

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

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For Veteran's Voice, July 2007 Issue

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 three experts, Dr. Ira Katz, Deputy Chief of Patient Care Mental Health Service for the Department of VA, Dr. Joseph Casagrande, Chief Psychologist at the VA Medical Center in Wilkes-Barre, PA, and Jerome Beightol, semi-retired sociologist and counselor at the VA Medical Center in Martinsburg, WV weigh in on the following three questions to help friends and families better understand what to do when a loved one shows signs of traumatic stress.

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.*

"Give the veteran control on how to structure their interactions and experiences," advises Dr. Katz. "Enable and empower the veteran to get over traumatic experience by giving them the keys to their own recovery."

Dr. Casagrande agrees; "Allow the veteran to set the pace for communication and socialization. Create an environment that is open-ended that allows them to talk when ready."

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 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.

Jerry Beightol recommends documenting and making copies of all treatments, diagnosis, and medications for other reasons. "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.*

"Expect change," Dr. Casagrande emphasizes most. "Understand and realize that changes *are* normal and are to be expected."

4. *Drop 'Proper Behavior' Expectations.*

Symptoms attributed to traumatic stress are a wholly normal pattern of response to abnormal events. “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 better understand the definition of support,” recommends Dr. Casagrande.

It is hard for many families not to take personal offense when veterans return home, 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 decades - but cross-support helps to rebuild trust , and that is the greatest asset given to anyone,” Jerry Beightol suggests.

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 gives birth to a child. “Inherently, there is no way the man can understand the pains of labor, 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.” 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 family member or friend pushes the veteran to talk about traumatic experiences before they are ready, such as demanding why they seem to avoid 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. When combatants are in 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-sensitive

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.”

While symptoms may remit simultaneously or lessen over time, others may never go away such as vivid dreams, validated by documentation of WWII veterans who still experience vivid dreams in their elder years of being in the war-zone. “Again, this is how the central nervous system works – it forever retains the most life-threatening experiences. Any stimulus in the environment, such as sounds, smells, and songs 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.*

“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.’”

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 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.”