

# MEDICAL NEWS

## Mind and Body:

### A total health treatment to overcoming trauma

By 1st Lt. Lou Burton  
380th Air Expeditionary Wing

The mind is a powerful tool. It is the hub for controlling the body and the catalyst for creating thoughts, beliefs and reality. For many, the challenge becomes understanding the difference between the implication of thoughts and the reality they represent.

For Tech. Sgt. Flordeliza Sia, 380th Medical Group pharmacy technician, her journey of connecting the truth to her thoughts started a few years ago before her third deployment, which was her first to Al Dhafra Air Base.

“At that point in my life, I felt like I didn’t have self-esteem,” Sia explains. “I dealt with stress and unhappiness through food.”

The 19 year veteran describes that at that time of her life she was going through a difficult personal relationship and was feeling the effects of the traumatic experiences associated with it.

“I blamed my relationship problems on my body image. I thought my physical self was the cause of the issues I was facing,” said Sia. “While looking for other ways to make myself happy, I decided to get a personal trainer.”

Using physical fitness to focus on the present and the controllable aspects of life is a healthy mechanism for practicing intentional thought, explains Capt. Chase Aycock, 380th clinical psychologist.

“When someone focuses on the past or future, he or she is more likely to experience strong negative emotions, because it is easy to get caught up on what happened or what could happen,” said Aycock. “Physical activity can help individuals focus on the present.”

This focus on fitness lead Sia to expand her social circle and join a fitness team who shared worked out routines, provided motivation and shared healthy eating habits.

“I learned about mind muscle connection,” said Sia. “During my workouts I concentrate on the targeted muscle I am working on and put all of my focus into that exercise and its movements.”

The group also provided a sense of support as well. “I am still close to some of these women today. They became my support system and some of them where going through a similar situation,” said Sia.

“No one should go through a traumatic experience alone,” said 1st Lt. Christine Rodriguez, 380th sexual assault response coordinator.

Having a support system to talk through experiences and process emotions is crucial for healing.

“Part of the healing process after experiencing a traumatic event is being able to process what happened, the emotions felt and being able to look at the whole situation objectively,” said Lt. Col. Rick Bach, 380th Wing Chaplain.

While utilizing her support system and maintaining a dedication to physical fitness, Sia was able to lose 15 pounds.

“Spiritual and emotional fitness are tied to your physical well-being,” said Bach.

After finding success in her physical fitness journey,

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(U.S. Army National Guard photo by Sgt. David Bedard/Released)

**Alaska Army National Guard Spc. Jahmoi Hodge, a member of the platoon representing the 297th Regional Support Group, assesses simulated casualty U.S. Navy Hospital Corpsman 3rd Class John Bustamante, III Marine Expeditionary Force, June 17, 2018, during Tactical Combat Casualty Care training at Five Hills Training Area, Mongolia, as part of Khaan Quest 2018. The purpose of Khaan Quest is to gain United Nations training and certification for the participants through the conduct of realistic peace support operations, to include increasing and improving UN PKO interoperability and military relationships among the participating nations.**

## Alaska Army Guardsmen train in Mongolia to save lives

By Sgt. David Bedard  
134th Public Affairs Detachment

FIVE HILLS TRAINING AREA, Mongolia – The typical adult human body contains five liters of blood. Responsible for transporting oxygen and nutrients to the cells and removing waste on its return trip through miles of arteries, veins and capillaries, blood is life.

Lose too much blood, and a person descends into hypovolemic shock. If more is lost, it can be fatal.

The heavy consequences of blood loss are why stopping the bleeding and saving service members’ lives

is serious business for Staff Sgt. Stephen Behrens, Alaska Army National Guard Medical Detachment training noncommissioned officer.

Behrens, other U.S. medical personnel and their Mongolian Armed Forces counterparts instructed Tactical Combat Casualty Care during Exercise Khaan Quest 2018 June 14-28 at Five Hills Training Area, Mongolia.

Khaan Quest is a regularly scheduled, multinational exercise co-sponsored by U.S. Pacific Command and hosted annually by the Mongolian Armed Forces.

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## • Train (Continued from front page)

Khaan Quest 18 is the latest in a continuing series of exercises designed to promote regional peace and security. This year's exercise marks the 16th anniversary of this training event.

U.S., Mongolian Armed Forces, and 16 other nations participate this year in the Tactical Combat Casualty Care lane, just one part of a round-robin style gauntlet of training events such as crowd control and convoy operations.

Behrens said medical personnel can't be everywhere, and it is often up to service members of every job description to stabilize a wounded comrade before they can be evacuated to medical care.

"Combat casualty care is the method we use to sustain life on the battlefield, then get them from the point of injury to (higher levels of) care," Behrens said.

Central to the training is the MARCH algorithm, standing for mas-

sive bleeding, airway control, respiratory support, circulation and hypothermia prevention.

Behrens taught students to conduct a blood sweep, visually inspecting the patient for any obvious signs of bleeding before patting the wounded person down for signs that are less clear.

Most dangerous is arterial bleeding. Arteries are the blood superhighway of the vascular system, feeding crimson platelets at high pressure to smaller veins and capillaries.

Behrens said the best way to stop arterial bleeding, signified by bright red blood, is by way of fitting a tourniquet above the wound. Students practiced with partners fitting the device, which is simply a nylon belt-like constrictive device that compresses blood vessels to stop the bleeding.

Second Lt. Sonya Hood, platoon leader for the 297th Regional Support Group contingent, winced when platoon member Pfc. Jessica Shields fitted the officer with the tourniquet, cranking the pressure on Hood's femoral artery. Behrens said Tactical Combat Casualty Care measures can be uncomfortable for the patient, but they save lives.

In a frenetic firefight, rendering medical aid to a hurt comrade becomes an exercise in pressure-cooker multitasking.

During a simulated movement-to-contact maneuver, Spc. Jahmoi Hodge, a squad leader under Hood's command, swept his eyes across the horizon scanning his sector. Following

the tell-tale crack-crack-crack of an AK-47 rifle, Hodge dropped flat.

"Twelve o'clock, 200 meters, enemy squad in the open," Hodge called, giving direction, distance and description of the threat.

After the platoon neutralized enough of the enemy to be able to move, Hodge heard an urgent call for assistance.

"Help, help, I'm shot!," his legs covered in simulated gunshot wounds, cried U.S. Navy Hospital Corpsman 3rd Class John Bustamante, a corpsman assigned to III Marine Expeditionary Force.

It took nearly a minute for Hodge to close the distance. The Soldier sprinted and dropped, dashed and took cover, returning fire as he rushed toward Bustamante's urgent calls. By the time he reached the stricken Sailor, Hodge struggled to breathe fast and deep enough to fill his famished lungs.

A smoke grenade concealed Hodge's effort to render aid. Exhausted and mindful of an enemy determined to kill him, the Soldier turned his attention to the patient. A visual blood sweep indicated a severed femoral artery.

Hodge's training kicked in despite labored breathing. He cinched down the tourniquet and locked it in place.

Then the real work began.

With the help of squad member Spc. Dana Haddox, the two Soldiers hoisted Bustamante over their shoulders and moved the Sailor out of the

danger area. Despite the team effort, it was laborious work rushing the Sailor to the platoon casualty-collection point.

Once the trio reached the Casualty Collection Point, Hodge and Haddox joined forces to complete the MARCH algorithm.

**Massive bleeding:** The Soldiers completed a more thorough blood sweep, noting non-life-threatening venous bleeding in Bustamante's legs.

**Airway control:** Though the corpsman was breathing normally, Hodge tilted his head back to ensure good airway.

**Respiratory support:** Since Bustamante's wounds were only to his legs, Hodge knew he didn't need any support for a collapsed lung.

**Hypothermia:** Regardless of temperature, Behrens said hypothermia is always a risk for a traumatic injury. As such, Hodge wrapped Bustamante in a space blanket.

If the scenario was real, Hodge would hand Bustamante over to a flight medic in a medevac helicopter for evacuation to a medical facility. Though the medic has years of training to care for the wounded, Behrens said it is often non-medical service members armed with the MARCH algorithm who make a difference.

"MARCH allows us to greatly increase the survivability of traumatic injuries, and it ultimately allows Soldiers to go home alive," Behrens said.

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## • Trauma (Continued from front page)

Sia deployed for the first time to Al Dhafra Air Base.

"I am grateful for the deployment. It helped me look at my situation and reflect. That deployment allowed me to save money and financially free myself from the situation I was in at home," said Sia.

After her journey, Sia has one crucial piece of advice for someone going through a tough situation.

"Talk," said Sia. "The first few years no one knew what I was going through. I would not talk about it because I didn't think people would understand and I was embarrassed about my situation. I thought, talking about it would also make it real."

But the consequences of her silence played a real role on her emotional and physical health.

Talking to her support group, family and friends helped, she explained. "Once I started talking, it became real," said Sia. "It was a big relief. That was when I started the process of healing."

### 380th Support Services

For Airmen going through traumatic or difficult experiences, the 380th AEW has a variety of options for support. From mental health, chaplain services and SARC, there are dedicated professionals available to help.

### Mental Health

"The first step for seeking help is checking in with yourself and leaning on those you can trust," said Aycock.

The mental health office provides classes on sleep enhancement, stress management and tobacco cessation which are considered medical appointments, not mental health. They also provide counseling services based on individual needs under either medical or mental health depending on the situation.

For those concerned on how meeting with mental health may affect their career, Aycock explained he always has an open discussion about this prior to beginning treatment.

"Prior to any session, I speak with the member and layout what confidentiality is available to them so that they can make an educated decision on how to proceed," said Aycock.

Mental health is open Mon- Fri 0800 to 1600 and Sun 0800 to 1200 and can be reached at DSN 484-7072.

Members can also utilize a confidential crisis response hotline at 1-800-273-8255.

### Chapel

"I am a pastor for anyone seeking religion, but I am a chaplain for everyone. I am here to help," said Lt. Col. Gabriel Casciato, 380th Chaplain.

The 380th Chapel offers lessons on spiritual resiliency, religious observances,

bible study, worship services, financial health classes and pastoral counseling.

"We lend a compassionate ear that is 100 percent confidential," said Bach.

"It's not just the Chaplains available to assist," said Casciato. "If Airmen are more comfortable talking to someone enlisted, the chapels religious affairs Airmen are trained in crisis intervention and spiritual triage. They have the same level of confidentiality, but do not offer counseling."

The chapel staff is available 24 hours a day, 7 days a week. They can be reached at DSN 484-6357.

### SARC

"Going to the SARC doesn't mean you have to make a report at all," said Rodriguez. "It is a safe place to ask questions, connect to support services and make a plan on how to move forward."

The 380th Sexual Assault Prevention and Response office advocates for victims and works diligently to educate the base populace, raise awareness and collaborate with outside agencies for support services. Volunteer Victim Advocates are available 24 hours a day, 7 days a week.

They can be reached at DSN 434-7272.

Members can also utilize a confidential DoD Safe Helpline at 1-877-995-5247 or can chat with trained staff that provide confidential crisis support at safehelpline.org.

# Creating a helping hand

By Staff Sgt. Peter Thompson  
33rd Fighter Wing Public Affairs

EGLIN AIR FORCE BASE, Florida — “I have this skill,” said Senior Airman Timothy Bergin. “Why wouldn’t I use this skill I have to give back to someone else?”

As a 33rd Maintenance Squadron aircraft metals technology journeyman at Eglin Air Force Base, Fla., Bergin designs, welds, heat treats, fabricates, and machines precision tools, components, and assemblies for aerospace weapon systems and related support equipment.

While at upgrade training for computer numerical control and heating, Bergin was introduced to what would become his passion.

“I had an instructor who spent a lot of his free time working with prosthetics,” said Bergin. “It was there that I realized I can use the knowledge I have to impact someone else’s life.”

When Bergin returned, he began researching. After nearly two months of gathering equipment, working to understand the programs and educating himself, he found a model prosthetic he felt he could improve.

The prosthetic, which is his first prototype, straps to the wrist of its wearer and contracts five individual fingers as the wrist is flexed. He made changes to the original design to improve functionality, lifespan and appearance. In addition to improvements, Bergin says he can

reproduce the hand for less than \$20.

The persistence and determination he showed in developing the device were no surprise to leadership in the metals technology flight.

“This perfectly fits who he is. He is the first Airman in the door and always open to helping people on and off duty,” said Tech. Sgt. Michael McClellan, 33rd Maintenance Squadron Aircraft Metals Technology Flight assistant noncommissioned officer in charge. “He is exhibiting the whole Airman concept. He is giving back to the community that has enabled him to learn this skillset through the Air Force. Not only is he here serving and fighting for freedom, he is giving back even more.”

Now that he has found this passion, Bergin is looking to grow it. He hopes to find someone he can help. He is open to helping whoever he can but believes his design would be most suitable for a child because of its low cost.

“Kids never stop growing,” said Bergin. “Parents may not be able to afford a prosthetic and kids will grow out of them of in a few years.”

Bergin says he got to this point by setting goals, but he is excited to see how much further he can go.

“Push yourself to your full potential, whatever that is,” said Bergin. “Set goals at anything. My goal is to learn everything I can about computer numerical control. I feel like I haven’t even scratched the surface of what is possible.”



(U.S. Air Force photos by Staff Sgt. Peter Thompson)

(Above) U.S. Air Force Senior Airman Timothy Bergin, 33rd Maintenance Squadron aircraft metals technology journeyman, stands with his prosthetic prototype June 13, 2018, at Eglin Air Force Base, Fla. Bergin used the knowledge he gained from a computer numerical control and heating course, and from within his career field to customize and improve a prosthetic while off duty.

(Left) U.S. Air Force Senior Airman Timothy Bergin, 33rd Maintenance Squadron aircraft metals technology journeyman, holds his prosthetic prototype June 13, 2018, at Eglin Air Force Base, Fla. Bergin found a model online and began customizing it to improve functionality, lifespan and appearance. In addition to improvements, he says he can reproduce the hand for less than \$20.



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# 48th FW executes readiness exercise

By Master Sgt. Eric Burks

48th Fighter Wing Public Affairs

ROYAL AIR FORCE  
LAKENHEATH, England – The 48th Fighter Wing held a “Phase II” readiness exercise June 4-5, 2018, at RAF Lakenheath.

Conducting 24-hour operations for two days, wing Airmen tested their Ability to Survive and Operate during wartime conditions. The training was designed to emphasize the importance of combat skills effectiveness training and ensure wing Airmen are prepared for potential contingencies.

Wing Inspection Team members worked together before and during the exercise to create effective training scenarios.

“The Liberty Wing was afforded this opportunity to exercise our capabilities and identify areas for improvement,” said a WIT member from the 48th Medical Group. “As a team, we did that successfully and aim to capitalize on it for the future.”

During a “Phase I” exercise, the focus is primarily on deploying unit personnel and hardware downrange, while the “Phase II” focus is on the fight that happens once those assets

are deployed, said the 48th Fighter Wing director of inspections.

“We’re just doing that second portion here at home,” he said. “To best simulate this, the IG team and WIT members challenged Airmen during a robust schedule of over 800 individual ATSO events.”

Training emphasized a broad spectrum of elements from pre-attack preparedness, command and control, and protection of assets and personnel, to post-attack reconnaissance and self-aid buddy care for wounded wingmen, the director said.

“All these events were injected while the wing continued to launch jets,” he said. “The valuable lessons learned from this event will be captured and carried forward to future ATSO events and the proficiency of the wing will only improve from here.”

While it was the first “Phase II” exercise here for many Airmen, many brought with them experience and expertise from similar exercises at previous bases.

“The Liberty Wing is at the tip of the spear supporting operations for U.S. European, African.



(U.S. Air Force photo by Master Sgt. Eric Burks)

**48th Civil Engineer Squadron Airmen respond to a mass casualty scenario during a readiness exercise at Royal Air Force Lakenheath, England, June 5, 2018. Conducting 24-hour operations during the two-day exercise, 48th Fighter Wing Airmen tested their Ability to Survive and Operate during wartime conditions. (Portions of this image have been obscured to protect operational security.)**

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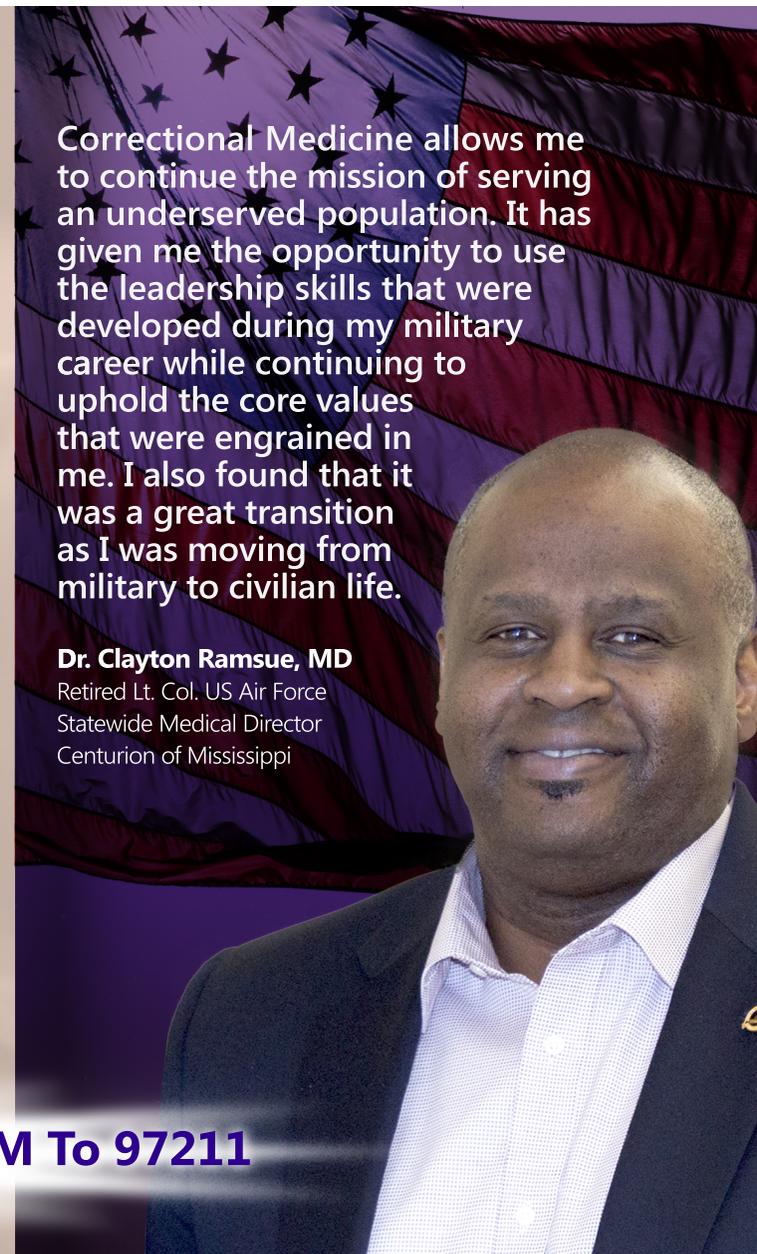
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# Service dog rescues veteran from despair of PTSD

Story by Deborah Aragon

Air Force Installation and Mission Support Center

*Editor's Note: This is part 2 of Ryan Kaono's story about living with PTSD.*

JOINT BASE SAN ANTONIO-LACKLAND, Texas – After battling night terrors and the pain and anxiety of Post-Traumatic Stress Disorder for decades, an Air Force veteran found his lifeline at the end of a dog leash.

Ryan Kaono, a support agreement manager in the Air Force Installation and Mission Support Center, vividly remembers a few years ago when he would regularly find himself in the depths of fear and despair; reliving troubling images from deployments as a security forces military working dog handler and later as a logistics specialist.

Kaono's wife, Alessa, said she felt helpless, with no idea how to help him.

"You see a look in their eyes that they're suffering but you don't know what you can do to help them. It's a terrible feeling watching someone suffer through PTSD," she said.

Those memories seemed so hopeless at times that Kaono attempted to end his life.

After taking numerous prescription drugs in 2010 in a bid to permanently end his pain, Kaono finally reached out for help and started receiving the support and understanding he needed.

"I had previously attempted (suicide) but this time I actually sought treatment," Kaono said.

After being hospitalized for his suicide attempt, the veteran began a treatment program at the U.S. Department of Veterans Affairs hospital in Los Angeles.

"When I was first diagnosed, group therapy didn't work for me," the Hawaiian-native said, "so I actually left the group and started volunteering at a (German Shepherd) rescue in California."

Dogs had always played a part in Kaono's life from when, as a toddler, his family's old English sheepdog, Winston, picked him up by the diaper to deliver a wandering Ryan back to his front yard.

"I realized (while volunteering at the rescue) that the interaction with the dogs really made me feel better," he said.

Not content to just help himself, Kaono worked with the VA hospital to help other veterans interact with the rescue dogs and promoted animal therapy.

"The VA does equestrian therapy where they'll take veterans to horse ranches and they get to ride horses ... same premise, animal therapy works wonders," he said.

It wasn't long before Kaono, with a wealth of dog training knowledge from his time as a MWD handler, had veterans asking for help to train dogs so they could have their own service animals.

This support was especially important to Kaono since the average wait time for a VA-trained service dog can exceed two to five years.

"By then, we've already lost between 9,000 – 20,000 people due to suicide in a



*Ryan Kaono, a support agreement manager with the Air Force Installation and Mission Support Center, shares a laugh with a videographer during an interview while his service dog Romeo keeps a steady eye on the photographer. Romeo helps Kaono quickly recover from bouts of anxiety and night terrors related to enemy attacks while he was deployed to Saudi Arabia and Iraq.*

(U.S. Air Force photo by Armando Perez)

five-year period," he said.

That's based on a 2013 Department of Veterans Affairs study that showed roughly 22 veterans were dying by suicide every day from 1999-2010.

"That's just way too many," he said.

During this time, while helping to train dogs for other veterans, Kaono decided to add his name to the list for a VA-issued service dog.

After a two-year wait, he was notified they were ready to pair him with a dog. During the interview process, however, he was denied an animal because he already had a couple of dogs as pets and service dogs can't be added to a home unless it is pet free.

"I was disheartened," he said, but he continued to help train animals for other veterans.

Under the Americans with Disabilities Act, there is no mandated certification for a service dog and it allows people to train their own animals. So three years ago, when Kaono moved to San Antonio, his wife encouraged him to work on training his own service dog.

"I thought I'd just take one of the dogs we had at our house and train it to be a service dog," Kaono said, until Alessa pointed out a Chihuahua probably wasn't the best choice for his particular needs.

He then decided to work with San Antonio's Quillan Animal Rescue to find a potential service dog. The rescue suggested a Doberman at first but Kaono wasn't interested in such a large animal. One of the workers then recommended a mixed breed animal named Romeo that was in need of rehabilitation after being hit by a car. The only drawback was Romeo had already been promised to another family in California after his recovery.

"I said yes because that would give me the opportunity to work with a dog again," Kaono said.

That was February 2016 and by May, he and Romeo were inseparable, Kaono said.

By June, Romeo had recovered and he was sent to California. Kaono said he was heartbroken.

"I secluded myself. I didn't want to go to work. I took sick leave ... I just didn't want

to be around anybody and make connections with people like I did with him and have them shattered," he said.

"Romeo was kind of a fluke," he added, because the California family decided they couldn't keep him so Romeo returned to San Antonio.

When Romeo arrived back in Texas, Kaono had a trainer from Service Dog Express assess him. The local organization works with veterans to train service animals. Romeo passed the evaluation and was accepted as a service dog in training.

Kaono and the trainer then used techniques from Assistance Dogs International, considered the industry standard for dog training, to ready Romeo. Two months later, Romeo took the organization's public access test, the minimum requirement for service dog training, and "blew the test away," Kaono said.

He's been going to work with the AFIMSC employee every day since passing his assessment on Aug. 1, 2016.

For Kaono, Romeo is much more than a four-legged companion. He's a lifesaver who is trained in various disability mitigating tasks to help the veteran cope with PTSD.

These include deep pressure therapy where Romeo climbs into Kaono's lap when he can sense anxiousness, agitation or frustration. He then applies direct pressure to the veteran's body, considered a grounding technique, to bring focus to him instead of what's causing the anxiety or agitation.

"Before him, I would have to sit there through it until it essentially went away," Kaono said. "Now within two minutes I'm back to normal. I'm back to being productive again."

Romeo also applies blocking techniques when the duo are in a group or crowded space to create a buffer between Kaono and those around him.

"People are cognizant of him being there so they give me the space to actually feel comfortable," Kaono said.

The service dog also fosters personal interaction, Kaono added.

"I don't make solid relationships with people," he explained. "I would prefer to be and work alone. Having Romeo actually forces me to interact with people on a regular basis. He causes people to talk about things that aren't necessarily work related. He's a calming factor, not just for me."

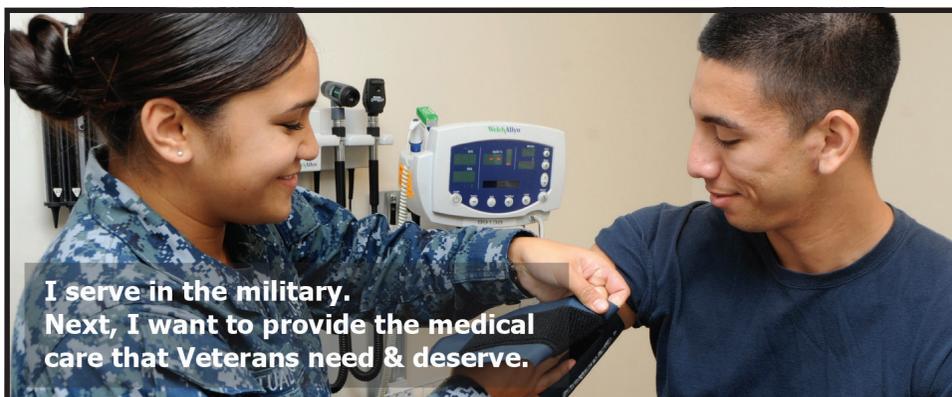
Romeo has completely changed Kaono's life to allow him to better "live" with PTSD, Alessa said.

"I'm sure many people say this about their dog or service dog but Romeo's truly a godsend," she said. "He has changed and impacted our lives in so many ways."

"He's gotten Ryan out more when it comes to crowds," Alessa said, and Romeo is Kaono's "sidekick and stress reliever at work."

When the duo get home, Alessa added, Romeo "is just like any other dog ... he loves to play and loves treats, especially ice cream."

## Transitioning Vets



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[VAcareers.va.gov](http://VAcareers.va.gov)

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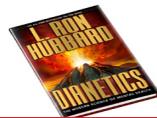
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For More Info please contact:  
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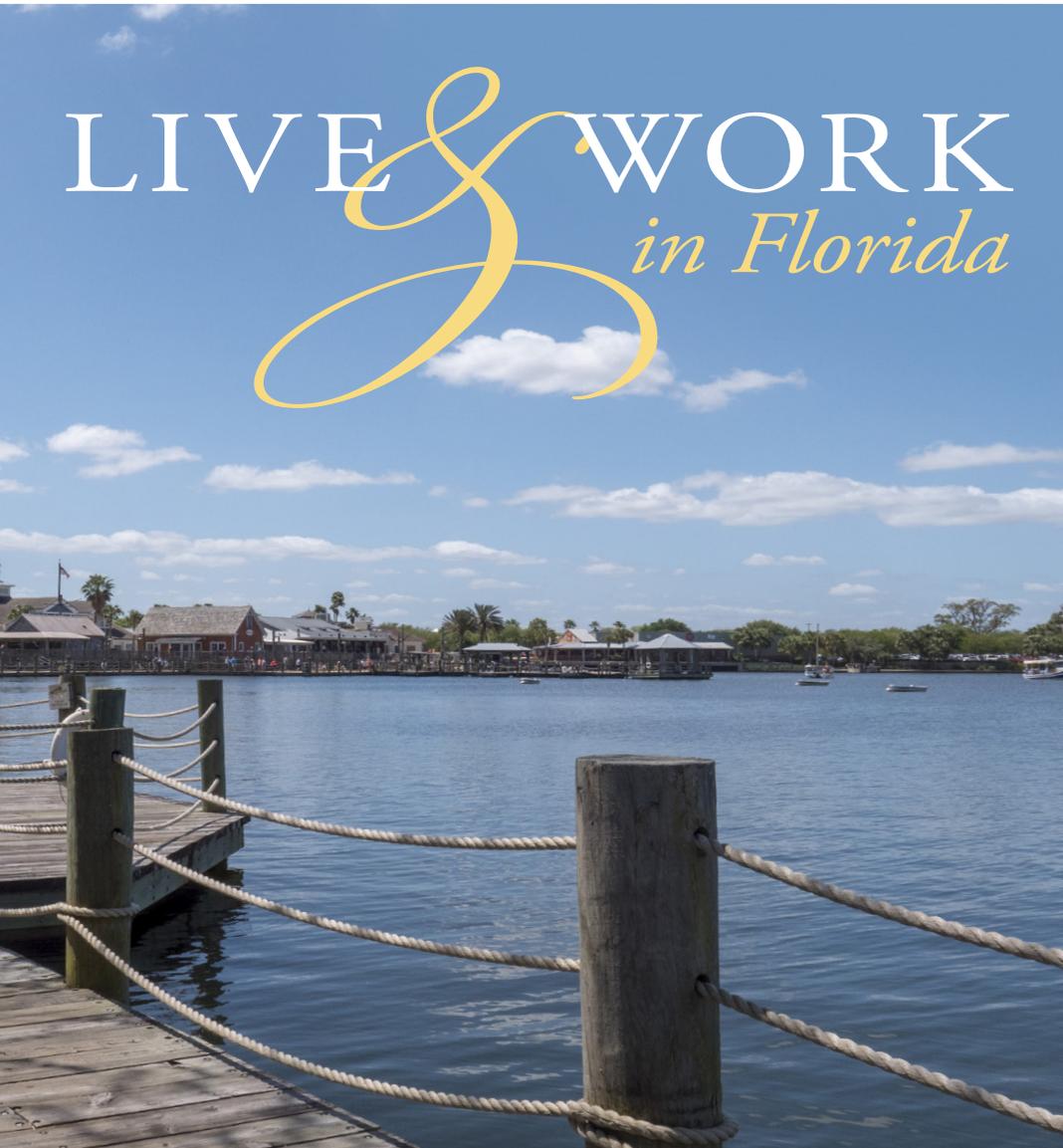
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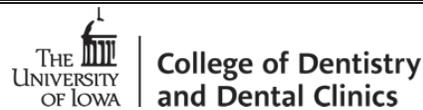
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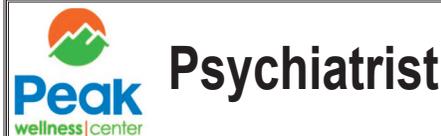


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**PSYCHIATRISTS & FACILITY MEDICAL DIRECTOR**  
**Southeast area, Massachusetts**

The University of Massachusetts Medical School's Department of Psychiatry has recently been contracted by the Department of Mental Health to provide the Professional Services at all DMG sites in the Southeast. Presently we are looking to augment existing staffing at three of these sites. We are seeking psychiatrists and a Facility Medical Director with a career interest in Public Sector Psychiatry at the following Joint Commission accredited inpatient DMH-operated mental health hospitals and DMH-operated outpatient clinics at community mental health centers:

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For additional information about our mission driven Department of Psychiatry, please view our web site at:  
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For questions about these openings, please contact:  
Marie Hobart, MD, Vice Chair, Public Sector Psychiatry at: **Marie.Hobart@umassmed.edu** or via Geoffrey Bottone at 508-856-8507 or email at: **Geoffrey.Bottone@umassmed.edu**  
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# A Pioneer in the Field of PTSD

By Courtney Allison

New York-Presbyterian Hospital,  
Health Matters

You walk through a crowded marketplace in Iraq and pass a colorful fruit stand and a butcher selling meat. Cars are parked along the street. You hear a call to prayer and, suddenly, the people vanish. You look around and realize you are now alone, the street eerily quiet. A moment later, a bomb goes off.

In reality, you are in an office with a virtual reality headset over your eyes, and a trained psychologist who sits beside you has triggered the simulated explosion — which you feel vibrate — as part of virtual reality exposure therapy to help you recover from post-traumatic stress disorder (PTSD).

The office of JoAnn Difede, Ph.D., serves as a virtual reality lab where active-duty military and veterans of the wars in Iraq and Afghanistan, as well as 9/11 first responders and survivors, can put on a headset and be transported back to the desert, a marketplace in Iraq, or to the Twin Towers. Dr. Difede, director of the Program for Anxiety and Traumatic Stress Studies at New York-Presbyterian and Weill Cornell Medicine, has spent the last 20 years trying to ease the pain of people who have PTSD, whose traumatic memories manifest as nightmares, causing flashbacks, irritability, difficulty sleeping, hypervigilance, and more.

“They may startle easily to loud noises,” says Dr. Difede, who is also an attending psychologist at New York-Presbyterian/Weill Cornell Medical Center and a professor of psychology in psychiatry at Weill Cornell Medicine. “People who have been through trauma may tell you they can’t sit with their back to the door — they are just tense all the time. It interferes with relationships, school, and work.”

Dr. Difede, a pioneer in virtual reality exposure therapy, immerses people in detailed scenarios based on their experiences to help them face and move past their trauma. To date, she and her team have treated hundreds of patients at New York-Presbyterian and Weill Cornell Medicine.

“The idea is that by going over and over it again as if it were happening, your brain learns that it actually happened in the past, and that you’re safe now. Your brain is learning, ‘Oh, this is in the past. I can file it away now in the memory drawer,’” says Dr. Difede. “By going over the trauma, the person can gain a sense of control over it. We’re helping them walk through a horrifically difficult situation to help them find a way out.”

While some patients with PTSD can lessen their symptoms by recounting their trauma to a trained psychologist (prolonged exposure therapy), others may be too numb to fully engage with the memory, which holds them back from healing. This is where virtual reality and all the sensory details from memories come in, says Dr. Difede.

“Humans don’t live by the word alone,”

says Dr. Difede. “We’re not just verbal creatures, which is the way psychotherapy’s typically done. In the virtual environment, you can use sensory stimuli to help emotionally engage the person.”

Inside Dr. Difede’s office, patients put on the mounted headset and can see the computer-generated environment. Using toggles, like in a video game, they maneuver through the environment — walking through the marketplace or a mountain terrain, or driving a convoy through the desert, hearing and feeling the truck rumbling beneath them. While doing so, the patient describes the traumatic experience to Dr. Difede (or a trained psychologist on her team) sitting nearby. Dr. Difede, who can see the virtual images on a computer screen, manipulates details to make them more specific to the individual. For example, if the person was alone at the time of the traumatic event, Dr. Difede can remove the other characters from the environment. She can summon a sandstorm or create an explosion (the patient feels the vibration) or introduce the sound of shooting. Or in the barracks, she can set off an “incoming” alert. She might even incorporate smells, like Iraqi spices, into the treatment.

“You want someone to have a visceral reaction so they can learn that they’re in a safe environment and whatever their trauma was, it isn’t happening anymore,” she says.

Working with computer programmers and engineers, Dr. Difede and her colleagues collected feedback from veterans and therapy clinicians around the country to design scenarios that are realistic and full of rich details that apply to many people’s experiences.

“The sensory imagery is very vivid for trauma memories. Sounds, smells and sights can evoke a fear response,” she says.

For example, garbage lines the curb in the market scenario and, during treatment, Dr. Difede may use its odor. In Iraq, trip wires that triggered explosions were sometimes hidden beneath garbage.

“So that is a huge fear for most of our soldiers here who walked patrols,” Dr. Difede says of encountering garbage on the street.

## Pioneering Work Continues

Dr. Difede says she stumbled into this work. She originally came to New York-Presbyterian and Weill Cornell Medicine as a graduate student to do research in psychoneuroimmunology, studying the effect of stress on health and the immune system.

“Twenty-five years ago, people still thought of the immune system as a closed system that couldn’t be affected by environmental stimuli,” says Dr. Difede.

While working with burn patients, she saw how people were experiencing panic attacks and an inability to sleep, and she realized she had no real intervention to offer them at the time.

“The diagnosis of post-traumatic stress disorder had changed in the decade prior to the World Trade Center,” she says, citing the current definition of PTSD, which

says that a person has to have experienced directly or witnessed a life-threatening event, in which the person perceived they were either going to be killed, die, or experience a threat of harm. She adds that it is the only diagnosis in psychiatry that requires the experience of an external event, which was controversial in the field. The idea of a diagnosis of PTSD began to gain traction among experts following the Vietnam War, and was only solidifying in the years leading up to 9/11. “So imagine, if you can’t agree on what the phenomenon is, how can you study it and how can you develop treatments for it?”

Dr. Difede’s mentor, the late Dr. Samuel W. Perry, who focused on PTSD, encouraged her to write a grant to address this void. She and her colleague, Dr. Hunter Hoffman at the University of Washington, began planning a virtual reality simulation of a fire to help treat PTSD in burn survivors. Then came 9/11.

“Thousands of people were exposed to the World Trade Center attack,” says Dr. Difede. “We knew then that we certainly didn’t have a cure and barely had a treatment for PTSD. We saw it as a public health problem. People’s lives can be ruined by trauma.”

Dr. Difede and her colleagues pivoted their work to create a virtual reality simulation based on the terrorist attack, and conducted a study to see if virtual reality exposure therapy could be an effective treatment for PTSD.

“It was an experiment. We didn’t know if it would work,” she says.

The 9/11 simulation features the bright blue sky so many recall and an experience of events that occurred that morning at varying levels of intensity.

“Right after the World Trade Center, people were afraid of tall buildings, airplanes, blue skies, and stairwells because they [associated it with that day],” she says.

The results of the study and participants’ reactions suggested virtual reality could be especially useful for patients for whom imaginal exposure (recounting based on their imagination) therapy was not enough.

“I’ll never forget the first patient we treated in the study with the 9/11 simulation; she was numb and irritable and telling her story in a flat way,” recalls Dr. Difede. “She put on the head-mounted display and was immersed in the virtual world and started to cry. She said, ‘Oh my God, I never thought I’d see the World Trade Center again.’”

The patient went on to improve dramatically, says Dr. Difede.

## Advancing Knowledge and Helping People

From there, Dr. Difede began developing treatments and collaborating on studies for combat-related PTSD, and secured a \$15 million grant from the Department of Defense.

At the same time, Dr. Difede also treats service members of any service era and military background, and of any duty status (active, veteran, or discharged) and



(Submitted Photo)

*For two decades, Dr. JoAnn Difede has worked to relieve the effects of post-traumatic stress disorder. A pioneer in virtual reality exposure therapy, she paves the way to recovery for active military, veterans, and 9/11 survivors.*

their loved ones, through the New York-Presbyterian Military Family Wellness Center, where she serves as co-director, and previously through funding from the Welcome Back Veterans Initiative, which supports organizations that provide services to address the mental health needs of returning veterans and their families.

Her hope is that people with PTSD will seek treatment the same way someone with a cough or physical ailment goes to see a doctor.

“Don’t discriminate against your brain,” says Dr. Difede. “There are treatments that work for some people and other treatments that work for others, but the idea is to give yourself a chance to try. It’s a chronic condition, and without treatment it’s debilitating. If you’re suffering, not sleeping well, and you’re scared and irritable, what do you have to lose?”

Dr. Difede is proud of her pioneering work and says it inspires her to keep trying to advance knowledge and help people.

“It’s immensely rewarding to see someone get better,” she says.

She recalls a patient she treated during the 9/11 study who texted her one day to say, “I want you to know I got my life back.”

“That,” she says, “is why we get into medicine.”

*Learn more about trauma treatment at the Program for Anxiety and Traumatic Stress Studies and find mental health services offered at New York-Presbyterian Military Family Wellness Center.*