

PTSD Treatments and the Common Methods Veterans Use to Self-Treat

By

Alivia C. Tagliaferri

“Again, there are no hard and fast rules regarding how long recovery will take, or what treatment will work best,” Dr. Katz explains. “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 treatment is sought, 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 workaholics. 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, or drink until they fall asleep. 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 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.”

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.”