

Veterans forsake studies of stress

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Stigma impedes search for remedies

By Bryan Bender, Globe Staff | August 24, 2009

WASHINGTON - Researchers testing ways to treat the psychological wounds of war among Iraq and Afghanistan veterans are encountering a serious roadblock: a shortage of willing study participants.

A strong stigma in the military associated with post-traumatic stress disorder, or PTSD, is blamed for the reluctance of combat veterans to take part in a pair of treatment programs being evaluated by staff from the Veterans Administration in Boston at facilities in Massachusetts, Rhode Island, and New Hampshire, study directors said.

The VA and the Pentagon hope the studies will lead to a standard intervention when veterans and returning soldiers exhibit signs of post-battle stress, reducing domestic abuse and other violence. In one study, they are measuring the effectiveness of intensive couples counseling; in another, they are schooling veterans in anger management.

But since recruiting began at the beginning of the year, only 10 couples have signed up for the first study, far short of the 440 needed, according to officials. Out of 135 male veterans needed for the second study, meanwhile, only 13 have been accepted so far.

"The problem is that part of PTSD is not really wanting to talk about your PTSD - not wanting to talk about anything that might bring up traumatic memories," said Dr. Casey Taft, a psychologist who is overseeing the work at the National Center for PTSD at the VA Medical Center in Boston.

Researchers are expanding their outreach, meeting with military and veterans groups several times a week, distributing fliers at VA hospitals across the region, and placing ads in military outlets. A new website, www.strengthathome.com, has also been launched to drum up more participation in the studies, which are supported by \$3.5 million in grants.

The Pentagon is sponsoring the research into treatments for individual service members, and the Centers for Disease Control is backing the work with veterans and their spouses.

PTSD is an anxiety disorder that can develop after exposure to threatening situations or physical harm. It generates emotional detachment and a propensity to be easily startled, often resulting in aggressive behavior and violence. The government estimates that at least one-third of all service members who have served in Iraq or Afghanistan suffer from some form of mental trauma after their tour of duty. Those who have served repeat tours have been found to be more prone to psychological problems.

The disorder was found to be a major contributor in as many as 11 murders in 2007 and 2008 allegedly committed by members of an Army unit that returned from its second tour in Iraq, according to a recent Army study of the brigade based at Fort Carson, Colo. Soldiers in the unit were also found to be involved in a rash of other crimes, including beatings, rapes, DUIs, drug abuse, domestic violence, shootings, stabbings, kidnappings, and suicides.

While the Pentagon and the Department of Veterans Affairs have made significant strides educating service members about stress disorders and encouraging active duty service members and veterans and their families to seek help from a variety of new counseling programs, officials say there remains stiff resistance in the ranks to acknowledging mental wounds from combat.

Such resistance is seen as a major impediment to tackling the traumatic stress problem.

In some of his most expansive comments on the subject, President Obama recently said he has instructed top veterans officials to focus on "making sure that we are doing the screening that's necessary so that problems don't fester, and eliminating the stigma that may have historically existed when somebody is showing symptoms of PTSD, particularly if they're still in [Iraq or Afghanistan], or still on active duty."

One of the Boston-area studies is looking specifically at the effects of PTSD on families and ways to prevent psychological problems brought on by combat from escalating into domestic violence, Taft said. The 10-week program begins with sessions to educate couples about the ailment and how it can lead to confrontation.

Taft said a veteran with post-traumatic stress disorder tends to disconnect emotionally from his or her partner even as the spouse wants to return to the intimacy they enjoyed before deployment. Combined with the veteran's ability to be easily irritated and inability to sleep, "that can really lead to problems," he said.

Subsequent phases of the couples study introduce new combinations of techniques to manage conflict in the home better and improve communication skills.

The second study, a 12-week program, is designed only for veterans with post-traumatic stress disorder and focuses heavily on anger management.

Taft said his researchers have done a lot of work on therapies to help veterans overcome what he called a "heightened level of threat perception."

Due to the nature of the conflicts in Iraq and Afghanistan - where an innocent-looking bystander can be a suicide bomber or enemy insurgent - service members must be constantly aware of their environment, scanning their surroundings for the smallest sign of a threat. That vigilance can be hard to turn off at home, sometimes leading to the false impression that a family member or other person wants to cause harm.

But getting veterans to agree to treatment is proving to be the toughest part, Taft said. And, he warned, "the more they avoid seeking help the worse their symptoms will get."

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