Dr. Ken Reinhard

This program is underwritten by the Veterans Integrated Service Network Number Three.

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Welcome to VA Healthcare Advantage. I'm John Mazzulla, Air Force veteran, VA Employee and your host today. The VA Healthcare Advantage is sponsored by the VA of New York, New Jersey Healthcare Network, a Healthcare network of eight VA medical centers and 34 VA health clinics located on Long Island, New York City, Westchester, and Duchess County, the Hudson Valley, and in New Jersey. VA Healthcare Advantages is aired to discuss VA Healthcare and health-related topics for the one million military veterans, their families and the general public. Our guest today is Dr. Kenneth Reinhard, who specializes in clinical research and the treatment of depression and stress-related disorders. He is the Director of the Anxiety Disorders Clinic at VA Hudson Valley Healthcare System in Montrose, New York. Welcome, Dr. Reinhard.

Nice to be here.

Dr. Reinhard, before we begin I'm sure our audience would like to know just a little bit about you, what your background is, how you came to VA, and what it is that you're doing for us now.

Well, I'm in the 31st year, right now, of working as a clinical psychologist in the VA system. I came in as an intern many years ago, in the late '70s, and I was very fortunate at that time to be part of an outreach program to treat Vietnam vets. In the early years, I was lucky enough to be able to form groups of Vietnam vets and work with PTSD symptoms as they were first starting to come back in for treatment. Over the years, that's developed into working with groups and individuals with PTSD, combat veterans from World War II, Korea, and Vietnam, and Iraq and Afghanistan and the Gulf wars. So it's become full circle to be a 30-year career and working with PTSD.

And we're really happy for your service. You're well-known in the system for the work that you do.

Thank you.

You mentioned PTSD a few times. Tell us about the different programs that are available for, you know, for veterans who

perhaps have PTSD or some anxiety, or some other problems that they exhibit.

A lot of times people get confused about what is PTSD. And PTSD is an anxiety disorder. The difference is that it's causal to a traumatic event. So the ones we normally see are ones about combat issues, things that happened in combat that would be traumatic to anyone, prisoner of war experiences. It could also happen in other areas like car accidents, death of a young person, death of a family member, traumatic incidences even like in New Orleans. So post-traumatic stress is becoming more relevant to the way everyone sees it in the world. What we deal mostly with is with combat veterans, and certainly now with the newest wave of combat veterans coming from Iraq and Afghanistan. The symptoms are a combination of anxiety, depression, panic attacks, phobias, sleep disorders. And one of the elements is they've come to be, after a person has come back and after a traumatic incident.

So certainly these symptoms that you just mentioned, or these disorders, don't necessarily have to be related to a traumatic event. Is the traumatic event or the link that links this together where you as a clinician would start to think about PTSD as the overriding diagnosis?

Yes. We will get many people referred for anxiety disorder. It could be panic attacks or phobias, or depression. And as we're interviewing that person, we realize that they've been through traumatic incidents. We realize that it's much broader. And so, rather than treating just one symptom, we're treating many symptoms which can be anything from an inpatient or an outpatient. Some people think of PTSD and being treated in inpatient programs, which we do all around the country. But much of the outpatient treatment are people who are going to work, who are living their regular lives and coming in for a regular treatment to deal with the issues that are affecting their everyday lives.

So their inability or their difficulty in functioning in work and at home, and that's certainly better done on an outpatient basis if possible.

Yes, certainly. And some people are just having an experience while they're working where they have a more a labile mood. They become more irritable. They get more sleep deprived. Relationships that were normally easy for them to have are difficult. They have low frustration tolerance. They seem to not

get out of their depressed mood. They start worrying about where they're going, become more hypervigilant about people around them.

Meaning, what does that mean?

Hypervigilant means over-aware, like being constantly on, like having radar in your eyes. So you hear things, you see things, you feel things much more intensely as if you are in a combat zone where you have be very much aware of the dangers around you at all times, and even when you're in a safe situation like they may be right now.

Right, right.

When patients, when veterans present to you or to the medical center, what are some of the complaints that they have? What do they present? How do you even know that they're perhaps experiencing some problems?

We've been very lucky with some of the medical offices where they are starting to send us patients, now, through their screening, and everyone gets a PTSD screening when they come to the VA. And when they answer a few question that would talk about some of the symptoms they may be having, they don't even realize, having gone on for many, many years, that makes them different. And the biggest thing is that it's affecting their lives, that the anxiety, the depression, the sleep deprivation, the way in which their mood is going up and down is affecting how they live every day. So they're having less quality of life. And some are having greater problems with drinking, with drugs, with divorce, with violence. And so if you can catch it earlier when people are seeing changes and they're not sure why they're feeling this way, maybe the first time in their life they're at a point where they're thinking about what they've been in the past where this trauma is. For young people coming back, this might be just a few months or a year they've been through Iraq or Afghanistan. But certainly, we've had the experience in the past where people have come back 40 and 50 years later with delayed post-traumatic stress, because it became a time in their life when things slowed down, and for the first time in their life, they really got to think and feel a place they shut down many years.

Give us examples of that, from your background.

Sure. Yeah. For many years I was working with Vietnam vet dealing with post-traumatic stress. But around 1993, ’94, there was a great amount of interest in D-Day and Normandy, and the Battle of the Bulge. And at that point, there was great TV coverage. And we started to notice that more and more World War II veterans were coming in with feelings of anxiety, depression, sleep problems, night terrors, things they hadn’t really experienced before. And little by little, in those two years, we picked up several groups of men that we began working with for post-traumatic stress. Previously, we just saw it in Vietnam vets and now we were seeing much more in World War II vets. Recently, last year was the 40th anniversary of Tet, which was a very big conflict in Vietnam.

The Tet offensive.

Yes.

Right.

Very much so. And I noticed last year that I got a couple dozen men in my clinic alone who were now in their early 60s who had not been treated by the VA for post-traumatic stress, and came in with a variety of symptoms, anxiety and depression symptoms, panic symptoms. And the medical clinics began to bring them in to us, and they began treatment, and more open to treatment than they ever had been before. Many of these men very much did not want to see a psychologist, a psychiatrist for emotional difficulties over the years, like the World War II men for many years, also. And so, now they’re coming back in, and a lot of these men have gotten a greater quality of life back in their lives. As shown to their grandchildren and wives over the last few years, just as the World War II men did 15 years ago.

But why just because, you know, coverage on television. What has changed in their lives to make them, you know, think about those experiences that may have happened 30 or 40 years ago? Did something change in their life?

Definitely. Around 1993, a lot of the men of World War II were just retired or recently retired.

Ah, right.

And they had much more time. For the first time in their life, these were gentlemen who were in the Great Depression, who went to war, who then worked usually one or two, or maybe three jobs,

brought up their children, their grandchildren, and for the first time, they actually slowed down to do something else. Well when they got to that point, dreams, nightmares, and even just life events started to pass by that made them think about where they had been in their life. Sometimes, just deaths that we experience as we get older and the loss of people in our lives. I think last year the same thing happened with Tet. We had men in their early 60s now who were Vietnam vets who also experienced changes. Their life has slowed down. They now are seeing losses and changes, and thinking, “Where have I been?” and it comes back. I think one of the issues that we would hope to do is to have some of these young men and women from Iraq and Afghanistan come in a lot earlier, not have to wait for many years, and we’re set up for it. We’ve been doing it for many years now, and the VA is a much more friendly and open place to deal with anxiety, depression. And also, different kinds of post-traumatic symptoms for these younger people.

Sure. And there’s a lot more known about effective treatments now than there were 30 or 40 years ago.

Very much so.

We’re gonna take this opportunity to take a break, Dr. Reinhard; we’ll be right back.

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Are you an Operation Enduring Freedom or Operation Iraqi Freedom veteran? Have you received a Purple Heart medal? Were you a former prisoner of war? Have you been denied VA health benefits due to high income? If you answered “Yes” to any of these questions, you may qualify for cost-free healthcare. There are also many ways that a veteran may qualify to receive topnotch VA healthcare in over 1,400 sites across the nation. Apply for VA Healthcare at your nearest VA Medical Center, or online at www.va.gov/elig or call toll-free at 1-877-222-8387. That website again is www.va.gov/elig or call toll-free 1-877-222-8387.

Welcome back. This is John Mazzulla, and this is VA Healthcare Advantage. Today, we’re talking with Dr. Kenneth Reinhard who is a clinical psychologist and working at the VA Hudson Valley Healthcare System. But before we begin, we really need to know how you like the show. Please call the VA Healthcare Advantage Comment Line, toll free at 1-866-214-1847. That number rings on my desk and I’d love to talk to you about the show, what you

like, what you didn't like. In addition if I'm not there, if you leave your name and phone number, I will call you back, and that information will be private. Dr. Reinhard, before we went to break, you know, we talked about, you know, some of the folks that you're seeing now, some of the veterans that you're seeing now, early on and after their service, and some 40 and 50 years later, 30 years later. Tell us about the types of treatment that are available at Hudson Valley, and by extension, other VA medical centers.

Yes. The VA has two main types of treatment that you'll find when it comes to PTSD. The first, I think, is the residential programs where men come in for somewhere between 45 days to maybe several months, depending on which program in the country. And they're there full time, and they're really getting a chance there for the first time in lives to re-experience the trauma in a supervised environment with other men and women doing the same. It's a very powerful form of treatment and it's the first time in their life they're not worried so much about their family and the people around them, but they can work just on what they went through. My portion is either after that or sometimes, for people who are not able to get into those kinds of programs, I do outpatient work. And most of the outpatient work I do is in groups. I see between a hundred, 150 men a week and mostly in groups of anywhere between eight and 15 men or women. And these groups are mostly cognitive behavioral, which means they're trying to take over how they think and how they feel about the issues of where they've been and how it's affecting them now. The groups, sometimes, are homogeneous, that is they're groups of just Vietnam vets or World War II vets, or Iraq-Afghanistan vets, or Korean vets, or ex-prisoners of war. And then, in the last few years, I've been mixing the groups, especially the older fellows, where we have a mixture of World War II, Korea, Vietnam in similar groups, and that's worked to be very valuable, also, because there's a lot of learning that each of the men and women get from understanding how their experience over life has changed. Some of the other people are older or younger, or were in different combat zones. And in the younger groups, I think, where it's more apparent now, we're having from the Iraq and Afghanistan, conflicts to be in groups with each other, at least initially, because I think it's fresh, it's open, and I think they need to relate to the kind of war being experienced there is important for them to feel safe and to feel understood.

I always hear that there is such power, and I think you were beginning to mentioning this. But there's such power and in

groups of men who have experienced similar things. But why is that so? Is it easier for them to talk openly with a therapist or each other when they know that they've experienced similar things, or is there a greater sense of trust or, what is that all about? Why is that?

That's a wonderful question. Most people who I assess and want to get into group therapy are very much afraid to do so because they feel like they won't be safe, that they're safer just sitting with me. I explain to them that most people feel that way going in. But even just after a few weeks of being in group, and certainly after a few months, the men and women start to feel the power of the group, and that is, not only do they have the information that I can bring to bear and what they're bringing, but they have the experience of being with a dozen other men and women who have been through similar experiences. What they also have is this camaraderie, this sense that they've all been to a place and they're not alone, and that comes just from sitting in the room. Even just the room itself becomes a safe place. When the door gets shut, after a while, people don't even want me to change my office. I've been in the same office and have fought to keep it for 27 years because I feel that the room itself has become to be a safe place for many people. And when that door closes they know that they can go anywhere they want and that they'll have people to support them around them, whether it's me or other veterans. And that you just don't get alone. So the power is increased. And not just where they've been in terms of the trauma and the incidents they went through, but just the trauma that happens now. Maybe their wife has cancer or if they've lost a child, or if they're financially in trouble. But places where they can relate. They can't talk to other men and women because they're proud people who have never let these emotional concerns out to other people. And we have a great, great model going out now to the younger people which says, "It takes the courage and strength of a warrior to ask for help." And it does. But once they're in that mode with other warriors and other strong, courageous people, they see that the humanness can be talked about, and there's a great equalizer for all of us.

Sure. Now you mentioned the group therapy in this example. What differentiates, or how do you know, or does everybody get individual therapy also? I mean, do they evolve from individual therapy into groups or is the individual therapy just to kind of assess where they are? I mean, how do you differentiate?

I think, you know, you have to assess a person for what their needs are. In my particular situation, I do primarily group therapy, because of the amount of case load I have and the ability to run many groups. I'll assess people individually. I'll see some people for a while individually to kind of get them ready for the group. And if they need further group therapy, they might see somebody else who is there to do individual therapy while I do the group therapy. Other situations, you know, where people are in individual therapy with other therapists in the system and they want them to have a group experience, I'll do the group while they, you know, while the individual is being done with someone else. Many times, group therapy alone will take the place of the individual therapy at some point because they can get the benefits of both there. Sometimes I'll go back to the individual for a short period of time if there's some individual concern that they might want to deal with on a more private basis.

Now at the beginning of the show, we talked about the various symptoms, various disorders: phobias, anxiety, are all of those symptoms dealt within a group or in individual therapy or, you know, if somebody is having primarily one over the other, do they go to another individual or person for that, or is that, I kind of thought that's what you did. That was a specialty that you have, you know.

Yeah. It is. But I think anyone who is dealing with post-traumatic stress has to be aware of the multitude of symptoms that go along with that. Again, the anxiety, the depression, the panic attacks and the fear, the hypervigilance. And all of this is done in group because on any given week, some people are experiencing different kinds of symptoms in their everyday life that we can work with. And other men can identify them and they can empathize with them, and can talk about cognitive behavior ways of problem solving around that. And one of the ways to do that is by reframing, you know, how it's perceived by the person. That is, when you see something in a certain kind of a frame, it can be frightening and horrible. If you change the frame of it, you might see other openings or places of safety that you can go to. And so we're building safety nets in some of the few components so that they can do more things in their environment. And also, when we take some of the secrets out of the anxiety, the depression, the panic, and the worries about what will happen to me, this idea of I'll either die or go crazy from these symptoms, and to help people get a handle on them. So rather than feeling helpless about it, they begin to feel more effective.

I want to go back to that for a second.

Sure.

‘Cause I’m not sure that I understand. Is the aim of treatment or the goal of treatment to get an individual just to think differently about the traumatic experience, perhaps more realistically or is it, if you change the way you look and think about something then what you look and think about changes? Is that what we’re--

You know, there’s part of it but not the first part.

Okay.

The first part is first accepting where you’ve been.

Okay.

‘Cause once you’ve been in a traumatic incidence, you’re never ever gonna forget it, and you’re never ever gonna be the same as you were before that. And people have to hold onto that because most people are reluctant to get the treatment because they believe that someone is gonna tell them that the death they saw, the horror they saw, and the things they had been through somehow can be washed away. And no one ever tries to wash that away, because that kind of trauma is valuable because it’s part of your soul. It’s part of the way in which you think and feel. However, to have quality of life you want to keep it in a place where you can still function and have life because there’s still years ahead of you, but yet still understand where you’ve been. So there’s the strength and deepness to those feelings, which has deepened in life for you, and, but because you have survived, you have the opportunity to have life. And many of the men and women who have died in combat don’t have that any more. One of the things we talk about is how many men now can experience their lives for many men who lost their lives. And so we don’t want to waste any more time in not having lives. So there is a sense of devotion to where we’ve been, but we’re not going to waste something that’s so valuable and that other men have died for that you now have. And when men buy into that, when they see that they don’t have to give up where they’ve been, they’re more willing to work other than how can I be in the system, be with other people who don’t know what it’s like to be me. And so we have the people in group where they identify and be with them. And then we talk about how they can still deal

with the culture that's out there, even where they agree or disagree with it sometimes, where they don't fit in, the different ways in which they can find ways to fit in and enjoy life for what it is.

Okay. Well Dr. Reinhard, we're gonna take a quick break. I'm talking Dr. Kenneth Reinhard who is the director of the Anxiety Clinic of Disorders at VA Hudson Valley Healthcare System. We'll be right back.

[music]

Hello, I'm Ring Corps veteran Jim Cornell with an important message for Operation Enduring Freedom and Operation Iraqi Freedom combat veterans. The enrolment period for VA healthcare has been extended from 2 to 5 years. Currently enrolled combat veterans will have their enrolment period automatically extended, and new veterans are eligible to enroll for 5 years after their most recent discharge from active duty. Combat veterans who have never enrolled for VA Healthcare and were discharged from active duty between November 11, 1998 and January 27, 2003, may apply for this 5-year eligibility through January 27, 2011. Please call the VA Medical Center nearest you or call 1-877-222-8387 to receive the healthcare you have earned and deserve. Again that number is 1-877-222-8387.

This is the VA Healthcare Advantage. I'm John Mazzulla. Before we begin again, this is just an encouragement for veterans out there who may be listening to this program, or to their families, or to their neighbors. If you know somebody, if you are a combat veteran from Iraq and Afghanistan, please go to your nearest VA medical center or clinic and enroll for care. Dr. Reinhard, are there differences or similarities in the various groups of veterans who come to you? I mean, is Afghanistan and Iraqi veterans, are they the same as Vietnam veterans were 30 years ago, or Korean war veterans were, or World War II veterans?

Yeah. That's a great question. One of the things right now I'm seeing is how, as people age, some of the differences have become similar to people before them. For instance, right now, one of the difficulties with young men and women coming back from Iraq and Afghanistan, is there seems to be resistance to come in for help. And we have more outreach now than ever before, we have shows like this, we have shows like the VA Insights, which I know you're very much a part of for a long time. And to get people to see that, the courage and strength to

ask for help, you know, is a positive thing, and that the system is open to help right now. It's providing a safe place. It's providing respect for people to come in to deal with the some of the issues so they can have quality of life. The system wasn't set up so much like that 40 years ago, I think, when Vietnam vets were coming back. And even when I got involved 30 years ago, we were just really starting to outreach to Vietnam vets then, who were very different than the World War II and Korean vets who came in, in a much more respectful manner and a much more traditional manner. And it wasn't so much the rebellious time of the '60s where things changed. But as time has gone on, the veterans who are now Vietnam vets are 60 years old, and they're very much coming in like the World War II vets came in then who are now more open to listening and hearing about what can I do to help make change, so that I can have more in my life with my family, and with the people around me.

Right. And, you know, and your point is well taken. I mean, I can remember going to VA well over 30 years ago, and it's certainly a different place now. We're much more accessible to veterans, much more respectful, as you mentioned. Even the process to enroll for care is a one-page piece of paper.

And that's one thing to talk to that thing about respect. I work a lot with ex-prisoners of war also. And when you work with them, and as with the combat vets, the single greatest thing they want to know is that you're really there, that you're attending to them, that you're hearing them, you're looking at them, and you really want to hear their story. And that before you're gonna tell them anything about what you could do, you want to get some sense of where they've been and from what they want. And I think for some of the young men and women coming back, we've come a long way, and we've learned a lot from the veterans before us: World War II, Korea, Vietnam, the Gulf veterans, you know, and in between, then and now. We've learned a lot about how to approach people and how to help in a manner that someone can hear us. And for someone like myself who's been there 31 years and used to be a young psychologist, now I'm kind of an older psychologist, I'm still trying to hear these young men and women as the same young person I was 30 years ago. I want to feel that I can sit with them and hopefully hear what they need and help them get it.

Yeah. A couple of minutes left. Do you want to talk about any of the other therapeutic approaches that you're using at VA Hudson Valley? And by the way, for our listeners, these services are

available at all of our medical centers across Vision Three and actually, also, in some of our CDOCs.

I think there's a variety of things being done now. There's some vicarious being work done where we have technology now where people have been going to experience some of the traumas that they had before in a supervised setting, you know, that in case they're having difficulty kind of going back to finding that part.

And what is that called? Is that virtual reality?

There's a virtual reality. It's vicariously doing it through a computer system. I've done it over the years, through hypnosis sometimes and through cognitive behavior where perhaps I'm gonna do imagery in a very relaxed state where we go over scenes that they were afraid to go through and their getting it in a very safe setting. I think it's done a lot, also, in our groups where men will talk about an experience they had and other men will sit back. And as they're listening to another person's experience, they're reliving their own. And then the shared components of those help make it more real for everyone in the room. But at the same time, we reframe it back to it's, and now it's 2009, and that even though we have those experiences, you know, how can we hold those but still have the kind of behaviors now where we want to interact with the people around us, our children and our grandchildren.

Sure.

And the people at work, so that we could share with them, you know, how important that was. But at the same time, be open to what's going on in other peoples' lives who haven't had this experience.

Sure. Sure. Tell me about your staffing at Hudson Valley or at the Healthcare System.

I think we have a wonderful staff. I think we're getting younger people now who are very interested and very caring. I think we're in a very much pro-veterans time, which wasn't the same way 30 and 40 years ago.

Sure.

People who really care about the veterans are really looking to see, you know, how we can help them. We try and educate people

in sensitivity to treating veterans. More than anything, we're trying to listen about what they need so that we can provide it.

Sure. Dr. Reinhard, we've got about 40, 50 seconds left. What would you like our listeners to remember from this 30-minute interview today? What are some take-aways that they should get from this?

I think I'd like the veterans out there, whether it be the younger veterans who are experiencing difficulties when they come back, maybe with their being isolated emotionally, with changes in their feelings, with experiences that they are not sure they're in control of, that to come in and talk about it. We've been here before. Let us be helpful in any way we can. To the older veterans who may be experiencing things in retirement or in their later years, their geriatric years where they're emotionally feeling different than they were before, we can help them, too. So whether you're old or young, if you're having some difficulties, let the VA help you. We're here. We're more open and have more things to bring to the veteran today.

And that's what we're talking about. That's all we have time for today. Thank you for your service, Dr. Reinhard. Thank you for being on the show. The VA Healthcare Advantage is aired to reach military veterans residing in the metropolitan New York, New Jersey area. For additional information about VA Health Care, how to enroll for care or schedule an appointment, please call your nearest VA medical center or VA Healthcare clinic. These numbers are listed in your telephone directory and can also be found on our website, www1.va.gov/visn03/. Let us know how you like the program. Call the VA Healthcare Advantage line, toll free, 1-866-214-1847. Get a voicemail, if I'm not there, please leave a name and number, and I will call you back. I'm John Mazzulla, host of VA Healthcare Advantage. Thank you for listening to our show.

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