

PTSD MYTHS & FACTS*

Myth: PTSD is brought on by a weakness of character.

Fact: PTSD, like other mental disorders, is a product of the complex interaction of biological, psychological, historical and social factors. It is not the result of moral failing or weakness in character.

Myth: People with PTSD are violent and unpredictable.

Fact: Beliefs that violence and unpredictability are associated with serious mental problems are common, but untrue. This misguided fear is one of the most prominent barriers to acceptance and social inclusion. In reality, the presence of PTSD or a psychological condition does not make someone prone to violence. Therefore, someone with PTSD or some other psychological condition should not be viewed as a threat in the workplace.

Myth: Once people develop PTSD, they will never recover.

Fact: Studies show that most people with PTSD and other mental illnesses get better, and many recover completely. Recovery refers to the process in which people are able to live, work, learn and participate fully in their communities. For some individuals, recovery is the ability to live a fulfilling and productive life. For others, recovery implies the reduction or complete remission of symptoms. Science has shown that hope plays an integral role in an individual's recovery.

Myth: People with PTSD cannot tolerate the stress of holding down a job.

Fact: All jobs are stressful to some extent. Employees are more productive when there is a good match between their needs and the working conditions. Work performance, for any individual, is determined by the balance of internal or external stressors and that individual's tolerance for stress. With many psychological conditions, including PTSD, the severity level and the course of recovery may vary widely. Taking this into consideration will help any employer improve their gauge of workload and performance.

Myth: People with PTSD, even those who have recovered, tend to be second-rate workers.

Fact: Employers who have hired people with mental illnesses report good attendance and punctuality as well as motivation, good work and job tenure on par with or greater than other employees. Studies by the National Institute of Mental Health and the National Alliance for the Mentally Ill show that there are no differences in productivity when people with mental illnesses are compared to other employees. (Mental Health: A Report of the Surgeon General, 1999)

Myth: Therapy and self-help are a waste of time. Why bother when you can just take a pill?

Fact: Treatment and supports vary depending on the individual. A lot of people work with therapists, counselors, friends, psychologists, psychiatrists, nurses and social workers during the recovery process. They also use self-help strategies and community supports. Some choose medications in combination with other supports. The best approach is tailored to meet the specific needs and choices of the individual.

Myth: I can't do anything for a person with PTSD.

Fact: You can do a great deal, starting with how you act and speak. You can create an environment that builds on people's strengths and promotes understanding.

Experts and veterans agree, openly talking about traumatic experiences can be very cathartic during the recovery process. The Veterans History Project is an ideal outlet for veterans with PTSD seeking to share their experiences with others.

The Veterans History Project not only seeks to capture the personal experiences of veterans with PTSD for historical purposes, but also to aid in raising PTSD awareness and understanding of the traumatic experiences of America's veterans.

*<http://www.americasheroesatwork.gov/forEmployers/factsheets/dispell>

Myth/

HELPFUL RESOURCES

National Center for PTSD

U.S. Dept. of Veterans Affairs

Phone: (802) 296-6300 Email: ncptsd@va.gov

Website: <http://www.ptsd.va.gov/>

Defense Centers of Excellence For Psychological Health & Traumatic Brain Injury

Phone: 1-800-510-7897

Website: <http://www.dcoe.mil/>

National Center for Complementary & Alternative Medicine (NCCAM)

U.S. Dept. of Health & Human Services, NIH

Phone: 1-888-644-6226

TTY: 1-866-464-3615

Website: <http://nccam.nih.gov/>

America's Heroes at Work

U.S. Dept. of Labor

Phone: 1-866-4-USA-DOL

Email: contact.vets@dol.gov

Website: <http://www.americasheroesatwork.gov/>

Sidran Institute

Traumatic Stress Education & Advocacy

Phone: 410-825-8888

Website: <http://www.sidran.org/index.cfm>

Veterans Crisis Line

U.S. Dept. of Veterans Affairs

1.800.273.TALK (8255)

Veterans History Project
Library of Congress
101 Independence Avenue, SE
Washington, DC 20540-4615
Phone: (888) 371-5848
Website: <http://www.loc.gov/vets>
Email: vohp@loc.gov



POST-TRAUMATIC STRESS DISORDER (PTSD) AWARENESS DAY

PANEL DISCUSSION

JUNE 27, 2016

Whittall Pavilion
Thomas Jefferson Building
Noon to 1 P.M.



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WHAT IS PTSD?

“Post-traumatic stress disorder (PTSD) is an anxiety disorder that some people develop after seeing or living through an event that caused or threatened serious harm or death. Symptoms include flashbacks or bad dreams, emotional numbness, intense guilt or worry, angry outbursts, feeling ‘on edge’ or avoiding thoughts and situations that re-mind them of the trauma. In PTSD, these symptoms last at least one month.” (HHS, NIH, National Institute of Mental Health)

MODERATOR



US Army Staff Sergeant (Ret.) Karen L. Fears

SSG Fears has a distinguished 20-year military career in the U.S. Army and U.S. Army Reserves where she received the U.S. Army Commendation Medal, among many other honors and awards. SSG Fears has served in the administrative arena for twenty years and currently serves at the Administration for Children and Families, an operating division of the Department of Health and Human Services, in Washington, DC.

Fears’ military service opened up doors and provided many of the opportunities she had dreamed about. But it also brought pain and disillusionment. More than once during her career, SSG Fears was sexually assaulted and raped while on duty by senior non-commissioned officers. Intimidated into silence, afraid and with little available support, she eventually worked up the nerve to report her attackers, but the Army did not prosecute or discipline her assailants, allowing them instead to continue their military careers.

Through it all, SSG Fears never lost sight of her dreams for a better life for her and her daughter. She is proud of her Army career and holds dear her service to country. To help others speak up and take back their right to be free from sexual assault in the U.S. Military, SSG Fears is developing a program “If Touched - Do Tell” to help service women and men reclaim their dignity and bring their attackers to justice. If Touched, Do Tell seeks to change the culture of the U.S. Army when it comes to rape and sexual violence. At its core the program is being designed to empower recruits and give them the tools they will use throughout their military careers to report incidents, participate in investigations and subsequent military courts martial, and to know what medical and behavioral health (counseling) services are available to them if and when needed.

PANELISTS



Dr. Glenda Wrenn

Dr. Glenda Wrenn is an Assistant Professor in the Department of Psychiatry and Behavioral Sciences at Morehouse School of Medicine (MSM). She currently directs the Division of Behavioral Health at the Satcher Health Leadership Institute at MSM and is the Interim Co-Director of the Kennedy Center for Mental Health Policy and Research. After graduating West Point, Dr. Wrenn earned her medical degree from Jefferson Medical College, and trained at the University of Pennsylvania in psychiatry and as a Robert Wood Johnson Clinical Scholar. Her work explores fostering resilience, mental health help seeking, inter professional education, and culturally centered integrated primary care behavioral health services.



Col. (Ret.) Elspeth Ritchie, MD, MPH

Dr. Ritchie is a forensic psychiatrist with especial expertise in military and veteran’s issues. She recently joined the Washington DC VA, as Chief of the Community Based Outpatient Clinics. Prior to that assignment, she was the Chief Clinical Officer, Department of Behavioral Health, for the District of Columbia. She retired from the Army in 2010, after holding numerous leadership positions within Army Medicine, to include the Psychiatry Consultant. She trained at Harvard, George Washington, Walter Reed, and the Uniformed Services University of the Health Sciences, and has completed fellowships in both forensic and preventive and disaster psychiatry. She is a Professor of Psychiatry at the Uniformed Services University of the Health Sciences, Georgetown University and Howard University School of Medicine. An internationally recognized expert, she brings a unique public health approach to the management of disaster and combat mental health issues. Her assignments and other missions have taken her to Korea, Somalia, Iraq, and Cuba.

She has over 200 publications, mainly in the areas of forensic, disaster, suicide, ethics, military combat psychiatry, and women’s health issues. She is the senior editor on the just published volumes: “Forensic and Ethical Issues in Military Behavioral Health”, “Women at War” and “Post-Traumatic Stress Disorder and Related Diseases in Combat Veterans: A Clinical Casebook”. Forthcoming books include “Intimacy After Injury: Restoring Sexual Health on Return from Combat” and “Psychiatrists in Combat, Clinicians Experience in the War Zone”.

Other major publications include the Military Medicine Textbook on “Combat and Operational Behavioral Health”, “The Mental Health Response to the 9/11 Attack on the Pentagon”, “Mental Health Interventions for Mass Violence and Disaster”, “Humanitarian Assistance and Health Diplomacy: Military-Civilian Partnership in the 2004 Tsunami Aftermath”, and the series in 2013 on “The Use of Complementary and Alternative Medicines for the Treatment of PTSD” in military service members.



Dr. Tara Galovski

Dr. Galovski is the Director of the Women’s Health Sciences Division at the VA’s National Center for PTSD. She has extensive experience in using Cognitive Processing Therapy in the treatment of PTSD, and her research interests include PTSD and sleep disturbances, anger and aggression in trauma recovery and gender differences in recovery for PTSD.

Dr. Galovski is an Editorial Board Member of the Journal of Traumatic Stress and a recipient of the American Psychological Association’s Psychotherapy with Women award. She has published over 40 academic papers on the subjects of PTSD, anger and aggression, and health-related consequences of stress and anxiety.



Maurice DeCaul, Former Sergeant, USMC

Maurice DeCaul, a former Marine, is a poet, essayist, and playwright, whose writing has been featured in the New York Times, The Daily Beast, Sierra Magazine, Epiphany, Callaloo, Narrative, The Common and others. His poems have been translated into French and Arabic and his theatre pieces have been produced at New York City’s Harlem Stage, Poetic License Festival in New York City, Washington DC’s Atlas Intersections festival in 2013 and 2014, l’Odéon-Théâtre de l’Europe in Paris, The Paris Banlieues Bleues Festival, The Middelheim Jazz Festival in Antwerp, The Avignon Theatre Festival in France and Détours de Babel, The Grenoble Festival, Grenoble France, Arizona State University Gammage Memorial Auditorium, The Metropolitan Museum of Art in New York City, The David Rubenstein Atrium at Lincoln Center and the Park Avenue Armory in NYC, The Mary L Welch Theatre at Lycoming College in Pennsylvania The Kimmel Center in Philadelphia, Pennsylvania and Brown University. Maurice is Theatre Communications Group first artist in residence. His album, Holding it Down, a collaboration with Vijay Iyer and Mike Ladd was The LA Times Jazz Album of the year in 2013. Maurice, a Callaloo and Cave Canem Fellow, is a graduate of Columbia University [BA], New York University [MFA] and he began his MFA in playwriting at Brown in fall of 2015.