

What Every Veteran's Family and Friends Need to Know about Post-Traumatic Stress and PTSD

By Alivia C. Tagliaferri

April 12, 2007

What to do when a loved one returns home from war showing symptoms of traumatic stress? When considering that emotional wounds, much like shrapnel wounds, sometime takes months or years to symbolically work their way out of vexed 'skin,' there are no hard and fast rules when it comes to post-traumatic stress or its' associated long-term disorder, PTSD, but there are important points that friends and families of returning veterans should understand.

First and foremost, post-traumatic stress is a normal person's reaction to abnormal circumstances. Secondly, PTSD is an anxiety-disorder by nature. Thirdly, PTSD is cyclical. "The implicit framework of PTSD is that it is *not* static," explains Dr. Katz, Deputy Chief of Department of VA's Patient Care Mental Health Services. So what is post-traumatic stress? Essentially, all combat veterans to lesser or greater extents, experience some form of symptoms attributed with PTSD, including hyper-sensitivity, hyper-vigilante, emotional numbing, avoiding people and /or relationships, low tolerance, and flared tempers. "It is how we as human beings respond to stress. Neurologically speaking, the primitive response or stress center of the brain is activated during stress, often associated with the phrase 'fight or flight.' It is normal in the following weeks or months after exposure to trauma for our brains to continue to respond in the same manner, for the simple reason that it was conditioned to do so to ensure survival," explains Dr. Joseph Casagrande, Chief Psychologist and counselor at the VA Medical Center in Wilkes-Barre, PA. "In a war zone, warriors are trained to follow their instincts first, and rationale second. While this is appropriate in combat – often defending one from becoming a casualty, at home in what we call 'civilization,' those behaviors are often viewed as inappropriate or 'problem' behavior."

While PTSD is not limited to war zone, the distinction between civilian trauma and military trauma, with the exception of first responders and victims of long-term abuse, is that civilian trauma usually happens infrequently, such as the case as accidents. "War zone trauma, by design, is planned and intended." Dr. Casagrande clarifies. "It results from cumulative experiences – over and over, day after day, month after month – which heavily impacts the mind's conditioning responses, and by nature, are difficult to treat."

Dr. Katz emphasizes that it is important to distinguish normal recovery that is needed by anyone to recover from a traumatic experience versus the symptoms of long term of

chronic PTSD. "Post-traumatic stress in actuality is the conscious or subconscious attempt to calm the survival center of the brain. In many cases, it is normal to experience a gradual or sometimes even spontaneous recovery. However, if after 8-12 months of intrusive memories, disruptive sleep, or other stress related symptoms still persist, it is time to actively engage in treatment for Post-Traumatic Stress Disorder, or PTSD."

By definition PTSD is an anxiety disorder that produces psycho-somatic manifestations of stress; including flashbacks, withdrawal, and anti-social behavior that pervades and disrupts daily life. The problem with flashbacks," Dr. Katz explains, "is that they are associated with such anxiety and terror that with each succeeding cycle or series of flashbacks, the terror actually intensifies and serves to reinforce the process of each reaction. With each reaction intensified, fear conditioning takes place." When flashbacks negatively serve to validate the experience and the reaction to that experience, thereby producing even more fear and anxiety to the reaction itself, the mind is actually conditioning itself to fear by fearing the reaction that the memory produces. That is why Dr. Casagrande sometimes refers to PTSD as a 'memory disorder.' "Not in the sense that the veteran is forgetting something - rather, they're remembering things they wish they could forget."

A new study in the journal for *Internal Medicine* just released data that up to 25% of returning veterans from the War on Terror are experiencing symptoms of PTSD, close to the 30% statistic of Vietnam Veterans who battled with the disorder. Jerry Beightol, semi-retired sociologist and counselor at the VA Medical Center in Martinsburg, West Virginia, warns that one of the real pre-cursors for development of PTSD is serving in multiple tours, due to the increased exposure to trauma, and the anticipation of going back into conflict. "What we're now seeing in veterans who have gone on two, three, and now some are even on their fourth tours, is the anxiety produced from anticipating the exposure to more trauma. As a society, this is something we need to be prepared to treat."

So how do you support a veteran who is dealing with traumatic stress? I asked these three experts the following three questions to help friends and families better understand what to do when a loved one shows signs of traumatic stress: 1) What are the 5 most important things you should do or say? 2) What are the 5 most important things you should NOT do or say? 3) How can friends and families provide unconditional support versus enabling destructive behavior?

What are the 5 most important things friends, families, and loved ones of returning veterans can do to best provide support?

1. *Respect the veteran's right to control his or her own recovery.*

"It is important to give the veteran control on how to structure interaction and experiences," advises Dr. Katz. "Enable and empower the veteran to get over traumatic experience on their own, by giving them the control and the keys to their recovery. Be comforting, be encouraging. Allow them to 'chill' for awhile."

Dr. Casagrande seconds that opinion, "Allow the veteran to set the pace for communication and socialization. Try to create an environment that is open-ended that allows them to talk when ready."

It is hard for many families not to take personal offense when veterans return, yet aren't ready to contribute or participate in the family lifestyle, functions, or former roles right away. Instead of feeling disappointed, focus instead on building a support system for the veteran. "Provide a mixture of overlaying support systems and cross-support, such as people, groups, etc – it could be support for just a moment, a day, a week, a year, or years - but cross-support helps to rebuild trust, and that is the greatest asset given to anyone," Jerry Beightol suggests.

2. Keep track of symptoms and of the veterans' chosen treatment path.

"Keeping track does not mean hovering or smothering. It means paying attention," says Dr. Casagrande. "If the chosen path of self-recovery isn't working after a period of time, then the family members, friends, and loved ones owe it to the veteran to encourage trying a new course or path. Options are seeking support at a local Vet Center, or joining veteran support groups. If after some time, that doesn't seem to work, then perhaps it is time to give the Medical Center or Clinic a try," notes Dr. Casagrande.

Keeping track is also important for other reasons. As Jerry Beightol recommends, "Document and make copies of all treatments, diagnosis, and medications. Write down symptoms and changes in symptoms. Stay *with* them – keeping records and copies may prove to be useful in the future, such as for assessing disability."

3. Allow Room for CHANGE.

This is the point that Dr. Casagrande emphasizes most, "Expect change in veterans who served in combat. Do not expect them to be the same person they were before they left for war. This is especially difficult for moms not to say 'You're not the same person anymore.' While that may be an accurate assessment, first understand and realize that changes are normal and are to be expected. The changes you notice are the way a normal person responds to abnormal events."

4. Drop 'Proper Behavior' Expectations.

Understand that symptoms attributed to traumatic stress are a wholly normal pattern of response. "Be willing to alter your definition of 'normal,'" advises Dr. Casagrande. "For

veterans, nothing is more frustrating than the question, 'What's the matter with you?' Or, 'You're here now, what's the problem?' The underlying message they hear is, 'There is something wrong with you.'"

5. *Be Open and Respectful of Expressing your Perspective.*

"Ask how you can understand the definition of support," recommends Dr. Casagrande.

What are the 5 most important things NOT to do when a loved one returns home from combat?

1. *Don't say "I understand."*

Dr. Casagrande likens this to a man saying he understands when a woman is giving birth to a child. "Inherently, there is no way the man can understand the pains of labor the woman is going through- so unless you really do understand, having been there or experienced it for yourself, don't say, 'I understand' for there is a truly qualitative difference between being an expert and being a veteran." Many family members or friends unwittingly provoke frustration or anger by making this seemingly harmless statement. "Express your concern, support and love instead by saying, 'I care about you, and I'm trying to help. I can never truly understand what you're going through, but I'm going to be with you through this.'"

2. *Don't force socialization or push too hard.*

"If a wife or husband or family member pushes too hard, either by forcing the veteran to talk about traumatic experiences before they are ready, such as demanding why they seem to be avoiding certain issues and places, or insisting that they go near something that reminds them of an event, they need to realize that those simple questions may result in increased anxiety," cautions Dr. Katz. "And the cycle repeats itself and intensifies."

3. *Never say "It's over now, time to move on."*

It's not over. It is important for friends and families to understand that when their loved one is a war zone, their minds are constantly identifying stress, then storing it and using it in subsequent situations that are life threatening. This is how the mind works to ensure survival. Dr. Casagrande explains, "Once the mind is conditioned to perceive threats, it becomes a mind of its own that needs to release the 'fight or flight' adrenaline, sometimes in a primitive way. This primitive mind only cares when it is *not* doing its job. Being hyper-vigilant or hyper-sensitivity is a way for the mind to 'pre-act' rather than react. Growing up, one is taught to 'think before you speak, or think before you act.' If you do that in war, you're a casualty. You're trained to act first, think later. When

home, the mind still has a tendency to over-react, or over-respond. This keeps the person alive, but is often inappropriate in civilian life. These symptoms tend to simultaneously remit while other symptoms will lessen over time. What won't go away? Vivid dreams. This is validated by the fact that some WWII veterans still experience vivid dreams of being in the war-zone. Again, this is how the central nervous system works – it forever retains info of most life-threatening experiences. Any stimulus in the environment, such as sounds, smells, songs, etc, can trigger a flashback. So even though combat is over, the reactions are not."

4. *Don't ask about the act of killing, or the witnessing of an event in which there were KIA's.*

Jerry Beightol advises people to refrain from asking this question, despite the natural impulse to want to know. "Intrusive questions often make the recollections more vivid which is the very thing you are trying to avoid."

5. *Don't emphasize that the veteran is acting or talking strangely.*

This goes back to allowing room for change. "Don't emphasize the differences," Jerry warns. "You're not telling them anything they don't know - and already feel an amount of stress, guilt, or anxiety about as a result."

How can friends and families differentiate between providing unconditional support vs. enabling destructive behavior?

Dr. Casagrande weighs in, "Unconditional support? That's not realistic; it's not healthy, nor is it really helpful in any relationship. Support should always be conditional – if someone is hurting themselves or others, then damages occur in a relationship. Conditional support enables you and the other person to recognize that you can't go beyond a certain point."

- 1) Don't lose respect for yourself.
- 2) Don't tolerate everything. There should be no toleration for physical or emotional abuse.
- 3) Ask yourself, "When is their problem your problem?"
- 4) Identify if they are being destructive to themselves, others, or you.

"If destructive behavior is continued, use your influence or strength of your relationship to help them see how they are being destructive. If they need help, make an appointment at the VA and tell them, 'I can no longer tolerate this. You can no longer tolerate this. Let's go to the VA together,'" Dr. Casagrande advises.

TREATMENTS:

“Again, there are no hard and fast rules regarding how long recovery will take, or what treatment will work best. If the veteran wants to take it easy for awhile – encourage that. If, after eight weeks or so, your loved one is still chilling by him or herself, avoiding life, and everyday situations, then it’s time to encourage evaluation or therapy. In those cases, our task is to help the veteran function in spite of symptoms.”

Jerry Beightol, who counseled many veterans and non-veteran patients at the Martinsburg clinic such as those who witnessed natural disasters like Chernobyl, also recommends seeking treatment as soon as possible. “The sooner they are treated, the sooner their lives get back to ‘somewhat’ normal. I say ‘somewhat’ because the truth is residuals of that experience will last a lifetime –they never truly go away. Often times, the residuals represent unfinished business – there is an issue that remains to be addressed that is root of their reaction. The question is how to find and treat it. With military or combat-related PTSD, the veteran is trained not to complain, not to trust what they can’t see, and not to talk about it,” Jerry, also a Vietnam veteran, empathizes. “One day you wake up and realize something is wrong.”

Dr. Casagrande encourages friends and families of veterans to recognize and understand the main strategies veterans often use to “self-treat” post-traumatic stress and PTSD.

1. Alcohol. “Alcohol consumption goes back to the beginning of warriors. Why used? Because of its calming effects on the central nervous system. The truth is, alcohol is not bad medicine, it’s been used for medicinal purposes for centuries – *but*, it’s hard to get the dosage right and is difficult to manage.”
2. Work. “Often veterans throw themselves into work or projects and become work-aholics. Why? It is effectively distracting the central nervous system by focusing on a goal or achievement, thereby calming the stress center.”
3. Isolation. “Isolation is effective because it restricts the number and the intensity of stimuli in the environment that can potentially trigger reactions.”

“This is fairly predictable behavior, with two or more self-treatment strategies often working in tandem. For example, workaholics come home in the evening, and then isolate themselves for the rest of the night. The reality is - this is how we work as human beings. These self-treatments are to be expected to some extent, but can become a problem when abuse or over-use or over-reliance on these strategies is apparent.” For example, if alcohol use is persistent, Dr. Casagrande recommends opening dialogue by saying, “If you’re drinking because it helps you sleep at night, that’s okay in the short-term, but we need to agree that this is not a long-term solution.”

Many veterans are reticent of going to the VA for treatment, often rejecting the notion of going to group therapy as not macho, or likening it to the “blind leading the blind.” But Dr. Casagrande encourages at least one group treatment. “Universally, the results of just one group therapy are often remarkable, as for many, just being in the presence of other veterans and experiencing the realization of ‘I’m not alone’ is truly profound.”

In a November 2006 article in *US Medicine*, writer Stephen Spotswood reports that “VA attention to mental health care has strengthened over the last few years in an attempt to keep up with the health care needs of the newest generation of veterans. In FY 2005, the funding allocated for mental health care in VA was about \$2.4 billion. The projected funding for FY 2007 is about \$3.15 billion.”

All three experts agree that there is one curative treatment that seems to be successful: prolonged exposure to the traumatic event. “The treatment entails allowing the veteran to gain control over the event, and his or her reaction to the event in a safe place, or in a therapeutic context. This allows the veteran to master the event cognitively,” explains Dr. Katz. Allowing the veteran to break down the event and confront it enables them to understand where the source of their reaction stems from, which releases the fear, emotional response, and physical reaction to what the brain had processed and conditioned to perceive.

Jerry, who has been a counselor for thirty years, recognizes that “therapies for warriors go back to the days of Homer. With each new warrior group, there is a different trend of treatments. But the treatments I have seen work most successfully include EMDR (Eye Movement De-sensitization and Reprocessing), CBT (Cognitive Behavior Therapy) and Psychodrama.” Created by Jacob Moreno in 1925, psychodrama is the re-enactment on a “stage” in which the veteran engages in role-playing to recreate the drama. “It is by far, the most profound treatment I have even seen. It is extremely powerful and very cathartic for those who participate.” Recognizing the efforts of elites in the field of post-traumatic study, such as Dr. Matthew Friedman of the National Center for PTSD, whom Jerry likens as a surgeon who uses a laser rather than a knife to treat patients, Jerry is hopeful that this generation of veteran warriors will feel more comfortable seeking out therapy and treatments.

“I always ask the veteran what is their goal for treatment,” Dr. Casagrande confides. “And more often than not, they’ll tell me, ‘I just want to go back and be the person I was before the war.’ But that’s not a realistic goal.” He considers the casualties of war to be the former self. “The casualty is the person they were before they engaged in combat, and that requires a grieving process.” Rather than focus on the loss of self, or innocence, or values, Dr. Casagrande teaches them to embrace the person they are now. “War is not only a debilitating experience - it is also a growing experience, in which the veteran comes out a stronger person.” His parting advice for friends and

families of veterans is “Don't focus on the losses in the person you love and care for – focus on the gain of strength.”

The clear message that all three experts want to convey is that issues and symptoms may resolve or remit over time on their own. “But you don't need to or have to deal with them on your own,” assures Dr. Katz. “The Department of VA does care. Care is available. And treatment does work.”

Research:

- Dr. Ira Katz Interview (February 23, 2007)
- Jerome Beightol Interview (February 26, 2007)
- Dr. Joseph Casagrande Interview (March 18, 2007)
- Department of VA, Research and Development website, July 2006
- National Center for PTSD, “Returning from the War Zone, A Guide for Families of Military Members” created by experts at NCPTSD, 2006
- Internal Medicine, March 2007
- US Medicine, the Voice of Federal Medicine, November 2006 article by Stephen Spotswood (<http://www.usmedicine.com/article.cfm?articleID=1433&issueID=93>)

About Alivia C. Tagliaferri:

Tagliaferri is the author of *Still the Monkey, What Happens to Warriors after War*, a reality based work of fiction that depicts the problems caused by post traumatic stress syndrome (PTSD) among returning veterans. She became inspired to research the subject of PTSD more intensely after receiving powerful feedback from veterans and friends and families of veterans. “The information the experts relayed resonated with me as I based the title of my first novel, *Still the Monkey*, on the eastern philosophy that the mind is like monkey, if left unchecked will swing from branch to branch – to the branch of the past when the veteran felt ‘innocent’ or ‘whole,’ to the branch of the future where hope resides of feeling ‘normal’ again. A mind battling with PTSD is constantly swinging from branch to branch; moveable and permutable, it is always changing, never the same from one instance to another, or for that matter, from one person to the next.” Her goal is to help friends and families of veterans better understand how their loved ones may change physically, emotionally, and spiritually after the experience of war.