

The American Institute of Stress

COMBAT STRESS

Harnessing Post-Traumatic Stress for Service Members, Veterans, and First Responders

Volume 8 Number 2

Summer 2019



**A Call To Arms For
Service Member And
Veteran Wellbeing
Is NOT Just
Evidence-Based**



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COMBAT STRESS

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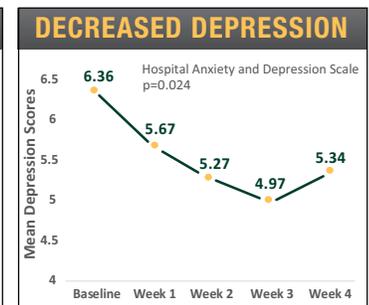
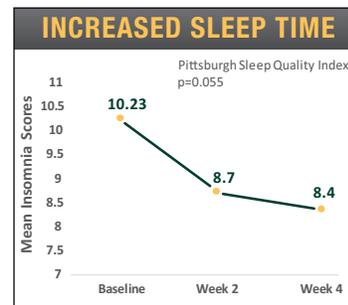
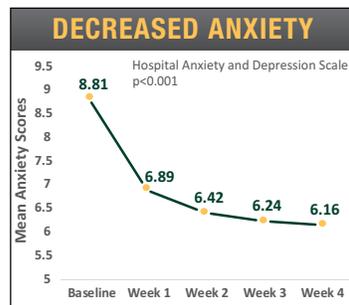
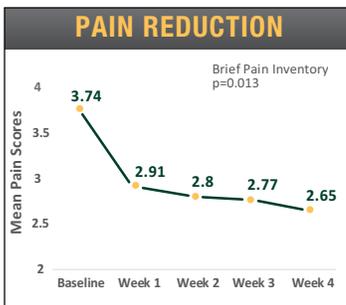


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Editor's Message

By Kathy Platoni, Psy.D., DAIPM, FAIS
COL (RET), U.S. Army, COL, Ohio Military Reserve/State Defense Forces



Our summer publication is one of our more colorful issues, perhaps somewhat symbolic of idyllic summer itself. With this, comes a sincere apology to our readers and authors for the long delay in publishing this issue. The area in Southwest Ohio in which I reside was devastated by 15 tornadoes on the eve of Memorial Day, ranging in severity from EF 0 to EF 4, carving a path of damage 20 miles long, 14 miles wide and leveling major

areas of Celina, Brookville, Dayton, Riverside, Trotwood, Harrison Township, and Beavercreek (my town of residence). Homes and lives were decimated in a matter of seconds. The magnitude of what was left in the wake of this historic event remains shocking to date. In lieu of attending a college reunion in upstate New York and completing this issue, I elected to serve my community as a member of the Red Cross Disaster Mental Health Team, my first mission since working the Hurricane Irma event in Florida back in September of 2017. This is gut wrenching work, which will continue for months and very likely, for years to come. A documentary tells the tale of a community destroyed, only to begin to rise up again. This was produced by WHIO TV and Cox Media in Dayton, Ohio. It is among the finest and most poignant documentaries ever aired and a not to be missed: <https://www.whio.com/news/local/news-center-air-memorial-day-tornado-special-one-month-anniversary/7VozEvEQ3rFTNB0srSVg0J/>.

In contrast to the tragedy that has befallen my community, we are once again, so very fortunate to showcase the work of nationally and internationally celebrated authors, clinicians, Veteran supporters, and a host of extraordinary contributors to the field of combat stress. In this issue, we are featuring the work of **Dr. Louise Gaston**, whose research and clinical

work in the field of trauma span the globe. As founder of **TRAUMATYS**, she has educated multitudes of clinicians on a multinational scale and conducted premier research into those the most effective treatments of PTSD, following the principle of first do no harm, highlighting the profoundly devastating impact of some evidence-based practices on the Veteran population. This will serve as a stunning and well-substantiated wakeup call to many of our readers. Stand by for more, as Dr. Gaston has more than generously offered to be a contributing author for our next several issues.

Also reintroduced in our summer issue is the seminal work of **Veteran Roland Van Deusen**, who continues to bear arms against the rising tide of Veteran suicides. His work is a launch pad for a multitude of struggling Veterans to find their way back home with meaningful lives; no small undertaking and an issue of massive proportions.

In this issue, we are also very proud to introduce the acclaimed **SSG David Winkler, Founder and CEO of Wings for Warriors** (<https://wingsforwarriors.org/>) a nonprofit organization dedicated to establishing a national community of support for physically and psychologically wounded war Veterans. SSG Winkler's work is known on the national stage, including raw testimony offered to the UN and Congress about the state of affairs

concerning our Veteran population. SSG Winkler recently completed his tours of duty as both a proud member of the United States Marine Corp, followed by another lengthy tour of duty in the U.S. Army. His article will send shock waves throughout our readership and hopefully, inspire our readers as a wakeup call to arms for the saving of lives of one of our greatest national resources.... those who have ever worn the uniform to serve our nation.

In the spirit of offering alternative interventions to adapting and overcoming homecoming, we have brought to bear some very unique perspectives with respect to the healing and recovery process. **Sporty King**, a legend in his own time, has offered up his unique brand of humor and hilarity as he walks the reader through the **Yellow Ribbon Reintegration Program**, utilized by the U.S. Army to promote restoration for returning troops across the nation.

Animal-assisted therapeutic endeavors are a subject matter of a delightful article submitted by **Dr. Ron Rubenzer**. There is much magnificence in healing offered by those that come to be our furry children. Let it be said that the reason dogs have so many friends is that they wag their tails instead of their tongues.

The adventurous spirit of **Mark Wilson** and his lighthearted look at sports-related activities and a host of other indoor and outdoor creative endeavors that are joyful in nature and out in nature, is sure to thrust open some new doors for a host of diverse journeys for recovery. We sincerely hope that our readers will jump in and try these!

In this issue, we applaud the work of **Veteran A.V. Avegalio in our Veteran's**

Spotlight, one of the stars of the film, "We Are Not Done Yet". Through his own creative arts expression, he has found his path to deliverance from the hell that is war.

Our summer issue contains a rather extraordinary surprise. Our very own **Managing Editor, Kathy Schoop**, has submitted the story of 13-year old Andie Chiles, who has honored her own father's (MAJ Andrew Chiles) military service through the raw emotion of dance. This is a powerfully commemorative piece that reveals the struggles of not only deployed Service Members, but often equally, of the families left behind, often long after redeployment.

Searching For Ways To Reduce Veteran Suicides

A Social Worker's Journey

By Roland Van Deusen, MSW

I will always believe I should have done more during our War in Vietnam. Failing the 1967 eye exam for Navy OCS would twice end my later transfer requests for River Patrol Boats in Vietnam. I never saw combat. Trying decades later to honor the Warriors but not the wars, I ran local support groups near Fort Drum, NY that would help with PTSD (Post-Traumatic Stress Disorder) and other issues brought home from war. There is no end to mental health issues among our Veterans.

I visited Veteran Administration National Headquarters in Washington D.C. in 2007 to inform their senior staff of the availability of 4,000 such groups nationwide. They very politely said, 'thanks, but no thanks' to this information. What a sad state of affairs this is for our Veterans.

Driving a DAV (Disabled American Veteran) van on 45 trips with 162 patients to the Syracuse VA Hospital in 2012, I could cross the street to my GI Bill alma mater, Syracuse University, while my riders saw their doctors. On one visit, I met with Mike Haynie, the Syracuse University faculty member and administrator. He would soon be responsible for making Syracuse University the number one U.S. private university for Veterans, according to "Military Times." Mike suggested that a YouTube video would be one of the best ways to reach the Veterans of today about mental health issues. The video was made later that year, with the help of Mike Bickford of the Clayton, NY River Community Church. This was just before a heart attack ended my DAV driving days at age 67. The video encouraged troubled Veterans to seek help and became a tool for their families and friends to motivate them to seek mental health services. Due to my health issues, I have had to let the video do my volunteer work. The video has been circulated widely. Published in the May 2018 *Combat Stress* magazine, it was also carried by *Psychiatric Times*, *Military.com*, and has been

used by staff at the National Center for PTSD. Even further, the video has been utilized by the most deployed Army division, the 10th Mountain at Fort Drum, and more than 30 other programs (such as University of Maine Veterans PTSD Project, schools of social work at Southern California and Syracuse Universities, the National Suicide Prevention Lifeline, and the U.S. Senate Committee on Veterans Affairs). The VA Suicide Prevention Program has sent it to their expanding staff three times within the last five years. All are welcome to use, post and share it for free to reach more vulnerable Veterans and as many as possible. The video is available via YouTube: "To Veterans with Invisible Wounds." It cost me nothing to make, but the benefits have been undeniably widespread.

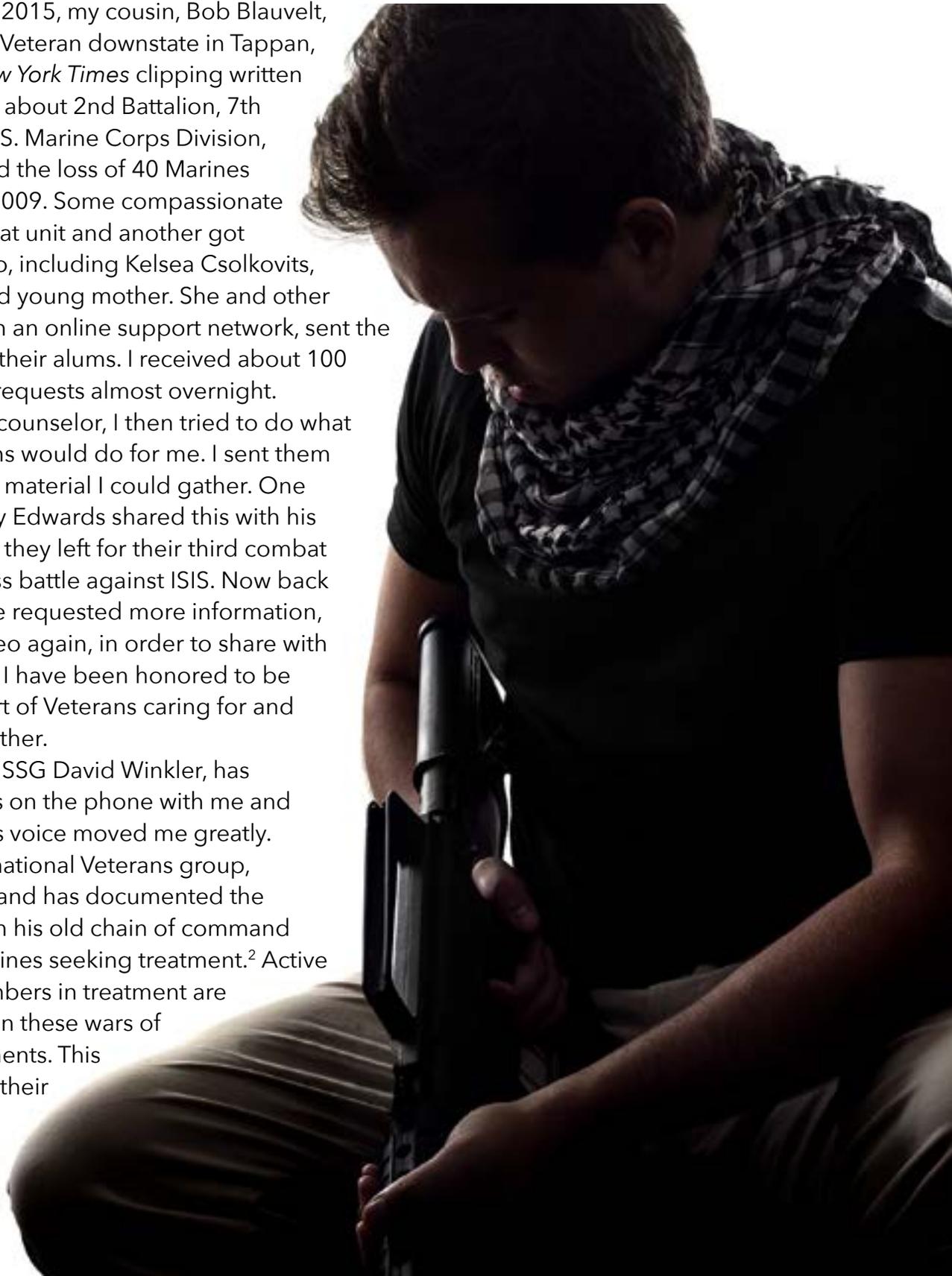


Since completing the video, I have been working tirelessly with others to spread the message of support for Veterans suffering

with PTSD. In late 2015, my cousin, Bob Blauvelt, a National Guard Veteran downstate in Tappan, NY, sent me a *New York Times* clipping written by David Philipps about 2nd Battalion, 7th Regiment, First U.S. Marine Corps Division, which has suffered the loss of 40 Marines by suicide since 2009. Some compassionate sergeants from that unit and another got ahold of the video, including Kelsea Csolkovits, now a Veteran and young mother. She and other former Marines, in an online support network, sent the video to many of their alums. I received about 100 Facebook friend requests almost overnight.

As a retired counselor, I then tried to do what my fellow Veterans would do for me. I sent them all the preventive material I could gather. One of them, McKinley Edwards shared this with his fellow Marines as they left for their third combat tour in the endless battle against ISIS. Now back in Afghanistan, he requested more information, including the video again, in order to share with the troops, there. I have been honored to be a part of this effort of Veterans caring for and assisting one another.

2/7 survivor, SSG David Winkler, has spent many hours on the phone with me and the emotion in his voice moved me greatly. He now heads a national Veterans group, Wings4Warriors, and has documented the punitive approach his old chain of command took towards Marines seeking treatment.² Active duty Service Members in treatment are non-deployable, in these wars of multiple deployments. This mitigates against their receiving timely treatment for PTSD, beyond



being sent back into combat on psychiatric medications far too often. What Dave Winkler found with the Marines, was also reported by an Army psychiatrist treating Fort Drum Soldiers, that Troops are being re-deployed to combat on psychiatric medications.³

While trying to help these Marines, I asked a local Fort Drum Army Soldier for his advice on this effort. He responded that twelve of his Soldiers took their own lives. Dr. William Baerthlein, a friend, retired career Military officer, and a physician experienced in dealing with PTSD, responded to this comment with, "We've got to screen everyone." Kevin Esslinger,

an experienced discharge planner for 10th Mountain Division, developed a simple means of screening all discharging troops: "The only guaranteed way to accomplish this would be to have the Service Member complete a pen/paper screening, but have the screening evaluated off site - civilian contractors who are qualified mental health professionals, with instructions that the Soldier may be contacted after they leave military service for additional services (mental health assistance, counseling, etc.)."⁴ He later wrote, "...as long as we can assure Service Members that their answers to the questionnaires are going outside the normal channels of



chains of command, and by following DoD confidentiality regulations, and with the assurance that they would not be retained past their existing separation-from-service date, we should be able to obtain decent participation from the Soldiers.”⁵

Is utilizing a procedure to screen every separating Service Member really feasible? Reserves and National Guard Service Members were outside the area of practice of Mr. Esslinger but must also be considered for screening. Jim Miller, Senior Counselor at the Veterans Readjustment Counseling Center closest to Fort Drum, NY, stated that upon returning from Bosnia, he screened his entire unit, finding several “hot” (his words) for suicidal ideation. This very clearly indicated that this process had to be made feasible for all returning troops. Once the DoD and VA agreed on this, procedures and screening devices could be determined by clinicians assigned to do so.

The VA created a blue-ribbon commission to study mental health issues, the COVER Commission, formed on July 27, 2017 (Creating Options for Veterans Expedited Recovery). After seeing my video, I received an invitation to join the Commission.⁶ I forwarded all my above recommendations to the Commission, as well as those below regarding support groups.

As much as we know about the treatment of PTSD and other mental health disorders, we lag behind in understanding what works most effectively and beneficially.

The need for follow up - Support Groups

It is always strongly advised that regardless of the type and length of treatment for Service Members and Veterans, we must keep the healing going by recommending and promoting the joining of forces with

voluntary, self-help support groups as a means of follow-up treatment. As much as we know about the treatment of PTSD and other mental health disorders, we lag behind in understanding what works most effectively and beneficially. Regardless, when human lives are at stake, we need to err on the side of caution and assure that follow up treatment in the form of support groups is made available.

As an example, with Service Members and Veterans who have complicated their PTSD by self-medication with alcohol or drugs, AA and NA have decent track records, if the participant is willing to stick with these support group initiatives. Groups provide recovering folks a sense of belonging and togetherness. PTSD, like alcoholism, can be isolating and lonely. In support groups, Veterans can readily recognize proof of others’ recovery. Self-help groups typically have no records or fees and are anonymous. The “old timers” keep what

progress they have made by helping the “newcomers.” We know that helping others is what many Veterans live for, as this brings value and purpose to their lives.

There are many options within 12 step groups - traditional 12 step groups, Rational Recovery (non-theist), Celebrate Recovery (Christian orientation) and Milatti Islami (Islamic 12 step). The information on these programs can be found on their websites.

Retired Lt. Colonel David Grossman, also a clinical psychologist, wrote the watershed book in 1995, *On Killing -The Psychological Cost of Learning to Kill in War and Society*.⁷ This masterful book has often been required reading at West Point and Marine Corps Officer Candidate School. He told me that “suicide can indeed be contagious,” that alcohol and sleep deprivation, common in PTSD, are suicide risk factors. He stressed that survivor guilt is not an aspect of PTSD, but of unresolved grief. I related to him my take on how his writings are used to train members of the military to kill, and one critical downside that must be addressed. He said that my analysis below was “very valid.”⁸

Training works to form powerful bonds of military brotherhood and sisterhood, in part, by making it almost impossible to successfully complete training by oneself. One needs the assistance of others to get through it and survive it. This is vital to the self-image of most young troops or all troops for that matter. Later, in



combat, the result of this training and bonding is this: “Number one on my bucket list is getting you home safely, and if necessary, I will destroy anything and anyone that threatens this.” Under these conditions, killing in combat becomes

possible. One unintended consequence of this is that Service Members remain committed to each other and to bring one another safely home, but demons can drive Service Members to suicide when their buddies are wounded or killed in action. This becomes personal and is taken as a failure to save the lives of battle brothers and sisters, as they could not predict or prevent injury or death. This crisis point should become the focus of intervention efforts by chains of command, chaplaincies, and behavioral health clinicians and paraprofessionals throughout DoD and the VA.

It is incumbent upon these last two bureaucracies to abandon their turf issues and find what Mike Haynie, at Syracuse University, called a “seamless handoff” of medical/psychiatric information. A decade ago, Fort Drum prevented VA counselors from coming on post to tell wounded Soldiers being processed out of the military about their VA benefits. Locally, this has improved, but one can only wonder about nationwide DoD/VA cooperation overall.

For some time, SSG David Winkler, survivor of the Marine unit devastated by suicide, has been gathering information linking PTSD,

less-than-honorable discharges, and more recently, the issue of Veteran suicides. Mike Haynie at Syracuse University verified this with a Journal of the American Medical Association 2015 Psychiatry edition study of three million Veterans showing "...a demonstrated correlation between bad paper discharges, compromised mental health, and suicide."⁹

If troops in treatment are non-deployable, despite the multiple deployments of seventeen consecutive years of war, are they expediently disposable and replaceable? Nobody prefers going into combat short-handed. Do commanders, evaluated on unit readiness, make wartime service even more hellish for troops with compromised mental health? Do these neglected and suffering Service Members often self-medicate themselves into discharges for drug and alcohol abuse¹⁰ making themselves ineligible for the very VA behavioral health and benefits they need? Would Veterans so desperate later see suicide as a way out? If a combat Veteran has already seen or committed combat homicide in war, how much less of a leap for him/her would suicide be in response to the psychological wounds they carry home?

An ad hoc committee has evolved to begin looking for some answers to the above

questions. So far, this consists of several dedicated Veterans including retired Army Colonel Lawrence Wilkerson, former Chief of Staff to Colin Powell, both in the Army and at the State Department (his aiding us is part of what he says is his larger mission, ending what he calls these "endless, winless wars."), retired Army Colonel Kathy Platoni, clinical psychologist and editor of this Magazine, soon to retire Staff Sergeant David Winkler, President of Wings4Warriors, and myself. I am honored and grateful to be working with such accomplished and motivated people, determined to help these fellow Veterans of ours, wounded in their souls.

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ABOUT THE AUTHOR

Roland Van Deusen is a Vietnam era Navy Veteran. He earned a master's degree from Syracuse University, now named the number one private college for Veterans by "Military Times." During his career as counselor and psychiatric social worker, he treated incarcerated Veterans, Army Soldiers and substance abusers. Twenty years of his career was behind bars, where he counseled sex offenders, domestic violence offenders, psychiatric patients and adolescent drug users.



What Is The Best Mechanism For Fully Remitting PTSD, Trauma-Focused Or Not?

By Louise Gaston, Ph.D.

Psychotherapeutic approaches for post-traumatic stress disorder (PTSD) can be divided into two major types: trauma-focused (TF) vs. non-trauma-focused (N-TF). TF therapies, such as prolonged exposure (PE) and eye movement desensitization and reprocessing (EMDR), involve reexperiencing a traumatic event as intensely as possible, while engaging in a dual attentional task, and altering cognitions.^{1,2} In contrast, N-TF therapies for PTSD

entail developing a therapeutic relationship, gradually addressing anxiety-provoking topics, identifying pre-existing emotional conflicts, linking meaningful traumatic details to pre-existing conflicts, and resolving pre-existing emotional issues.³ It is noteworthy that N-TF therapies can also comprise experientially reviewing traumatic events, but only if patients have already demonstrated a capacity to continue self-reflective work in the midst of dysphoric emotions and only if a solid therapeutic alliance has been established.^{3,4} Therefore, TF and N-TF therapies for PTSD proceed differently and their effects are likely to involve divergent mechanisms of efficacy.

In this article, we briefly review findings on the efficacy of both TF and N-TF therapies for PTSD. We then examine neuroimaging findings obtained in these therapies, in terms of the neural correlates of PTSD reduction. We suggest divergent mechanisms of efficacy in TF vs. N-TF therapies. Finally, we discuss the possibility that these divergent mechanisms of efficacy may explain the difference in long-term stability of the effects of TF vs. N-TF therapies.

Clinical efficacy of TF and N-TF therapies

Several meta-analyses of randomized clinical trials have been conducted to determine the short-term efficacy of

various therapies for PTSD. One meta-analysis⁵ concluded that all therapies examined (PE, EMDR, cognitive therapy, anxiety management, supportive therapy, and dynamic therapy) were equally efficacious, with 56% of partial PTSD remission and 44% of clinical improvement. In comparison to a wait-list condition, the average effect size was 1.11 and no significant difference in efficacy was observed between TF and N-TF therapies. A more recent meta-analysis concluded that TF therapies (PE, EMDR, and cognitive therapy with an exposure component) and N-TF therapies (traditional cognitive therapy and anxiety management) were equally effective for treating PTSD.⁶ A third meta-analysis compared the efficacy of cognitive therapy, with an exposure component (TF) or without (N-TF), and no difference was found.⁷ Therefore, meta-analyses tend to converge toward the conclusion that TF and N-TF therapies for PTSD have similar efficacy in the short-term.

It is worth noting that, in many controlled clinical trials, N-TF therapies such as dynamic and supportive therapies have been used as placebos. Powers and colleagues noted that these N-TF therapies were less efficacious than those mentioned above.⁶ However, controlled clinical trials have placed important limitations upon the administration of dynamic and supportive therapies, by instructing therapists to refrain from addressing any aspects of

the traumatic event⁸ or by training therapists in dynamic therapy for only 2 days.⁹ These constraints undermine any conclusions to be drawn from these studies.

As proposed, such modalities are not bona fide because they do not reflect how these therapies are practiced.¹⁰ To remedy this situation, a meta-analysis was conducted on the efficacy of bona fide therapies for

treating PTSD, and no difference was found between TF-therapies and these bona fide N-TF therapies.¹⁰ Finally, when brief dynamic therapy designed to treat PTSD³ was provided by well-trained therapists, dynamic therapy was found to be superior to a wait-list control condition¹¹ and equally efficacious as therapies such as systematic desensitization and hypnosis.¹²



Therefore, TF and N-TF therapies have been shown to be equally efficacious in reducing PTSD, in the short-term. Both types of therapy were associated with partial PTSD remission, while substantial PTSD symptoms remained at post-test.⁵ Despite their equivalent efficacy, TF and N-TF therapies could plausibly be associated with unique mechanisms given that they entail divergent therapeutic strategies. In the next section, we review neuroimaging findings pointing to a divergence of mechanisms in TF vs. N-TF therapies.

TF and N-TF therapies have been shown to be equally efficacious in reducing PTSD, in the short-term.

Neural correlates of PTSD reduction in TF vs. N-TF therapies

A considerable number of studies have examined the neural correlates of untreated PTSD. A meta-analysis of these studies has concluded that, relative to healthy controls, PTSD was associated with elevated activity of the amygdala vs. reduced activity of the anterior cingulate cortex (ACC) as well as the medial prefrontal cortex.¹³ In parallel, neuroimaging studies have examined the roles played by the amygdala and the ACC in PTSD during exposure to trauma-related stimuli, and the same pattern of neural responses was observed.¹⁴

In neuroscience, two excellent reviews conducted by Etkin and colleagues¹⁵ and Smith and Lane¹⁶ have recently proposed complementary theoretical models, based upon a wealth of neuroimaging data. These authors have

identified specific roles played by the amygdala and the ACC, with respect to generation and regulation of emotions and anxiety.

The amygdala is viewed as playing an

important role in unconsciously appraising the emotional significance of perceived stimuli, and in generating emotional reactions to these appraisals.^{15,16,17,18,19} Such reactions include the spontaneous

initiation of autonomic/behavioral responses as well as biases in attention, memory, and decision-making. In contrast, the ACC is implicated in mentally representing emotions and in regulating several aspects of emotional responses, including inhibition and induction of analgesic placebo effect.^{15,16,20} The ACC is thus involved in top-down control (inhibition) of anxiety-related and emotion-related amygdala activity.^{15,16} Therefore, greater amygdala activation paired with reduced ACC activation in PTSD may indicate increased bottom-up reactivity within the amygdala, deficient top-down control by the ACC, or both. We now examine the neural mechanisms involved in PTSD reduction.

Recent neuroimaging findings have begun to shed light on the neural mechanisms associated with PTSD reduction, in TF vs. N-TF therapies. According to a meta-analysis, PTSD reduction was mostly associated with a reversal of the neural pattern observed in untreated PTSD.²¹ After therapy, PTSD improvements

were associated with lesser amygdala activation and greater ACC activation. It is worth noting, however, that all these studies, but one, have only examined the effects of TF therapies (PE, EMDR, and cognitive-behavioral therapy with a PE component).

One of these studies examined the efficacy of a cognitive-behavioral therapy with an exposure component (FT) for PTSD.²² The authors wrote “as CAPS scores improved, r-ACC activity increased, and amygdala activity decreased during fear processing.”²² The correlations were very high, both above 0.80. This pattern of neural responses (reduced amygdala activity and increased ACC activity) may suggest a top-down control of inhibition.

However, within this meta-analysis,²¹ one study reported a different pattern of neural responses²³ and these neural correlates of PTSD reduction were examined in two N-TF therapies: therapy-as-usual and a stabilization group therapy added to therapy-as-usual. A positive correlation was found between PTSD reduction and decreased activation of dorsal ACC in both groups. PTSD reduction was thus paired with reduced ACC activation, which represents a neural pattern opposite to the one obtained in TF therapies.

Another neuroimaging study has examined the neural correlates of PTSD reduction in a N-TF therapy,²⁴ but this study was not included in the meta-analysis mentioned above. In this study, almost all participants received a dynamic integrative therapy, and few received therapy as usual.⁴ To better understand the results, the present author requested more specific analyses (E.W.E. Dickie, personal communication, August 2014 and June 2015). After 6 to 9 months, CAPS

scores for PTSD were correlated with amygdala activation upon emotional memory ($r = 0.51$). As PTSD scores decreased, the amygdala activation decreased. With respect to ACC, PTSD reductions were also strongly correlated to reductions of activation in the ACC (right ventral ACC, specifically the sgACC) for emotional memory ($r = 0.85$). The greater the PTSD reductions, the greater were the reductions of ACC activation. These findings could be interpreted to suggest that PTSD reduction was associated with decreased bottom-up reactivity in the amygdala, thus reducing the need to engage top-down inhibition by the ACC.

According to these preliminary findings, it thus appears that PTSD reduction in TF therapies may be associated with reduced activation of the amygdala due to an increased activation of the ACC, by inhibiting emotions and anxiety in potential in the amygdala. In contrast, it also appears that PTSD reductions in N-TF therapies may be associated with decreased tendency for the amygdala to generate emotions and anxiety, leading to a lesser need for the ACC to activate in order to inhibit these reactions. These emerging findings suggest that the TF and N-TF therapies involve divergent mechanisms of efficacy, even opposite.

It is interesting to note that the neural pattern found in N-FT therapies for PTSD seems to occur in similar therapies for disorders other than PTSD. In dynamic therapy for depression, symptom reduction has also been linked to reduced activation in both amygdala and ACC.²⁵ In a therapy of psychoeducation and gradual exposure for spider phobia, complete remission was found to be associated with reduced ACC activation.²⁶ Therefore, there seems to be a trend



for the pattern of neural responses found in N-TF therapies for PTSD to occur in similar therapies for disorders.

Divergent mechanisms of efficacy in TF vs. N-TF therapies

It should be kept in mind that current support for the proposed difference in mechanisms between TF and N-TF therapies is preliminary, if not exploratory. One major purpose of this article is to highlight the need for further empirical investigation of this plausible difference in mechanisms of efficacy, because it could have important implications for the long-term stability of symptom reduction across PTSD therapies. Even if both TF and N-TF

therapies seem to result in similar short-term PTSD improvements, this difference in efficacy mechanisms may give reason to think that N-TF therapies would produce longer-lasting effects.

Plausible mechanisms of TF therapies

As highlighted above, one plausible mechanism underlying PTSD reduction in TF therapies appears to be top-down control by the ACC, that is, the inhibition of emotions and anxiety to be generated by the amygdala. After TF therapies, the ACC would counteract the tendency of the amygdala to generate emotions and anxiety to salient perceptual cues. However, such top-down control

processes typically require neural and cognitive resources to be maintained. Therefore, under high stress such as conditions of sleep deprivation, hyperarousal, or other conditions known to inhibit executive functions, it would be possible for top-down control processes to fail, thus allowing PTSD relapse. While top-down control of inhibition may represent an effective short-term solution for reducing PTSD, this mechanism is vulnerable to disruptions and interruptions, with a subsequent return of PTSD symptoms.

In fear 'extinction,' top-down control of inhibition seems to play an important role.^{15,27} In classical conditioning theory, fear 'extinction'

is induced by the repeated exposure to the conditioned stimulus while no aversive consequences happen, which is thought to lead to the creation of a new memory. The 'extinction' model thus serves as theoretical basis for TF therapies given that they focus on reexperiencing traumatic events in

non-aversive settings.^{1,28} However, the 'extinction' process results only in the inhibition of fear memory, and this inhibition is transient because it does not involve a direct and permanent modification of the fear memory.²⁹ Indeed, responses of conditioned fear are known to recur spontaneously, a phenomenon named spontaneous recovery by Pavlov³⁰ and to return after a single re-introduction of the aversive stimulus, a

phenomenon named reinstatement by Pavlov.³¹

Intense exposure to traumatic memories is thus likely to result in a transient top-down inhibition, as opposed to a direct modification of post-traumatic memories. Consistent with the phenomena of spontaneous recovery and reinstatement, the effects of TF therapies for PTSD have been found to gradually decay over time, diminishing from 1.08 to 0.68 in effect size, a 40% loss of efficacy, within months.⁶ Finally, the present author knows of only one controlled clinical trial involving a long-term follow-up after a TF therapy. Five years after EMDR, PTSD symptoms were found to be as deteriorated in

the EMDR group that in untreated controls (-0.82 and -0.83 as effect sizes).³²

Certain considerations tend to suggest that the underlying mechanism of PE and EMDR (TF therapies) involves a process similar to dissociation. Suggestively, the pattern of neural responses observed in dissociative PTSD

(rather than PTSD) upon trauma-related stimulation corresponded to reduced amygdala activation and increased ACC activation.¹⁴ This pattern is similar to the neural responses associated with PTSD reduction in TF therapies.²¹ In addition, in dissociative PTSD, a greater activation in ACC was only associated with the experience of conscious fear, rather than unconscious fear.³³ These authors proposed

Intense exposure to traumatic memories is thus likely to result in a transient top-down inhibition, as opposed to a direct modification of post-traumatic memories.

Long-term remission of PTSD, with a low risk of relapse, may thus be more unlikely to happen if it is established through increasing top-down control.

that dissociation is a regulatory strategy to cope with hyperarousal only when a threat is consciously perceived.

Together, these findings could suggest that the conscious and potentially overwhelming reexperiencing of traumatic events fostered by TF therapies might, inadvertently, induce a dissociative mechanism. Although this interpretation remains speculative, dissociation is a mechanism closely related to dual attention, a phenomenon that is central to TF therapies and especially EMDR. Indeed, EMDR explicitly instructs patients to engage in a dual attentional task, typically to follow the therapist's fingers moving horizontally before the patient's eyes, while continuing to reexperience the worst moment of the traumatic event, as fully as possible. Some findings have emerged in line with the hypothesis of dissociation. EMDR was found to be associated with unusually large reductions of subjective distress.³⁴ The introduction of the dual attentional task in EMDR was found to immediately trigger a sudden heart rate reduction, within seconds.³⁵ Interestingly, these two phenomena, reduction of both subjective distress and heart rate, are clinically considered as inherent parts of spontaneous dissociation as observed in patients.¹⁴ In laboratories, a sudden reduction of fear during 'extinction' training was found to have higher rates of spontaneous recurrence of fear-based behaviors, than a gradual fear reduction.³⁶ These findings support the possibility that the effects of TF therapies would hardly be maintained in the long-term.

Long-term remission of PTSD, with a low

risk of relapse, may thus be more unlikely to happen if it is established through increasing top-down control. According to the Yerkes-Dodson law, the integrative

functions of the hippocampus and the prefrontal cortex are disrupted by very high anxiety.³⁷ As the reexperience of traumatic events in TF therapy involves the induction of very high anxiety, if not overwhelming, such anxiety is likely to interfere with the integrative functions of the hippocampus and the prefrontal cortex. It may thus be likely that TF therapies could not facilitate the integration of post-traumatic memories into the pre-existing psychological structure.

Taken together, these findings suggest that the mechanisms of efficacy in TF therapies may be the inhibition of emotions and anxiety by the CCA, and possibly dissociation, reducing PTSD symptoms only temporarily.

Plausible mechanisms of N-TF Therapies

N-TF therapies for PTSD differ in their strategies from TF therapies. For example, dynamic therapy basically aims at establishing a therapeutic relationship and resolving pre-existing conflicts.³ As dynamic therapists are vigilant to prevent any overwhelming affects, dysphoric emotions are experienced gradually. It is thus unlikely that such therapeutic strategies would induce top-down control. Instead, reduced bottom-up reactivity would be induced in TF therapies. This mechanism may be more stable over time than top-down control,

because it does not require the continual use of neural and cognitive resources. In line with this contention, the effects of a dynamic therapy for PTSD have been found to be improved some few months after termination,¹² and the effects of dynamic therapy for other mental disorders have been shown to substantially improve over subsequent years, according to five meta-analyses as reported by Shedler.³⁸

In N-TF therapies, one possible mechanism of efficacy resides in the therapeutic relationship. The attachment theory of Bowlby postulates that, when the therapist's benevolent attitude is internalized by the patient, a secure attachment is formed, capable of regulating dysphoric emotions.³⁹

Recent neuroimaging findings provide support for the role of secure attachment in regulating both emotions and physical pain, without engaging the activation of the ACC. Indeed, a secure attachment has been found to decrease and even prevent the activation of the amygdala and to be associated with milder PTSD and even the prevention of PTSD.⁴⁰ In laboratories, the priming of a secure attachment during a stressful task has been found to reduce amygdala activation,⁴¹ while the priming of

a secure attachment during a threatening experience, such as physical pain, has been found to reduce ACC activation.⁴² In contrast, insecure attachment has been found to be positively correlated with enhanced amygdala activation.^{41,43} Finally, cues of attachment insecurity were found to activate both amygdala and ACC before dynamic therapy, while their activation by cues of attachment insecurity was reduced after dynamic therapy for depression.²⁵ Taken together, these findings suggest that the reduction or remission of symptoms in dynamic therapy, for both PTSD and depression, may be partly due to the establishment of a secure attachment via the development of a benevolent therapeutic relationship.

Author's note

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ABOUT THE AUTHOR

Dr. Louise Gaston, psychologist, has founded in 1990 a clinic specialized in PTSD, TRAUMATYS, in Canada, where she developed an integrative model for treating PTSD, which is flexible and open-ended. In addition, she elaborated a comprehensive 2-year training program in PTSD and trained more than 200 experienced clinicians in evaluating and treating PTSD. Thousands of individuals presenting with PTSD and comorbidity have been treated with this integrative model for PTSD. According to an independent and retrospective study, the associated PTSD remission rate is 96%: 48% complete and 48% partial. Dr. Gaston is the author of several book chapters and more than 40 scientific/clinical articles.



Since 1980, Dr. Gaston has been practicing psychotherapy. She has been trained and supervised over 15 years. She knows all major models of psychotherapy (dynamic, humanistic, cognitive, and behavioral) and has been trained over 5 years in treating personality disorders.

As a clinical researcher, Dr. Gaston collaborated with many colleagues in diverse settings. She has carried out two clinical trials. Her main research topic was the alliance in psychotherapy and its interaction with techniques as they contribute to better outcomes. In collaboration with Dr. Marmar, M.D., she has developed the California Psychotherapy Alliance Scale, CALPAS, a measure of the alliance in psychotherapy which is worldly used.

In 1988, Dr. Gaston completed a 2-year postdoctoral fellowship in PTSD and psychotherapy research, at the Langley Porter Psychiatric Institute, University of California, San Francisco, under the supervision of Dr. Horowitz, M.D., author of Stress Response Syndrome, and Dr. Marmar, M.D., both ex-presidents of the International Society for Psychotherapy Research and the International Society for Traumatic Stress Studies. Afterwards, she was assistant professor in the Department of psychiatry at McGill University in Canada from 1988 to 1994. Dr. Gaston elaborated scales on the MMPI-2 to assess PTSD in civilians.

For many years, Dr. Gaston has provided courses of continuing education across the USA: Integrating Treatments for PTSD, Trauma and Personality Disorders, Memories of Abuse and the Abuse of Memory, and Ethics Working for You. Nowadays she writes, trains, and supervises on PTSD.

Military Family Spotlight: **In Their Heads They're Still Fighting...**

By Kathy Schoop, Managing Editor

Dance is a creative form of self-expression. It utilizes music, body movement and emotion to tell a story. For thirteen-year-old Andie Chiles, it was a way to pay tribute to her father, Major Andrew Chiles, and to let him know, in her own special way, that she understands his struggles. Andie recalls that she wanted to tell her dad's story of his struggle with PTSD and depression through her dance - and so she has done just that in his honor.

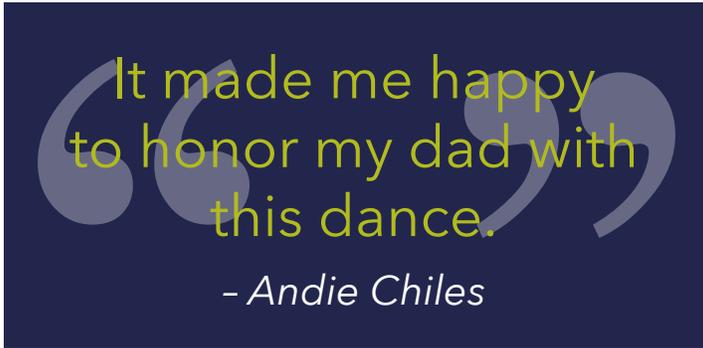
Andie developed this idea more than a year ago, when she noticed that her dad liked the cover version of "Zombie" by Bad Wolves. He seemed to have an emotional connection with the music after hearing it on the radio. She started listening to the lyrics of this rock version of "Zombie", the strong guitars and drums evoking considerable emotion. Andie felt a personal connection with the music as well. The music somehow seemed to explain the struggles that many people carry with them, accurately

depicting the zombie-like state-of-mind that so many people dealing with PTSD and depression experience. They struggle internally, with no apparent outside wounds. Not everyone understands this. That becomes part of the struggle.

Once she had the idea for the dance she spoke to choreographer, Ashley Torrance about bringing the dance to life. Andie played the music for her and relayed the idea she had for the dance. Ashley could immediately visualize the movements for the routine and it took shape from there. Ashley spoke to Andie and parents, Tabitha and MAJ Andrew Chiles, about their journey as a family dealing with PTSD and depression in order to develop a better

understanding of the emotion they wanted to convey. From the beginning, Andie was clear that the dance was supposed to be a struggle until the end, when the person makes the decision to seek help and to walk away from their pain. This was the powerful message Andie wanted to convey. They decided to change the name

of her dance from "Zombie" to "In Their Heads They're Still Fighting" as a means to more accurately explain why Andie was dancing this piece. It symbolized that those suffering with

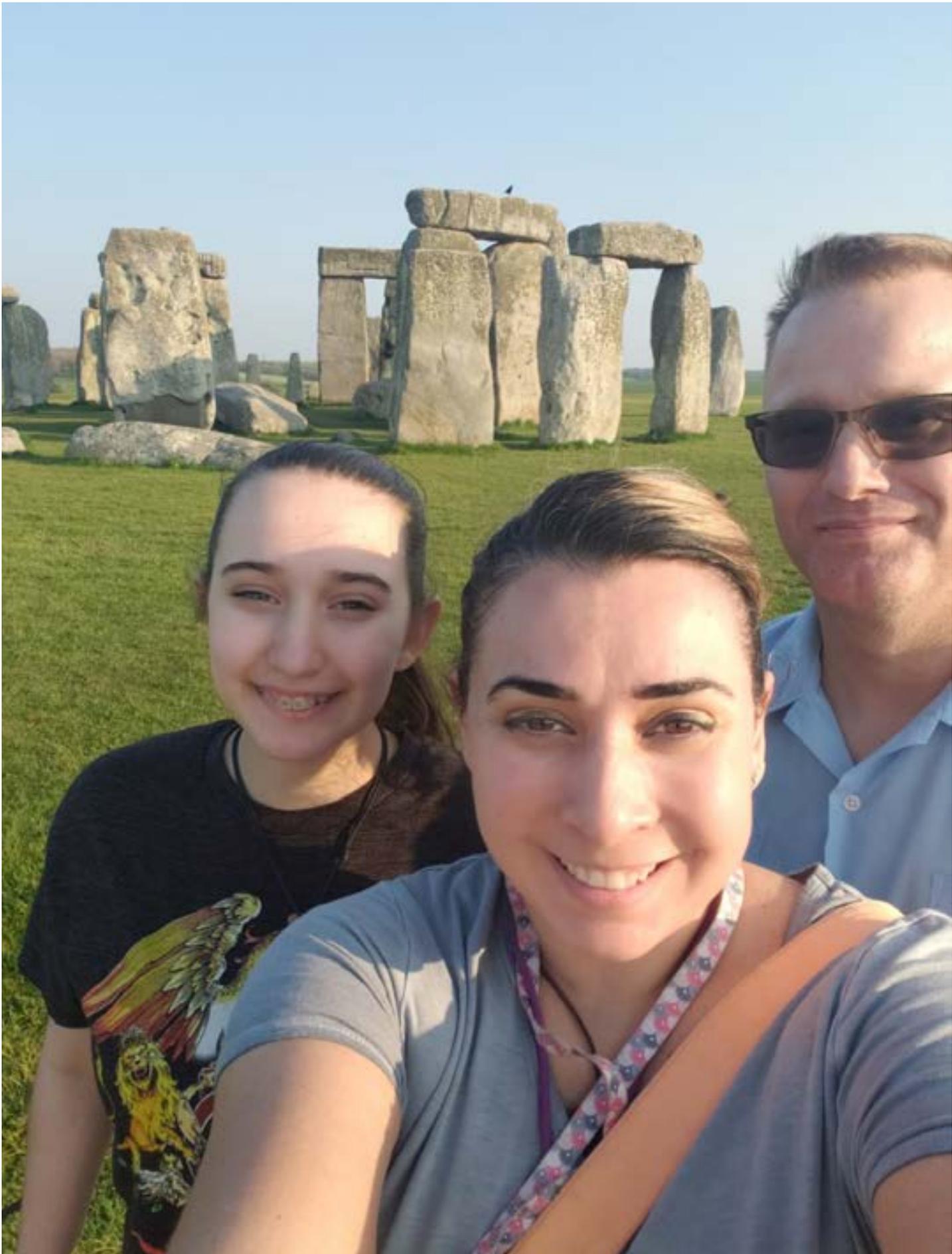


It made me happy
to honor my dad with
this dance.

- Andie Chiles

PTSD and depression constantly fight the inner demons residing "in their heads". Her hope in doing this dance is that she may reach people and encourage them to seek help with these demons.

When they actually began the choreography, Andie faced her own personal struggle, not knowing if she could actually perform this very personal and emotional dance. Her dad was about to be deployed again and would not be here at home to watch her perform it. When her dad leaves for deployment, has bad days or experiences nightmares, Andie finds it hard to express how she feels about what both she and her father are experiencing. Through her



passion for dance and strong desire to express herself through music and movement, she was able to depict just how her dad's PTSD made her feel. She was able to express a certain vulnerability and strength on the dance floor. Although she was portraying her personal experience, she also realized that as others saw her dance this piece, it seemed to illustrate others' struggles as well. It was both frightening and liberating for her to be able to speak for those suffering from various psychological conditions and psychological injuries in a relatable way.

From the concept development, through rehearsals, and finally, the actual performances, Ashley wanted Andie to be involved with the choreography of the piece, since it was an extension of herself. The choreography was meant to be "soft", yet rough around the edges, with periodic explosive movements. The loud drums helped her to understand the triggers Andrew experienced representing the bombs and explosions he lived with every day in Afghanistan. The dance is performed with a lace blindfold to signify that PTSD and psychological disorders and injuries may cloud one's perspective, often making it difficult to distinguish between illusion and reality. One's mental state dictates their outward movement and appearance. It was a way of making the internal wound visible and to illustrate the struggle of moving through life, blinded from reality. At

Even though this was a story about her dad's struggles, it seemed to touch different people throughout her dance performances. We felt honored to be able to speak for those who suffer every day.

- Tabitha Chiles

the end of the piece, after a long struggle with the blindfold on, Andie takes it off, drops it on the stage and walks away. Even though the struggle is not completely gone, people suffering from PTSD and other psychological conditions can get through

one day at a time by seeking help and talking to others. This is a very strong message for a young dancer to convey.



Andie performed her solo at four dance competitions this season and at the Bruce Lea Dance Factory 40th Anniversary show in Fort Worth, TX on June 22nd.

The impact of PTSD on the family

As a child, Andie had plenty of encounters with her dad's PTSD struggles. After his first deployment, they visited Disney World. Everything seemed fine until the closing of the park and the fireworks show. Andrew's attitude shifted and as the loud noises and flashing lights began, he



started losing control. He got Andie out of the car, hugged her and dropped to the ground to protect her. Andie was crying and very scared, as were others that were around him during this episode. Tabbie was able to calm him down and make him realize where he actually was. This was her first encounter with his PTSD symptoms.

During a storm, when Andie was 5-years-old, a transformer exploded in the backyard while they were sleeping. Andrew remembers grabbing her and running out of the house, looking for a bunker... somewhere safe. He remembers looking at Andie and saw that she was crying. She had no idea why he grabbed her and ran out of the house. He called out for Tabbie's help and recalls sitting on the front porch crying afterward.

It was difficult for Tabbie to know what to do to protect Andie from the effects of these PTSD episodes and be supportive of Andrew at the same time. She was always "on-guard" and ready to step in to diffuse the situations, trying to understand the triggers and anticipate problems. At times she felt alone in this process, not being able to find anyone that could relate to the problems she encountered. Andie has lived through several occasions where PTSD played a big part in her life. Those are the experiences that shaped the emotions she portrayed in her dance. Dance provides emotional release and healing for her.

It is also a cathartic experience for the parents to watch their child express and release such strong emotion. I recall standing with Tabbie during one of the first times that Andie ran the dance at the studio during rehearsals. The emotion it evoked in her was overwhelming. All the years of keeping the family functioning

“When I hear the song, I get goosebumps, I flash through the horrors that I have suffered, and then find peace, almost instantly. The fact that a 13-year-old can grasp the struggle her father has been through is brilliant. I almost feel it is a way for her to express how she has seen me at my worse and seen me at my best. Andie has a great appreciation for Veterans and has a far greater appreciation for Combat Veterans than most 13-year old's do. This was her project, a gift if you will, to me. She has never really sat down with me and told me what the dance means to her, but it is clear when she is on the stage. Andie is able to exemplify my struggle and turn it into motion.”

- MAJ Andrew Chiles

In Their Heads They're Still Fighting...

on a day-to-day basis, emotionally protecting Andie and the unconditional love and support of Andrew in his struggles were revealed on that dance floor. Andie performed it so genuinely raw with authentic vulnerability, anger, passion and dramatic shifts in emotion. It affected all of us to the core watching her dance. It exposed such deep hurt and 'invisible wounds' from the past and at the same time released it into the open arms of all those watching that understood, reinforcing the need to release the pain in order to heal. Knowing the journey that they've been on as a family and watching this dance develop has been a truly touching experience. It has been an honor and a blessing to share this story. As a retired military spouse, I could relate to the profound effects that a commitment to military service has on the family trying to maintain a 'normal' and healthy family life while navigating through deployments, separations, combat and PTSD. So, thank you Andrew for your service. Thank you Tabbie for being the "glue" to hold this beautiful family together and thank you Andie for the courage to express your feelings through dance.



Andrew is a Major in the United States Army and is currently stationed in the UK at RAF Molesworth, working at the NATO Intelligence Fusion Center. He has been in the Army for 23 years, with two combat deployments. The first was in 2009 to Iraq and the second, in 2012 to Forward Operation Base Shank, Logar, Afghanistan.

Andrew's story

The impact of combat started with my first deployment. However, I did not acknowledge that I needed help until 2013. When I came home from Iraq, I had not realized the impact of war on me. The impact is personnel and effects everyone differently. I cannot recall if I was too proud or just ignorant in admitting that I needed help.



Between 2010 and 2012, my PTSD stressed our marriage. To be frank, there were several times I did not think we would stay married. But Tabbie stood by me. In 2011, I was asked to come back on Active Duty and would remain there until 2013. During that time, our marriage was strained. I chose to deploy to Afghanistan. It was more an obligation for me. I wanted to fight on both fronts of the war, do what all my fellow Soldiers had done. I viewed it as a way to fulfil my destiny. I did not care if I died, I just wanted to fight, be part of something much bigger than me. Tabbie was not happy. I arrived in Afghanistan in June of 2012. The war was real, nothing like I had experienced before. Our base had weekly firefights and daily mortar attacks; so much so, you just became complacent. You accepted the fact

that the Taliban are bad shots and you could just do what you needed too. I would call home as time permitted, but I know it was not enough. Tabbie did her best with me gone, which was more than I could have asked for. She stayed the course, stayed true, and stood by me. On August 7th, 2012 around 10am, the Taliban detonated approximately a 7,500-10,000 LB Vehicle Born Improvised Explosive Device along our perimeter. The explosions over-pressure knocked me to the ground. I was diagnosed with a minor concussion, which later would be upgraded to a Traumatic Brain Injury (TBI). When my mission ended, I returned home. I came off Active Duty in January of 2013. Prior to departing Active Duty, I was admitted to the hospital at Fort Sam Houston for TBI assessment, while I was seeing a psychologist for the first time for my PTSD.

It was not until 2013 that the PTSD started impacting my work as a police officer in the City of Arlington. Without realizing my actions, I had begun to deteriorate in my ability to function as a person. This took a toll on my marriage and my employment. To help me, my employer put me on administrative leave and provided psychological help. I cannot recall the day, but after I was put on administrative leave, I remember driving home, thinking I was just going to take my life. I was or had become a burden to everyone around me. It was at that point that I lost my emotional state of mind. I pulled over on the road, not knowing where I was, and called my wife. I was going to tell her I was done and could not go on any more. But I could not get it out of my mouth. All I could do was cry. I remember telling her, I did not know where I was, I was lost. That day was the day my wife gave up her job for me; the day the world almost stopped for

me. She left her job to come and find me. Today, I honestly think she knew that that day would come. Looking back, I realize how much she loves me and how she never gave up on me. It is sad to think I was willing to give up on myself.

When she got off the phone with me, I called my buddy in the police department, told him what was happening and that I did not think I could go on. He stayed on the phone with me, helped me get home, and most of all, he kept me talking. Patrick Duffy helped save my life that day. Once I got home, Tabbie pulled up and came in the house. She hugged me, put me in her car, and took me to the Veterans Hospital in Fort Worth. Since then, it has been a journey. I have worked hard at taking care of myself, working with the VA and ensuring that Tabbie and I have open lines of communication. The best way for me to keep my sanity is to accept what I have been through, tell my story, and know that there are Veterans out there that need help and encouragement.



The Research, The Real Stuff And The Resource

By Sporty King, CHP, ACS/CL

This session we'll be talking about the 3R's.... not Reading, wRiting and aRithmetic, but the Research, the Real stuff and the Resource." I absolutely love opening up my sessions with that line when I facilitate weekend seminars for Service Members and their families as they face the deployment cycle. The message I am delivering is a product of the Yellow Ribbon Reintegration Program (YRRP).

The YRRP is a Department of Defense mandated program that was initiated in 2008 to help support those who support our country.

These programs are ongoing every weekend

in multiple locations around the country, Hawaii and Puerto Rico included. It operates in three phases: Pre-Deployment, During Deployment and Post-Deployment. Depending upon branch of service, the majority of these events are held at hotels, to give that "take a break from chores and focus

on you" feel. This is especially important before deployment for those younger families who need to understand the process and the support they will need to survive the physical separation from a loved one. No one can get through this alone.

The YRRP classes target the needs of each particular phase in regard to topics such as attitudes, balance, benefits, budgeting, communication, death, education, emotions, family, goal-setting, growth, health, insurance, joy, kindness, laughter, life, love, meditation, nerves, networks, operational security, suicide, patience, reintegration, stress, trust, understanding, value,

worry, xenophobia, yesterday, and zero. As nicely and easily and alphabetically as these topics fit into this article, they often do not comprise a synchronistic even flow of convenience, especially

for the families involved. There is an extremely high calling on the lives of military families. America asks them to turn their emotions on and off at the drop of a dime (okay, by orders). It can become quite the roller coaster.

Meanwhile, just as in my creative opening line, I like to inspirationally state that "zero"

does not signal the end of the road; rather it is the military "starting point". When coupled with "yesterday", they represent the fresh start we are gifted with on a consistent basis.

Thus, I go on to say, "The Research is what will appear on the slides: the statistics, theories, and the tendencies you will experience or develop. The Real stuff is what is actually going on in your lives, regardless of what the screen says. The Resource is me, because I get to deliver this stuff to you and try to create the analogies and scenarios that make the Research clear to you; that bring it to life for all present. As this becomes

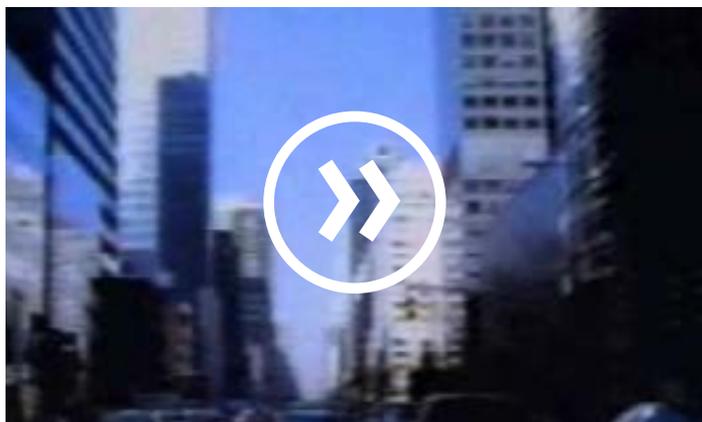
There is an extremely high calling on the lives of military families. America asks them to turn their emotions on and off at the drop of a dime.



clear, you will have the opportunity to choose whether or not it applies to you and your personal situation. If it does, that would be wonderful. You will gain new understanding or insights into why certain things are happening around you, especially if this is your first deployment”.

“If you’ve had more than one deployment and are hearing this stuff again, hear it again for the first time. If it doesn’t apply to you, don’t shift in your seat or suck your teeth and proclaim this as a waste of your time. Let it confirm what you know and help us affirm it for someone else who might benefit from your experience. Maybe the slides tell them what you couldn’t and will now give you another way to help them understand and transmit the message you missed or didn’t need last time. How many of you had a different situation or status during this deployment: a new child; spouse; divorce; teenager; place of residence? There’s something different about your mindset that will pick up an entirely new aspect of this old message”.

The classes I facilitate are modules chosen by individual meeting planners for each event. My focus is to (sometimes subliminally) “use” the principles in the class versus “reporting” their use. For example, I use the following YouTube video



when talking about stress while stating, “If you don’t like the way things are, change the way you look at them.”

I can now deliver a more impactful comparison of acute versus chronic stress; real versus perceived. The primary difference here is that acute is short term and chronic is long term. In addition, acute stress improves immune system function, memory and focus/attention, while chronic decreases each of those. Chronic stress also impacts the nutrition system, often putting nutrition on the back burner because digesting food is not as important as fighting off a potential threat. Stressors can be real or perceived. However, whether these stressors are real or perceived, they can still disrupt our balance. I offer the examples: a real stressor we can all relate to would be “I’m late and I can’t find my keys”. A perceived stressor might be “My husband is late, he must have been in a car accident”. I add that perhaps the husband is late because he cannot find his keys....

As we laugh through my sharing of the slides and information, we release the dopamine needed to combat and ultimately master stress, a step above managing it. Because audience members ARE laughing and feeling its effect, I can now deliver a more compelling and experiential option for consciously incorporating an intentional dose of laughter or brain recharge exercises into their lives. Not everyone realizes how they can shift their energy focus toward learning how to use stress to fuel positive change; to take control of what you can and let go of what you cannot. When we know how our brain works, we can use the power of positive neuroplasticity to make our brain work for us instead of against us.

One of the challenges my Military Family Members experience is the physical isolation of being separated from their loved ones.

Laughter is one of the evidence-based interventions for stress mastery that can be used in a recharge

toolkit. It is the one I lean most heavily, which is why I enjoy telling jokes or funny stories spontaneously. Laughter boosts the immune system. It decreases stress hormones and increases immune cells and infection-fighting antibodies, thus improving your resistance to disease. Wonderfully it triggers the release of endorphins, the body's natural feel-good chemicals. There is usually someone in the audience with a great sense of humor who adds to the experience with an "internal jab" at one of their Warriors.

Internal jab or not, it is important to offer a process for handling those stressful moments where laughter may not be the best option, so I introduce "BFF". This is not Best Friends For Life... but Breathing, Feeling and Focusing, which is the Brain Recharge Process to optimize energy and information flow to the brain. The most effective approach for managing stress starts with calming the body down. Once the body is calmer, we can think differently about our stressors. Then we are able to think more clearly and rationally, and less emotionally. There are many stress-reducing techniques or approaches to better handle stress. One method is focusing on your breathing. Some will consider it meditation, aromatherapy, or mindfulness. What is important is to calm, cue and control your brain to get it back in alignment.

During my communication-related classes, I can weave in the need for social connection, even to the single individuals who now have a better understanding of their need for community. Based on the Social

Brain Hypothesis, living among others requires more work from our brains than lower primates. We

have to be able to recognize different people, their non-verbal communication cues, social and cultural behaviors, as well as the emotional roller coaster our self-esteem rides. All of these functions allow us to live with one another.

Social connections can be among family, friends, business and social communities. It is a buffer against mental illness symptoms and prolongs the occurrence of relapse. One receives an increased feeling of self-worth based on how well they attempt to understand others and situations; one feels that they have additional resources and support systems, which feeds into an appraisal of their ability to handle the stress. The patterns are more likely to be positive when one has social support.

One of the challenges my Military Family Members experience is the physical isolation of being separated from their loved ones. Though we drum the need for developing support networks prior to deployment, many tend to isolate themselves from neighbors, feeling no one in the neighborhood understands. What they often fail to realize is that neighbors simply do not know HOW to offer support because Family Members may be reticent to ask. This becomes a perceived lack of support by Family Members dealing with loneliness, often evolving to feelings of depression and other mental disorders. Many tend to possess a human-natured inability to ask for help or even social interaction. As a result, the deployment will be more difficult than by nature, it is....

Three types of social support families need are emotional (hugs, compassion, reassurance); instrumental (meal preparation, driving, household assistance); and informational (advice, guidance). The light at the end of the tunnel is in the number of Family Members who turn that reality in their favor and believe in the growth they can experience.

Though supplied with a Facilitator's Script, I have the freedom to inject my personality into the classes. Each class includes relevant handouts and interactive exercises to illustrate the lesson. Getting volunteers to participate is a lot easier than some might think. There is always someone who understands the value and wants to internalize the Real-life transfer. I appreciate their signal to me that they are comfortable enough to get involved, because for some audience members, the message is always stronger coming from one of their own.

Some of the classes I am most often asked to teach are:

Pre-Deployment

Creating a Family Communication Plan - This class highlights the cons and pros of different communication methods, as well as identifies potential conflicts in attendees' communication goals and strategies that might cause frustrations and difficulties during deployment. During this class, participants will recognize different concerns families have about communication and deployment and how these are impacted by different communication methods. Participants will be able to develop a communication plan based on their available communication methods, as well as their individual communication needs and goals within the family context.

If you found yourself mentally hesitating while reading that first line in this description, I use it to magnify my Real-life preference to close my choices with positive options (thus "the cons and pros").

Post-Deployment

Do You Hear What I Mean? - This class defines communication and allows participants to self-reflect on the effectiveness of their communication skills. This class also helps participants understand how to convert "you" statements to "I" statements, the difference between complaints and criticisms, and how to listen effectively. So often in communicating, we hear or see what we choose. It is important to make that distinction clear.

Reader, are you good at saying "no," expressing your feelings, controlling your anger... or could you be better at any one of these? Those are the types of questions participants get to ask themselves and sometimes role-play for group discussion. Most of the learning in this class is introspective because life scenarios rarely package as clear-cut options. There are times where knowing what you believe must outweigh knowing what to do... so you can know what to do.

Though there is no mandate on the specific classes chosen by the meeting planners. "The Emotional Cycle of Deployment," and "Address Your Stress" are a couple of my regulars, with each having Research appropriate to the phase at hand.

The Emotional Cycle of Deployment - This session gives an overview of the 7 Stages of Deployment (two phases in Pre-Deployment, three phases in During Deployment, and two in the Post-Deployment phase). This includes common emotions and coping strategies



experienced during each stage and examining how Service and Family Members can effectively navigate these stages. Understanding that there is a mental process that accompanies the physical separation is typically very reassuring for each person.

Address Your Stress - This class discusses the basics of stress: how stress is defined, the effects of stress on the body and mind, and the difference between real and perceived stress. This class also covers coping strategies and techniques, with participants practicing how to counter stressful thoughts and learning the use of guided imagery, two techniques that can very effectively help to manage stress. My sessions go on to become enjoyable, interactive, fun and informative. Enough people walk away feeling satisfied. I say so because I get to enjoy one of my biggest thrills of each day: when (especially) a male Service Member comes up to and thanks me for my message. What a blessing it is to receive those from every "type" of person

attending, but there is an extra pinch of humility in me when the (perceived) macho male ego is pushed aside and smiles.

I have had a Soldier ask me to help write his wedding vows, been invited to weddings, taken pictures holding infants, maintained social media friendships, gone out to dinner with parents

when visiting their city or them visiting mine, had children dedicate a group poem to me; I even have a wonderful friendship with a Soldier's father (with whom I totally disagree on political views), whose wife called me when he was admitted through the Emergency Room into a hospital. I gladly went to visit and sat with the two of them for hours. I receive so much joy from the many ways I receive thanks, including just the handshakes of those who maintain their macho demeanor.

I believe my success with audiences is in my mental commitment to "speak with" rather than "talk to" them. Some people turn a deaf ear to Research because it can sometimes seem to "tell" people how they feel versus offering options for consideration and understanding. I am actually one of those people; yet because I believe what I am presenting might save a life, I find a way to ask others to consider and understand what I now see as useful toward helping them make life decisions.

For instance, I had to learn that our Confirmation Bias causes us to notice, remember and weigh evidence that supports our thoughts and beliefs. In Military Resilience Training (MRT), we call that the “Velcro Effect”. When we find what we are looking for and it is the way we want it... it sticks. When we find what we are looking for and it is not the way we want it... it slides off and we call it the “Teflon Effect”. I was subconsciously guilty of stopping and standing my ground when I found enough information to make me the exception to the rule, no matter what else the research said. It was actually my involvement with the Yellow Ribbon Program that cemented that lesson for me.

After I created and as I heard myself introducing “The 3R’s” I realized I wanted to be a better Resource when finding the analogies that worked for the group. Just as I announce that no two deployments are the same and that deployment preparation and recoveries are individual experiences, I could no longer restrict myself to the analogies in my modules. Ultimately, by teaching, I learned.

I get another pinch of thrill when the meeting planners request me to present again and another still, when attendees see me and thank me in advance for what they know will be a fun weekend.

Before I show up at any of my events, I have connected with the meeting planners and obtained answers to these questions:

1. How long have these [Warriors] been back from their deployments? If they have been coming back in waves, could you give me an idea of the general time-frames of the re-deployments?
2. Where have these [Warriors] been deployed

(in general terms)?

3. What types of missions did they perform during their deployments?
4. What specific situations, circumstances, issues, and/or challenges & hardships did these [Warriors] (individually or as a group) encounter during these deployments? I have had a Pre-Deployment group who lost a Battle Buddy a week before their Yellow Ribbon attendance
5. How might the families be feeling in relation to any of the above?

This connection with the meeting planners allows me to find more relevant scenarios, cartoons and jokes to include in my presentation. Along the way, I let my audience know that I never make it my goal to immediately reach everyone. With all the varied personality and communication styles in the room, any attempt to touch them all would lose my authenticity (and yours if we switched places). My goal is to always reach one person per speech, and that one person is me. I need to have heard myself tell the truth. You see, as “big picture” helpful as the YRRP is, there are still attendees who absolutely do not want to be there and who see this as another weekend taken away from their lives by the government. Are they unpatriotic? Not at all. These men and women are trying to get on with their lives during what they feel is now their time to own.

Depending upon what is going on in their lives at the moment will determine whether or not they “hear” me, whether or not I am the messenger they most need to listen to. Yet, when the clouds clear for them in days, a week, month or more and they are open to consider what I offered, what is most important is that I

offered the truth. Just as in my Emotional Cycle of Deployment or any communication class, I express that no emotion is wrong. It is our reaction that determines the often-retrospective evaluation of the options taken. Thus, I respect their feelings by making it clear that, "I don't practice what I preach... I preach what I practice and [that] I laugh and joke, but I don't play."

There are more than 50 classes to choose from. All are listed on the YRRP program's website and do not necessarily need facilitation. They offer the option for members to access the information and walk themselves through the presentation. As a reader, you may remember those people I mentioned above, who may have felt the weekend was a waste of their time. Now imagine their sense of relief when they flash back to find a relevance or openness for digesting a

need. We are all, by nature, prone to learn better when the lesson is personal. That's what the Research shows.

Your life is Real. Continue to live it and be the Resource you are toward benefiting the lives of the many you touch with your every action. And may I add that when those actions are positive, you make the world a better place to live and yours, a better life to enjoy?

There's a high calling upon the lives of Military Families. America asks them to turn their emotions on and off, at the drop of a dime (okay, by orders). It can be quite the roller coaster. Oops, did I say that already? I repeat it as often as possible during my YRRP weekends.

To get more familiar with the value of the Yellow Ribbon Reintegration Program feel free to access www.yellowribbon.mil.

ABOUT THE AUTHOR

Sporty King, CSME, CHP, ACS/CL has been a Yellow Ribbon Reintegration Program Cadre Speaker since 2011. He is a newly Certified Stress Mastery Educator who helps people become better listeners through his use of Humor, Positive Original Poetry and Wisdom, focusing on ENJOYING their personal and professional success. King believes that just as success is about confidence and listening... how people feel about themselves affects their ability to listen. He believes that life is about going from one puzzle to another... you are a small, medium or large piece of each puzzle. Yet, no matter what puzzle piece size you see yourself as, without you, each puzzle is incomplete. Add it all up and he gets tangible positive results by helping people contribute to the bottom line by envisioning themselves as an important piece of every puzzle based on feeling good about themselves. He calls it The Top Line... and with it, there are boundless bottom line results. Sporty's 'Say YES to Stress' mentality helps audiences say YES (You Experience STUFF) as they embrace the positive energy that moves toward YES (Your Exit Strategy). You can reach him at www.sportyking.com.



The Aftermath Of The 18-Year Conflict

By David J. Winkler

My introduction to combat stress began with two combat deployments as a Marine Infantryman. I deployed to Fallujah, Iraq, and Helmand Province, Afghanistan with 2nd Battalion 7th Marine Regiment out of 29 Palms, CA between 2005 and 2009. Throughout these deployments, the 2nd Battalion, 7th Marine Regiment sustained 49 Killed in Action, several hundred Wounded in Action, and more than 30 suicides since 2009. This

experience of combat stress continued as I served in an (MTT) Mobile Training Team Advisory role for the (ISAF) International Security Assistance Forces in Afghanistan in 2011. This advisory deployment gave me a unique perspective of the institutional and strategic processes of the multi trillion-dollar war machine, which lacked a sound strategic policy from the General Staff Officers and Congressional Oversight Committees as to how we would accomplish a desired end state to achieve a peaceful transfer of power to the new Presidential Cabinet of Afghanistan and Iraq. Now I serve as the CEO of a National 501c3 Veterans Organization, called Wings for Warriors, where I am able to advocate for the Veteran Community regarding all aspects of Veterans issues in dealing with the unfortunate fallout of this 18-year conflict.

The (GWOT) Global War on Terrorism has cost U.S. tax payers more than 5.9 trillion dollars in post-9/11 combat operations throughout the Middle East. The Wars in Afghanistan and Iraq began on 7 October 2001 and 20 March 2003 respectively, with the intent to defeat the Taliban and Al Qaeda networks and to establish a peaceful transfer to a centralized government. Eighteen years has passed, with little to no forward progression to hand over these governments to the populace of both Iraqi and Afghan. This trillion dollars has been used to sustain a much-outdated Vietnam strategy called (COIN), otherwise known as Counter Insurgency Operations. This strategy

relies on manipulating indigenous populations through diplomatic means, also known as winning the "hearts and minds" of the people of these countries to decrease recruitment of new insurgent elements and to promote a centralized democratic government, while using the U.S. military in the role of diplomats to enforce strict compliance. This strategy conflicts with the mentality of the combat arms Service Member in the sense that we were trained and designated to neutralize and destroy the enemy by fire and maneuver and not to play politics.

This strategy led to stricter rules of engagement and the escalation of force rules within combat operations in the Middle East, which made the U.S. forces more hesitant to defend themselves in fear of going to jail for war crimes against a cunning enemy, which utilizes the local populace as human shields to carry out attacks. Imagine the stress of walking into a village of people, where the enemy is walking amongst you and every window, alley way, building, street or person is a potential threat. This heightened state of alert takes an enormous physical, mental, and emotional toll on Service Members, both on and off the battlefield, especially given the acute awareness of every Service Member in the combat theater that any wrong action taken can either "have you tried by 12 or carried by 6".

On 5 March 2019, President Donald J. Trump signed an Executive Order titled "National

Initiative to Empower Veterans and End Veteran
aof life for America’s Veterans and ending the
epidemic of Veteran suicides. This executive
order, in our belief, only captures Veteran issues
retrospectively and should be extended to impact
Service Members’ quality of life as well. Wings
for Warriors understands these Veteran issues
holistically and that the root causes of suicide,
depression, substance abuse, and the wide range
of psychological issues plaguing our war Veterans
often stems back to traumatic situations (especially
traumatic brain injuries) that Service Members

incur while serving in uniform. These issues are
oftentimes coupled with administrative and/or
punitive actions through military channels, family
issues, and serious medical concerns, all of which
cause tremendous stress in the lives of Service
Members. The Department of Defense currently
lacks seamless handoffs to the Department
of Veterans Affairs, resulting in huge gaps in
critical healthcare, financial situations, and career
placement. These gaps and currently undermined
transition programs dictated by Congress,
exponentially increase the likelihood of Veteran





mental health ordeals and suicide, both attempts and completed suicides.

Since 2001, Veteran non-profits organizations have been filling the much-needed gaps of the Veteran Affairs system. Unfortunately, most Veteran non-profits focus on Veterans after the uniform comes off. Veterans must also meet strenuous criteria to qualify for services. For instance, Veterans must have been classified with a 30 percent service-connected disability, have been awarded a Purple Heart, must be a commissioned officer for job placement, and/or must have been discharged from the military honorably or have received a general discharge under honorable conditions. This creates the image that only certain categories of Veterans matter to non-profit organizations and that the label attached to being a Wounded Warrior creates a false sense of judgement from employers and the

American people at large. We must attack the root source of these Veteran issues, stemming from any number of war wounds that occurred under the auspices of the Department of Defense. This new ideology will assist those who transition out of the military, reduce the recurring stressors, and provide individual seamless transitions to the Department of Veterans Affairs, corporate america, and to higher education.

A recent BrainLine study backed by the Bob Woodruff Foundation, published an article in January of 2019 indicating that more than 383,947 cases of (TBI) Traumatic Brain Injuries have been reported between all of the Service Branches throughout the conflicts in Iraq and Afghanistan. This, backed with recent (CDC) Center of Disease Control reports in 2019, show a projected increase of Traumatic Brain Injuries to 400,000 to 500,000 cases by the year 2020. This is problematic, as

the Government Accountability Office published a report (GAO-17-260) in May of 2017, stating quote "62 percent, or 57,141 of the 91,764 Service Members separated for misconduct from fiscal years 2011 through 2015 had been diagnosed within 2 years prior of separation with Post-Traumatic Stress Disorder (PTSD), a Traumatic Brain Injury (TBI), or certain other conditions that could be associated with misconduct. Specifically, 16 percent had been diagnosed with PTSD or TBI, while the other conditions, such as adjustment disorders and alcohol-related disorders, were more commonplace. Of the 57,141 Service Members, 23 percent, or 13,283, received an "other than honorable" characterization of their military service, making them potentially ineligible for health benefits from the Department of Veterans Affairs (VA)."

The GAO found that the military service policies that address the impact of PTSD and TBI on separations for misconduct are not always consistent with DOD policy. For example, contrary to DOD policy, Navy policies do not require a medical examination or screening for certain Service Members being separated in lieu of trial by court-martial to assess whether or not a PTSD or TBI diagnosis is a mitigating factor in the misconduct charged. This type of separation occurs when a Service Member facing a trial by court-martial requests, and is approved, to be discharged administratively. In addition, the GAO found that two of the four military services have TBI training polices that are inconsistent with DOD policies. The GAO also found that the Army and Marine Corps may not have adhered to their own screening, training, and counseling policies related to PTSD and TBI. For example, the GAO found that 18 of the 48

non-generalizable sample separation packets reviewed for Marine Corps Service Members administratively separated for misconduct, lacked documentation showing that the Service Member had been screened for PTSD and TBI. During interviews with Army officers, the GAO found that some officers may not have received training to identify mild TBI symptoms, despite Army policy that all Service Members should be trained to do so. Furthermore, the GAO found instances in which both Army and Marine Corps may not have adhered to their counseling policies, which require that Service Members, specifically prior to requesting separation in lieu of trial by court-martial, be counseled about their potential ineligibility for VA benefits and services.





For 11 of the 48 separation packets included in the GAO's analysis of Army Service Members who requested separation in lieu of trial by court-martial, there was no documented evidence or the evidence was unclear as to whether the Service Members received counseling. Finally, while Army and Marine Corps have some available data on Service Members' screenings, training, and counseling, military services in general do not use these data to routinely monitor whether they are adhering to relevant policies. Federal internal control standards call for agencies to establish monitoring activities to ensure internal control systems and evaluate results. Without monitoring adherence to these policies, the military services cannot provide assurance that Service Members diagnosed with PTSD and TBI are receiving adequate consideration of their conditions, as well as the medical and mental health services DOD has established for them.

This issue explains the recent class action lawsuit against the Secretary of the Navy, Manker versus Spencer, since the (NDRB) Naval Discharge

Review Board has a dismal 7 percent overturn rate of cases presented before them on these matters. It takes anywhere from 18 to 24 months just to receive a decision from the (NDRB). Wings for Warriors has seen thousands of cases of all eras of Veterans who have been affected by this lack of due process. In some cases, this has led to increased health issues and the tragic deaths of far too many before the issue is resolved.

In conclusion, Wings for Warriors has an urgent need to provide a solution to the biggest threat our Service Members face overseas, which is the Improvised Explosive Device, in order to prevent additional Traumatic Brain Injuries (TBI) cases. Secondly, we need to offer and develop every conceivable remedy in order to support programs that seamlessly follows Service Members transitioning from the Department of Defense to the Department of Veterans Affairs to reduce the stressors inherent in leaving military service and to mitigate and prevent Veteran suicides. Its time we be the wings for our Wounded Warriors, they fought for us, its time we fight for them.



ABOUT THE AUTHOR

David J. Winkler was born in Santa Ana CA. He enlisted in the United States Marine Corps on June 18th of 2005. He attended MCRD San Diego (Marine Corps Training Depot) and SOI (School of Infantry West) at Camp Pendleton CA, earning the military occupational specialty of Infantryman (0311). He enlisted in the United States Army on September 9th of 2009, attending AIT (Advanced Individual Training) at Fort Bliss TX, earning the Military Occupational Specialty of Avenger/Stinger Crewmember (14S).

SSG Winkler's assignments included G Company, 2nd Battalion/ 7th Marine Regiment in 29 Palms CA, and the 1st Marine Division. He served one tour with G Company, 2/7 in support of Operation Iraqi Freedom to Fallujah in the Al Anbar Province of Iraq. After returning from deployment to Iraq, he was deployed in support of Operation Enduring Freedom with Fox Company, 2/7, to Nawzad, Helmand Province Afghanistan. His Assignments also include 2nd 44th Air Defense Artillery Regiment, Fort Campbell KY. He served one tour in support of Operation Enduring Freedom as a Mobile Training Team NCOIC for CSTC-A Command Kabul, Afghanistan. Upon returning from Afghanistan, he volunteered for recruiting duty and served as a Detail Recruiter for the Brooklyn North Company, NYC Recruiting Battalion. Upon successful completion of recruiting duty he deployed to Camp Carroll, South Korea with 2nd Battalion/ 1st Air Defense Artillery Regiment, where he served as a Platoon Sergeant for the THAAD Missile site for 6 months. He was then assigned to 6th 52nd Air Defense Artillery Battalion out of Suwon Airbase as an Operations NCO. Upon return from Korea he successfully completed his service to the nation and continues to serve as the CEO/President of a National 501©3 Veterans Non-Profit called Wings for Warriors, and a Brand Ambassador for Hire Military.

SSG Winkler's awards and decorations included the Change Nations Community Ambassador Award, Change Nations Productive Business Veterans Award, Operation Warrior Shield Human Spirit Award Joint Service Commendation Medal, Marine Corps Combat Action Ribbon, Army Achievement Medal (6th Award), Army Good Conduct Medal (3rd Award), Marine Corps Good Conduct Medal, National Defense Ribbon, Iraqi Campaign Medal (one bronze Star), Afghanistan Campaign Medal (two bronze stars), Korean Defense Service Ribbon, Global War on Terrorism Expeditionary Medal, Global War on Terrorism Service Medal, Non-Commissioned Officer Professional Development Ribbon (2nd award), Nato ISAF Medal, Naval Sea Service Medal (one Bronze star) Army Service Ribbon, Overseas Service Ribbon (2), Marine Corps Unit Citation, Navy Unit Citation, Drivers Badge, Air Assault Badge, and US Army Recruiter Badge.



Former Staff Sergeant, US Army 2009-2019

USMC 2/7 Marines 2005-2009

CEO/President of Wings for Warriors

Stress Management - Is It Going To The Dogs?

The Promise of Animal-Assisted Therapy

Ron Rubenzer, EdD, MA, MPH, MSE, FAIS

Hound-history and influence." We started keeping dogs about 12,000 years ago, globally, and about 9,500 years ago in North America (e.g., Texas).

Dogs are woven into our very culture, arts, entertainment and even sports. Our culture has Lassie, Snoopy, Hushpuppies, and the dogpaddle. In the arts, pet-portraits are the latest, "prized" surprise gift for animal "caretakers"

(<https://kathrynhansen.com/>). In sports, one Greensboro, NC enthusiast, actually kayaks with her dog (the dog wears a life jacket and enjoys the ride).

Dog Therapy-Partners: Is stress-management going to the dogs? Maybe.

Rescue dogs, Rescue us!

"We found that pet owners, on average, were better off than non-owners, especially when

Why we bond so well with our dogs

Puppy-eyes don't lie, (it's chemistry)

Scientific research has revealed that the mere act of gazing into a dog's, almost human-like eyes, floods our brains with the "feel good" hormone - oxytocin. Dogs are master-manipulators, especially when they look up at us with "pitiful" stares for food. They add to this by resting their chins in our lap. They train us, but they also calm us.

Dogs seem to want to please us. (Imagine a Westminster CAT show or a Seeing-eye-Cat?).

They seem to listen to us. Your dog may be the only one who acts like he understands and cares about what you say to him (but he hears "Blah. blah. blah. WALK? blah. blah. blah").

Dogs are loyal. "Fido" comes from the Latin, fidelis, meaning faithful. Family feuds have erupted over who gets custody of the Faithful dog.

In the middle 1800's loyal firehouse Dalmatians - calmed horses pulling fire-wagons and these brave dogs led the charge to the burning buildings (acting as sirens!) while guarding the firemen's equipment.

The Dog - "Man's best friend."
78 million dogs grace our homes in America today.
Only cats are more popular.

they have a higher-quality relationship with their pets," says pet researcher, Dr. Allen R. McConnell. Dogs are considered "Preferred-Therapy Providers" over all

other animals.

Why dogs are helpful in healing

Dogs are unconditionally accepting and always seem to be happy to see us. What is the funny saying? I hope I am as "nice a person," as my dog thinks I am.

The mere act of petting a dog, greatly lowers your blood pressure and calms you. Petting your dog also soothes your pet, says Alan Beck, ScD, director of the Center for the Human-Animal Bond at Purdue University.

Your dog is a proven "sleep aid."

Just visualizing playing with your dog, can ease you into a deep, peaceful sleep (Dr. Michael Yapko, <https://yapko.com/sleeping-soundly/>).

Therapy Trends

Doggie" Yoga. We admire dogs so much, we imitate their behavior. Every morning, 525

“

Millions of people who otherwise would be completely lost in the conceptual reality of their mind are kept sane by living with an animal.

”

- Eckhart Tolle.



million dogs worldwide do downward (facing) dog. Calming Yoga is all about being in the now. Dogs are guardians of Now. You ask a dog, what time is it, they say (silently, of course); "Now. It's Always Now." Honestly, have you ever seen a dog with high-blood pressure due to "future" worries? Your dog is inviting you to enjoy simple pleasures now, such as a walk in the park, a joy ride, even a cat-nap. (annehoffman@nowhappyyoga.com)

As stated before, dogs, rather than other animals, are most often "Therapy Partners." There is a growing trend for therapists' offices to be "Dog-Friendly" (i.e., provide a friendly dog for you in the session). In addition to calming and soothing you, dogs never spread gossip even if you "dog-whisper" your deepest secrets. Premiere, dog-assisted therapy is provided by Dr. Liz Graham. Dr. Graham states

professional counseling is provided with the comfort of therapy dogs if you wish." (www.prairiecenter.com)

Animal Assisted Therapy (AAT) is now a regulated, "certification offering" therapy proven to be effective, when applied by a "credentialed" professional. Local hospitals and veterinarians can direct you to legitimate AAT professionals.

<https://www.wakehealth.edu/Specialty/Recreation-Therapy/Animal-Assisted-Therapy>
<http://www.gatecityvet.com/>

Last but not least

Hug your own hound and ask permission before hugging others.

Author of - *How the best handle stress: your first aid kit*. Available at Amazon.com.

He has been a loyal dog-caretaker for a quarter century.

ABOUT THE AUTHOR

Ron Rubenzer, EdD, MA, MPH, MSE, FAIS holds a Doctorate and two master's degrees from Columbia University in New York City. He won a doctoral fellowship to attend the Columbia University's Leadership Education Program. While serving as a school psychologist at Columbia, he won a national student research prize of the year for an article written on the brain. Dr. Rubenzer worked at the Washington DC Office of Education. Also, while at Columbia University, he wrote an article for New York Magazine on enhancing children's development of their full potential. He has devoted his career to specializing in "reducing stressing-during testing" for better outcomes. He has worked as a stress manager for a hospital based cardiac/stroke rehabilitation and their Employee Assistance Program. He also coordinated a wellness program for a large school system. He is a Fellow with The American Institute of Stress and writes focus articles on "using stress to do one's best" at home, work and school. He has also conducted speaking engagements for conferences and presented for a number of television shows.



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Sport And Hobbies That Benefit The Military Veteran

By Mark Wilson

Sports and hobbies are the perfect tool that military Veterans can use to get accustomed back to civilian life, deal with harsh injuries, grow mentally and physically. Studies have shown that participating in sports and hobbies help reduce stress, anxiety, depression and can help increase happiness.

Below is a list of some of the best sports and hobbies that are helpful to military Veterans.



ARCHERY

The sport of archery is the perfect way to strengthen your mind, while enhancing your body strength. Archery requires discipline, focus, and attention. These are skills that military Veterans are already accustomed to. It is the perfect sport that can make the transition into civilian life much easier. As skills increase and the Veteran notices that their arrows are more consistently accurate, a new sense of fulfillment can drive them forward.

HORSEBACK RIDING

While dogs have been known to be man and woman's best friend, there is another animal out there who has also been by our side for thousands of years: the horse. Equine therapy has gained massive popularity with Veterans by helping them to better deal with PTSD. Riding horses helps Veterans to remain more active in the outdoors, to build core strength, and to form deep bonds with beautiful creatures. Equine therapy programs are quickly popping up all across the country, which makes this more accessible to Veterans everywhere.





CYCLING

Military Veterans who have sustained disabling injuries can derive significant benefits from cycling. There are now customized bicycles and tricycles that are used to participate in races. Cycling is a fantastic way to booster strength, confidence and to reduce vulnerability to stress.

SURFING

The ocean can be used as the perfect healing remedy. Surfing is a great way to promote mental and physical wellness, which can be very therapeutic. There are already several foundations that use surfing as a way to help improve the wellbeing of Veterans.





SKIING

Extrême sports like skiing can utilize adrenaline to turn negative triggers into positive ones. Skiing brings an adrenaline rush that places the Veteran in a focused state of mind where they are able to simply live in the moment. Several foundations, such as the Vermont Adaptive Ski and Sports Program, use skiing to help military Veterans combat PTSD symptoms.

YOGA

There is no surprise here; yoga has been used for thousands of years by humans as a physical, mental, and spiritual practice. Military Veterans are routinely using yoga as a tool for coping with PTSD. Yoga practice is one of the most popular methods used by many types of foundations and government programs to assist military Veterans in dealing with any number of post-war problems. Yoga also promotes stress and mind resilience.



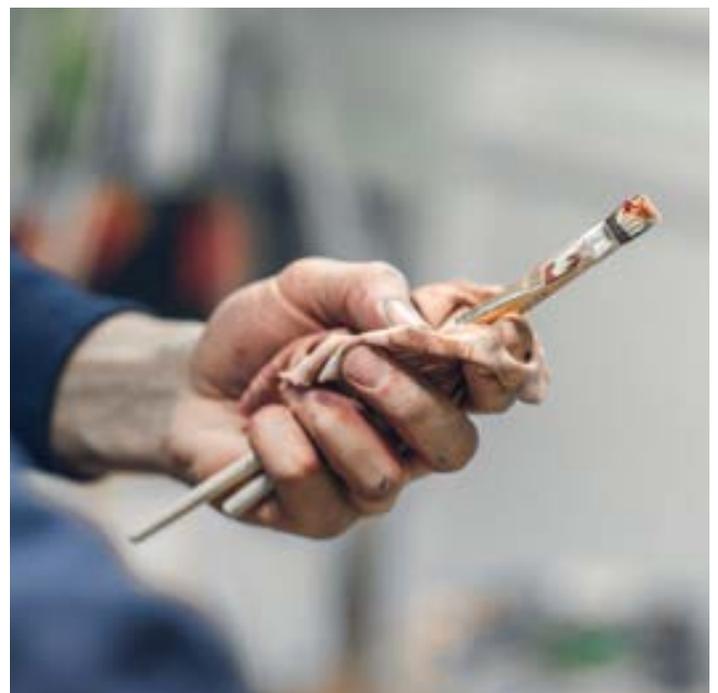
BIRD WATCHING

Studies have shown that bird watching reduces the risk of stress, anxiety and depression. Bird watching is the perfect hobby for military Veterans dealing with intense emotions from deployment. There are several bird watching clubs in most areas which Veterans can join, also making bird watching a great hobby for socializing with others.



PAINTING

Painting allows Veterans to express themselves in their own unique way. Many Veterans use painting as an outlet to deal with post-war issues. Even the VA uses art as a form of rehabilitative treatment. There are non-profit organizations, such as War Paints, that encourage military Veterans to paint and then to sell their work on these platforms.





WOOD WORKING

The best part about woodworking is that Veterans can easily view their own creations immediately. This is a peaceful hobby that requires focus, helping one's mind to remain distracted in a positive way. Veterans involved in this hobby have mentioned how woodworking helps them to deal with PTSD and to feel more relaxed by working with their hands. This form of distractive therapy, which requires physical and mental focus, can help Veterans to become more prepared to deal with the difficulties of life.

We hope you enjoyed our list of hobbies and sports that are great ways for any military Veteran to reduce stress, anxiety, depression. These might even lead to an increase in happiness. Please take the time to read our other posts about sports and hobbies for people with disabilities.

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ABOUT THE AUTHOR

Mark Wilson is an avid adventurer who has participated in many sports and hobbies all throughout his life. He is an electrical engineer by the day and an archery aficionado by night.



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VETERAN SPOTLIGHT

Interview by Heidi Hanna, PhD, FAIS

This month in our Veteran Spotlight, we highlight a recent HBO film that profiles a group of Veterans and active-duty Service Members coming together to combat past and current traumas through the written word. In the documentary, Poet Seema Reza of Veteran's Art Group Community Building Art Works, led the group in a writing workshop at Walter Reed National Military Medical Center. The film culminates in an emotional performance of the group's collaborative poem, stage directed by Jeffrey Wright, who notes that "Soldiers are saluted at football games but feels society should also highlight stories of the effects of war on human beings who take up the call."

The official trailer is located at <https://www.youtube.com/watch?v=YiDUJqKxBnc> and the film's website is <http://wearenotdoneyetfilm.com>; Hashtag: #WeAreNotDoneYetDoc; Facebook: /HBODocs; Twitter: @HBODocs; Instagram: @HBO

Dr. Heidi Hanna had a chance to visit with one of the stars of the film, "A.V." Avegalio, whose touching performance lead deep vulnerability and insight to the importance of community and connection through various forms of art as a transformational healing modality.

Dr. Hanna: *Thank you for spending some time with me today AV. I'm really excited about the new film and the message you're bringing to the world about the healing impact of art. It sounds like you've been able to use art in different formats as a way to express and work through some of the challenges that you've dealt with in your life.*

Mr. Avegalio: Yeah. A lot of the art I create is about things that I've seen or things that I've

done. I didn't have an outlet at the time when I first started therapy. I didn't know where to go because I wouldn't talk to any therapist. I couldn't talk to a therapist because it just made me either very mad or very sad, and pretty much no words came out.

And then there was Seema who had seen that whenever I would shut down, I would just either write in my notebook or doodle, and that was when she referred me to another provider to see to get me to start going to art, and I started doing art that way. And eventually – like the first piece I ever did was something that I had had in my head for so long. It had been bothering me, and I was able to put that on canvas.

And I would go to these things, and I would come back, and I would present them with the things after working on them. You know, eventually, after time went on and I was able to actually speak about it – and, you know, slowly heal during this process.

Dr. Hanna: *Wonderful. It sounds like art has been a way for you to express emotions before you had words to do it and that through time, it's helped you to be able to communicate it more effectively. Is that correct?*

Mr. Avegalio: Right, yeah. Before, I wouldn't say anything also because I was still trying to be a Soldier. But, you know, there were these factors that were preventing me from doing that. And then at the same time, I didn't want to be seen as weak so I just kind of bottled everything up and just kept it to myself.

Dr. Hanna: *Are you still doing art now, and using it as a way to communicate?*

Mr. Avegalio: Every day. And the good thing is when I first started doing art, it started

off all dark. Everything had to do with my experiences in the military; from combat to my inability to keep my own family together. And then it went from being really heavy stuff to now, I'm able to just paint pictures of flowers and stuff, and it's still therapeutic. It still helps me process the things and be thankful for the things that have happened instead of holding it all in.

Dr. Hanna: That's wonderful. So, is your art mostly for therapeutic reasons now or is it something that you could see doing more with in other ways in the future?

Mr. Avegalio: Yes. I've actually been teaching art for a long time now. I do art with Veterans

and with high school kids. Art has just opened up so many different ways to communicate, even with active-duty members when I do art with them, and they're just learning that there's different ways to heal. That there's different ways to talk about things without having to talk about it.

Just watching everyone else flourish and grow in their healing as well. And then when I'm working with the kids – and they're high school kids or with the offsite project and I'm painting with them, they're healing me. Just watching them paint and learning the different types of art is very therapeutic for me. They're teaching me how to heal.

The military life has been a blessing and a curse. It has taken me to places I could have only dreamed of growing up on the Samoan islands. I have seen horror, destruction, merciless acts of inhumanity. I have seen gallantry and heroism. I have sent and welcomed many good friends' home. I have been shot at by enemies and spit on by the people we have fought to protect. Through twelve years of service and still counting, a battle deep within grew stronger with each breath and every thought. A battle with myself. This battle eventually took its toll, leaving me gasping for air, drowning in my own shallow grave.

The feeling of regret and hate left me unable to love, feel, or care. Unable to look my mother in her eyes and tell her I love her. The emptiness and pain inside took my wife, my friends (dead and living), my family and almost my life. I needed an outlet. Art and poetry have become a highway to healing. I love working with acrylic paint, but I consider myself a mixed media artist. Experimenting with new materials constantly expands my practice: printmaking, oil painting, plaster, clay, glass, resin and spray paint just to name a few. I love the flow of each type of medium and how everything takes its own course. I believe that Art and poetry are my therapies and reveals much more than I could ever express in words; pain, sorrow, depression, repression, aggression, healing and eventually, one day joy.

This is my path to redemption.



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