DR. NORMA PEREZ, MENTAL HEALTH INTEGRATION PSYCHOLOGIST, CENTRAL TEXAS VETERANS HEALTH CARE SYSTEM

STATEMENT OF DR. NORMA PEREZ
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CENTRAL TEXAS VETERANS HEALTH CARE SYSTEM
BEFORE THE SENATE VETERANS' AFFAIRS COMMITTEE
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Good morning, Mr. Chairman and members of the Committee. On behalf of Bruce Gordon, Director of the Central Texas Veterans Health Care System, and Timothy Shea, Director of the VA Heart of Texas Health Care Network (VISN 17), thank you for inviting me here to discuss the quality of mental health care Central Texas veterans are receiving in the Temple PTSD Clinic. As the daughter, niece, sister, and cousin of Army, Navy, and Marine veterans, I have a personal commitment to my work, and I have been blessed with the gift of trust from many East Coast and Central Texas veterans - they instill my passion for my work.

I started working for the Central Texas Veterans Health Care System in June 2007 as a psychologist and program coordinator of the Post Traumatic Stress Disorder (PTSD) Clinical Team. I came to VA after completing a National Cancer Institute Research Fellowship at the University of Texas Health Science Center at Houston, School of Public Health. Prior to that, I completed a clinical postdoctoral fellowship at Brown University. I earned my Ph.D. in clinical psychology from the University of Rhode Island and completed a clinical internship at the Edith Nourse VA Medical Center in Bedford, Massachusetts.

The Central Texas Veterans Health Care system offers specialized mental health care through the Temple PTSD Clinical Team (PCT). This Clinical Team

provides treatment only. Although we are a PTSD Clinic, we have been able to offer everyone treatment who displays any symptoms of combat stress. Combat stress is a normal reaction to abnormal events. It can occur immediately following an event or many years later, but in either situation, we stand ready to assist the veteran. Combat stress can manifest itself in different clinical conditions, including PTSD and Adjustment Disorder. Simply reporting combat-related stress is insufficient for an accurate diagnosis, in the same way that chest pain would be inadequate for determining whether a patient was suffering from heartburn or a heart attack. Regardless of how combat stress appears, our staff can make an initial diagnosis of a combat-stress related disorder and begin treatment immediately. We know we can improve the lives of veterans by teaching them coping strategies and other skills to reduce their level of distress and improve their quality of life, and this is exactly what we have been doing for the last year in Temple.

Many individuals with symptoms of combat stress are not ready to discuss the details of their experiences, but they can describe their symptoms and their levels of distress. An accurate diagnosis of PTSD, however, would require a veteran fully disclose the details and feelings associated with a traumatic event, and in my clinical experience, many have been unwilling to do this without a strong sense of safety and trust, which can only be developed over time. Rather than deter veterans from seeking treatment by requiring them to provide more information than they feel comfortable, we believe it is essential to begin

providing care and support immediately. The Temple PCT Team invites individuals into treatment if they exhibit any symptoms of combat stress and works with them to develop skills and strategies to reduce or eliminate those symptoms. Based on follow up data, this approach has proven effective in reducing the distress levels of veterans.
Our phases of treatment are generally the same for all veterans, regardless of their specific condition. We begin by teaching veterans skills and strategies they can use to address the specific combat stress symptoms they describe. This process usually lasts 8-9 sessions, although we continue to measure the veteran's self-reported level of distress throughout the course of treatment and we often notice improvement after only a few appointments. The second phase of treatment, for those willing to pursue it, involves exposure therapy. In this phase, we explore the most distressing trauma and work with the veteran through any of several different approaches to allow them to reprocess the trauma. This helps our patients cope with their feelings and memories in a safe and therapeutic environment. The final phase of treatment is available to all veterans and involves episodic follow up at the veteran's request. While the strategies and therapy we teach veterans work very well for the initial trauma, future stressful situations, such as the loss of a job or a family member, may trigger additional anxiety and re-aggravate the veteran's condition. Our staff is available to veterans any time they need it to help them cope with these new problems.

All of our clinicians are trained to use the guidelines established within the Diagnostic Standards Manual IV for clinical diagnosis of mental health conditions, including PTSD. I sent an email to my staff on March 20 to stress the importance of an accurate diagnosis. Many of the veterans we treat in Temple have already undergone an examination for Compensation and Pension benefits, and our sole mission at the Temple PCT is to provide treatment to veterans in need. Although our clinic is a treatment clinic, we all fully support the compensation process and the Department's policy of erring in the best interest of the veteran whenever there is any doubt.
Several veterans expressed to my staff their frustration after receiving a diagnosis of PTSD from a team member at Temple when they had not received that diagnosis during their Compensation and Pension examination. This situation was made all the more confusing and stressful when a team psychiatrist correctly told them they were displaying symptoms of combat stress, but did not meet criteria for the diagnosis of PTSD. Veterans were receiving conflicting messages from the team and I believed it was important to resolve this situation by providing further guidance while not blaming any specific clinical approach. In retrospect, I realize I did not adequately convey my message appropriately, but my intent was unequivocally to improve the quality of care our veterans received.

In conclusion, Mr. Chairman, I am happy to report Central Texas Veterans are receiving care that honors our pledge to care for those who have sacrificed in service to this nation. This concludes my prepared statement and I am ready to address questions from the committee.