

Participant Feedback from the Sixth McKee Learning Lunch

Post-traumatic Stress Disorder

September 24, 2015

This learning experience is co-sponsored by Heartland Therapeutic Programs, Ringgold, Georgia; and the McKee Chair of Excellence in Learning, University of Tennessee at Chattanooga

Introduction

The term post-traumatic stress disorder first appeared in the third edition of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*, or *DSM-III*, (Figley, 1985). As a result, PTSD seems to be a recently described condition. The set of symptoms, now collectively defined as PTSD, however, have been recognized and studied for at least the past two centuries.

Partly as a result of the trauma associated with the Vietnam War and partly as a result of our desire to address the social and philosophical unrest that that the unpopularity of that war caused, the psychiatric community coined a the term "post-traumatic stress *disorder*" to replace the previously used "traumatic war *neurosis*." And, although the condition currently *is not* restricted to wartime experiences and military engagement, PTSD often continues to be associated primarily with the trauma of war, especially with the Vietnam War.

In order introduce the topic of this learning lunch, Vietnam War veteran David Rose shared some of his experiences with dealing with PTSD—in his case, using poetry as a coping measure. David's inspiring presentation led to an animated discussion about how our community addresses the issues and challenges of PTSD. Because of the negative connotation of the word "disorder," he also suggested that we revise the term to simply "post-traumatic stress." As a result, you will note that learning-lunch participants often used the abbreviation "PTS" in their responses.

We are particularly indebted to Bobbie Allison-Standefor, co-host for this event. We believe that you will find the following summary of the discussion to be thought provoking. In addition, we hope that you will feel motivated to take further action in support of individuals who are experiencing PTSD. Finally, we invite you to review this learning lunch at <https://www.youtube.com/watch?v=v4a7hGf2EE>.

In accordance with the process used at every McKee Learning Lunch, there were three general feedback opportunities, or Assignments 1, 2, and 3. The participants, who are listed at the end of this report, provided their insights into and questions about the topic. These responses are presented below.

Assignment 1

Pre-discussion Question: Prior to the presentation and discussion, what question(s) do you have about this topic? The responses follow.

Note: Participants typically pose these questions prior to the presentation. In this case, however, they posed them after the presentation, as reflected by the types of questions and the use of the term “PTS.”

Prevention and Diagnosis

- How can we improve the rate of diagnosis for PTS?
- How does PTS manifest itself in women? Are the effects and behaviors similar [to those of men]?
- Does PTS present differently in individuals [when] the only commonality is the military experience?
- How much different is the “return acceptance” for current veterans than for Vietnam veterans? For example, Vietnam vets were ridiculed, [called]—“baby-killers”—not an honorable welcome for post-Vietnam veterans.
- How can the U.S. Department of Defense prevent future cases of PTS from affecting our servicemen and servicewomen?

Awareness and Future Training

- Is there anything you would like to see the government do to address the issue of PTS? Do you think PTS contributes to homelessness among veterans? If so, are there ways to better address their needs?
- Thinking of our law-enforcement combat-veterans, most cannot walk into a VA clinic to confidentially treat their PTSD. A terrorist attacked them two months ago. They are a closed community. How can we train peer critical-incident debriefing-mentors to help our officers?
- How can we train more service-dogs for people with PTSD? What skills might a canine partner need to help a person with PTSD live more independently?
- Most of the suggestions David made for how to interact with PTS survivors involved what *not* to do. This is very helpful. What, if anything, can we do to be present for those with PTS?
- What are the most effective ways to begin to present information about PTS to the general public?
- How can we raise awareness and acceptance of individuals experiencing PTS [in a way] that does not generate the negative connotations typically associated with having a disability?

Treatment

- What is the best way to help someone with PTS?
- PTS seems to be used now for many trauma situations. Does this distract from the needs of veterans and perhaps [from] the resources that they need?
- How do we teach mental-health professionals to focus on the person (PTS) first and the disorder (PTSD) second, thereby separating the person from the disorder?

- Is PTS therapy enhanced by exposure to or immersion in nature? Why is PTS so resistant to treatment?
- What methods, besides counseling and medication, are currently used for treating PTSD?
- Are psychotropic medications necessary in the treatment of PTS?
- Are there any coping skills that are proving to be more successful than others? (I understand coping skills are highly personal, so this might be hard to answer in full.)
- Are different factors evident, depending on the type and location of the triggering experience or service of the individual who has PTS?

Family Matters and Services

- How can a family member or spouse provide support to someone with PTSD, especially if [the person with PTSD] does not want anyone to ask questions? Is there another way to provide comfort?
- What support-services exist for families of veterans suffering from PTS? In Chattanooga? Other places?
- What about the family and loved ones of PTSD victims? What happens to them?
- It is imperative that the community the awareness of PTS a priority. How we, as a community, deal with the effects our veterans with PTS may have on their families and, by extension, on the community?

Assignment 2

Discussion Question: After the presentation, participants, in groups of four, discussed three assigned questions. The questions and responses are listed below.

Question 1. How do you define post-war PTSD?

- Hell, confusion, isolation, embarrassment.
- Trauma-based reaction to the war experience, which include losses and injuries in the physical, emotional, social, and spiritual dimensions.
- Not a disorder but a normal reaction to a traumatic experience. Presenting emotions reflect what is going on inside. The coping-mechanism usually is to shut down.
- Drop the "d." PTS is the total disruption of the ability to function owing to intrusive thoughts and poor concentration. It is the manifestation of the horrible trauma that a person has experienced.

Question 2. What experience do you have with post-war PTSD?

- As a veteran, every day and in every way I am reminded that I have PTSD.
- Assisting others [by helping them to deal] with suicidal thoughts, by encouraging them to pursue educational goals, and [by assisting them in making] bio-psycho-social adaptations to civilian life.
- Working with service-dogs and having friends who suffer from PTS.
- Having a friend who was drafted and listening to combat veterans relate their nightmares from their experiences. [These serve as] alternative therapy sessions.
- Having a parent and a friend with PTS from WWII. I have learned [to watch for] behaviors such as hyper-vigilance so that I can anticipate and stop problems before they happen.

Question 3. As a community, what action(s) should we take as a community to meet the needs of veterans with PTSD?

- Raise awareness and encourage acceptance; create spaces and jobs that allow independent flexibility for vets with PTS.
- Acknowledge that PTS exists and provide services that set veterans up for success through adaptive training.
- Address the “red tape” and stigmatization issues associated with PTS; make treatment more available with fewer obstacles.
- Make people aware of the symptoms and fight the stigmas [and] stereotypes through (a) seminars to educate the public, (b) programs like UTC Green Zone at community agencies, hospitals, malls, airports, and other locations so that vets have a place to re-group, and (c) whole-health coaching and physical activities.
- Look into treatments using service-dogs; find more programs like Heartland; get past the “bumper-sticker support” for our troops; and continue and expand current initiatives, such as the mayor’s office project for homeless vets.

Assignment 3

Post-discussion Question: After the discussion, we asked participants to respond, in writing, to two additional questions.

Question 1. What is the most important thing you learned today?

- Lack of awareness of PTS [as a result of combat] and the lack of help for combat post-traumatic veterans.
- I am not alone with my demons.
- It is more about assisting with recovery than curing the disorder.
- Information must become more centralized for easy access.
- PTS is a better descriptor than PTSD, and community engagement is key.

Question 2. What unanswered question(s) are you leaving with?

- What do we do now, as a community, to organize and synchronize efforts to help combat-veterans and their families?
- How can we advance awareness?
- How do we create increased awareness and build into society accommodations for veterans as we have for physical disorders?
- Are there more effective treatments—“a cure”—for PTS? It seems as if the Veterans Administration just wants to medicate, and overly so.
- How can I be involved? Is restoration possible?
- What is the point of entry for somebody who wants to be involved?

References

Figley, C. R. (Ed.) (1985). *Trauma and its wake: Volume I: The study and treatment of post-traumatic stress disorder*. Bristol, PA: Brunner/Mazel.

Participants

We would like to thank the following participants for their interest in and contribution to this McKee Learning Lunch.

- Bobbie Allison-Standefor.** President and Co-founder, Regional Outreach Veterans Engagement Resources (ROVER).
- Chris Atkins.** Major/Behavioral Health Officer, Tennessee National Guard 230th Sustainment Brigade (Chattanooga).
- Christina Bellino.** Graduate Assistant, McKee Chair of Excellence in Learning; College of Health, Education, and Professional Studies; University of Tennessee at Chattanooga.
- George Bercaw.** President, Tennessee Association of Psychological Examiners.
- Jeremy Bryson.** Co-chair, Student Veterans Organization, University of Tennessee at Chattanooga (UTC/SVO).
- Bengt Carlson.** Experiential Learning Coordinator, University of Tennessee at Chattanooga.
- David Cook.** Metro columnist, *Chattanooga Times Free Press*.
- Heather Cook.** Coordinator, City of Chattanooga Homeless Program.
- Edi Ebfung.** Intern, City of Chattanooga Veteran's Homeless Initiative.
- Fred Fletcher.** Chief of Police, City of Chattanooga.
- Allison Gerber.** Editor and Director of Content.
- Ashley Jackson.** Graduate assistant, McKee Chair of Excellence in Learning; College of Health, Education, and Professional Studies; University of Tennessee at Chattanooga.
- Wanda Mays.** Manager, Chattanooga Crisis Intervention Team (CIT).
- Mary-Ollie Newman.** Director of Development and Underwriting, WUTC, University of Tennessee at Chattanooga.
- Ramona Nichols.** Director of Training, Georgia Canines for Independence.
- David Rose.** Museum Docent and Interpretive Guide, National Medal of Honor Museum of Military History, Chattanooga.
- Valerie C. Rutledge.** Dean, College of Health, Education, and Professional Studies; University of Tennessee at Chattanooga.
- Janice Ryan.** Professor, Occupational Therapy Degree Program, University of Tennessee at Chattanooga.
- Perry Storey.** Director, Challenger STEM Learning Center, University of Tennessee at Chattanooga.
- Carl Swafford.** Graduate Dean, Southern Adventist University.

James A. Tucker. McKee Chair of Excellence in Learning, College of Health, Education, and Professional Studies; University of Tennessee at Chattanooga.

Priscilla Tucker. Educational writer, editor, and consultant.

Janice Colby Whittenmore. On-air Personality and Operations Manager for country-music radio station BIG 95.3/Cat Country 106.9).

Joe Wiram. Coordinator, Veteran Student Services and Programs, University of Tennessee at Chattanooga; board member, National Association of Veteran Program Administrator (NAVPA)—Region III.

Ann Yoachim. Director, Community Partnerships; professor, University of Tennessee at Chattanooga.

Rabbit Zielke. NPR journalist, producer for the *Around and About* Chattanooga program, and the host of *Celtic Harvest*, WUTC, University of Tennessee at Chattanooga.