs have been developed to prevent PTSD in at-risk populations such as veterans. Treatment is based on psycho-education, emotion regulation strategies, cognitive restructuring and exposure exercises.

Psychologists already have research data about preventative approaches showing promising efficacy. However, lowering the stigma attached to seeking preventative therapies is essential.

The most effective medications or treatments have no effect if they are not used or welcomed by the patient.

Likewise, patients who already have PTSD must be able to seek help without stigma and must feel that they can be helped. Helping individuals with PTSD who are reaching out for help is the first step to recovery.

We may never know what caused Bales to snap. His story should not lead to the stigmatization of PTSD.

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