

GRACEFUL HEALTH

Combat veterans aren't the only ones affected by PTSD

Most people think of combat veterans when they hear the words “Post Traumatic Stress Disorder,” or PTSD. The more we learn about PTSD, however, the more we realize that it affects people from all walks of life.

This psychiatric disorder can occur after surviving or witnessing a life-threatening event, including combat, natural disaster, terrorism, a serious accident, violent crime, physical or sexual assault or childhood neglect.

PTSD is actually quite common. In fact, it is a worldwide phenomenon. As we mark World Mental Health Day on Saturday, Oct. 10, it is useful to remember that mental health is a universal, human concern. People all over the globe can have similar reactions to the events of their lives.



Benjamin Wright
Graceful Health

Approximately 8 percent of the United States population will experience PTSD at some point in their lives. Among civilians, women are more likely than men to have PTSD symptoms. For combat veterans, approximately one in three experience full-fledged PTSD and an additional 20 to 25 percent have partial PTSD.

PTSD involves chronic symptoms lasting more than several months. Symptoms are often triggered by sights, sounds, smells, places or an endless possibility of uniquely personalized triggers which at times are not recognized even by those living with them. Other symptoms include depression, feeling suicidal and being unable to complete the tasks of daily living. Alcoholism and drug abuse often are responses to PTSD.

The signs used to diagnose PTSD are generally grouped into three categories: reliving (flashbacks, nightmares, hallucinations or extreme reactions to memories); avoidance tactics (staying away from people, places and things that serve as reminders of the event or from people in general or feeling emotionally numb); or heightened arousal (being extra irritable and anxious; panic attacks; difficulty concentrating or sleeping; and feeling constantly on guard).

Because PTSD is a natural reaction to highly stressful, life-threatening events, there is no reason for shame to be involved, but people are often too embarrassed to get help. This is unfortunate, because there are techniques that can help reduce the symptoms of PTSD. We have evidence that talking about the experiences that gave rise to the symptoms is an important part of PTSD recovery.

PTSD sufferers may benefit from setting up a comfortable daily routine, so that they feel more in control of their lives. It is important to maintain connections with family and friends and to regularly participate in fun, recreational activities.

In some cases, these coping strategies are enough to help people with PTSD to recover without any medical or mental health treatment. More often, however, the symptoms linger for years, sometimes due to an especially horrific experience or repeated exposure to violence or a long history of trauma. When symptoms are so severe that they interfere with significant relationships, the ability to function in a job or limit the ability to live a normal life, a mental health professional should be consulted.

There are multiple options that an individual can consider when treat-

ing PTSD. These options include talk therapy, exposure therapy as well as medications. Medications are not a cure but help individuals to decrease anxiety, nightmares and depression, all of which will ultimately aid them in improved sleep, increased daily functioning, the strength to face therapy and ultimately reduce the power of the traumatic memory over them in most cases.

Because PTSD has become known as a universal response to trauma, there are now many resources to help those who suffer from PTSD and to provide information for their friends and loved ones. Two organizations that provide especially useful information about PTSD are the Posttraumatic Stress Disorder (PTSD) Alliance (www.ptsdalliance.org or 877-507-PTSD) and the National Center for Post-Traumatic Stress Disorder (NCPTSD), part of the De-

partment of Veterans Affairs (www.ncptsd.org). The most important things to remember about PTSD are that there is no reason to feel ashamed of the symptoms and that help is available. I am happy to meet with anyone who believes he/she is suffering from this condition. The person with PTSD is not alone and there are proven ways to help relieve the symptoms and suffering caused by PTSD.

Benjamin Wright, PMHNP-BC, has recently joined the staff of Grace Cottage Family Health as a psychiatric nurse practitioner. He earned a BA in Psychology from the University of Massachusetts and Bachelor and Master of Science in Nursing degrees from the MGH Institute of Health Professions in Boston. He is a Board Certified Psychiatric Nurse Practitioner.

ANOTHER VIEW

Curbing addiction is everybody's business

By Geoffrey Kane

Addiction statistics are scary. For example, excessive alcohol causes an estimated 88,000 deaths per year in the United States. Deaths from cigarette smoke exceed 480,000 per year. In 2013, about 100 Americans per day died from drug overdoses. The annual cost to this country of addiction and other substance abuse — including healthcare, crime and lost productivity — is over \$600 billion.

Such damage ought to prompt interventions that are swift and sure, but that is not the case. Not only have severe social and eco-

nom ic consequences of addiction been with us for a long time; some measures are getting worse.

Conflicts of interest impede the prevention and treatment of addiction by inhibiting individuals throughout society from adopting alternative actions that would reduce the toll of addiction. If we attribute all responsibility for addiction to addicted persons themselves, we are like a naïve family member who says, “It’s your problem. Take care of it.”

People in all walks of life contribute to the proliferation of addiction — whether they realize it or not. The clearest conflict of interest, however, may in-

deed lie within the individual with addiction. More addictive substance will surely forestall withdrawal and ease emotional and physical distress and perhaps cause pleasure as well. In the “logic” of addiction, competing priorities such as family, career and citizenship are eclipsed by the drive to obtain more substance.

Yet others’ conflicts are also part of the problem. Such as well-intentioned family members who long for loved ones to get sober but later undermine their loved ones’ sobriety when abstinence reconfigures the distribution of power in the household. Or well-intentioned addiction treatment

professionals and mutual-help members who are so attached to specific treatment approaches that they fail to engage newcomers who don’t align with them. Or well-intentioned community members who only support addiction treatment centers located someplace else, making treatment less accessible in their own neighborhoods.

Conflicts of interest often involve money. Do some doctors prescribe controlled substances too freely? Could some addiction treatment facilities provide less than rigorous care so that patients will return? Are some health insurance companies more invested in restricting access to care than providing it? Are some managed care reviewers rewarded when they deny coverage instead of certify it?

In order to be used, addictive substances must first be available. Use increases when these substances are easily obtained, which promotes new addiction along with recidivism among the abstinent. The business interests of large segments of the pharmaceutical, alcoholic beverage, tobacco and legal marijuana industries are in conflict with the health interests of the public. Might

the business interests that boost substance availability also influence decisions of government and other policymakers?

Besides availability, belief that the risk of harm is low or otherwise acceptable is a second condition to be met before many individuals will initiate use of addictive substances. Numerous people who subsequently developed addiction were given a false sense of security from well-intentioned peers, family members, healthcare providers and the media including advertisers, reporters and editors.

Respectful, nurturing interpersonal relationships in families and throughout society reduce the vulnerability of young people to addiction and make recovery more attainable for those seeking a way out. Yet people continue to depersonalize one another, reacting to stereotypes rather than appreciating individual human beings.

Addiction statistics are not likely to improve until we all identify and accept our own unavoidable share of responsibility for curbing the problem. Individuals seeking recovery are responsible for accepting support and changing elements of their lifestyle. Communities—meaning everyone, including law enforcement, business, government, healthcare pro-

viders, third party payers and the media — are responsible for reducing the availability of addictive substances and permissive attitudes toward their use; making individualized addiction treatment accessible; reducing barriers to transportation, employment and housing; and replacing stigma with respect.

A collective desire to be part of the solution may not be sufficient to make a difference. Healthy change proceeds more reliably when individuals are held accountable. For example, recovery from addiction often requires that family, professionals and recovering peers keep tabs on those entering and maintaining recovery and impose consequences if they get off track. Likewise, we may all better meet our responsibilities if we gently but firmly hold one another accountable to act on addiction in ways that address the overall picture rather than just our own narrow point of view.

To think about: Will manufacturers and distributors of illegal addictive substances ever support the common good? Is accountability under the law the only possible incentive for them to change?

Dr. Geoffrey P. Kane is Chief of Addiction Services at the Brattleboro Retreat.

WHITE CANE

Awareness day to be held Oct. 15

Reformer staff

BRATTLEBORO » The 8th annual White Cane Awareness Day event will take place on Thursday, Oct. 15 at the Robert H. Gibson River Garden from 4:30 to 5:30 p.m. to celebrate the white cane as a symbol of independence and self-reliance for those who are blind or have low vision.

The event will begin with a welcome talk by Brattleboro resident, Andrea Evey, and will highlight the day to day barriers and challenges people with low vision or who are blind face each and every day trying to navigate the streets and sidewalks of Brattleboro. Following the talk there will be instruction in being a sighted guide, as well as a walk along Main Street with optional blindfold. Those who would like to try walking under blindfold will be guided.

Light refreshments will be available for purchase to help fund activities for the local PALS (Peer Advocacy Learning Support) group.

Fifty-one years ago, White Cane Safety Day was authorized by President Lyndon


B. Johnson as advocated by the National Federation of the Blind. The Presidential proclamation said, in part, that the annual reminder would make “people more fully aware of the meaning of the white cane and of the need for motorists to exercise special care for the blind persons who carry it.”


The White Cane Awareness Day Walk is free and open to the public. This event is sponsored by the Vermont Association for the Blind and Visually Impaired, Vermont’s Division for the Blind and Visually Impaired, and Vermont Center for Independent Living.

For more information, or if you need transportation to attend due to low vision, call 802-254-8761.

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Discover Jazz

on VERMONT PBS

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2015 Burlington Discover Jazz performances in a special 7-week television event, highlighting performances from the festival's FlynnSpace series - **recorded live!**

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Saturdays, 9 p.m. / Oct. 10 - Nov. 21

Online at vermontpbs.org.



Health brief

National Physical Therapy Month

TOWNSHEND » October is National Physical Therapy Month.

To encourage everyone to get out and exercise, Grace Cottage Hospital's Rehabilitation Department will hold its 17th Annual Poker Walk on Wednesday, Oct. 14. This free, fun, two-mile walk/run is held each year, rain or shine. No pre-registration is required.

Playing cards are distributed along the way; a prize for the best poker hand is awarded at the end. All

participants are also eligible for door prize drawings. You may do the course as often as you wish, collecting a new poker hand each time.

Start any time, 10:30 a.m. to 2:30 p.m.. Register at the Grace Cottage Wolff Outpatient Building, Route 35, Townshend. The course goes north for one mile on Route 35, then back again to the Wolff Building. It's relatively flat by Vermont standards.

The event draws as many as 200 walkers. Join in — it's fun. Put on your walking shoes and come out for a healthy, good time. For more information, call 802-365-3637.