YOUNGSTOWN STATE UNIVERSITY

ORAL HISTORY PROGRAM

Post Traumatic Stress Disorder

Personal Experience

O H 1901

MICHAELENE MANUS

Interviewed

by

Holly Hanni

on

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H This is an interview with Dr Michaelene Manus for the Youngstown State University Oral History Program, on female Vietnam veterans with post-traumatic stress disorder, by Holly Hanni, on November 21, 1997, at the Veteran's Hospital in Brecksville, Ohio

As you have seen by my interview questions, I am concerned with the post-traumatic stress disorder in female veterans. Let me ask you first a little bit about your background, your educational background.

M I got my degree at Kent State University in Counseling Psychology I am a late bloomer, started out with my bachelor's and then got my master's and then got my PhD I did an internship here at the V.A and was very interested in coming back here, but unfortunately they did not have an opening at that time, so I went into private practice I was actually in private practice down near Youngstown, in Warren. Then, the V A started interviewing for the women's program, and I was brought on board to begin a women's program for female veterans, which was very exciting

H When did they start the process?

M Three and a half years ago is when I came on and when we started it

H So you have been here for the ground zero?

M Yes, from inception. For me it was very exciting, because this had never been done before. So no one had any set ideas on how it needed to be done, so I could do it really the way I wanted to see it happen. We did a lot of stumbling and trial and error, but I think we have come up with a really nice program. While I am thinking about it, Holly, I want to be sure that I give you this, a handbook on the program, so you can get a sense of our philosophy It is not a treatment manual If you will see, the top of it says, "Survival Manual How to Make It Through Therapy," because therapy is a very difficult process when you do not have PTSD (Post Traumatic Stress Disorder) and when you do have PTSD, it is especially difficult Especially difficult because of the isolation and the avoidance and trust factors

H I have noticed in my readings that, for women, it seems even more difficult because they are usually in the care-giver role

M Right, and not only is it more difficult for women in the V A system, because we are asking these women if they have been sexually assaulted or had any kind of trauma that has been perpetrated by a male, to come back into the very system that betrayed them in the first place and that may indeed have some of their, well, not their identical perpetrators, but they have men And we are asking them to come into a system that was not, historically, friendly to women So they really

are showing their courage by walking in our doors

H Right How do they reach out to the veterans? How do you find them?

M. We have many ways that we have been doing this. When we first came on board, we did a lot of outreach in terms of volunteer organizations, women's shelters, the hospital, the EAP programs We did a lot of in-service within the V A system, just to get people up and running in terms of knowing what it was to have women in the V A and how to treat women because women are unique in many of the ways that they present and in their makeup So we did a lot of that, and we have done some radio programs We had a television shot

What we really do a lot of, though, is Ruth Fiola, my colleague, is a licensed independent social worker, and she goes up to the GYN clinic on Thursday mornings This is particularly important because, as I said, most women who have been sexually traumatized will present physically first The same thing is true of the nurses who were in Persian Gulf Let me talk first about Persian Gulf, because that is our most recent conflict These women, too, will present with physical complaints before they are aware that there is something emotional So for Ruth to be up there at the GYN clinic, we really can catch a woman coming in for a GYN problem, and then Ruth screens them and finds out if there is some history of trauma

H What is GYN?

M Gynecological It is usually OBGYN, but we do not have any OB services at the V A Ruth can really catch them that way in a very nonthreatening way. When they find out that we have these services, if they are not ready to come in and be assessed at that moment, at least they are aware that we are here Yes, and of course, more people in the V A are now aware that we are here What is happening, too, out in the public, is that we are making more people aware that the V A is now more user-friendly to women.

H It has just been in the recent past?

M Three and a half years, yes This came about Let me see if I can find the public bill I do not know if you want to stop that while I am looking for it

H That is okay

M I do not know if you necessarily need it There was a House bill that came out Your brother may have given you the handout on the talk that we gave

H I have the paper to that

M Just so you can have it on record what the House bill number is so you know

where that came about because that was a pretty big bill that came out and, actually, a wonderful bill It was in 1993, public law 102-585, and where this came out of was, remember Tailhook? There was a Tailhook scandal and when they started to uncover that there was, indeed, many things happening in the military to women that had before been kept quiet and swept under the carpet, Tailhook kind of brought it all up They gave us this wonderful public law which said that we needed to treat female veterans who had been traumatized They also extended it to males in 1994 by pubic law 103-452 So, again, recognizing that it is not only females who have been violated but also males in the military

H That was in the Congress, right?

M. Yes So we are mandated to treat any female who has been traumatized in the military, whether that is emotional, sexual, physical, or war related. Let me see if I have a brochure on that

H When did you decide that you wanted to counsel vets?

M When did I decide? Well, as I said, I did an internship here in 1991, and I come from a military family. I am an Air Force brat My father was in the Air Force, and I have my two daughters were in the military, and I have two nieces who were in the military, as well as multiple uncles, aunts Well, no aunts, I think we were the first females to go in, this generation When I say we, I do not mean me, I mean my children and my sister's children So I have a real interest not only in military, but in the veteran, and it is just really exciting for me to come in and work with people who really did something for our country

H Right And they are overlooked a lot

M Yeah.

H When did you start to work with veterans diagnosed with post traumatic stress disorder?

M. That was in 1994, when the program started As I said, I came in to do the program, to start it up, and we set up the team Right now we have a social worker That is Ruth Fiola Sybille Marqua is the psychiatrist We have a therapist, Nancy Caldwell We have a data clerk, John Hrovat, and we have a secretary who handles a lot of the work So we are very fortunate that we have that many bodies to do this, although it does not sound like a lot of bodies when you think about as many women as we have to do But, given a new program, that is a lot of people that they have given us And they have pumped a lot of money into the program, initially, to get us going, and we feel very, very fortunate for that, too

H There are four in the country?

M· Yes, there are four stress disorder teams in the country that were set up for women I am trying to think of the one in California because Palo Alto Menlo Park No, not Menlo Park. Wait a minute Loma Linda, and it is Loma, L-O-M-A, and Linda Is it? Yeah, because I was doing it the other way around. I was doing Lo Malinda It is Loma Linda, California, Louisiana, Massachusetts, and us

H So you handle the Midwest?

M Yes, we are the Midwest As I said, I feel very fortunate that we were chosen to do this because this is really ground-breaking stuff for the V.A.

H How many veterans, female veterans, do you think that you work with?

M. Well, right now we have a client load that we actively are treating with 55 women We have probably screened about 350 About 350 in the last three and a half years, which is not a heck of a lot when you think about it We are probably tenth in the number of female veterans in Cleveland and in Ohio We have one heck of a lot of female veterans in Ohio There are a lot of women out here yet that we have not accessed and let them know that we are here

H You have not sent out mass mailings?

M Oh, we have done mass mailings Of course we have We have done three mass mailings The problem with mass mailings is that, whatever information we put in there, unless a woman really hears or is ready to come in or feels that what she experienced was a trauma, the women are no different than the military, in terms of overlooking their traumas "Well, that just happened That was something I just need to forget about That was not anything Let me just let it go " That, too, is an aspect of PTSD You tend to shut off and numb off your feelings so you say it was "no big deal " But, of course, it is a big deal And someday, it may surface for them, and when that happens, we are here.

H I have spoken to a few female vets from Vietnam, and I have read symptoms where a lot of them do not recognize that they even have them I was speaking to a nurse in a V A. in Butler, and she was telling me that when she hears lawn mowers she thinks of helicopters Or when she changed the sheets in the V A hospital, she thinks she is in Vietnam.

M Yes, it is called re-experiencing

H But they are not even aware that is a symptom

M We take for granted here in this unit because we treat PTSD all the time, that everyone knows about PTSD, post traumatic stress, and they do not They really do not It is not something that is only unique to veterans It is something that is out there in the civilian population as well But where it really came to light was with the war trauma

H What methods do you use to diagnose a person with post traumatic stress disorder?

M There is a lot of screening instruments out there Again, though, what happens is most of those screening instruments were set up for war time trauma and war time trauma with males. They were not done with females in mind, so we have used some of the instruments. The one is the CAPS, which is the Clinically Administered PTSD Scale We use the Symptom Checklist 90 R which is not for PTSD It just tells you of discomfort But, what we really use is the clinical interview In the women's program, we have a 52-page questionnaire on top of our own clinical judgement, and we just really go down the criteria for DSM

This is the SCL 90 This is the CAPS This is an example. You may keep that. This is just kind of a quick sheet If you want, I can make you a quick copy when we finish See where is shows you? Here is PTSD, and we know that the acts need to have these symptoms. What happens with PTSD is there is a lot of symptoms and diagnoses that go along with PTSD, and the two most frequent are major depressive disorder and panic attacks or anxiety attacks So as we are going through our clincial interview, we are also looking for these things because they intertwine It would be real nice if we could take them and make them stand separately, but sometimes they do not And it is really tough to tease out anxiety from PTSD and depression from PTSD

H You have to have a combination.

M This also we use This is really just DSM. If you want me to copy this, I will leave it up there

H That would be great

M This is the one that we just do for the unit This one is the multiple page WA That is the biggie This data set on the WA is sent up to Connecticut to the national evaluation center there where we are collecting all this data on women

H. For statistics, right? Because there is none

M Nothing In fact, I just had the first one that came out The person who is transcribing is going to hate us because I keep turning away

H That is okay

M I want to give you this. This is the first data sheet that came out This is it I think I copied it

H Thank you very much

M· You are welcome Hot off the presses almost

H Yes, because I know there is none

M What you will find is a whole bunch of demographics in there That should be incredibly helpful. So basically it is the clinical interview. There are a lot of assessment devices out there You can use a dissociation scale because these women also dissociate Because of their traumas, they need to get away from things They learn to remove themselves emotionally, if not physically. If they can not get away physically, they will take themselves away emotionally. So you also assess for that. What we also find, much as we found with the men from Vietnam, there is some childhood trauma also

H. From before they went?

M· From before they went into the military And you will see in this assessment that we do for the women, we assess a lifetime stress survey Whether they experienced sexual trauma both before and after the military, natural disasters, automobile accidents, seen violence, all those to get a sense of what else is coming into their field, their sensory field

H Right, because I know from reading about the nurses that it was a lot of what they had seen in the hospital and also the sexual. Both of them were very much

M Yes And for the female veteran in Vietnam, it was very, very difficult because if you think about the time, what the culture was for them Nurses in the civilian world were somewhat submissive and subordinate, and the doctors would say, "Here is what you do " Yet, when they went to Vietnam, it was totally different They needed to be aggressive, take charge, take control, do what they needed to do And I think a lot of the women had difficulty adjusting, coming back, because when they came back into our world from Vietnam, they were again expected to be that submissive female I think that created a lot of problems for them, and I think there are a lot of nurses out there from Vietnam who, as you said when you were talking about the one you talked to, are not aware of all the things they had to do to accommodate The energy that they expended, in my sense, is they probably have a lot of bodily ailments based on that Headaches, stomach aches, muscle aches and, I would say, a lot of anger

H One woman that I spoke to in Butler said that nobody ever asked her about her experience there until she got reunited with one of her roommates from Vietnam,

and they went to visit the one sister, who is a missionary in South America There the nuns asked them and she said it was ten years later and it was the first time somebody asked them They were surprised that someone wants to know Even when I call people, they are very suspect as to why, because it is almost a taboo

M Exactly

H Right I am finding that. What are some of the problems you have encountered with treating patients with post traumatic stress disorder?

M We talked a little bit about that Number one, it is difficult for the women to even acknowledge that they have had any kind of trauma, whether that is military or physical or sexual For a lot of reasons, same as with the men, you do not want to be perceived as being weak When you are in the military, one of the things you are taught is to suck it up, do not complain, and move on So they have that in their systems, and when they start to show symptoms, they try to ignore them They use a lot of alcohol sometimes, other drugs to accommodate to it, to try to get away from it Sexually, they will act out, get themselves involved in multiple relationships and usually unhappy, sometimes physically battering relationships because they feel that is what they deserve, to just be beat up If they are not doing it themselves, they will get someone else to do it for them I do not mean by that blaming the victim, because they are not aware They just put themselves in that situation It is kind of like a learned helplessness thing They get themselves caught up in the circle, and they do not know how to get back out

So there is the shame. There is, again, as I said, the difficulty of coming into a male dominated field system, such as the V A , where the perpetrators were in the military Maybe they had an experience in the military where they were not believed if they have reported any of these traumas, and now we are asking them to come in here and let us help them Why should they think we are going to believe them? So trust is a big factor here Plus, as I said, being in a facility that is just in the last four years getting used to and putting up facilities that are friendly to females So they had to come into a system that was not used to doing a GYN exam, did not have curtains on bathroom showers, did not have doors, although I cannot believe that men would not also like a little bit of privacy Just because men are used to not having doors does not mean they like it So maybe what we are doing is creating an environment where both sexes will have the privacy that they really deserve

H Right But, they will not ask

M Yeah

H When did you first begin to work with women veterans?

M We have talked about that already That has been the three and half years

H. How different is it to treat females than males?

M In some ways, not at all The PTSD is the very same in both the females and the males in terms of symptomatology but, again, it is in their presentation. The women will present more with physical problems first before they come in with their emotional problems because women are very relationship-oriented I think it is almost easier for them once we get them connected into the system to stay in that system because they can find support from their peers This will be the first time that they come into a group of females who have also been in the military Instead of apologizing for being in the military, they can just come in and be accepted and certainly not only be validated, but applauded for being in the military because our population is still not open to women being in the military.

A lot of times the civilian population will knock a woman for being in the military There was, a long time ago, and even now, unfortunately, I think it still exists, you either go into the military because you are a lesbian or to find a man Those are the two reasons you go into the military, according to folklore I think it does the women a real disservice because they go in for the very same reasons men go in, because they love their country and they want to be good soldiers It is tough So that way we have that piece The very system that they came in, the very country that they wanted, betrayed them. But, the same thing is true of Vietnam Our men came into Vietnam to fight for their country, and then they came back here and our country betrayed them So the betrayal is the same It is maybe just in how they present their betrayal, and the women may do it, as I said, in more and more relationships, whereas the men may find themselves going less and less in relationships

H Do you think, with the Veteran's Administration, there is a camaraderie amongst males? That it is more accepted, the V A 's and all the veterans posts that are out there The females have not been embraced so much

M Sure, exactly Many of our female veterans will tell me that they are not even asked to join the organizations. They are kind of put in the volunteer part, the Women's Auxiliary thing, with the wives They are not wives, but they are women They really need to be incorporated into that other part. I think that is changing I think the men are also seeing that, and when the men on this unit found out that we were starting a unit for women, they were very happy that women were finally going to be recognized and that they, too, were going to come here and be treated So it is not that the men do not want the women to have this treatment It is just getting used to the idea of having both the sexes back in there again

H It is almost like when you think of the monuments in Washington Now, they are

finally getting recognized by the national government, and it is following suit

M Yes In terms of another way they present differently, mainly from the civilian population, when you see a woman who has been raped in the civilian population, you usually have to help her with her anger and display her anger That is not the case with our female veterans What we have to help our female veterans do is not exhibit that anger. These women have been taught to kill They know how to use their hands. Most of them carry weapons. Most of them have weapons at home, just as the men do. So what we have to help them with is not beat up on people, not go out and shoot up people, not go out and use that anger So it is the exact opposite. The reason I put this out is when we have interns who come on who have not been used to this population, I always have to explain to them to please not help these women with their anger What we have to do is help them get back from their anger

H The opposite

M Yes, exactly I am generalizing here because there are a lot of women in the civilian world who also can show that anger But, mostly what they will do is pull back in and not show that anger because they have been socialized to do that, whereas in the military they have been socialized to be aggressive So aggression is not difficult for these ladies, so we have an equally angry population just as with the Vietnam veterans. And I always laugh because we are trying many alternative forms of treatment here on the unit One of the things we tried was drumming When I brought it on the unit, all the staff members said that the men would never do that but the women would do that Oh, no We could not get the women to do it either because as soon as they started drumming they started to feel their feelings and it was like, "Uh-oh, put the drum away, I do not want the feelings " So the same thing So when we talk about differences, I am really hard pushed to say

H There is not one

M Yeah Now, this is totally anecdotal. This is not hard core science here that I am presenting you with

H It is experience

M Yes And because I am privileged to work with both male and female veterans, I have, anecdotally and experientially, the information that there is not a heck of a lot of difference

H What are the unique problems that women veterans have in common with post traumatic stress disorder?

M Again, we talked about that, but that is recognizing them, that they have PTSD and that they have a right to have PTSD, that it does not have to be a Vietnam horror to have it Coming into a system, again, that was not used to dealing with women and, I think, being handled in a respectful way Not because the people who were interviewing them are mean or incompetent, but it is rather ignorance and lack of knowledge of the female veterans' unique problems in terms of being in the military and not being validated, and coming out and not being validated, and then coming to the V A system. Again, the education pieces come in We are doing all the education here in the V A. The V A is very, very open to being educated to this It is a population that has been undeserved

H How does the Veteran's Administration try to reach out to female veterans who are unaware?

M We have talked about the outreach, and we have done a massive outreach, not only in CSR this year, but in the V A We have gone through the county fairs, the state fairs We are putting up satellite offices in many different places I am sure as you are going around you may be experiencing where our satellite offices are We have them in Akron We have one in Ashtabula, Lorraine County, Medina, places that we never saw a V A facility because V A facilities are huge Well, we can not do huge facilities anymore, but the satellites are going out so we can be where the patient is. If the veteran can not come to us, we are coming to them We are reaching a lot of the veteran's organizations, and telling them, "Please help us get this word out Get the word out "

H How many times have you worked with female veterans who, as a result of their service in Vietnam, developed post traumatic stress disorder?

M As I said, we have not had the influx of Vietnam nurses that we anticipated we would have But again, anecdotally, and just the women who are still in reserve units or who are still hooked up somewhere in the military are experiencing difficulty I think you mentioned the one book, Home Before Morning (Tape stopped)

Her name is Joan Furey That is F-U-R-E-Y She is the director of the Center for Women Veterans (OOW, Department of Veteran's Affairs Central Office) 810 Vermont Avenue Northwest, Washington, D C 20420 Her phone number 202-273-6193 and her fax is the same first six digits and then 7092 This is a woman who was a nurse in Vietnam

H Maybe I have read about her that way

M Many things have been written about her She has written many things She has done many studies, and she has been a strong advocate and is in a position now where she can do some things

H I think I have some of her material

M· Probably She would be a wonderful woman to interview because I believe that she, too, has stated that she suffered from PTSD We are also finding the Persian Gulf veterans, not just nurses but the Persian Gulf female veterans.

H Because there were more women veterans

M Exactly We had more women in the Persian Gulf I think than we did in any other conflict We are getting some women, but some of those women are still in the military, and by virtue of being in the military I believe that may be part of why they are not coming forward Unfortunately, what the military still does is if you come forward with PTSD, you are not going to stay in the military

H They are going to release you.

M They are going to release you If you are planning on having a career in the military, you usually do not come forward.

H In my studies reading about that, they say that veterans that stay in cope better, but it is probably not that It is probably a hidden cause of why they do not come out I did not think of that until you just said that.

M. When you think about the Persian Gulf culturally, also, women there were going into a culture that was definitely not women friendly And then they were not only accosted by the Kuwaities, then we also had rapes over there from our men So it was a double kind of whammy for these women, plus the difficult physical conditions And the other piece about the Persian Gulf is a lot of the people who signed up for the Reserves did not ever think that they would go in. So we had a lot of anger, and you know how anger is such an awful killer of your body anyway There they are over there, angry that they are there, not to say that they did not do their duty and all that There is that anger, "Oh my God, this is not what I signed up for " They are being confronted with other things So now you have double, triple, quadruple whammies going, plus the scuds coming down Let us talk about overstimulation for both men and women And then the physical piece of the Persian Gulf, which we are just now recognizing is all that that is coming to them When you read that handout that I did, the paper when your brother was there, I spoke a little bit about maybe we need to start thinking about including that into PTSD, because that is a phenomenon that is going to be here

H Right, and they are just now ready to recognize it Going to be sending more people back there Have you worked with Army nurses?

M Well, you say Army nurses

H Military nurses, right

M Right, I am talking military nurses But what we just kind of talked to, you just asked me that one. It is, again, just virtue of that role of differentiation, that they were not actively enrolled in combat but just seeing the end result of combat and the helplessness and being able to patch up, watching people die, and, again, that feeling of "what is the use," and coming back with depression and the use of a lot of alcohol to get by

H Right, they would work twelve hour shifts and go out to the bars

M Yes As nurses, they would also have access to drugs. So they also used those to help just get by and to calm those symptoms down And they try to engage in relationships, but, again, have difficulty because anybody they got close to in Vietnam, of course, either died or left

H: Right, right And so quick

M Yes So they kind of carry that body memory with them It may not be a memory they are aware of But that there is a body memory, "Oh my gosh, everytime I get close something happens " So then they limit their exposure in relationships They might have one, but they are not going to be close They will put the facade, "I am in a relationship, but do not get close to me " And having children We know that even with Vietnam veterans the secondary traumatization of children of veterans with PTSD So we have a generation of children who live with people who have PTSD who also have this.

H. Right. I was wondering, too, I noticed in my readings that they work a lot with wives of men with post traumatic stress disorder Have you guys started to work with the family members of women?

M We have, and that is your tenth question We have started to, but just as it is very difficult to bring the wives in The VA system still is not geared towards family treatment, and what we do is an education piece, again, to let the family members know what to expect with PTSD and to tell them about PTSD. They have lived with it for so long that they could give us the symptoms, and once we point all of these out, they go, "Oh yeah, oh yeah, oh my gosh " So it is kind of that, "Oh, thank God, here it is You are telling me I have not been crazy " Just like the veteran thinks they are crazy, the spouse thinks they are crazy also

And one of the things we know is what keeps a veteran with PTSD on at least some kind of balance is a supportive mate A supportive mate I will tell you, I am always amazed with the number of women who have hung in for the duration We have World War II veterans whose wives have been with them for 50 some years with these symptoms and staying with them It just speaks to the human spirit It just speaks to the human spirit

Yes, we try to educate the family members. We sometimes will bring them in for marital therapy on a short-term basis, to help them get used to this new way of thinking If we have educated the veteran, he or she is starting to get better, what happens is the rest of the system is going to push against him/her to see if they can get him/her back to the old way because they are not used to this new person So we need to educate both the system and the person so that they can work together There is resistance just as in terms of the veteran wanting help There is resistance from the family because change is always scary, so the family will sometimes resist the change But, by and large, it is the best thing to educate them and just let them know what is coming down the pike

H What are the different methods used in counseling female veterans than in the male counterparts?

M Actually, on this unit, none With the exception that, as I said, when we came on, we started to use some alternative types of treatment like the meditation and aromatherapy, and we weave a lot of spirituality into it But what is happening is, as we do this, the rest of the unit is also following suit, and we are doing the same thing with the men We are weaving in the same kind of thing with the men So we use the same kind of cognitive behavioral We use the social skills, Bandora social skills, Beck depression stuff, Ellis' awfulizing and catastrophizing. So we weave all of those theoretical underpinnings in Unfortunately, there is no magic bullet We are still looking for it We tried EMDR, which is Eye Movement Desensitization Reprocessing because, that was out here a little while ago that this was going to be the magic bullet

H What was that?

M Well, you do this with your hands, back and forth With so many soccades of the eye

H It is like a hypnotist?

M It is kind of like a hypnotism And then you ask them to do different things. You ask them to bring a memory, there is just different ways of presenting it, and I do not want to go in depth on EMDR But, what I am saying is that there are so many things out there, and on this unit we are open to all of them and trying them because if there is something that could really be the thing that is going to help these veterans, we want to do it What we really find is -- and it is real important with the veterans -- there is no cure for PTSD What there is is a healing and a diminution of symptoms and learning different coping skills and ways of living

We do not teach them how to survive We would not be that arrogant These people know how to survive They have survived, just in an adaptive way

What we are trying to help them with is quality of life We want them to have some kind of life Not just walking and putting one foot in front of the other forever and ever and ever We want them to stop, as the saying goes, and smell the roses And so we will try whatever. And the spiritual piece is very important because one of the things, particularly about the Vietnam veterans, was that they went over to Vietnam If they were Christian, under the fourth commandment thou shall not kill Yet, that is what we were sending them over there for, and that is indeed what they did And then God sent them even many other things over there, and they began to doubt God and everything they had ever been taught

It exploded on them, so that when we bring them into treatment and start talking spirituality, we have to be very careful because they are very angry at God and the system that would allow this to happen, and a God that would allow not only them to be hurt but the children that were hurting and being hurt because children were involved with Vietnam You know, they did not know who to trust over there So trust became a major factor in spirituality I believe very strongly that if we do not have a higher power, we would be flying With no foot on the earth, no firmness I call it groundedness, no balance I feel very strongly about that, and I will only speak right now for myself about that

H It almost sounds like a twelve step program

M Well, in a way. But, it is not because one of the things that AA says is that you need to let go and let God and give up your power and all of this to a higher power What we need to do is walk a fine line between letting them reexperience their power and reexperiencing having some control over their lives We have to walk that fine line that AA does, and AA is a wonderful program It is a wonderful program for substance abuse, for any kind of addiction, for a lot of things And we do incorporate a lot of that But, as I said, it has to be kind of a fine line And because, with PTSD, they tend to be pretty concrete-yes, no, black, white If I say you are powerless, then I am talking to them about power What did you just say to me? So we have to spell it out a little bit and go very slowly

So I guess that is the other thing about methods Baby steps, baby steps Because these men and women are so overwhelmed already, you do not want to overwhelm them The other piece that I think it is important for the therapist to realize about this population is what our agenda is for their healing and quality of life may not be their agenda It is kind of an ethnocentric view. If I as a white middle class female thinks this is what makes you happy, nu-uh. That is my ethnocentric belief system, and I need to disperse that, let it go, and see where the person sitting in front of me, what their quality of life entails

Let me give you an example of what I am talking about with one of our female clients She came in, disheveled, married to a Vietnam veteran with PTSD She has PTSD No teeth, no makeup Feeling pretty helpless, hopeless So she is in group She is in individual therapy She starts to get

better groomed She starts to be assertive She gets a better sense of herself Now, she stays married to her Vietnam veteran husband who is still somewhat abusive but not as much so She is still not engaging in as much healthy behavior as we would like her to Yet, she is happy She has gotten her quality of life. She is not in treatment anymore. We do not need to keep her in until she reaches where we think she is supposed to be. She is happy. She has quality of life She has gotten her quality of life.

H Was she a Vietnam veteran?

M No, she was not Vietnam She was post-Vietnam She married a Vietnam veteran, too, with PTSD

H Did she have children?

M Well, he did, and they became a blended family. She married a PTSD Vietnam veteran who had children She has PTSD The children, of course, have secondary So let us talk conflict So, again, it is patience and love

H. Getting back to that question too, how many females do you feel are institutionalized as a result of post traumatic stress syndrome?

M Well, let me tell you Unfortunately, I do not know if you have read anything or you are too young to remember But, what we did when our Vietnam veterans first came back, because we were unaware of how PTSD presented, we did indeed throw them into locked cells We put restraints on them We put straitjackets on them We tranqued them up We put them in the hot tubs We really did not know what else to do and how to deal with this population And, little by little, as we got more and more learned about this phenomenon, we are treating them more gently now So the same thing is true of women

I think there are many women on psych units who are truly just having PTSD, reexperiencing phenomenon, who are having auditory and olfactory and visual hallucinations based on trauma, but are considered psychotic I cannot give you a number, but we have had many women that, once the program came up, that they are no longer having to go into psych units That they are able to handle their symptoms on an outpatient basis and do not need to be tranqued up because now they are aware of what the symptoms are. (Tape stops)

H What are some of the recent changes that the Veteran's Administration have incorporated in counseling female veterans?

M We talked about the four sites already that were set up by the V A In addition, in our vet centers, there are trauma counselors that have been educated and trained throughout the whole United States for treating the female veteran More and more workshops are being presented As the women come in, as I said

about the actual structure of the V A systems, we are changing the way the inpatient units are structured Women are being given their own rooms, sometimes with adjoining baths Doors are being put on We are becoming aware of how difficult it is for the women to walk down to the cafeteria. And if it is really problematic, they are being allowed not to have to walk down to the cafeteria We have a mammogram unit, which is unheard of in a V A system. So that we are treating not just the one piece of the female veteran, we are treating the whole female veteran

We are getting in our formulary the medications for birth control for the unique problems that women have The nurses, doctors, and other staff are being trained in doing breast exams and doing Pap smears and doing GYN exams and doing all the things that women need that the V A was not aware of And even in the military that is difficult because you do not see that many women So that I think women are very grateful now that we are appreciating and understanding that they have these problems We are putting our good China for them, so to speak.

H· How well has the Veteran's Administration met the needs of the female veterans?

M I would say very well But still, as with any kind of bureaucracy, change is slow And there will always be resistance, and where I see most of the resistance is from maybe some of the "old timers" in the V A system Where we are asking them to change what they have been doing for twenty and thirty years, and we are asking them now to look at their jobs a little differently And maybe they are not as open to that, not that they are against the women It is just they are opposed to, "Gosh, why do I have to change and learn all this new stuff now?" Kind of a short timer attitude You know, "I am not going to be here that much longer, why do I have to do all this stuff?" But I really think, by and large, that the V A is very, very open to this The more and more I talk to people, even the veterans, everyone is just so pleased that we are finally recognizing women And I have some other handouts Do you ever think about women in the military? I got a copy of these for you Some of these may be redundant, but this just gives you a history of women Women have served in the military since the Revolution

H. Right They just dedicated on Veteran's Day the new monument They had a woman there from the first World War.

M Yes, but think about it Even the Continental War All these wars Women -- and I do not mean just as nurses -- they were in there fighting

H Right, right

M So I will copy these before you leave This might help you in terms of just putting

that nice little flavor in there I like a little bit of flavor. I do not know your program, whether you need to have lots of sciency stuff.

H History It is history thing.

M Yes, so, I think that the V A is meeting the need. Your question fifteen on, what are the other agencies that you are aware of that are working with female veterans with PTSD? Specifically, I am not aware of any And what we have been trying to tell the agencies to do, and maybe as you are going around you might want to suggest this to, they do not ask if a woman has been in the military They do not ask

H Right, they do not think

M They could have lots of female veterans in their sights in agencies, but not know if these women were in the military. These women, because they are in there, maybe with their shame issues, are not going to bring that up either thinking, "Well, hell, if they wanted to know they would ask." One of the things we have been urging is ask. They ask it routinely for men, but they do not ask it for women But, specifically, I do not know which ones are doing that

And real quickly, what is the usual length of time it takes to counsel a veteran with PTSD? Studies are showing that long-term is not necessarily more effective than the short-term There is nothing out there, again, hard and fast, that says what really works for how long And I always put out that it is really easy to do that with rabbits and with chimpanzees and with non-human beings When you bring in the multiple interactions that a human being brings into a system, and then when you have a therapist who is also bringing in their stuff, now you have got all of this going together And each day brings something new because the human being is living the day. So I do not know how anyone could stay two months, six months What we do in our program, is I also believe that you usually get most of your heavy duty stuff done in about six months and then you are fine tuning after that

H Do you think that, probably, once someone acknowledges that they have a problem, that is the biggest step?

M Yes, and I think that the biggest hurdle before acknowledging that is the all-powerful therapeutic alliance That if you do not have a relationship with the veteran, nothing is going to get done, no matter how long you stay So if it takes you a month, or two months, or six months to work on the relationship, that is how long it takes But unfortunately, in this day of PPO's and doing it as quickly as you can, I am not sure how long that luxury will be offered But I feel very strongly about that.

H Yeah, it is useless without it

M. I cannot give you a time Again on question 17, how long do women, Vietnam veterans, usually stay in therapy? Again, some high functioning ones coming in with good support systems on the outside, they will not stay as long Those women who have had multiple traumas, who have limited resources, who have limited support systems, they are going to need it more and longer

H Individuality

M Yes, and the thing that we do in our program is we try to adapt to that uniqueness of each individual, while keeping a major structure over it Pretty good umbrella, and as I am thinking about it, I think our philosophy on this treatment program that I will give you a copy of. I think that is it, right?

H Okay Thank you very much.

End Of Interview