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## Helping to heal those with PTSD

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A nonprofit is helping military members suffering from post-traumatic stress disorder.

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The former Air Force sergeant can't make eye contact.

He leans back in his chair, swivels toward the wall, stares at the ceiling.

He looks down at his hands, folding and unfolding them as if an answer might appear on his palms.

"The low point?" says the Offutt Air Force Base veteran. "There have been so many."

Maybe it was the time he put on his uniform, grabbed his rifle and readied for battle. He stood at attention in front of his house, fully prepared to defend the garage from aliens.

Maybe it was those invasions he planned with his friend Perry, a fellow vet wrestling with his own demons. Heads on a swivel, eyes darting, they would attack enemy territory.

Perry would cover the sergeant as he bought tube socks. He would cover Perry as he picked up toilet paper. They would return to the parking lot, the shaken survivors of another trip to Target.

And maybe the low point came this summer. He couldn't hold a job, and the bank was closing in on his house. It took all the energy he had to get out of bed and brush his teeth.

He took out a life insurance policy on himself so his wife would have something when he was gone.

The ex-sergeant's eyes fill with tears when he thinks about the life insurance. Yes, he agrees. That was the low point.

"It was getting really ugly for me," he says. "If it wasn't for them ..."

The ex-sergeant is sitting in the antiseptic conference room of a Bellevue-based program, At Ease. The tiny nonprofit treatment center is finding outsize success in treating military-related post-traumatic stress disorder, which increasingly is being recognized in troops and in family members who never stepped into a war zone.

At Ease, the brainchild of an Omaha advertising executive, treats stereotypical cases of combat-related PTSD, helping men and women who shot an enemy soldier or survived an IED attack and now sleep fitfully with guns tucked under their pillows.

But the program also reaches out to new kinds of patients who won't or can't seek treatment from traditional government programs such as a veterans hospital.

The At Ease therapists see veterans like the ex-Air Force sergeant every day. He never entered Iraq or Afghanistan. But while serving in Qatar, he received a noncombat diagnosis that's likely PTSD-related.

The therapists work with some veterans whose PTSD has roots deep in their past, long before they joined the military. And they treat the parents and spouses of deployed troops, people the therapists often classify as suffering from what's called indirect or secondary PTSD.

Including veterans with noncombat-related PTSD — often the result of childhood abuse — and family members with indirect PTSD illustrates the scope of a sprawling mental health problem that will challenge the military, government agencies and the mental health community for decades.

An entire subsection of the U.S. military — by some estimates up to 300,000 veterans of Iraq and Afghanistan alone — shows symptoms of the disorder.

As PTSD becomes better understood and less stigmatized, vets from as far back as Vietnam are seeking and receiving government help for the first time.

At Ease founder Scott Anderson believes that every soldier or veteran with the disorder affects the mental health of at least two or three relatives, some of whom develop indirect PTSD.

Nationwide, "You are talking a million people," he said. "This is a tsunami ... but we're showing we can do something to stop it."

At Ease, funded by local donors and run by Lutheran Family Services, is fighting PTSD by doing what veterans hospitals cannot: quickly accepting almost everyone who calls.

That includes veterans such as an ex-Army engineer who was never deployed before being "other than honorably" discharged from the military, which disqualifies him from getting treatment from the U.S. Department of Veterans Affairs.

The engineer, severely abused as a child in West Virginia, says his psychological problems grew more noticeable when he went through basic training and then felt constantly belittled by his commanding officer.

After repeatedly trying and failing to be transferred to another unit, he went AWOL. He got out a map, pointed at a city he'd never heard of — Norfolk, Neb. — and drove there.

He eventually turned himself in to the Army, which led to his discharge and sent him even further into a cycle of anger, depression and drug abuse.

The 40-year-old says he hasn't slept more than 90 minutes at a time since his teens. He has suffered from a social-anxiety disorder that nearly paralyzed him in groups of strangers, and he has bipolar disorder.

To cope, he turned to alcohol and meth. He fought frequently and built a rap sheet that includes assault, domestic violence and weapons charges.

He described his brain as "racing 500 miles an hour, with seven different thoughts. I try to pick one out and hold onto it, and if I can't ..."

He makes the sound of an explosion.

"I can't even tell you how many times I've put a gun into my mouth and just thought," he said.

Although he never set foot in a combat zone, his string of problems is typical for veterans with PTSD, At Ease therapists say.

Severe cases are as disabling as schizophrenia and lead to a roughly 20 percent chance of attempted suicide, according to government studies.

The At Ease therapists developed an individualized recovery plan for him, emphasizing his desire to repair his relationship with his ex-wife and deal with memories of abuse that repeatedly surfaced in flashbacks after he quit using drugs in 2004.

He now visits the Bellevue office weekly, sometimes twice a week, for appointments with Deb Jones, the director and senior therapist. He says Jones "gives it to me straight."

Jan Baxter, a part-time peer specialist, helps patients cut through red tape and get access to other services.

The unemployed engineer gets all this for free: At Ease doesn't turn away anyone because of an inability to pay.

He says he hasn't felt this emotionally stable in years.

"If veterans take advantage of this, it will help them," he says. "I don't doubt that in the slightest bit."

At Ease's internal surveys appear to back up those words.

The 53 active-duty service members, veterans and relatives enrolled since June 2009 have PTSD, indirect PTSD or another serious psychological problem.

By this summer, 83 percent of them reported a reduction of symptoms, and all reported being less likely to contemplate suicide than before going to At Ease.

Part of that success, Baxter says, is because the three main employees have been personally touched by the disorder.

Jones' husband struggled after returning from the Vietnam War. Paul Greenwell, the other therapist, is in the Nebraska National Guard and has friends and acquaintances with post-deployment mental health problems.

Baxter, a veteran, suffered from PTSD after a near-fatal car accident.

Sometimes the employees keep the office open until 9 p.m. Sometimes Baxter calls a patient on her day off to ask, "How's it going?"

"Sometimes these vets don't feel like they are important," Baxter says. "We're reaching out to them. That's what makes (At Ease) special."

Problems tied to PTSD have long been prevalent among groups such as rape victims and survivors of train wrecks, according to a report for Nebraska's VA Medical Center written by Dr. Frederick Petty, a Creighton University psychiatry professor.

But soldiers are particularly at risk, and the current wars might produce an even higher percentage of PTSD sufferers than in the past, say the At Ease therapists.

For one thing, the repeated deployments many have taken to Iraq and Afghanistan increase the time spent in a combat zone, a predictor of PTSD.

The Iraq and Afghan wars, like Vietnam, are conflicts without a front line, where even noncombat military such as medics and cooks live under the constant threat of surprise attack.

That unknown — what Baxter calls "being in the vicinity of terror" — is a growing cause of PTSD diagnoses, even if the service member hasn't killed someone or had a near-death experience.

And there's another, more intractable problem: More and more American veterans are returning home with traumatic brain injuries caused, for example, when a makeshift bomb explodes underneath a Humvee.

In earlier wars, such troops usually died on the battlefield, Greenwell says. Now, superior technology and medical care keep them alive.

They return home with a brain injury and PTSD, a potent combination that's tough to successfully treat, Jones says.

That combination might be what's ailing the ex-Air Force sergeant, who reports that many of his psychological problems began after he suffered a head injury in a workplace accident on an Air Force base in 2008.

He was eligible for help at the VA but didn't go because he worried that admitting he felt unstable would stop his climb up the military ladder.

That's a typical reaction, studies show.

In 2008, only half the troops suffering from the disorder received treatment, according to the Rand Corp. And 63 percent of Iraq and Afghan war veterans responding to a New England Journal of Medicine study said "my unit leadership might treat me differently" when asked why they didn't seek help.

At Ease therapists hope the stigma associated with PTSD treatment will fade as military leaders continue a public campaign to raise awareness about the disorder — a campaign also designed to make service members feel more comfortable about asking for help.

"The message has to be 'It's OK to go to a place like this, or the VA,'" Greenwell says. "The message has to be 'What you are experiencing is normal.' Until we get to that place, a lot of people are going to go untreated."

The At Ease therapists also find themselves treating another, barely understood group: veterans' parents and spouses who suffer from indirect PTSD.

While indirect PTSD doesn't meet the psychiatric definition of PTSD, family members suffering from it report many of the same symptoms and need many of the same treatments as recovering veterans.

Bruce Cannon, an At Ease board member, is the father of a soldier who spent two tours of duty as a sharpshooter in Iraq.

When Cannon's son came home, he had a markedly different, almost unrecognizable personality. The once-social teenager refused to go into restaurants and was withdrawn and short-tempered.

The son now lives in Tennessee, trying to pick up the pieces of his life by himself. He has refused repeated pleas to enter treatment.

He wasn't the only one affected. Cannon found himself obsessed with TV and Internet coverage of the war when his son was overseas. He panicked every day when driving home from work, terrified that a military official would be in his driveway, bearing bad news.

And he says he experienced some of his own personality changes and dangerous behaviors.

"This is brutal," Cannon says. "It's real, and it's a problem, and it's not going away."

The ex-Air Force sergeant agrees on the brutality of PTSD — he says one of his best friends at an Air Force base in Florida committed suicide after struggling with PTSD-like symptoms.

But for the first time in months, the sergeant is seeing glimmers of hope in his own situation.

Baxter has helped him fill out paperwork to get VA and social services. He scored a part-time job and has figured out how to make his house payments.

He says he feels more stable — a different man from the one who guarded his garage from aliens.

"Without them, I'd be in foreclosure now, maybe worse," the ex-Air Force sergeant says of At Ease.

He looks up at the ceiling.

"They saved me. They saved my life."

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