



Living with
TRAUMATIC STRESS



KEEPING OUR PROMISE TO
AMERICA'S VETERANS

Foreword

For as long as there have been wars, Western civilizations have recorded the existence of common psychological reactions to traumatic events. DAV assisted veterans from World War I who suffered from what was then called “shell shock.” In World War II, we served veterans whose symptoms were generally termed “battle fatigue.”

In the late 1970s, to better understand and find a basis to treat the “invisible wounds” plaguing so many Vietnam veterans—the collection of symptoms we now know as post-traumatic stress disorder (PTSD)—DAV sponsored the Forgotten Warrior Project. This DAV study was crucial to the eventual recognition and ultimate adoption of PTSD in the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders in 1980.

Growing clinical acceptance and recognition of PTSD stemming from the Forgotten Warrior Project also led DAV to open centers for Vietnam veterans and their families in 70 cities nationwide. Following DAV’s lead, the Department of Veterans Affairs began its Readjustment Counseling Service in 1979. This program, now composed of 300 Vet Centers nationwide, remains one of the premier resources for war veterans who suffer from PTSD and other service-connected mental health issues.

Now we must confront the challenges of assisting a new generation of combat veterans. For most of the 21st century, America has been at war. U.S. service members have fought to keep our nation safe from a variety of threats around the world and terrorism at home. With the wars in Iraq and Afghanistan taking an enormous toll on the health of returning veterans, and in light of overdue recognition of service-related trauma suffered by women veterans, this booklet is a continuation of our dedication to assist and advocate on behalf of all disabled veterans and their families. It is in keeping with our pledge to never forget or leave behind our fellow warriors. Our members empower DAV to gather and convey information that will help disabled veterans and their families recover from the wounds of war, whether those sacrifices can be seen or are less visible.

We hope the information and insight you receive from reading this booklet can aid you and your loved ones in finding a path to recovery. You are not alone on this journey—DAV stands ready to help you.

Established in 1920 and chartered by Congress in 1932, DAV is a nonprofit national veterans service organization recognized as a fraternal organization under IRS regulations. DAV accepts no federal funding and relies on membership dues and charitable donations to sustain its many programs.



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Experiencing severe stress after trauma

When confronting a threat, we experience an automatic reflex reaction, specifically a startle response. Our bodies begin to react before our minds receive the message. This instinctive response is natural and helpful. Our body systems are thrust into high gear, preparing us to react but giving us just enough time to evaluate the threat before we take action. But the same reactions that protect us and help us survive in a combat theater may be inappropriate and disruptive once we return home.

When the military or civilian threat we face is severe, or when it was repeated or constant over a period of time, we can experience an acute reaction to the stress. Traumas that can cause this reaction include exposure to actual or threatened death or injury, including sexual assault. The traumatic threats don't even have to be experienced directly; the stress can occur from witnessing a traumatic event or learning of the event details from family, from friends or on the job.

When acute stress reactions happen, it takes time to readjust. This is a normal response to trauma. After experiencing a traumatic event, many of us are affected by negative feelings and have recurrent thoughts about the event. Some of us remain on high alert, stuck in fear and startled by nonthreatening stimuli such as a door slamming or a car backfiring. Some withdraw from family or close friends. Others have nightmares and

trouble sleeping. Some are haunted by recurrent images of the event, living it over and over again. Those affected can experience trouble concentrating, depression, anxiety or suicidal thoughts. Some feel guilty and wonder why they survived when others did not. These feelings can be experienced alone or in combination. After a traumatic event, most of us experience one or more of these symptoms. In acute stress reactions, symptoms fade gradually, mostly resolving within a month.

A source of help

It's normal for veterans to struggle with readjustment after deployment. It's also normal to experience stress after exposure to a traumatic event. While many of us exposed to a traumatic or stressful event are able to readjust in a relatively short period of time, for others recovery will take longer. For those of us who find that we're still struggling to control our negative thoughts and emotional responses to an event after a few weeks of returning from deployment, it's important to recognize the early warning signs of a chronic traumatic stress reaction and seek help as soon as possible. How we choose to cope with symptoms can help determine how long they last and how severe they will be.

This booklet provides information on how to recognize the normal aftermath of severe trauma, both immediately after the event and throughout the rest of our lives. It also gives options for effectively dealing with stress reactions and references for other sources of information and people who can help. We all can benefit from someone to coach and guide us on the journey to readjustment and recovery from the effects of severe stress and trauma.

There are key warning signs to look for if you believe you or a loved one may have PTSD. The questionnaire in Appendix A can help you monitor yourself and gauge whether you are too overwhelmed to cope effectively with your symptoms. It is important to periodically assess your readjustment and recognize when you need to seek help for debilitating acute stress. If symptoms are worsening and you have difficulty carrying on with your life, or if symptoms persist longer than 30 days, you should seek help from a professional and be evaluated for post-traumatic stress disorder.



What is PTSD?

PTSD is a complex mental health condition that can occur after experiencing or witnessing a life-threatening event. Diagnosis of PTSD, unlike other mental health conditions, requires exposure to an event that involved actual or threatened death or serious injury. Traumatic events that can result in PTSD often include war, rape, kidnapping, assault, natural disasters, car or plane crashes, terrorist attacks, sexual or physical abuse, and abuse during childhood. Usually, individuals with PTSD experience the life-threatening situation themselves, but even if there is no direct exposure to trauma, PTSD may be caused by:

- Witnessing the event occurring to others.
- Learning that someone close to you experienced or risked a violent death or serious injury.
- Repeated exposure to graphic details of an event. (Examples include first responders who help others during a traumatic event or military Mortuary Affairs (formerly Graves Registration Service) personnel.)

Timing is important to the diagnosis of PTSD. While it is normal to have a reaction immediately after a trauma, you may have PTSD if the problems are getting worse, continue for more than a month, or cause significant problems in your ability to function in social and work settings and negatively affect relationships.

TABLE 1

Risk of PTSD in Recent Military Service Eras	
Service Era	PTSD Diagnoses
Iraq War and Afghanistan War	29% at Some Point in Life
Gulf War	21% at Some Point in Life
Vietnam War	10% were diagnosed at Some Point in Life at the time of the National Vietnam Veterans Readjustment Study (late 1980s). It is estimated that about 30% have had PTSD in their lifetime.

SOURCE: ptsd.va.gov/understand/common/common_veterans.asp

PTSD is the most severe form of stress reaction that occurs following exposure to a traumatic event, but it is not uncommon. It is estimated that almost 6% of Americans will have PTSD at some time during their lives. Veterans' risk of developing PTSD, however, is approximately doubled for all service eras and may be even greater over a lifetime. (See Table 1.)

In addition, without intervention, some veterans are more likely to develop PTSD. Studies have shown that if you have a family history of mood or anxiety disorders or substance use disorders, or if you were exposed to assault or chronic stress, particularly at a young age, you may have an increased risk of developing PTSD after experiencing a trauma in combat. Other factors, such as your own resilience and strong networks of support from family, friends or community members, can protect you from developing chronic PTSD. But if you are struggling to cope, these exposures are additional reasons to see if you may need help.

Special challenges for women

While Americans have been slow to recognize the many sacrifices women veterans have made and continue to make for our country, DAV's more than 1 million members want the public to understand that women are veterans and heroes, too. In times of both peace and war since the American Revolution, women in uniform have honorably served and defended our

nation, were held as prisoners of war and suffered grievous injuries; some have made the ultimate sacrifice.

Women of all eras have put their lives on the line, carried out their military duties and served with honor. Today, regardless of their military occupational specialties, women service members fulfilling wartime service are consequently exposed to actual combat, lethal threats, and risk of serious injury or death. Likewise, in previous military conflicts, women were gassed, wounded, taken as prisoners and killed by the enemy. In America's most recent period of war, more than 170 women made the ultimate sacrifice.

Serving in a combat zone can be a life-changing event for anyone, but research indicates that after deployment, women have different challenges and struggles than male veterans. For women who are readjusting or recovering from severe physical injuries, post-traumatic stress or other mental trauma, reintegrating successfully with their families and back into the more expected and traditional roles of partners, wives, mothers and nurturers can be especially difficult. When they return to civilian life, women veterans often experience social isolation in the community and are frequently not thought of or recognized as war veterans. Military sexual trauma, which disproportionately affects women, may add significant complications to women's ability to readjust after deployment.

To assist women veterans after wartime deployment, the Department of Veterans Affairs offers trained women as peer counselors in many of its 300 Vet Centers and often offers female mental health professionals for treatment of conditions related to sexual trauma or harassment. Additionally, women veterans program managers serve at every VA medical center and regional office. The VA also has a specific health research agenda to evaluate the health impacts of war and military service on women.

Some women have avoided seeking medical or psychological help at the VA, perceiving it as a male-oriented system. Fully aware of this challenge, the VA has worked hard to improve and expand its programs and services for women and to change the VA culture to ensure women veterans are recognized and respected and have equal access to health care programs, specialized services and disability benefits. The VA continues to look for new ways to understand and meet the unique and changing needs of women

veterans while ensuring a safe and private environment of care at all its facilities.

As an organization, DAV will continue to work to ensure the VA provides women veterans with the health care services and specialized programs, inclusive of gender-specific services, to the same degree and extent that services are provided to eligible male veterans. We have further resolved to seek the VA's strict adherence to stated policies regarding privacy and safety issues relating to the treatment of women veterans and will proactively call for research and health studies as appropriate. We will call for the VA to periodically review, adjust and improve its women's health programs as well as seek innovative methods to address barriers to care, thereby better ensuring women veterans receive the quality health care and specialized services they so rightly deserve.

Military sexual trauma

Military sexual trauma (MST) is the term the VA uses to refer to sexual assault or repeated, threatening sexual harassment that occurred while the veteran was in the military. It includes any sexual activity in which one is involved against one's will. The veteran may have been pressured into sexual activities (for example, with threats of negative consequences for refusing to be sexually cooperative or with implied faster promotions or better treatment in exchange for sex), may have been unable to consent to sexual activities (for example, when intoxicated), or may have been physically forced into sexual activities. Other experiences that fall into the category of MST include unwanted sexual touching or grabbing; threatening, offensive remarks about a person's body or sexual activities; or threatening or unwelcome sexual advances.

The Department of Defense reports increased rates of sexual harassment among male and female service members, but rates are significantly higher for women. The DOD February annual report for academic program year 2021–2022 found that 48% of women and 12% of men in training reported they had experienced sexual harassment in the past year. Furthermore, focus groups conducted within the same population suggest that

“**It didn't hit me until 9/11.** My first reaction was, 'Why now? Why so many years later?'”
—Vietnam veteran

some participants were still unclear about what defines sexual harassment and how to report such incidents. Additionally, the 2016 Workplace and Gender Relations Survey of Active Duty Members Report noted that 1 out of 23 active-duty women reported that they had survived sexual assault, and 1 out of 5 reported that they were sexually harassed. Among women using the VA for health care, 1 out of 4 reported experiencing sexual trauma, as defined by the VA, while serving in the military.



Share the new
Veterans Crisis Line
number with your
Veteran loved ones.
Dial 988 then Press 1



Sexual assault or harassment can result in feelings of isolation, depression, anxiety and social estrangement. These experiences can trigger severe reactions long after the original stressor occurred. Many of these incidents in the military go unreported due to survivors' fears of retaliation, stigma, loss of earned respect in their units or adverse effects on their military careers. Silence, reluctance and secret-keeping compound the emotional burden the survivor must carry throughout life. The VA offers treatment for conditions related to MST, and these services are available regardless of gender. Seeking help is the first step in the recovery process.

MST coordinators, located at every VA medical center, can inform you about treatment options and help connect you with a VA provider or Vet Center through the VA's Readjustment Counseling Service. Every Vet Center can also provide assessment and referral, and many offer on-site counseling services. Often, PTSD or depression is the last effect of MST. The VA's evidence-based treatments for these conditions are second to none, and the VA can help you identify the therapeutic treatment that best allows you to recover. It is important for counseling to take place in a trusting and affirmative environment. If the VA does not have a counselor of the preferred gender or provide an environment in which you feel safe, don't hesitate to ask for an alternative treatment option.

- For assistance with health care or treatment for the after-effects of MST, please contact your local VA medical center and ask to speak to the military sexual trauma coordinator: va.gov/directory/guide/home.asp
- For help with a disability claim associated with MST, contact your local DAV office and speak to a national service officer: dav.org/veterans/find-your-local-office
- Contact a VA MST coordinator at a Veterans Benefits Administration regional office near you: benefits.va.gov/benefits/mstcoordinators.asp



What are the symptoms of PTSD?

Recognizing key symptoms can help you determine if you or a loved one is beginning to struggle with chronic PTSD. Of course, recognizing the signs in ourselves is not always as easy as seeing them in others. Those around us, including family, work colleagues and friends, may notice changes in us before we are ready to acknowledge them. Therefore, an important part of self-monitoring is to seek feedback from others and to listen, nondefensively, when others share their insight on things that they notice that may indicate a stress reaction. The feedback can be difficult, but those closest to us are potentially critical sources of information. If you're worried about changes in your behavior or emotions, show your strength by asking others if they've noticed differences. Symptoms of PTSD can include:

- **Reexperiencing the traumatic event (feeling like the event is happening again).** You may have nightmares or intrusive thoughts and bad memories. You may experience intense physical or emotional distress when you are reminded of the event by an external cue. You may even feel like you are going through the event again; this is referred to as a flashback.
- **Negative feelings, moods and beliefs that began or worsened after the trauma.** You may have difficulty enjoying activities that used to give you pleasure. You may be emotionally numb and find it difficult to be happy. You may have an unreasonable feeling of danger. You may have difficulty trusting



anyone or feel isolated, guilty or ashamed. You may exaggerate blame toward yourself or others for causing the traumatic event.

- **Avoiding thoughts, situations or people who remind you of trauma.** You may attempt to avoid anything that triggers a memory of the event. This can result in isolating or distancing yourself emotionally from people, avoiding being with people and having less interest in activities you used to enjoy. You may avoid talking or thinking about the event.
- **Experiencing anxiety, arousal and irritability.** You may feel keyed up and on edge (also referred to as hyperarousal). You may have difficulty sleeping or concentrating or startle very easily. You may feel irritable and experience intense anger. You may be jittery, always on alert and watching for signs of danger.

“ I went to the clinic, and they had this giant chart of **PTSD symptoms**. My heart just broke because **I had every last one of them. I knew then that I needed help.** ”

—Vietnam veteran

Symptoms of PTSD do not always start right after the traumatic event occurs. PTSD can start suddenly, gradually, or come and go over time. Some people will have more symptoms in the weeks and months immediately following a severe stressor. Some may appear to adjust in the weeks after the event, but the stress may simmer under the surface and erupt unexpectedly when triggered by events later in the person's life.

Triggers are cues in the environment that subconsciously remind us of the traumatic event, such as a truck backfiring reminding us of a gunshot or explosion. Triggers can include stressful events

similar to original severe stressors, such as returning to combat on a later deployment. Or some triggers may be very different, such as a serious illness or injury, the death of a loved one or a loss of employment. Life stressors—at any time, but especially at the time of major life transitions—such as retirement, divorce, and the aging or death of those we care about, can trigger symptoms of PTSD. Exposure to external events, such as a combat movie or extensive media coverage of current wars, terrorist attacks or natural disasters, can also be triggers.

Having some symptoms of post-traumatic stress does not always mean that you have PTSD. Some of the same symptoms that occur with PTSD are also present in other medical problems. For example, trouble sleeping or feeling less interested in things you used to enjoy can be symptoms of both depression and PTSD. Mild traumatic brain injuries can cause irritability and difficulty with concentration. If you are having problems, it's important to seek help and get a full evaluation by a mental health care provider who can determine whether you have PTSD or another condition that needs treatment.



 **Veterans
Crisis Line**
DIAL 988 then **PRESS 1**

Be prepared.

Save the number in
your phone today.

Dial 988 then Press 1



What problems commonly occur with PTSD?

Severe stress reactions are often linked to other problems that may mask the presence of the stress reaction. Sometimes these other medical conditions will actually make the stress response worse over the course of time.

Sometimes the co-occurring symptoms and conditions are caused by the same event. For example, service members exposed to a battlefield explosion may suffer **mild traumatic brain injury** at the same time they are exposed to psychological trauma that leads to a severe stress reaction. **Unexplained pain** is another typically co-occurring symptom.

Other problems may occur because someone is trying, ineffectively, to cope with the aftermath of the severe trauma or mask unexplained physical or emotional pain. For example, **drug or alcohol use may begin or worsen** as someone struggling uses these substances to try to calm down, sleep better or just blot out memories. This is often referred to as self-medicating.

In more extreme cases, the problems can pile on, become overwhelming and lead to major life disruptions such as loss of employment, marriage or family breakups, and homelessness.

It is important to be aware of and monitor yourself for co-occurring problems that may indicate an underlying stress reaction. These co-occurring problems may be

the first signs of trouble for you or those around you. Pay particular attention to actions or behaviors that may indicate unsuccessful attempts to cope with the aftermath of trauma, including:

- Hazardous use of alcohol or other drugs.
- Overuse of prescription medications.
- Excessive gambling or spending.
- Binge eating.
- Depression.
- Feeling bored and craving more excitement, leading to risk-taking behaviors such as reckless driving.
- Physical health problems. For example, some research shows a relationship between PTSD and heart trouble, although the Department of Veterans Affairs has not yet formally recognized that link. Some people also experience weight gain or loss, lowered sexual interest, fatigue and headaches. By getting help for your PTSD, you could also improve your physical health.

“ I was **doing an outrageous amount of alcohol** to try to alter my reality because **my consciousness was not very attractive.** ”

—*Vietnam veteran*

You should also monitor changes in your mood and emotional life, particularly feelings of:

- Sadness.
- Inability to enjoy activities you previously enjoyed.
- Helplessness.
- Hopelessness.

An unaddressed stress reaction may even cause you to feel so hopeless and depressed that you consider or try to hurt yourself. You may feel trapped, like there is no other way out or no reason for living. Sometimes, but not always, people at risk for suicide will talk about death or hurting themselves or try to acquire a means to end their lives, such as a gun or pills. **If you notice these signs in yourself or someone else, you can call the Veterans Crisis Line at 988 or text 838255 anytime, day or night, and talk to an experienced professional who understands veterans.**



How can family and friends help?

PTSD does not just affect the veteran. It also affects loved ones. If someone you care about has PTSD, it is important to recognize how it can affect that person's behavior, your relationship and your life together. Learn about the symptoms of PTSD and support your loved one in as many ways as you can.

Be a good listener

Listening is a powerful tool. In fact, it has been shown to be one of the most helpful things you can do. Be a supportive listener without judging or attempting to “fix” the problem. Make sure your loved one knows that you want to hear about their feelings. But if the person isn't ready or willing to talk about it, don't push. Just reassure your loved one that you'll be there if and when they are ready to talk.

Good listening is a skill

It starts with being patient and paying close attention to what the other person says. You need to understand what is being said and how that person is feeling about it. As you listen, repeat back what you believe was said. This will make sure you are getting it right, and it will confirm to the person that you hear and value what was said. Pay attention for opportunities to express appreciation that the person is sharing this personal information with you and compliment them on positive steps being taken. Try to ask open-ended questions. For example, “How are you feeling?” or “How can I help you with this?” The person experiencing traumatic

stress needs to believe that you want to understand what they are experiencing. This belief is built on a foundation of listening to each other.

Be encouraging and optimistic

Stress reactions are normal. Most people readjust in time, especially if they have the support of those around them. Counseling and treatment are effective for those with more severe reactions, such as PTSD. Shortly after the stress, for example, when a service member comes back home after deployment or when an older veteran suffers a loss or major life transition, things can be difficult. Patience and encouragement can help. It's also important to know that if your relationship is negatively impacted, it's possible to repair it as your loved one recovers. Be optimistic about your loved one's recovery.



Learn all you can about PTSD

Find trusted medical sources of information so you understand stress reactions. This knowledge can be reassuring for you and helpful to your loved one experiencing traumatic stress. Some of the most reliable sources of information are referenced in the last section of this book. The Department of Veterans Affairs even has an app for family members, available at ptsd.va.gov/appvid/mobile/familycoach_app.asp.

Observe and give feedback

Family and friends may be the first to notice signs of stress. Pay attention and try to give consistent feedback about your observations. Avoid any urges to interpret or to say, “I know how you feel.” Stick to observing and reporting on actual behaviors, rather than making

assumptions about how your loved one feels. Avoid accusations. Ask open-ended questions that encourage conversation. When giving feedback, if you sense that your loved one is not ready to talk about their behavior or the conversation is becoming too intense, provide support and agree to talk later.

Give advice carefully

Advice can be helpful, if properly delivered. Consider a simple AAA rule: ask, advise, ask. Ask the person if it is OK to offer some advice. If they agree, give the advice. Then, ask if the advice was useful.

Get support for yourself

When your loved one is struggling, their behavior probably upsets and challenges you. That's normal. You can only be helpful if you also pay attention to your own needs while helping your loved one cope. It's important to take time for the things you enjoy, seek support from others when needed and make an appointment to see a mental health professional if you need it. Learn ways to manage your own stress. Consider exercise, yoga, meditation or physical activities. Most importantly, be patient with yourself.

Know how to get help if your loved one talks about suicide

If your loved one talks or behaves in a way that makes you believe they may self-harm, respond calmly but get help immediately. Make sure the person is not

left alone. You can also encourage the person to call the Veterans Crisis Line at 988 or text 838255 to talk with a trained counselor. If there's immediate danger of suicide, call 911 or your local emergency number right away.

Be safe

Veterans with PTSD may struggle with anger problems or problems with drugs or alcohol. Physical violence is never an acceptable way to cope with anger. If you are afraid for your own safety, you can call the national domestic violence hotline at 800-799-7233 (800-799-SAFE; confidential messaging at thehotline.org). Decisions can be more difficult in times of crisis—it can be helpful to have a plan for how to keep yourself safe. This plan may include safe areas of your home, away from weapons, or a safe place you can go if you leave the house. The plan can also include a list of numbers to call in an emergency, such as friends, family or hotlines. Many people who feel unsafe around loved ones have a hard time talking about it, but talking with someone you trust can give you support to help you handle difficult situations.

Coaching Into Care

Some veterans may be resistant to seeking help. Family members or friends may perceive a veteran's need first. If you believe your loved one needs help and encouragement to seek medical care, the VA has programs to help guide family members. Coaching Into Care is a national program that provides assistance, education and support to family and friends of veterans when the veteran is having difficulty adjusting or connecting with needed care or services.

Coaching Into Care advises family members about motivating and engaging veterans so they can get appropriate services at a local VA facility or in their community. Family and friends who would like to talk to a coach for information about mental health services or tips on how to begin the conversation about treatment or navigate services at the VA can call 888-823-7458. This program is provided by licensed psychologists or social workers and is free of charge over the telephone. The calls generally last from 10 to 30 minutes. If work extends over several sessions, you will usually speak with the same staff member. Hours of operation are 8 a.m. to 8 p.m. Eastern time, Monday through Friday.

DIFFICULT CONVERSATIONS
Instead of saying this...Try saying this

INSTEAD OF:
"Stop yelling at the kids!"

TRY:
"It's not like you to snap at the kids like you did at dinner. What's going on?"

INSTEAD OF:
"You're drinking too much!"

TRY:
"I'm worried about you. You're drinking a 12-pack a day since you got home. What's happening?"



How can I take action?

If you begin to recognize PTSD symptoms in yourself, seek help immediately. Addressing stress-related problems can provide immediate relief and is the best way to avoid long-term, more serious consequences. There is even evidence that getting early counseling after a stress reaction can reduce your chances of developing PTSD.

The first, and often most important, step is to make contact with someone who can help. People can help in many ways, depending upon their experience and expertise. A family member or friend can serve as a sounding board or as a guide to help you determine ways to deal with your stress. Many find a minister or chaplain very helpful. An advocate from a veterans service organization can help as well as connect you with other experts, such as a professional counselor or VA clinician who is highly trained and an important source of help.

You may need different types of help at different times in your life. This could include:

- **Professional counseling to help you readjust and get back on track.** This is often time-limited and targeted to specific problems and issues. Counselors familiar with the military and the unique needs of veterans are available. Readjustment counseling is available through Vet Centers. In some cases—usually when it is related to your care—family members may also be eligible for services in Vet Centers.
- **Treatment for more severe stress disorders, including PTSD.** Treatment can be tailored to your specific needs. It may include individual therapy, group therapy, family therapy and medication. People with more severe problems may benefit from intensive treatment delivered on an outpatient basis or in a residential setting.

- **Treatment for serious co-occurring problems.** Concurrent conditions such as alcohol abuse and other substance use disorders, depression, problem gambling or eating disorders can be effectively treated at the same time and in conjunction with treatment for stress-related problems.
- **Ongoing care and treatment.** The Department of Veterans Affairs offers a wide range of services and programs to manage your care and ensure your mental health stays on track. These include everything from access to behavioral health in primary care settings to providing access to complementary practices such as yoga, meditation or acupuncture to manage stress or pain.

Serious stress reactions, such as PTSD, can interfere with your life and well-being in many ways. They can damage family and social relationships and interfere with work and school. This, in turn, can cause financial problems. Treatment is often necessary to ensure full recovery. Clinical treatment of the stress disorder and any other co-occurring disorders is a necessary part of an overall personalized treatment plan. Comprehensive rehabilitation, however, may also require vocational assistance, education and training, and even temporary financial support and housing during the treatment process. An array of federal veterans benefits are available and can be key to supporting your recovery. Additional assistance may also be available through state and local community resources.

“ My family is the one who took me. They said there was **something wrong with me**—you gotta get out of the bunker and seek help. ... **It worked for me. ... It can probably work for you if you just give it a try.** ”

—Gulf War veteran

DAV is ready to guide you through the system and help you access the services you need. A DAV national service officer or transition service officer is ready to provide expert assistance in applying for and accessing such services and benefits. Don't wait. Find your local DAV office at dav.org/veterans/find-your-local-office. You are not alone.



Treating PTSD

Finding an effective treatment

Effective treatment options include psychotherapy (also called counseling or talk therapy), medication or both. In general, research studies have shown that trauma-focused psychotherapy is more effective than medication.

You and your provider will work together to determine which treatment is the best fit for you. It is important to recognize there is no one-size-fits-all solution and no single choice is right for everyone. Ask your provider about how much time you'll need to commit, benefits, risks, side effects of each treatment and any other concerns you may have. Ask if your provider has special training in the therapy you want to receive, as this often means therapy will be more effective. Let your clinician know if you don't understand any part of your treatment plan.

PROVEN TREATMENTS FOR PTSD

- **Trauma-focused psychotherapies**
 - Prolonged exposure
 - Cognitive processing
 - Eye movement desensitization
 - Reprocessing therapy
- **Prescription medications**
- **Combination of psychotherapy and medication**

You can learn more about effective treatment options using the PTSD Treatment Decision Aid developed by the Department of Veterans Affairs National Center for PTSD. The Decision Aid, ptsd.va.gov/apps/decisionaid, has videos and other materials that explain how each treatment works.

You may not be comfortable with the idea of seeking treatment because you believe others will see you as weak or damaged. You may also be reluctant to talk about the trauma and its aftermath. It takes courage to admit you need help and engage in treatment. Treatment provides the opportunity to improve symptoms, strengthen or repair personal and professional relationships, and improve your quality of life. You owe it to yourself and your loved ones to take action.

Use of service dogs for PTSD

Many veterans have had good experiences with service dogs, which they believe have helped them manage their daily lives as they reintegrate into their communities after deployment. Emerging research suggests that service dogs may reduce the severity of symptoms associated with PTSD if used along with more established care practices. A large, multisite, multiyear VA study released in 2021 that looked into the effectiveness of using service dogs for veterans with PTSD found participants paired with a service dog experienced a reduction in the severity of PTSD symptoms and had fewer suicidal behaviors and ideations. If you believe a service dog would be a useful addition to the care you are receiving, talk to your clinician.

Does the VA offer complementary and integrative health options?

Since the 1990s, national surveys have shown that Americans, including veterans, are using complementary and alternative medicine, or CAM, now referred to as complementary and integrative health (CIH). The Veterans Health Administration (VHA) has been evaluating the effectiveness of CIH practices that include, but are not limited to, acupuncture, biofeedback, meditation, stress management, relaxation therapy and yoga. In line with VHA's whole health system of care, the VA offers a variety of CIH options at its facilities, and providers acknowledge that the use of these practices can facilitate the development of a patient's personalized treatment plan.

Can veterans get medical marijuana through the VA?

The VA policy directive on medical cannabis urges VA doctors to discuss marijuana use with veteran patients relative to their care questions or concerns and adjust care and treatment plans as needed. Participation in legal state marijuana programs does not affect eligibility for VA care and services. While the VA cannot deny veterans access to health care or compensation benefits due to medical marijuana use, its providers are prohibited, by law, from prescribing cannabis, as the Food and Drug Administration (FDA) still classifies it as Schedule I drug. VA providers may only prescribe medications approved by the FDA.



The VA will not pay for medical marijuana prescriptions from any source, nor will VA providers complete paperwork or forms required for a veteran to participate in a state-approved marijuana program. Additionally, the use or possession of marijuana is prohibited at all VA medical centers, locations and grounds—even in states in which marijuana use is legal. You can download the VA's full directive on medical marijuana at va.gov/vhapublications/ViewPublication.asp?pub_ID=11394. If you have questions regarding this policy, please contact population.health@va.gov.

Questions to ask your provider

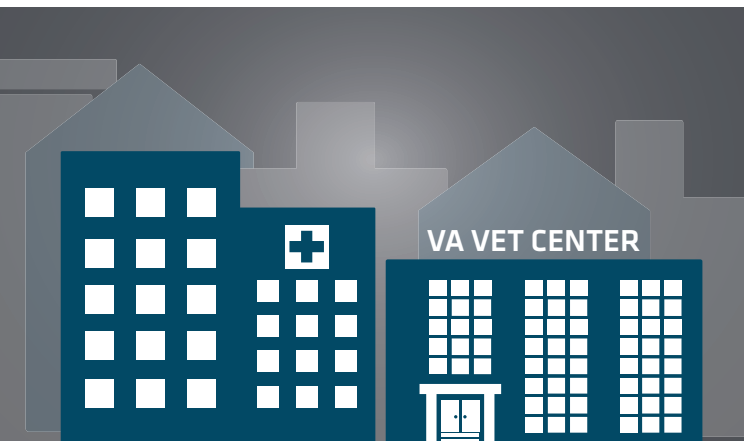
It is common to have questions about your condition and treatment options. Here are some questions you may want to discuss with your doctor. Many of these questions and others are also addressed in the PTSD Treatment Decision Aid:

- What do you believe is causing my symptoms?
- What is PTSD? Do I have PTSD?
- Is my condition temporary or chronic?
- What treatments can help me?
- If I choose psychotherapy, what type of therapy is available?
- Have you received special training for any types of evidence-based psychotherapy, such as prolonged exposure or cognitive processing?
- What will therapy involve, and what are the potential benefits and risks?
- If I choose medication, what are the potential benefits and risks?
- How long do you expect it to take for my symptoms to improve?
- What can I expect from treatment?
- How often will I have to come in for treatment, and how long does each treatment last?
- Where can I find other reliable sources of information on PTSD?

“ Being an Army medic meant seeing the worst the war had to offer. ... Coming home was tough. ... **People can't see the wounds we brought home from Iraq, but there is no shame in us going through it.** ”

—Iraq War Army Reserve veteran

Don't hesitate to discuss your preferences and concerns. Do take a written list of your questions to your appointment. VA providers want you to understand your condition and be an active partner in your treatment. As part of a shared decision-making process, you and your provider will review your diagnosis and treatment options and set your personal treatment goals. Talking about your goals and preferences is an important part of the healing process.



Where can veterans get help?

VA medical centers

The Department of Veterans Affairs provides professional medical and mental health services at more than 1,800 facilities nationwide. VA mental health services are available to eligible veterans at all VA medical centers and most community-based outpatient clinics. The VA also has trained chaplains if you feel more comfortable initially speaking to a spiritual adviser. Eligible veterans will have access to a broad range of services, including emergency care, mental health care, and specialized care for PTSD and related conditions. The location of the VA facility closest to you can be obtained using the facility finder in the Find a VA Location tab on the VA website, va.gov/directory/guide/home.asp.

VA Vet Centers

The VA also provides its Readjustment Counseling Service, the Vet Center program. Vet Centers are community outreach centers with staff members who are often combat veterans and specifically trained in assisting veterans with post-deployment readjustment issues. There are 300 Vet Centers located across the country that provide a wide range of counseling, outreach and referral services to combat veterans and their families. Vet Centers can help veterans and their families cope with many of the major life adjustments that occur after returning from combat. Specialists in treating PTSD or other mental health conditions related to military sexual trauma are also available at each Vet Center.

Eligible individuals—veterans and active-duty service members, including members of the National Guard and Reserve components—must meet **at least one** of the following criteria:

- Served on active military duty in any combat theater or area of hostility.
- Experienced military sexual trauma.
- Provided direct emergent medical care or mortuary services to the casualties of war while serving on active military duty.
- Served as a member of an unmanned aerial vehicle crew that provided direct support to operations in a combat zone or area of hostility.
- Vietnam-era veterans who accessed care at a Vet Center before Jan. 1, 2004.

Vet Centers can also provide services to family members of veterans for military-related issues, including bereavement counseling for families of service members who died while on active duty.

You can talk to a Vet Center staff member 24/7 at 877-927-8387. Find the location of the Vet Center closest to you at their website, vetcenter.va.gov.

All services are free of cost and are strictly confidential.

Military OneSource

Military OneSource provides short-term counseling for active-duty, Reserve and National Guard service members and their families. Services include personal, marital, family and financial counseling. Services are provided on the phone or face-to-face through a network of specially trained counselors across the country. The services are private and confidential. **There is no charge for services, which can be accessed by calling 800-342-9647 at any time or by visiting the program website, militaryonesource.mil.**



VeteransCrisisLine.net



U.S. Navy photo by Mass Communication Specialist 2nd Class Anna Arndt

What other VA recovery resources are available?

A comprehensive recovery plan for PTSD requires coordination of a range of different resources.

Counseling for MST

About 1 in 3 women and 1 in 50 men who use VA health care report experiencing sexual trauma during military service. MST survivors may have PTSD or other mental health conditions, such as depression or anxiety, caused by this experience. The Department of Veterans Affairs' definition of MST includes anything from rape to repeated and unwelcome exposure to offensive or humiliating threats or taunts. If you have experienced sexual trauma during military service, many options are available to you for treatment, including individual or group counseling or peer support groups. Contact the MST coordinator at your local VA medical center (va.gov/directory/guide/home.asp) for more information about services near you.

VA peer specialists

Many veterans have found it extremely helpful to have another veteran, who has faced and overcome similar

challenges, as a supporter and mentor. For decades in the Vet Center program, veterans experienced the value of recovery advice from other combat veterans and having a fellow veteran help them navigate the health and benefits system.

In December 2013, the VA expanded its peer support programs at VA medical centers through peer specialists. This program offers vet-to-vet support for anyone who served on active duty, including those deployed to a combat theater. This program option is vital because veterans share a unique understanding that comes from having served in the military and having experienced similar situations.

Peer advice is sometimes sought before veterans are willing and ready to seek care from a psychiatrist, psychologist or social worker. Peer specialists are people with a mental health condition who have been specially trained and certified to help other veterans. They are not independent health care providers but can promote recovery from PTSD by helping veterans identify their goals, strengths and resources. They also assist other veterans with problem-solving, symptom management and coping skills. Peers are often uniquely positioned through their shared experiences to engage other veterans in treatment—encouraging their first steps toward recovery through the VA and community resources and sharing insights about what to expect from treatment. Through peer sessions, peer counselors share how they have handled similar problems.

VA peer specialists are not a replacement for treatment by a licensed health care provider. Rather, peers can provide extra support and assist veterans in obtaining services that suit their individual recovery needs and preferences.

PTSD support groups

In addition to hiring peer specialists, the VA sponsors PTSD peer support groups facilitated by VA staff. Groups are attended by veterans who have experienced trauma and provide a forum to discuss day-to-day problems and learn how others have managed their symptoms and challenges. A peer support group could be a good addition to PTSD treatment. If you think you may be interested, discuss it with your provider. Other support groups for family and friends can also help loved ones caring or providing support for someone with PTSD.



Mobile applications

The National Center for PTSD has developed a number of mobile applications designed for veteran self-help, education and support following trauma. There are apps for Apple iOS and Android devices. Note that PTSD is a serious mental health condition that often needs professional evaluation and treatment. These apps are not intended to replace health care from a professional but can provide valuable help between visits to your provider.

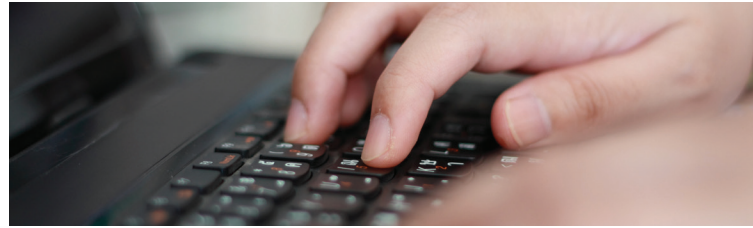
SELF-HELP APPS

- **AIMS**, designed to help with managing anger and irritability.
- **Beyond MST**, created for survivors of military sexual trauma (MST).
- **PTSD Coach**, designed to help you learn about and cope with the symptoms related to PTSD.
- **PTSD Family Coach**, provides support to family members who have a loved one with PTSD.
- **Mindfulness Coach**, which helps ground you in the present moment to help you cope with PTSD symptoms.
- **VetChange**, helps veterans and service members concerned about their drinking and cope with their emotions without drinking.

TREATMENT COMPANION APPS

- **CPT Coach** helps you work with your therapist during cognitive processing therapy (CPT). The app helps you keep track of homework, appointments and PTSD symptoms.
- **PE Coach**, for use during prolonged exposure (PE) therapy with a mental health professional.
- **CBT-i Coach** will help you get the most out of cognitive behavioral therapy for insomnia (CVT-i) so you can develop good sleep habits and sleep better.
- **ACT Coach**, for use while in acceptance and commitment therapy (ACT). ACT aims to help you live with unpleasant thoughts and feelings without avoiding them or being controlled by them.
- **STAIR Coach**, designed to be used when working on Skills Training in Affective and Interpersonal Regulation (STAIR) with a mental health professional. It also may be useful to people recovering after experiencing a traumatic event.

You can access these and other apps at the National Center for PTSD website, ptsd.va.gov/appvid/mobile.



How can I arm myself with information?

Web-based resources

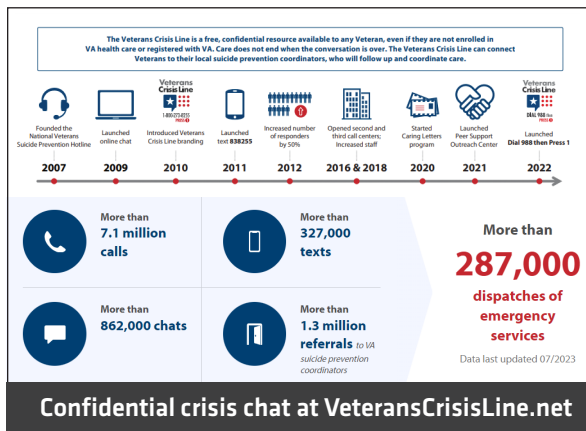
The internet provides a wide range of information and resources that you may find helpful. Just be cautious that the sites you visit are reliable and accurate. If you have questions about what sites to trust, stick to the government-sponsored sites. The following government sites provide printed materials, telephone assistance, face-to-face counseling and links to other websites that you may find valuable.

- **The National Center for PTSD** provides an extensive collection of self-help tools; information on how to find treatment providers for PTSD; and articles, podcasts and videos for veterans and family members on their website, ptsd.va.gov.
 - The site includes an online tool, ptsd.va.gov/appvid/decisionaid_public.asp, to help you learn about and compare effective treatments. The center does not provide direct clinical care or individual referrals.
 - The National Center for PTSD also provides information specific to violence and abuse, ptsd.va.gov/PTSD/understand/types/violence_abuse.asp.
- **The Department of Defense** has a useful website, health.mil/Military-Health-Topics/Mental-Health/Mental-Health-Topics/Adjustments-After-Deployment, designed jointly with VA experts as a self-guided resource for service members and veterans and their families and loved ones.
- **The Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury** websites, health.mil/Military-Health-Topics/Centers-of-Excellence/Psychological-Health-Center-of-Excellence, and health.mil/Military-Health-Topics/Centers-of-Excellence/Traumatic-Brain-Injury-Center-of-Excellence, are also a good source of information.

Contact information for assistance

VA RESOURCES

- **Vet Centers**, which include counselors who understand veterans' employment assistance, marital and relationship counseling, and military sexual trauma counseling.
Phone: 877-927-8387
Website: vetcenter.va.gov
- **Find a VA Location**, which helps you find the professional medical and mental health services nearest you.
Website: va.gov/directory/guide/home.asp
- **Suicide Prevention Veterans Crisis Line**
Phone: 988 then press 1
Text: 838255
Website: veteranscrisisline.net



DAV RESOURCES

- **DAV (Disabled American Veterans)** is a nonprofit charity that provides a lifetime of support for veterans of all generations and their families, helping more than 1 million veterans in positive, life-changing ways each year. The organization provides hundreds of thousands of rides for veterans attending medical appointments and assists veterans with thousands of benefit claims annually. DAV has also helped veterans, their families and survivors attain billions of dollars in claims. All services, including benefits assistance, are free to veterans.
Phone: 877-I AM A VET (877-426-2838)
Website: dav.org

Conclusion

We all struggle with coming home. Readjustment is not easy for any of us or for those who love us. At best, we must reengage in the very different roles we played in our families, communities and jobs before we left for the battlefield. For many of us, it's an abrupt about-face. It takes determination and patience with ourselves and others to get back into the flow of the lives we left behind or to change the course of our lives by entering school or a new career.

When that struggle overwhelms our ability to cope, we need help. If we have past experiences with trauma that continue to haunt our daily lives, we need help. Getting help doesn't mean you are broken or weak. **It takes courage to seek help.** As military veterans, we've already proven our bravery. But asking for help and engaging in treatment is a different kind of test, one that can improve your life and the lives of those who care about you. You can recover, and DAV is ready to help find you the care and benefits you need to heal and reengage in life.

We are dedicated to a single purpose: empowering veterans to lead high-quality lives with respect and dignity. We accomplish this by ensuring that veterans and their families can access the full range of benefits available to them, fighting for the interests of America's injured heroes on Capitol Hill, providing employment resources to veterans and their families, and educating the public about the great sacrifices and needs of veterans transitioning back to civilian life.

If you're in crisis, call the new
Veterans Crisis Line number:
Dial 988 then Press 1.



Appendix A

PTSD questionnaire: Deciding to get help

This is a short set of questions that can be used to identify if you may have PTSD. The questions are a checklist from the validated Primary Care PTSD screening questionnaire (PC-PTSD-5 screen).

1. Sometimes things happen to people that are unusually or especially frightening, horrible or traumatic, for example:

- A serious accident or fire.
- Physical or sexual assault or abuse.
- An earthquake or flood.
- War.
- Seeing someone be killed or seriously injured.
- Having a loved one die through homicide or suicide.

Have you ever experienced this kind of event?

YES / NO

If no, screen total = 0. Please stop here.

If yes, continue.

2. In the past month, have you:

- Had nightmares about the event(s) or thought about the event(s) when you did not want to? YES / NO
- Tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)? YES / NO
- Been constantly on guard, watchful or easily startled? YES / NO
- Felt numb or detached from people, activities or your surroundings? YES / NO
- Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused? YES / NO

If you answered yes to any three items, you should see a mental health care provider to get a full evaluation and learn more about PTSD.

NOTE: Answering yes to three or more questions on the PC-PTSD-5 does not mean you have PTSD. Only a mental health care provider can tell you for sure. And if you do not answer yes to three or more questions, you may still want to talk to a mental health care provider.

If you have symptoms that last following a trauma, treatment can help, whether or not you have PTSD.

Appendix B

Symptoms of a stress reaction

You can identify early indications that you are having a stress reaction if you know what to look for and monitor yourself carefully. Self-monitoring includes seeking and being receptive to feedback from others around you.

Some symptoms may be clearly related to a traumatic event you experienced. They could include:

- Not being able to get memories of the traumatic event out of your mind.
- Dreams about the event.
- Becoming anxious, angry or depressed when you are exposed to cues that remind you of the event.
- Feeling guilty about the event.

The connection to the past traumatic experience may not be obvious for most of the early behaviors. These symptoms may include actual attempts to not remember the traumatic event, such as:

- Avoiding thoughts about that time.
- Avoiding people or conversations that may bring it up.
- Detaching yourself from others emotionally.

Some behaviors may be a continuation of ways you reacted that were adaptive at the time of the severe stress but are not adaptive in the present. They could include:

- Always looking for and expecting something bad to happen.
- Overreacting to sounds, smells or the benign actions of others.
- Having trouble falling or staying asleep.

Many symptoms are more general in nature. Some are emotional reactions, such as:

- Moodiness.
- Sadness.
- Feeling tense.
- Feeling bored all the time, as if nothing lives up to the excitement of the past.
- Short temper and irritability.
- Inability to feel and express emotions.

Some may be changes in how you behave, such as:

- Driving too fast.
- Drinking or smoking too much.
- Gambling excessively.
- Road rage.

Appendix B (continued)

Some may be changes you notice in your body, such as:

- Weight changes.
- Lowered sexual interest.
- Fatigue.
- Headaches.

Some may be changes in your thinking abilities, such as:

- Forgetting things.
- Trouble concentrating.
- Difficulty making decisions.
- Lowered self-confidence.

Self-monitoring can help you identify these early signs. Often, however, we do not easily recognize them. Those around us, including family, people at work and friends, may notice them first. Therefore, an important part of self-monitoring is to seek feedback from others and to listen, nondefensively, when others give you feedback on things that they notice that may indicate a stress reaction. This can be hard, but it is a potentially critical source of information. Show your strength by asking others for feedback and help.

Left unattended, the early signs of stress can grow and, for some, contribute to the development of PTSD. The symptoms of PTSD are not different in nature from many of the early signs of a stress reaction. They are, however, more severe and persistent. They significantly interfere with important life functions, such as family relationships, other social interactions, work and school.

If you have these symptoms and they have lasted more than a month or are interfering with your family, work and daily life, you should talk to your health care provider, doctor or chaplain.

“ I felt I was the only one until I started to connect with other veterans and heard their stories. Now I can breathe. ”

—Vietnam veteran

Acknowledgment

DAV gratefully acknowledges the assistance of Frances “Fran” D. Murphy, MD, MPH, in preparing this booklet. Dr. Murphy is a veteran of the U.S. Air Force Medical Corps who was employed by the Department of Veterans Affairs Veterans Health Administration (VHA), where she began her career as a board-certified neurologist and medical researcher. Dr. Murphy quickly assumed leadership positions within VHA and the department and served as the deputy undersecretary for health, acting undersecretary for health and undersecretary for health policy coordination, where she oversaw important transformations within the department particularly in the areas of women’s health and mental health. She has served on several commissions, including President George W. Bush’s New Freedom Commission on Mental Health, and numerous interagency task forces.

Dr. Murphy is the founder, owner and CEO of an influential consulting firm, Sigma Health Consulting, specializing in helping the military and veterans health sectors manage complex system transformation. Her work continues to improve the lives of America’s veterans and service members.

Dr. Murphy also assisted DAV with its Stand Up for Veterans Initiative, influencing policy on behalf of veterans returning from wartime deployments in Iraq and Afghanistan. DAV’s commissioned report *Women Veterans: The Long Journey Home*, authored by Sigma Health Consulting, has also influenced federal legislation and policy bringing attention to the challenges and needs particular to women veterans transitioning from wartime deployments, including access to child care, peer support, comprehensive primary care that includes gender-specific services, and mental health, as well as the VA’s specialized programs and wrap-around services. DAV released a follow-on report, *Women Veterans: The Journey Ahead*, produced by Sigma Health Consulting. In 2018, DAV honored Dr. Murphy with our Special Recognition Award for legislative advocacy.

DAV continues to be indebted to Dr. Murphy for her continued, generous and expert assistance.

DAV NATIONAL HEADQUARTERS

860 Dolwick Drive
Erlanger, KY 41018
859-441-7300
Toll Free 877-426-2838

DAV WASHINGTON HEADQUARTERS

1300 I Street, NW, Suite 400 West
Washington, DC 20005
202-554-3501

dav.org     

