

## S.F. clinic treats war stress in new way

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The soldier didn't want to be there.

"I had a fight with my girlfriend," he told Dr. Karen Seal at the San Francisco VA Medical Center. "She thinks I'm different since I got back from Iraq. She says I scream in my sleep."

Normally, Seal, one of the country's leading researchers on combat stress among Iraq and Afghanistan war veterans, doesn't have a camera trained on her when she's doing a medical assessment.

But although this time the dialogue is scripted, the actor playing her patient can summon real tears because he actually did serve in Iraq. Together with Seal and a staff psychologist, the trio is making an instructional video to help primary care doctors learn what to do when a young veteran exhibits signs of post-traumatic stress disorder (PTSD).

Seal, who in 2007 published the first national study on the prevalence of mental health disorders among men and women returning from duty in Iraq and Afghanistan, says primary care doctors need help treating a younger clientele with different stresses than wars past.

As the conflicts in the Persian Gulf continue, soldiers cycling through their third, fourth and fifth tours are starting to fill VA waiting rooms alongside their comrades from World War II and Vietnam.

"Now we have all these vets in school on the GI Bill, they are 19 years old, and they can't remember things," said Seal. "They sit in the front row and try real hard, and don't understand why they can't concentrate."

### Warrior culture

Getting veterans to buck warrior culture and see a therapist is difficult, Seal said, but now 75 to 100 veterans a month come to an innovative, one-stop clinic that Seal and colleagues started in 2007 specifically for soldiers returning from Iraq and Afghanistan.

The Operation Enduring Freedom/Operation Iraqi Freedom Integrated Care Clinic is one of the first for this population, and is helping position the San Francisco VA and UCSF as a national hub for PTSD research.

A team of three doctors including Seal, combat specialists, physical therapists, pain experts and neuropsychologists work together to help a vet feel better again.

"We are really starting to move in a little bit in a specialized direction," Seal said. "Most people think of

PTSD as flashbacks, or alcoholism. But we're just now learning it's affecting memory and ability to focus in school. It's more subtle than we thought."

Seal co-directs the clinic, sees patients, teaches medicine and psychiatry at UCSF, is involved in six different research studies, and is raising two boys. And she still finds time to run several times a week.

"Most primary care hospitals are not prepared to deal with this, and it's only going to get bigger and lead to major behavioral problems if it's not addressed," Seal said, noting that two-thirds of those with a PTSD diagnosis self-medicate with alcohol or drugs.

### **Ptsd widespread**

Estimates by organizations - including Swords to Ploughshares, the nonprofit Rand Corp., and Stanford University - contend that about one-third of the 1.9 million men and women who have served in Iraq or Afghanistan have suffered from PTSD.

Symptoms include irritability, anger, emotional numbing, depression, outbursts, isolation, avoidance, hyper vigilance and nightmares.

About 17 percent have experienced brain injuries ranging from mild to severe, which leads to sleep disturbances, headaches, pain, poor balance and speech problems.

Sufferers are two to three times more at risk for cardiovascular disease: smoking, hypertension, high cholesterol, obesity, diabetes.

"Karen Seal is the main reason I didn't wind up doing something incredibly stupid," said Army Capt. Michael Gerold, 41, of San Francisco, who sustained severe spinal cord damage in a gunfire ambush in Afghanistan, and now can't feel his limbs. He takes pain medication daily.

"For the first year when I got back, I didn't tell anyone what was wrong with me, and I had a very hard time. I lost my fiancée through this. Karen was the first person who explained what was going on with me," Gerold said.

Nearly 70 percent of homecoming vets who needed emotional help didn't seek it from the military or Veterans Affairs, according to a 2008 Rand study.

Seal did her own study for the Journal of Traumatic Stress and found that among those who did receive a PTSD diagnosis through a VA clinic, 90 percent didn't complete a course of treatment.

A "stay tough" military culture keeps vets from talking about their problems.

### **Mental health ward**

"At the military hospital in Fort Benning (Georgia), the mental health ward is on the fourth floor, and none of the soldiers wanted to go into the elevator for fear someone would see them press number No. 4," said retired Army Lt. Col. Steve Countouriotis of Petaluma, who has two sons and a daughter who were deployed. Two of them were injured.

While serving in Iraq 11 months ago, his unit had one licensed clinical social worker for 2,000 troops, Countouriotis said.

In between deployments, Countouriotis visited Seal at the new clinic in San Francisco and was so impressed, he flew the San Francisco VA's flag on his base in Afghanistan.

"The military needs more people like Karen whose job it is to sit down and listen to soldiers and offer some kind of service," he said.

The San Francisco VA has added several dozen mental health clinicians in the last few years who do just that.

Seal's studies have shown that prolonged exposure to therapy - nine to 12 sessions over 15 months - help a veteran manage PTSD.

She's also studying computerized "cognitive processing therapy," a series of brain fitness exercises.

"We're studying something that's the invisible of the invisible," she said. "Why it's hard for vets to go school, why they are forgetful, can't organize, and become impulsive."

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