



Wounded Spirits, Ailing Hearts 3 PTSD and Patients Written Video Transcript

Peter Montgomery is well qualified to discuss the criteria you need to understand in order to recognize and manage PTSD.

Thanks, (Spiro). The diagnostic criteria for PTSD include [00:00.20.00] a history of exposure to a traumatic event and three groups of symptoms that relate to intrusive memories, avoidance and numbing, and hyperarousal. Other criteria involve the duration of such symptoms and significant functional impairment or distress. Time [00:00.40.00] doesn't permit a detailed discussion here but it may be helpful to review some key points. Criterion A specifies that the veteran has been exposed to a catastrophic event involving actual or threatened death or injury or a threat to physical integrity of him or others. The response [00:01.00.00] to this must include intense fear, helplessness or horror. Criterion B, which is your intrusive memories, are the most distinctive and easily identified symptoms of PTSD. The traumatic event remains vivid, often for decades, sometimes even a lifetime. It is an [00:01.20.00] overpowering psychological experience that evokes panic, terror, dread, grief, or despair. And the hallmark expressions are daytime fantasies, nightmares and psychotic-like reenactments or flashbacks. Criterion C, avoidance or numbing [00:01.40.00] symptoms, represent ways of thinking, of feeling or behaving that attempt to reduce exposure to sights, sounds, or smells that may reawaken the veteran's memories of these trauma. This symptom cluster also includes an inability to tolerate strong feelings, positive or negative. And [00:02.00.00] the result is a psychic numbing, a kind of emotional anesthesia that makes it difficult to have meaningful personal relationships. Criterion D includes the hyperarousal symptoms. Some are common among anxiety disorders, such as difficulty sleeping and irritability. [00:02.20.00] Others are unique to PTSD, specifically hypervigilance and startle. Now, to meet the criteria for PTSD the patient must have a qualifying traumatic event and symptoms from B, C, and D for more than one month and the symptoms must also cause significant [00:02.40.00] distress or impairment in family life, work, school or other important areas of functioning. PTSD may be accompanied by other symptoms that are not part of the DSM diagnosis. These are common among many veterans and important in understanding their experience of the disorder. [00:03.00.00] Examples include guilt over acts of commission or omission, guilt over simply surviving, murderous impulses and disillusionment with previously esteemed authority. Clinically, American Indian and Alaskan Native combat veterans experience [00:03.20.00] the full range of symptoms that I've just described. The American Indian Vietnam Veterans Project, conducted by (Spiro) and his colleagues, which we'll discuss in a moment, bears this out. Success in eliciting relevant symptoms varies with the chronicity of PTSD [00:03.40.00] and the length and the extent of alcohol use. It also depends on the patient's prior experience with the healthcare system and their motives for seeking help. At the PTSD Clinic at the VA in Denver, we've had remarkable results using very basic clinical techniques and



simple human [00:04.00.00] understanding. Start with a full range and measure of patients. Let the veteran know you are interested in his or her well being. Listening with empathy, respecting silences and selectively validating feelings will help. These techniques serve me well [00:04.20.00] in establishing rapport. They allow veterans a safer way to share their distress. Here's an example of how it works.

Still touches you pretty deeply, doesn't it?

Yeah, it does. [00:04.40.00] He died there.

Do you remember what you were feeling at that time?

Yeah, I do. It was—[00:05.00.00] I think it was disbelief or shock. And I always remember that feeling of—I'll never forget it—it's the [00:05.20.00] one of helplessness, (where I can't)—it's a feeling that I don't care for very much.

And it seems like it's a replay of the experience that you had with your friend, [00:05.40.00] which is, there you are and you're in a terrible situation and you're helpless.

Mm-hmm.

You don't have the, you don't have the wherewithal to be able to =

Yeah.

= protect yourself, defend yourself, protect anybody else. It's a helplessness feeling, isn't it?

Yeah. Mm-hmm.

You said those feelings of helplessness come on at other times [00:06.00.00] in your life, during the daytime and stuff.

Mm-hmm.

You said you're aware of that awful feeling coming on you from time to time.

Yeah. It's like I try to—I guess the words—I can't find the words right now but [00:06.20.00] I try to stay ahead of any situation that would bring on that feeling of helplessness.

Talking about these experiences is difficult for most Native combat veterans. But in my experience, investing more time up front in this manner actually saves time later on



[00:06.40.00] and it increases the chance that these veterans will remain in treatment. It's what the veterans and family members mean when they refer to people who care.

It helps a lot to know that you're not alone. I think if I would have known [00:07.00.00] a lot of this earlier, much earlier, I think some things would be a lot different now. But it's always so easy to say after it's all over and done with. But [00:07.20.00] for me, (to have) to ask for help is always one of the hardest things to do. I mean, I don't know why but I just couldn't ask for help. But don't be afraid because there's a lot of people that, you know, care. They truly care.

[End of audio]

