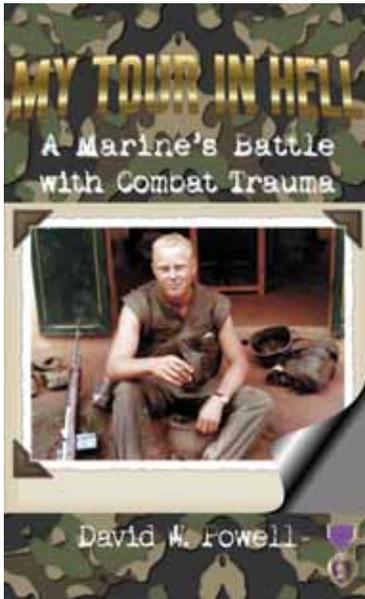


**David W. Powell interviewed Jacqueline Marcell's
Coping with Caregiving show December 8th, 2007**



David W. Powell is the author of *My Tour in Hell: A Marine's Battle with Combat Trauma*. He has been a special guest on The Pentagon Channel and Retirement Living TV Network. David served as a rocket man with US Marines in Vietnam from 1967 to 1968. Subsequently, he suffered for two decades with what would later be called Post Traumatic Stress Disorder. Now, his mission is to inform everyone about the effects of PTSD and how they can get help for themselves or their loved ones.

David's website is www.MyTourInHell.com and he can be emailed at info@MyTourInHell.com

Jacqueline: What compelled you to write your book?

David: There were two compelling reasons, Jacqueline. The strongest reason was my observation of our brave military service members going to Afghanistan and Iraq, and then returning home to loved ones and friends IN SILENCE to our nation who disapproves of our war efforts.

I know their pain and despair when they come home and are not lovingly embraced and are not asked, "What happened to you?" I wanted desperately to speak for them, for I believe that combat and trauma experiences are the same, regardless of when or where they happen.

The other reason was an invitation to write my memoir with the editing help of my friend and Traumatic Incident Reduction 'facilitator,' Mr. Gerald French.

Gerald thought that it would be compelling to create a memoir that was co-authored by the "patient" and his "therapist". Shortly after starting the project, we lost contact with one another due to changing priorities.

I was extremely fortunate to connect with my editor and friend, Mr. Victor R. Volkman, who greatly influenced the format and content of my book.

Jacqueline: What are some of the warning signs of PTSD?

David: I have observed some tell-tale behaviors that can be relatively easy to identify without having to ask what might be painful questions. Look to see if:

- They are overly talkative, or they are keeping to themselves
- They show a limited range of emotions—perhaps they become agitated or angered at some circumstance and become enraged TOO quickly
- They seem to be always ON GUARD against an unseen danger
- They are excessively JUMPY—is their reaction abnormally fearful
- They consciously avoid newspaper and television reports of the events of the day
- They avoid their former intimates and friends
- They are abusing alcohol or drugs
- They refuse to discuss their experiences—even the non-threatening kind
- They give PAT ANSWERS to questions about their experiences, such as “You wouldn’t understand, even if I told you”, or “I don’t want to talk about it”, or “It’s something you really don’t want to know about”.
- They seem to sit and stare FAR onto the horizon—also known as the “1000 yard stare”
- They suffer from sleep disturbances, like nightmares or insomnia
- They show exaggerated emotional reactions, like crying spontaneously, react overemotionally to mild stimulation, abruptly leave the room when patriotic symbols appear

Jacqueline: Can PTSD show up in people who have been “fine” for years since their return from Desert Storm, Vietnam, Korea or other conflicts?

David: In a word, YES. If traumatic experiences are left untreated, not fully re-experienced, and/or remain buried in the pre-conscious memory, or stuffed into their subconscious mind with alcohol and drugs, they WILL resurface with the same intensity they had when they were first experienced. There is new information surfacing about Delayed Onset PTSD that can start decades after a soldier returns (see http://www.ncptsd.va.gov/ncmain/ncdocs/fact_shts/fs_older_veterans.html)

Jacqueline How did you begin your journey of recovery from PTSD?

David: The catalyst for seeking treatment for PTSD began with an invitation from the Veterans Administration, Mental Health center in Menlo Park, California.

I attended a talking group of combat-experienced veterans once a week for sixteen months, then gave up on the VA when I found something that worked to make me feel better, rather than leaving the group sessions feeling worse and worse about my plight. I found TRAUMATIC INCIDENT REDUCTION (TIR) as a treatment for my traumas at the Institute for Research in Metapsychology in California in 1988. The work is carried on today by the Traumatic Incident Reduction Association (TIRA).

Jacqueline: Do only soldiers get PTSD or do other people get it too?

David: I'll first tell you the criteria for Post Traumatic Stress Disorder (PTSD) as it is defined in the Diagnostic and Statistics Manual. Then I'll try to summarize it instead of quoting it, and then I'll tell you what PTSD means to me.

- A. The person has been exposed to a traumatic event which contained:
 - 1. Actual or threatened death or serious injury
 - 2. Their response involved intense fear.
- B. The event is persistently re-experienced:
 - 1. Recurrent distressing recollections of the event, and/or
 - 2. Dreams of the event, and/or

3. A sense of reliving the event, and/or

And it goes on along those lines, ending with “Delayed Onset” when the symptoms are present at least 6 months after the stressor. My version is that I committed horrific acts and watched others do the same. All of them were outside the range of ordinary human living.

My life as a common citizen, living a common life was forever compromised.

A person does not have to be in combat to suffer trauma. There are many other traumatic experiences, to include home invasions, robberies, car accidents, physical attacks, physical or emotional abuse, and humiliation, to name a few.

PTSD is what the American Psychiatric Association calls “readjustment problems after trauma”. Psychiatrists, psychologists, and other people who work with PTSD casualties agree that this disorder is a delayed reaction to stresses and traumas that were experienced.

Jacqueline: What can I do for someone in my life if I think they have PTSD?

David: The first thing I would recommend is that you thoroughly research the subject of PTSD, so that you have a good understanding of the condition.

Next, I would gently encourage the individual in question to make a self-assessment of their emotional condition, preferably by themselves, with no external judgment of their answers.

I would then offer them some sources for help and understanding that they can turn to when they feel they are ready to confront their issues without shame or guilt.

Jacqueline: What are some resources that I can turn to?

David: An excellent source for information and referral can be found on the internet. The website is NCPTSD.VA.GOV. Another website is TIR.ORG. They can also search within their own communities for mental health resources.

The only assertion I would like to make is that all the folks involved with PTSD should get educated and treated for their respective conditions.