



## Treating PTSD in Non-Traditional Ways

*With the rise of psychological ailments among Iraq and Afghanistan War vets, military and VA hospitals have begun to rethink how they deal with this age-old scourge of war. Here is a rundown on six new methods of handling combat-related emotional trauma.*

### By Janice Arenofsky

The Iraq War veteran seated in George Gafner's office reported only minor wounds from his time in the Middle East. But emotionally, the soldier was scarred. And traditional talk therapy alone was not working to relieve the pain of seeing his comrades killed from an explosion.

For Gafner, a licensed clinical social worker at the VA Medical Center (VAMC) in Tucson, Ariz., the next step was treating his patient's post-traumatic stress disorder (PTSD) with hypnosis.

"People are more receptive to suggestions under hypnosis," says Gafner, director of family therapy training and author of several books on hypnosis. "When you deal with the unconscious, you can get under the radar and help the person."

Gafner usually starts off by strengthening the soldier's self-esteem and lessening symptoms such as survivor guilt by floating the suggestion that "you did the best you could—it's time to move on with your life." Gafner also provides his patients with a physical "anchor" for triggering the relaxation response, such as interlocking fingers.

"It's not a magic bullet," Gafner emphasizes, "but it takes the rough edges off, and the feelings become more manageable." Gafner says hypnosis achieves a 70% success rate and is effective with 90% of men and women. But some patients hesitate to try it because of popular associations with its practice, such as the fear of "quacking like a duck."

Unfortunately, absurd beliefs like this have slowed the military's acceptance of non-traditional therapies, despite that alternative medicine is now part of mainstream health care.

In fact, a 1999 National Health Interview Survey revealed that 29% of U.S. adults had used some form of alternative therapy within the past year. And a recent study shows nearly 50% of veterans also do the same.

That's one reason the Department of Defense funds the Complementary and Alternative Medicine Research for Military Operations and Healthcare Program. It has researched such treatments as manipulation, bioelectromagnetic devices and acupuncture.

### Moving on With Meditation

Turned off by talk therapy and medication, some veterans have gone the alternative route. According to former Army Spec. 4 William A. Roper, a 59-year-old Vietnam vet who received a traumatic head injury, meditation helps him cope with survivor guilt and memories of war atrocities.

"I do it twice daily, in the morning and evening for 20 minutes," Roper says. "Meditation calms your raging mind and allows peace to permeate your very being," he says. "In time, you heal, the awful memories subside and you get back control of your life." Roper also says a positive can-do attitude "internalizes the idea that you can overcome your situation."

Vietnam vet Claude Anshin, author of *At Hell's Gate: A Soldier's Journey from War to Peace* (Shambhala, 2004), agrees. After PTSD turned Anshin into an alcoholic and drug abuser, he sought

relief with Buddhist beliefs. Today, he spreads the word about meditation's healing path by holding retreats for traumatized veterans.

Soon to recruit volunteers are two VA clinical studies on mindfulness meditation and directed meditation involving Iraq/Afghanistan War veterans and women veterans who have been sexually traumatized (especially in Iraq and Afghanistan).

"Mind-body approaches such as meditation are non-invasive and, unlike medications, have no risk of side effects," says Dr. Jennifer Strauss, with VA's Women Veterans Comprehensive Health Center in Durham, N.C. The principal investigator of the female PTSD study, Strauss says meditation is "empowering" because it's "done by" rather than "done to" the patient. Also, self-guided therapies can attract patients who want to limit travel to and from VA clinics.

Strauss' 12-week program emphasizes guided imagery. After an initial session with a licensed clinical social worker, the patient listens to audio recordings of imagery instructions. So far the study shows that guided meditation significantly reduces PTSD symptoms and compares favorably with the results from psychotherapy.

### **Music Therapy**

Sherill F. Cross, registered music therapist at Waco VAMC in Texas, runs a VA music therapists network there. Although Cross works with only 100 patients each year, similar music-therapy-directed relaxation training is available at many VA hospitals, such as in Houston, Topeka (Kan.), Milwaukee and New York.

"They [soldiers] have just returned from a [combat] situation where they've been hypervigilant and had screwed up sleeping patterns," Cross says. "They need help in dealing with issues and resetting their pattern to 'default.'"

Cross begins her 10-week program with individual sessions, teaching patients to focus on breathing while listening to slow and lyric-free music. Meanwhile, she instructs them in a 20-to-30-minute relaxation exercise, such as progressive muscle relaxation, or uses guided imagery ("put yourself in a bubble," "imagine yourself as a rag doll").

Cross has helped several women vets by suggesting the use of simple instrumental music while taking a warm bath. The women's sleeping, communication skills and self-esteem improved.

"Ninety to 95% of PTSD patients are clueless on how to relax," Cross says. "They're afraid of intrusive thoughts and memories."

When they begin to feel emotions, "thorns" (problem areas) often emerge. When this happens, Cross suggests patients talk to their treatment coordinator or one of their peers. "I tell patients to let the music take you where you want to go," she says. "I give them permission to stand down."

Cross steers away from music popular during their deployment—for example, for Vietnam vets, Otis Redding's "Dock of the Bay" and music from the films Forrest Gump or The Big Chill. "A big step toward recovery is separating from this old music," she says.

### **Animal Therapists**

Carol Triesch may not be a licensed psychotherapist, but her golden retriever is. Certified by Delta, a Washington-based organization that promotes the bond between animals and people, Jasmine instinctively knows how to break down vets' emotional barriers. "Some of the soldiers [at Brooke Army Medical Center in San Antonio, Texas] are on the burn units and have open stumps that smell differently," Triesch says. "But Jasmine doesn't sniff at them and make them feel self-conscious."

To the contrary, Jasmine and Triesch, who together earned the title "top therapy team in the U.S.," seem to have a "cathartic" effect that releases pent-up stress. Soldiers often talk over their war experiences with Triesch while they pet Jasmine or teach her a trick. "Former snipers and special operatives touch Jasmine and melt," Triesch says. "Sometimes they cry."

The team also lightens up the hospital's stark surroundings with outrageous outfits that transform the caring canine into a rubber duck, for example, or a Christmas tree. David Frei, a veteran, American Kennel Club judge and animal-assisted therapist, recently observed Triesch and Jasmine

while he was filming them for a TV program.

"The dog was a wonderful motivator for rehab patients," says the Westminster Kennel Club communications director. "After 21 months of rehabilitation, one brain-injured patient whose left side had been paralyzed was able to pet the dog with his left hand. Dogs can pick out the neediest person, show their total acceptance of that person and give a sense of normalcy to hospital-bound patients."

### **Emotional Freedom Technique**

Developed by engineer Gary Craig and piloted at the Naval Medical Center San Diego, Emotional Freedom Technique (EFT) is "acupuncture without the needles," according to Susan Hannibal, an intuitive healer who uses this energy-based therapy in her southern California practice. Instead of using needles, therapists ask patient to tap with their fingertips at certain acupoints on their face, hands and trunk while they think of the trauma or issue. "The tapping releases blocked emotions and restores the smooth flow of energy," Hannibal says.

A close cousin to EMDR (eye-movement desensitization and reprocessing), which the VA has approved for treatment, EFT has not yet been approved. But according to an article in the San Diego Union-Tribune, Jeannie Ertl, a senior clinical social worker at the Naval Medical Center, learned EFT from Hannibal and tried the method on 15 PTSD patients. She found it lessened or eliminated anxiety and other symptoms of stress for 12 of those patients.

Maj. Brian Stoll, a 52-year-old mobilized reservist stationed at Fort Bragg, N.C., returned from Iraq with ugly memories of mortars and ambushes. While PTSD symptoms such as anger, agitation and poor sleeping tormented him, Stoll submitted to two years of cognitive therapy rather than take medication.

A classmate told him about Hannibal's Web site. "I prefer a holistic, non-invasive approach," Stoll says, "but I wasn't sold on the idea at first."

Still, due to Stoll's exposure to Eastern treatments such as acupressure and massage when stationed in Southeast Asia, he decided to give EFT a chance.

Last year, in a 30-minute telephone session with Hannibal, Stoll finally got relief. He was no longer disturbed by loud sounds that reminded him of artillery. "She guided my tapping, and I repeated messages of 'acknowledgement' and 'release,'" he says. "I'm not totally cured, but she began to peel away layers like an onion."

Stoll wants to continue with EFT, but the local VAMC doesn't offer it, and he has not yet located a private practitioner.

### **Virtual Reality Treatment**

San Diego's Naval Medical Center funds a high-tech alternative called Virtual Reality Treatment (VRT). PTSD patients who do not respond to medication are eligible for VRT, a computer program. It was created by psychologist Dr. Albert "Skip" Rizzo, a research scientist at the Institute for Creative Technologies at the University of Southern California. Borrowing elements from the popular video game "Full Spectrum Warrior," "Virtual Iraq" immerses patients in the sensory stimuli of war.

Patients wear virtual reality (VR) goggles attached to a helmet (the Virtual Emotion Sensor). From a raised platform that vibrates to imitate riding in a Humvee, the patient hears and feels exploding mortars, fighter planes and bullets.

Courtesy of a "smell machine" (Envirodine Scene System), the soldier also can smell different odors tied to Iraq experiences, such as garbage, weapons fire, spices, diesel fuel, burning rubber and even body odor.

"Entering VR is a stressful experience," says Lt. Cmdr. Rob McLay, a Navy psychiatrist and director of the VRT program. "So it can be hard to get people to try it or stay with it."

VR therapy is used to treat PTSD at Camp Pendleton in Oceanside, Calif., the Naval Medical Center San Diego and Tripler VAMC in Hawaii. At the San Diego facility, five patients completed treatment, and eight are still enrolled.

McLay says the first woman VRT patient saw her nightmares fade. "Most patients are able to recover to the point where they can go back to work and family," he says.

Although VRT is similar to traditional exposure therapy in which the patient mentally and repeatedly relives his or her war experiences until he or she can remain calm, VRT does not depend on the patient's abilities.

And therapists can increase or lessen the stimuli depending on the patient's stress tolerance. Also, younger computer-savvy soldiers with PTSD do not automatically equate VRT with mental problems and stigma.

To encourage more soldiers to accept help, psychologists may classify VRT as "post-combat reintegration training." This may be more acceptable to the 60% to 70% of soldiers with PTSD who decline treatment.

VRT sessions last approximately 90 minutes and take place once or twice a week for a total of 12 sessions. There are two types of programs—one for frontline personnel and another for support staff.

### **Acupuncture**

Studies show that acupuncture, in which licensed health practitioners stick thin needles into certain areas of the body to release negative energy, eases stress, anxiety and pain.

It also is another tool for patients reluctant to seek help due to stigma, says Dr. (Col.) Charles C. Engel, who works at the DoD Deployment Health Clinical Center at Walter Reed Army Medical Center in Washington, D.C.

Engel, principal researcher for an ongoing clinical study on the use of acupuncture, says veterans who prefer the lower cost, absence of side effects or short-term commitment may opt for acupuncture.

According to the Samueli Institute for Information Biology in Alexandria, Va., which co-sponsors alternative medical research with the military's Uniformed Services University of the Health Sciences (USUHS), acupuncture services are available at some veteran clinical sites, such as William Beaumont Army Medical Center at Ft. Bliss, Texas, and the Cincinnati VA Medical Center.

Dr. (Lt. Cmdr.) Susan D. Harvey says doctors at the Naval Medical Center San Diego regularly provide acupuncture for pain management, and she has treated a limited number of patients with PTSD to target symptoms such as irritability, insomnia and pain.

"I treated one combat medic with two tours in Iraq," Harvey says. "With six sessions of acupuncture, he experienced decreased anxiety and need for pain medication and an increased sense of well-being."

Alternative treatments can supplement traditional psychotherapy and medications. Veterans should contact their health provider to check for insurance coverage and availability. The bottom line: PTSD is a diagnosis—not a life sentence.

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