PTSD Supports & Services (part 1)
By Amber Lynch, LCSW
Caregiver Support Social Worker

Due to the interest of many Caregivers on the topic, we will be offering a 3-part series on Post Traumatic Stress Disorder (PTSD) in the Caregiver Quarterly. Part I will focus on understanding the definition and symptoms of PTSD and web links for tools and treatments for Veterans experiencing PTSD. Parts II and III will focus on how PTSD can affect relationships with family members and tools and supports for family members Caregiving for Veterans experiencing PTSD.

What is Post Traumatic Stress Disorder?
Post-Traumatic Stress Disorder (PTSD) is a trauma and stressor-related disorder. The diagnosis of PTSD is made when a Veteran has been exposed to a traumatic or stressful event in which both of the following have occurred: 1) The Veteran experienced or witnessed an event that involved actual or threatened death or serious injury 2) The Veteran experienced a threat to the physical well-being of him/herself or others, and the Veteran’s response involved intense fear, helplessness or horror.

Physical and Mental Changes to Expect While the general symptoms for PTSD are similar, the types and (continued on page 2)

Communicating to Prevent & Protect: Using Verbal De-escalation Skills
By Kyong Yi, LCSW
Caregiver Support Social Worker

Reddened face, rising voice, rapid speech, fidgeting, and aggressive posture are a few signs that can alert you that your Veteran (or anyone for that matter) is becoming more upset and agitated. Any number of reasons can cause a Veteran to escalate; a misinterpretation of a situation caused by dementia, fear and anxiety in response to a PTSD trigger, agitation due to increased depression, a response to paranoid psychotic thinking, or difficulty coping with anger. Regardless of the cause, the sooner we are able to recognize and respond to signals of emotional escalation, the more likely we can avoid conflict and increase safety for everyone.

Knowing how to best respond to escalated behaviors can be challenging. Effective de-escalation techniques can feel abnormal and counterintuitive. Whether the behavior is directed at us or at others, displays of anger and agitation can cause us to feel anxious, stressed, frustrated and/or angry. As we become more scared and upset, our intuitive human drive is to go into “fight or flight” mode - withdrawal completely from the situation or match the behavior and meet force with force. In de-escalation, we can do neither. We must appear centered and calm regardless of how we feel on the inside. What we say, how we say it, and how we hold our bodies are key to successful de-escalation. These techniques must be learned and practiced over and over before they can become second nature. (continued on page 2)
severely of symptoms will differ for each Veteran.

**Physical changes may include:** difficulty staying or falling asleep; irritability or outbursts of anger; physical reactions — such as profuse sweating, increased heart rate and rapid breathing — when exposed to internal or external cues or reminders of the traumatic event; intense distress when exposed to internal or external reminders of the event such as certain sounds or smells; avoiding any activities, places or people that remind the Veteran of the trauma.

**Mental changes may include:** recurring and intrusive thoughts about the event; recurring and distressing dreams of the event; acting or feeling as if it the traumatic event were recurring — also known as having flashbacks; being unable to recall an important aspect of the trauma; difficulty concentrating; and efforts to avoid thoughts, feeling or conversations associated with the trauma; potential reckless or destructive behavior.

**Emotional changes may include:** intense distress when exposed to internal or external reminders of the event such as certain sounds or smells; a noticeable lack of interest or participation in important activities; feelings of detachment or estrangement from others; limited ability or inability to show affection or love; feelings of a bleak future, such as limited career or family opportunities, and shortened life span; overly alert or on guard — also known as “hyper-vigilance” — and/or exaggerated response when startled; persistent and distorted blame of self or others about traumatic event(s).

**PTSD is Treatable**

**Fortunately, PTSD is a treatable condition.** However, recovery is a process that takes time and healing may mean having fewer symptoms and symptoms that bother the Veteran less. Veterans can take direct action to cope with their stress reactions, such as learning trauma management skills and partnering with trusted mental health and medical providers for the most effective recovery strategies and treatments.

Family members/Caregivers can encourage Veterans to engage in care with trusted and qualified healthcare professionals, exercise and eat a healthy diet, volunteer in the community/ mentor others, stay away from drinking, nicotine and drugs, invest more in personal relationships, and have more contact with people who have had similar experiences and are working toward healing themselves.

Information on self-help and coping:
http://www ptsd va gov/public/treatment/cope/index asp

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Beginning on November 3rd, the Caregiver Support Program will offer a 5-week skill-based group on Verbal De-Escalation at the VA Portland Vancouver campus on Tuesdays from 2:00 pm to 3:00 pm. In the course, you will learn:

- How to recognize early signs of aggression and hostility
- Gain a deeper understanding of your natural response to conflict
- Effective Communication Skills
- Non-verbal Communication Skills
- De-escalation Techniques and Skills

Please RSVP to Kyong Yi, LCSW, at 503-220-8262 ext. 58922 or email, Kyong Yi@va.gov.

**Meditation for Self-Care**

By Maria Loebach, RN BSN

**Caregiver Support Home Visit Nurse**

Excerpted from, **VA Stress Management Workbook**


**Mindfulness Meditation**

To anchor yourself in the present, focus on your breath as you inhale and exhale. Breathing mindfully does not involve a conscious changing of your breath.

1. Set aside a 1 to 5 minute period of time, and tell yourself that you will not engage your thoughts during that time. As thoughts pop up, just notice them and let them go.

2. As you notice your mind thinking about things, try to let those thoughts go without judging them and return your attention to the experience of breathing. The point is not to stop having thoughts. The point of this meditation is to become more aware of your thoughts without automatically engaging them.

If focusing on your breath does not work to bring you into the present moment, you can focus on anything in the present, such as sounds, a picture you like, or a candle flame, so long as you don’t have to think about it. Have fun with it!
Let’s Get Cooking!

Brown Rice Salad
(adapted from Russell's Restaurant in Pasadena)
Submitted by Barb, Caregiver

Ingredients
1 to 1 ½ cup brown rice mixture cooked *
8 oz fresh green beans, blanched tender crisp
2 - 16 oz cans garbanzo beans, rinsed
1 1/2 cups shredded raw carrots
1 - red bell pepper, diced
1 - yellow or orange bell pepper, diced
2 - bunches green onions, sliced
8-12 oz honey mustard vinaigrette dressing (or honey dijon vinaigrette)
1 1/2 cups dried cranberry

Instructions
Combine cranberry with entire bottle of dressing and let rest while preparing balance of salad.

Cook rice, let cool.

Prepare vegetables. Blanch fresh beans, cool in ice water bath, cut into 1 inch pieces. Drain and rinse Garbanzo beans. Peel and shred carrots. Clean and dice bell pepper. Clean and slice green onions including green tops.

Combine rice, dressing and vegetables together, cover, and place in refrigerator. Best when made a couple of hours or more before serving to allow time for flavors to blend.

If you have a recipe you would like to submit for the Caregiver Quarterly, please contact Maria Loebach at maria.loebach@va.gov
VA Caregiver Resources: Post-Traumatic Stress Disorder

**Veterans Crisis Line**
Available for Veterans, families and Caregivers in crisis. It puts you in touch with trained, caring VA professionals through a toll-free number and online chat. Veterans and their loved ones can call to receive confidential support.  
**24/7 Telephone:** 1-800-273-8255 and Press 1  
**Website:** [http://www.veteranscrisisline.net](http://www.veteranscrisisline.net)

**Caregiver Support Line**
The Caregiver Support Line is a great first step to learn more about the support that’s available to you, and is staffed by caring professionals who can help.  
**Website:** [www.caregiver.va.gov](http://www.caregiver.va.gov)  
**24/7 Telephone:** 1-855-260-3274

**Coaching into Care**
Coaching into Care is a free and confidential coaching service to help callers discover new ways to talk with Veterans about their concerns and about treatment options.  
**24/7 Telephone:** 1-888-823-7458  
**Website:** [www.mirecc.va.gov/coaching/](http://www.mirecc.va.gov/coaching/)  
**Email:** CoachingIntoCare@va.gov

**Make the Connection**
Connecting Veterans and their friends and family members with information, resources, and solutions to issues affecting their health, well-being, and everyday lives. Hear inspiring stories of strength. Learn what has worked for other Veterans.  
**Website:** [www.maketheconnection.net](http://www.maketheconnection.net)

**National Center for PTSD**
Provides information and education on different types of trauma: war, terrorism, violence and abuse, and disasters.  
**Website:** [www.ptsd.va.gov](http://www.ptsd.va.gov)

**Mobile App: PTSD Coach**
The National Center for PTSD has a mobile app, the PTSD Coach, which can help you learn about and manage symptoms that often occur after trauma.  

**Vet Centers**
For Veterans who have served in any combat zone, Vet Centers are in your community to help you and your family with readjustment counseling and outreach services.  
**Telephone:** 1-877-WAR-VETS